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ANNOTATIONS OF RESEARCH
IN TREATMENT FOSTER CARE



FOR DIRECT SERVICE PRACTITIONERS

FOSTER FAMILY-BASED TREATMENT ASSOCIATION

I N T R O D U C T I O N

The Foster Family-based Treatment Association's (FFTA) Research Committee acknowledges the usefulness of research that is being conducted to evaluate the effectiveness of treatment foster care. It also understands the challenges that direct service professionals have with accessing and interpreting the research that is available in the field.

As such, approximately one year ago the FFTA Research Committee set out the goal of publishing annotations of research that is being conducted in the field with the purpose of translating the information for use by direct service practitioners.

Several research task groups were formed to accomplish this goal. One task group reviewed research articles and reports that were identified as being significant to treatment foster care. Members of the task group wrote summaries, in non-technical terms, based upon a consistent format that it felt would be useful to practitioners. Each summary contained information from the research that specifically identified the research questions, the subjects, the methods used, the results and the implications for practice.

A second sub-committee reviewed each of the summaries to ensure that it met a specific criterion. Each summary was evaluated for the following: the content is relevant to treatment foster care; the information contained in the summary is easy to understand and can be easily interpreted by a non-researcher/direct services practitioner; and, the information can be applied to practice. A third task group edited the summaries as recommended by the reviewers and determined if they met the criteria for inclusion in this publication.

The committee is pleased to present this publication and trusts that it will be useful to direct services professionals or anyone else who is interested in treatment foster care. We are interested in hearing from you about its usefulness in interpreting the research that is being conducted in the field and how it can be applied in your work with children and families.

The Foster Family-based Treatment Association would like to thank the individuals on these Research Sub-Committees who contributed their expertise to this project. They are listed below.

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ARTICLE CITATION

Avery, R. (2000). Perceptions and practice: Agency efforts for the hardest to place children. *Children and Youth Services Review, 22*, 399-420.

RESEARCH QUESTION

What are the perceptions and practices of agency staff supervising the placements of the hardest to place children?

SUBJECTS

77 of the longest waiting children who are free for adoption.
(Names taken from the NY State computerized photolisting records).

METHODS

Children were initially identified from a statewide database. A 22-page questionnaire was then mailed out to the child's current caseworker asking questions about these hardest to place children. Topics included: the child's current situation, history with the welfare system, placement history, and recruitment efforts on the child's behalf.

RESULTS

- Male children from minority groups with severe disabilities are more likely to experience delays in adoptive placement.
- These children are more likely to be older when they enter care, to enter from neglect rather than abuse, and be involuntarily removed from the home.
- These children spent approximately 11.79 years waiting for a placement—in effect their entire childhood.
- Delays in placement for these children may not be related to lengthy judicial proceedings surrounding termination of parental rights, but are more likely to occur post-termination.
- Most of the caseworkers were not convinced of the “adoptability” of the child. Few workers identified specific recruitment efforts taken for these children.
- Agency screening practices appear to be operating to restrict placement options for children in their care.

IMPLICATIONS FOR PRACTICE

- Caseworker and agency dedication to the belief in the adoptability of every child will be central to successful placement efforts for hard-to-place children.
- Adoption workers need to help parents adjust their perceptions to be more realistic about parenting roles and definitions of ultimate success in placement.
- Staff of child caring agencies serving hard-to-place children should be given comprehensive adoption training in case management and specialized training in recruitment techniques.
- Potential adoptive parents should be trained in their child's specific disability, given guidance on where to find services for their child, and be linked to other parents who have adopted children with similar needs.

ARTICLE CITATION

Beeman, S. K., Kim, H., & Bullerdick, S. K. (2000). Factors affecting placement of children in kinship and nonkinship foster care. *Children and Youth Services Review, 22*, 37-54.

RESEARCH QUESTIONS

*What is the relationship of child and case characteristics to the placement in kinship and nonkinship foster care?
After the decision has been made to place a child outside the home what factors are considered in determining the best type of placement?*

SUBJECTS

2,121 children in out-of-home placements.
38.2% (810) in kinship foster care and 58.2% (1,234) in non-kinship foster care.

METHODS

- Researchers used administrative case data on all children in kinship and nonkinship family foster care during the first six months of 1994 in a large urban county in Minnesota.
- The relationship of nine independent variables (gender, race, Hispanic heritage, presence of a disability, presence of special needs, reason for placement, authority for placement, number of prior placements during the current episode of out-of-home care, and age at removal) were explored in relation to type of placement.

RESULTS

- Compared to Caucasian infants, African-American infants were 1.6 times more likely to be placed in kinship foster care, and Native American infants were 1.69 times more likely to be placed in kinship foster care.
- Regardless of race, all children, who were two years or older at removal, were more than two times more likely to be placed in kinship foster care than Caucasian infants.
- The interaction between child's age at removal and child's race is an important factor in predicting type of placement. Children who were two years or older at removal were significantly more likely than their Caucasian counterparts of the same age to be placed in kinship foster care.
- Children with no prior placements, children without a known disability, and children who were 2 years or older at removal were more likely to be placed in kinship foster care.
- Children whose reason for placement was parental substance abuse, children of color, and children whose authority for placement was court ordered, were more likely to be placed in kinship foster care.

IMPLICATIONS FOR PRACTICE

- Placement workers consider the child's age, their race, the reason for placement, and the presence of a child's disability when making the decision about the child's placement with kin or non-kin.
- Children of color are typically placed with kin. Infants are more likely to be placed with unrelated foster parents. Children removed from the home due to substance abuse are more likely to be placed with kin.
- Placement workers should be aware of potential bias based on age, race or other factors when making placement decisions.



ARTICLE CITATION

Benedict, M. I., & White, R. B.(1991). Factors associated with foster care length of stay. *Child Welfare, 70*, 45-58.

RESEARCH QUESTIONS

What factors are key in affecting length of stay (LOS) in foster care?

What factors seem not to affect length of stay?

What factors are important in explaining timely foster care discharge or extended foster care stay?

SUBJECTS

689 children who entered foster care for the first time in three urban/suburban jurisdictions in Maryland between Jan 1, 1980 and Dec 31, 1983.

METHODS

The Cox Proportional Hazards Regression Model was used to review the social service records of the children.

RESULTS

- The median LOS was significantly shorter when the reason for placement was physical abuse, as opposed to neglect or sexual abuse.
- There were no significant differences in median stays for children with or without behavior problems.
- Children who were developmentally delayed in speech or motor development had significantly longer LOS.
- Participation in special education was significantly associated with longer LOS.
- When return to parents was planned the median LOS was 6 months.
- When workers predicted the child needed longer term care, the median LOS was 39 months.
- Where parents were assessed as being cooperative with and agreeable to the agency, LOS was shorter.
- Regular caseworker–parent contact was a predictor of shorter LOS.
- Regular parental visiting was a predictor of shorter LOS.
- Foster placements with extended family had longer LOS.
- Family demographics such as age, sex and race were not associated with LOS.

IMPLICATIONS FOR PRACTICE

- For the majority of children, foster care was a short-term, crisis-oriented service. The service focus for this group might be family crisis intervention to avert placement.
- If it is known at the time of placement that a child has a developmental delay or poor school performance, and that the family appears unable or unwilling to interact positively with the agency, a longer-term stay can be expected. The agency then would have responsibility to implement more comprehensive health, developmental, and academic evaluation and treatment plans. Also, a consistent and persistent collaboration among health, social services, and educational personnel appears necessary to maximize functional outcomes in this population.

ARTICLE CITATION

Berrick, J. D., Courtney, M., & Barth, R. P. (1993). Specialized foster care and group home care: similarities and differences in the characteristics of children in care. *Children and Youth Services Review, 15*, 453-473.

RESEARCH QUESTIONS

How do children in foster care and group home care differ from one another?

Are they different in their demographics, education, health and behavior?

Are children in group home care significantly more difficult to care for than children in specialized foster care?

SUBJECTS

196 out of 598 group home agencies responded to a survey. 48 out of 103 specialized foster care agencies responded to a mail survey. 123 out of 569 foster parents across the state of California responded to a mail survey sent to their specialized foster care agencies. In addition, information was taken from a National Longitudinal Survey of Youth of 3,500 children.

METHODS

California Social Services provided a contact list of group homes, foster care agencies and foster parents. An 18-page questionnaire was mailed to providers and provider's foster parents. The questionnaire consisted of inquiries about demographic make-up, ethnicity, health and behaviors of youth in out-of-home care at these facilities. A Behavior Problems Index was used to assess children's various levels of behavioral disturbance.

RESULTS

- 296 children out of the 4,492 with an age range of one week to three years old were placed in group home care. This represented seven percent of the total sample. In addition 125 children ages three and four were placed in group home care. Ethnicity of children supported other studies, which showed high overall numbers of African-American children in the foster care system (40%) and group home care (30%). Proportionately more Caucasian children were represented in the specialized foster care system (50%).
- Behavioral problems of foster children were assessed. The survey demonstrated there were a number of problematic behaviors exhibited that contributed to the difficulty of care. A majority of children had a history of sexual and physical abuse. Many children showed signs of acting out, aggression, sexual promiscuity and substance abuse. In most cases provider administrators described the children's behaviors as more severe than the foster parent's descriptions.
- Group home children when compared to normative data were found to be highly disturbed.
- Special cultural issues were also noted, including refugee trauma, being fluent in only 1 language, and racial violence.
- Medical concerns most frequently reported were fetal alcohol syndrome, infant drug addiction, and special medical regimes.
- The more highly disturbed the youth appeared, the less likely they were to be adopted.
- In a curious finding, the rate of reimbursement to foster parents was not related to the number of disabilities. The fewer the disabilities, the greater the monthly reimbursement received by the foster parent.
- In specialized foster care there were **no** differences found in children's BPI scores based on the child's sex, age, months in care, medical needs, or ethnicity.

IMPLICATIONS FOR PRACTICE

Children in group care and foster care are getting younger and require different approaches for care than older youth. Children experiencing serious behavioral problems are compromised in their abilities to get along with others, and to form close attachments. They need intensive, therapeutic services to be successful. The findings concerning the lack of relationship between child behaviors and placement characteristics need to be judged with some caution. The survey measured child behaviors while in placement of children who had been in these placements for varying lengths of time. There may be a correlation between the differing child behaviors and the services being provided at different reimbursement rates. For example, programs with higher reimbursement rates and more intensive services might be stabilizing children's behaviors to levels that are close to the behaviors of children observed in less intensive settings. If difficult youth are being maintained at lower levels of care, there needs to be more investigations into why this is so. The study suggests that social workers need to make thorough assessments of children to make better placement fits and to insure proper treatment is secured. To improve placement decisions increased training, education, reduction in caseloads and greater placement options are highly recommended.



ARTICLE CITATION

Burns, B. J., Hoagwood, K., & Mrazek, P. J. (1999). Effective treatment for mental disorders in children and adolescents. *Clinical Child and Family Psychology Review, 2*, 199-245.

RESEARCH QUESTIONS

What are some of the results of studies about therapeutic foster care (TFC)?

What is the evidence of treatment effectiveness for attention-deficit hyperactivity disorder, depression, anxiety, and disruptive behavior disorders?

METHODS

- Outcome studies of prevention programs, traditional forms of treatment, community-based interventions, crisis and support services, and treatment for major depression and attention-deficit hyperactivity disorder are reviewed.
- Foster parents receive extensive pre-service training to work with children who have serious problems.
- Usually only one child is placed in each home.
- The caseloads of caseworkers are smaller than traditional foster care, and there is frequent contact between caseworkers and foster parents.
- Foster parents are paid to provide individualized treatment.
- Youth range from birth to 18, but most are admitted in early adolescence.
- Many youth have prior out-of-home placements, a history of physical or sexual abuse, and emotional/behavioral problems.
- Supplemental mental health services are often provided to youth.

RESULTS

- Studies have reported improvements in children's adjustment, self-esteem, sense of identity, and aggressive behavior, and improvements are sustained for some period of time after discharge.
- Youth are often discharged to less restrictive placements.
- Comparison studies are the most solid TFC research. One indicated that youth are incarcerated less, have fewer behavior problems and are more likely to live with their parents following discharge from TFC when compared to group care.
- Another comparison study about the combination of TFC with intensive case management (ICM) indicated that youth who receive these services are less likely to run away, are incarcerated less and have more improvement in emotional/behavioral adjustment than youth in traditional foster care.
- A third comparison study indicated that youth in TFC had similar outcomes compared to youth in group care, but the cost of group care was twice that of TFC.

IMPLICATIONS FOR PRACTICE

- Research indicates that youth in TFC have similar problems and are comparable to better outcomes at reduced cost when compared to more restrictive placements.
- More research is needed on monitoring quality and fidelity of interventions in TFC to investigate the relationships between treatment strategies and outcomes.

ARTICLE CITATION

Chamberlain, P., & Reid, J. (1994). Differences in risk factors and adjustment for male and female delinquents in treatment foster care. *Journal of Child and Family Studies*, 3, 23-39.

RESEARCH QUESTIONS

What psychological problems do girls and boys in Treatment Foster Care (TFC) present?

What is the relative effectiveness of treatment for boys and girls in TFC?

Do girls in TFC have treatment needs that are different from boys?

SUBJECTS

51 male and 37 female chronic juvenile offenders, ages 12-18.

METHODS

- Subjects were enrolled in the Monitor TFC program for an average of six months.
- Treatment methods included: a daily point program; weekly individual therapy sessions focused on interpersonal skills, anger control strategies, and problem solving; and weekly family therapy sessions for biological or adoptive families focused on discipline, encouragement, and supervision.
- Supervision was provided by a case manager who also served as a liaison with probation officers and school teachers.

RESULTS

- Rates of daily problem behaviors increased over time during care for girls, while they decreased over time for boys.
- 71% of the boys and 73% of the girls successfully completed the program.
- During the years before and after treatment females had higher rates of status offenses. Prior to treatment, boys had higher rates of arrests for property offenses. There were no other significant differences in arrest rates for boys and girls.
- Both boys and girls improved in arrest rates from before to after treatment in all types of offenses, but boys made more improvement than girls did in improvement on property offenses. This pre-post improvement was also true for all age and gender groups except for 14 year-old females who had an increase in status offenses after treatment.
- Both boys and girls who had histories of sexual abuse had significantly more total arrests and arrests for status offenses after treatment than those without such histories.

IMPLICATIONS FOR PRACTICE

- Boys referred to TFC will be likely to have more arrests and to have started their criminal activity at an earlier age. Girls referred to TFC will be more likely to have a history of sexual abuse, out-of-home placement, suicide attempts, and internalizing behavioral/emotional problems.
- Girls in TFC may actually increase in their rates of aggressive behavior during treatment, and, therefore, may need more than six months of treatment.
- The findings suggest a need for training of staff and foster parents in working with both male and female chronic juvenile offenders.



ARTICLE CITATION

Chamberlain, P., Reid, J. (1998). Comparison of two community alternatives to incarceration for chronic juvenile offenders. *Journal of Consulting and Clinical Psychology*, 60, 624-633.

RESEARCH QUESTIONS

Could chronic delinquents be maintained in alternative family homes in the community?

Would multidimensional treatment foster care (MTFC) intervention reduce crime and incarceration rates?

SUBJECTS

79 boys aged 12-17 years. All with histories of severe and chronic delinquency. All had been referred to a community placement by the juvenile justice system.

METHODS

- The boys were randomly assigned to MTFC or group care (GC). 5 boys that failed to be placed were sent to live at home. Analyses were completed with and without these unplaced boys. No significant differences were found between the analyses except in the rates of boys living and not living with parents.
- Delinquent and criminal activity rates were collected from self-report and the data recorded by the Oregon Youth Authority from two intervals: 1 year before placement and 1 year after discharge.
- ANOVAs and regression analyses were used to analyze the data.

RESULTS

- Boys in MTFC ran away less frequently, completed their programs more often, were locked up in detention centers and training schools less often, and had fewer criminal referrals. They also reported committing fewer delinquent acts and crimes than boys in GC did.
- The boys in MTFC spent twice as much time living with their parents in the 12 months after program completion than those who were placed in GC.
- The age of first official offense did not account for a significant amount of the variance of offending rates after treatment.

IMPLICATIONS FOR PRACTICE

- Results of these analyses provide support that even older, early onset delinquents can be successful in reducing their future delinquent activities when placed with trained families.
- Group care does not provide the best alternative to chronic delinquents and does not reduce the incidence of further delinquent activities.

ARTICLE CITATION

Chamberlain, P., Ray, J., & Moore, K.J. (1996). Characteristics of residential care for adolescent offenders: A comparison of assumptions and practices in two models. *Journal of Child and Family Studies*, 5, 285-297.

RESEARCH QUESTION

How do staff assumptions and program practices compare between peer-centered and adult-centered models of residential care?

SUBJECTS

Male chronic offenders, ages 12-18.

Group Care and Treatment Foster Care program staff serving as primary caregivers for those youth.

METHODS

- Staff assumptions of program methods and possible success factors in the areas of supervision, discipline and contact with peers and adults were examined.
- Boys and their primary adult caretakers were interviewed regarding actual program practices three months after placement.
- Group Care settings served 6 to 15 youth and used peer-mediated treatments.
- Treatment Foster Care settings, examined in this study, had one youth placed in each home and treatments were adult-mediated.

RESULTS

- TFC staff believed that overall, adults were much more influential than peers were.
- Boys in GC were spending less time alone with adults than those in TFC.
- Boys in TFC were thought to spend less time per day without direct adult supervision and less unsupervised free time per week.
- TFC staff reported that they had the main control over discipline.
- Caretakers in both programs reported that boys engaged in approximately the same number of problem behaviors per day (3.7 and 3.6); however, GC boys reported engaging in more problem behaviors (6.6) and TFC boys reported engaging in fewer problem behaviors (3).
- Boys and caretakers in TFC reported consequences for behavior problems occurred more frequently than GC.
- GC caregivers spent just over 3 hours per day with a particular boy; while TFC parents spent over 5 hours a day with a particular boy.
- GC boys reported an average of over 1 hour per day without adult supervision and TFC boys reported an average of 12 minutes per day.
- GC boys spent more time with peers (1.75 to 3 hours per day) compared to TFC boys (1 hour to 1.3 hours per day).

IMPLICATIONS FOR PRACTICE

- In GC programs that were more peer-focused, peers were thought to have more influence, and more time with peers was endorsed. Peers were also reported to have a negative influence on boys' daily life.
- In TFC, adults provided consequences more often, provided tighter supervision and contacts with peers were more restricted than in GC.
- TFC providers reported more behavior problems than the boys did and GC caregivers reported fewer problems than the boys did, leading to speculation that TFC providers are hypervigilant or GC providers were lax in tracking problem behaviors.



ARTICLE CITATION

Clark, H. B., Prange, M. E., Lee, B., Boyd, 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 individual services. *Journal of Emotional and Behavioral Disorders, 2*, 207-218.

RESEARCH QUESTION

What are the effects of providing an individualized, case-managed, collaborative intervention with children in foster care?

SUBJECTS

132 foster children ages 7 to 15 in temporary custody of the state and having behavioral and emotional disturbances or at risk of these.

METHODS

- All children received standard practices of the foster care system.
- Children were randomly assigned to a FIAP (Fostering Individualized Assistance Program) or SP (Standard Practice) group.
- The FIAP received four major intervention components in addition to standard practices: strength-based assessment; life-domain planning; clinical case-management; and follow-along supports and services. These services were coordinated by FIAP family specialists, who each carried about 12 active cases and up to 10 maintenance-level cases.
- *The Child Behavior Checklist* (CBCL) and the *Youth Self Report* (YSR) were used to measure improvements in behavior/emotional problems of foster children. Placement disruption, runaways, and youth incarcerations were also tracked.

RESULTS

- FIAP children improved more than SP children did on behavioral/emotional problems according to parent ratings, but both groups improved equally according to youth self-reports.
- The FIAP children had fewer runaways.
- The FIAP children had fewer felony charges (i.e., assault, aggravated assault, grand larceny, auto theft) in comparison to the SP children.

IMPLICATIONS FOR PRACTICE

- Even in this interim report of evaluation results, children who received the individualized services approach had more improvement in adjustment than children who only received a more traditional foster care program.
- Previous research has demonstrated that children with behavioral/emotional problems can be successfully served in foster care. These results suggest that providing individualized services may enhance these treatment effects, especially if this approach can improve the likelihood of reunification or some other type of permanent placement.

ARTICLE CITATION

Courtney, M. E. (1999). The PATH outcomes study. Madison, WI.

RESEARCH QUESTIONS

What is the behavior change over time of youth in TFC?

What are the discharge outcomes of youth in TFC?

What are the characteristics of youth prior to and during TFC?

What are the characteristics of the youth's family of origin?

What are the characteristics of the treatment foster home environment, including foster parents and social workers?

What mental health and social services are received by the youth and family while the youth is in care?

SUBJECTS

208 males and 148 females in treatment foster care at least 3 months, ages of 11-18.

METHODS

- Intake, quarterly and discharge data were collected from social workers and foster parents.
- Achenbach Child Behavior Checklist and Youth Self Report assessments collected quarterly and at discharge from foster parents and youth.
- Subjects were in the Professional Association of Treatment Homes (PATH) TFC for at least three months.

RESULTS

- Youth in PATH TFC generally have troubled placement histories.
- Youth on average exhibit considerable behavior problems, as reported by social workers and to a lesser extent, by the youths themselves.
- Foster parents appear to see the youths as more disturbed relative to other children their age than do the youths themselves.
- Social workers and foster parents report improvement in child behavior across a number of dimensions: truancy; substance abuse; and relations with peers, adults, school authorities, and their families. Social workers generally report greater improvement than do foster parents.
- Aggregate CBCL scores have declined moderately over time.
- Youth appear to be much less likely to engage in criminal activity while in TFC than before they were placed in care.
- Foster parents' level of stress and concern associated with parenting the youth is generally low. One notable exception is the foster parents' concern about the future of the children in their care.
- Parental involvement with youth in TFC varies considerably.
- Foster parents perceive that they have a great deal of support from their social worker and other foster parents.
- The clear majority of discharged youth returned home or to less-restrictive, out-of-home care settings. It appears that longer stays in TFC are associated with more favorable discharge outcomes than shorter stays.
- The greater the level of the foster care parents' involvement the more likely the youth would experience a successful discharge.
- A history of physical abuse doubled the estimated hazard of unsuccessful discharge.
- A history of running away increased the risk of unfavorable discharge by 60%.

IMPLICATIONS FOR PRACTICE

- Externalizing behaviors of youth significantly influence favorable and unfavorable outcomes at discharge.
- Parental involvement is key to predicting outcomes.



ARTICLE CITATION

Curtis, P. A., & Norris, L. (2000). The Odyssey Project: Report #5: The Odyssey Project at baseline.

RESEARCH QUESTIONS

How do the characteristics of children and youth in residential care compare to those in group homes and therapeutic foster care?

How do the different settings compare in type and cost of services provided to children and youth?

What is the relationship between child and youth outcomes and services received?

How do the outcomes of children and youth in residential care compare to those in group homes and therapeutic foster care?

SUBJECTS

1,272 children and youth living in Residential Group Care (RGC) and 942 in Therapeutic Foster Care (TFC), youth ages 4-20.

METHODS

- Data collected from 22 consortium member agencies throughout the United States.
- Multiple assessments provide information on demographic characteristics, child behavior, cognitive functioning, life skills, educational achievement, social supports, services and life outcomes.
- Assessments are administered at entry, one-year intervals, discharge, and then at six month, one-year and two-year follow-up.

RESULTS

- More males lived in Residential Group Care compared to Therapeutic Foster Care. The youth in RGC were also older than those in TFC.
- More Latino and African-American youth lived in RGC and more Caucasian and Native American youth lived in TFC.
- 62% of children and youth were referred by the public child welfare system. 18% were referred by the juvenile justice system.
- Children had lived in an average of 4.7 living arrangements prior to entering RGC and TFC.
- The majority of youth had a known history of child maltreatment, including neglect, physical abuse, sexual abuse and witnessing domestic violence.
- Large numbers of birth parents had known histories of criminal behavior and incarceration.
- 60% of youth living in RGC had externalizing scores in the clinical range, as measured by the Achenbach Child Behavior Checklist.

IMPLICATIONS FOR PRACTICE

- The Odyssey Project's comparison of children in RGC to TFC is an important first step toward the development of an empirical base with which to make informed out-of-home placement decisions.
- The integration of a conceptual framework that focuses on the relationship of protective and risk factors to outcomes is important to effectively match services to a child's needs.
- Study focuses on population differences between RGC and TFC. No treatment implications beyond noting age to gender differences for each are evident.

ARTICLE CITATION

Doelling, J., & Johnson, J. H. (1990). Predicting success in foster placement: The contribution of parent-child temperament characteristics. *American Journal of Orthopsychiatry*, 60, 585-593.

RESEARCH QUESTIONS

Is foster parent-foster child temperament mismatch predictive of foster placement outcome?

What combination of parent-child variables would be most predictive of placement failure?

SUBJECTS

- 51 foster children (27 boys and 24 girls) between the ages of 5 and 10.
- Average length of placement was 8 months.
- Foster mothers ranged in age from 21- 69.

METHODS

- DOTS-R-(Dimensions of Temperament Survey-Revised) Adult was completed by the foster mother.
- A modified DOTS-R-Child was completed by foster mother and teacher.
- FES (Family Environment Scale) was completed by foster mother.
- Foster Placement Evaluation Scale, designed by the authors to measure success of foster placement, was completed by caseworker.

RESULTS

- The combination of an inflexible foster mother and a child with negative mood was shown to predict placement failure and was the most troublesome combination.
- Foster mothers of children with more negative mood than they expected also had less successful placements.
- These combinations did not have poor placement outcomes in all cases, suggesting the presence of other factors.
- No positive outcomes were reported due to a problem with the Foster Placement Evaluation Scale scores.

IMPLICATIONS FOR PRACTICE

- Parent-child temperament matches/mismatches should be a consideration in placing a child.
- Specific parent training for flexibility and tolerance in parenting style might be effective in at-risk placements.



ARTICLE CITATION

Eddy, J. M., & Chamberlain, P. (2000). Family management and deviant peer association as mediators of the impact of treatment condition on youth antisocial behavior. *Journal of Consulting and Clinical Psychology*, 68, 657-863.

RESEARCH QUESTIONS

Is an increase in the use of family management skills, such as supervision, discipline and positive reinforcement, and a decrease in the extent of association with deviant peers while in out-of-home care, associated with a decrease in current and future youth antisocial behavior?

Do these treatment approaches mediate the effects of treatment condition?

SUBJECTS

53 male adolescent chronic and severe juvenile offenders, ages 12-17

METHODS

- 30 subjects were enrolled in Multidimensional Treatment Foster Care (MTFC) program and 23 were enrolled in a variety of Group Care (GC).
- Treatment methods for the MTFC group included: individualized behavior management and monitoring implemented by trained foster parents who were supervised and supported by case managers. Youth and their families also participated in weekly individual therapy sessions focused on skill building in problem solving, perspective taking, and emotional expression. In addition, weekly family therapy sessions for biological or step families focused on parenting skill building in supervision, encouragement, discipline, and problem solving.
- Treatment methods for the GC youth varied from home to home.
- The levels of family management and association with deviant peers were measured in both treatment conditions using interviews with youth and their caretakers.
- Antisocial behavior was measured using official records of criminal referrals and self-report of criminal acts.

RESULTS

- MTFC youth had lower antisocial behavior scores, more positive family management scores, and lower deviant peer association scores during care and at follow-up.
- A significant part of the positive influence of MTFC on youth antisocial behavior was due to the levels of family management and association with deviant peers.

IMPLICATIONS FOR PRACTICE

- Treatment foster care programs that include firm limit setting, consistent consequences for misbehavior, positive reinforcement for appropriate behavior and monitoring, and supervision of youth activities and whereabouts can have a positive effect even with youth who have severe antisocial behavior.

ARTICLE CITATION

Henry, D., Cossett, D., Auletta, T., & Egan, E. (1991). Needed services for foster parents of sexually abused children. *Child and Adolescent Social Work, 8*, 127-140.

RESEARCH QUESTIONS

What type of training do foster parents of sexually abused children receive?

What type of training do foster parents believe they need?

What types of services do agencies provide in this area?

SUBJECTS

12 foster families who provided foster services to children referred to The Child Sexual Abuse Diagnostic and Treatment Center.

METHODS

- 12 foster families with a total of 16 foster care children participated in the study.
- Questionnaires were given to the foster parents that included questions on what the parents knew about the sexual abuse history of their foster children, how they responded to their children's most problematic behavior, services they received and other services they believed they needed.
- Questionnaires were given to social workers at the placement agency, which included questions about how they dealt with disclosures of abusive events, services provided to foster parents who had children that were sexually abused, and other types of services that had been recommended for foster parents.
- Questionnaires were given to directors of the agencies, which asked the same questions as the social worker questionnaire, but also included questions about how information was gathered about foster parents.

RESULTS

- 100% of directors reported that their agencies informed the foster parents about the sexual abuse history of their foster care children. Only 50% of the foster parents stated they were informed.
- 87.5% of the directors said their agency provided specialized training to possible foster parents of sexually abused children prior to placement. 75% of the social workers said their agency provided training. 66.6% of the parents said they received some information from their agency on sexual abuse.
- 58.33% of parents indicated they would like to receive more services to help them work with sexually abused foster children.
- 91.66% of the social workers stated that they instructed foster parents to discuss a child's inappropriate sexual behaviors with the child and 83.33% of the social workers said they taught foster parents to set rules around the behaviors. 50% of the foster parents said they talked to their foster children about the inappropriate behaviors and 50% of the foster parents said they set rules to eliminate the behavior.

IMPLICATIONS FOR PRACTICE

- There is a need for ongoing support and informative services for foster parents of sexually abused children.
- Foster parents want more training.
- Foster parents feel that they are sometimes ill equipped to handle their foster children's inappropriate behavior and while social workers seem to understand how to handle these situations, only 50% of the foster parents would handle the same situation similarly.



ARTICLE CITATION

Horowitz, S. M., Owens, P., & Simms, M. D. (2000). Specialized assessments for children in foster care. *Pediatrics*, 106, 59-66.

RESEARCH QUESTION

Are there differences in the health problems identified and the health services received by children entering foster care who participated in a comprehensive multidisciplinary program compared with children who received customary community-based services?

SUBJECTS

120 children entering foster care (11-74 months of age).

METHODS

- Using a quasiexperimental design, 62 children were enrolled in either a multidisciplinary intervention program. Customary care providers followed the other 58 children.
- Interviews with foster parents.
- Complete medical examination.
- Developmental, psychological, speech/language, and motor assessments were completed at baseline and follow-up (at 6 and 12 months).

RESULTS

- The two groups did not differ in terms of *foster mothers'* identification of medical, educational, developmental or mental health problems.
- The two groups differed in terms of *providers'* identification of developmental and mental health needs, where children in the multidisciplinary intervention group were more likely to be identified as having these problems than those in the comparison group.
- Children in the intervention group were more likely to be referred for health services at intake, and to receive follow-up care than children in the comparison group.

IMPLICATIONS FOR PRACTICE

- Community providers tend not to identify developmental and mental health needs of children entering foster care, but to identify educational and medical needs. Conversely, children participating in a multidisciplinary program are identified with developmental and mental health needs.
- When children are identified with needs they tend to receive services, but when needs are failed to be identified, services are not received.
- This study demonstrates that well-coordinated community-based efforts to evaluate and treat children in foster care can improve the appropriateness and delivery of services.
- Foster mothers seem to be an important source of information regarding the needs of their children.

ARTICLE CITATION

Kufeldt, K., Armstrong, J., & Dorosh, M. (1995). How children in care view their own and their foster families: A research study. *Child Welfare, 74*, 695-715.

RESEARCH QUESTIONS

How do children rate the functioning of their families from which they are separated and those of their foster families?

Are there differences in these ratings? If so, how?

Do children deprived of contact with their own families tend to idealize them?

Can children maintain satisfactory levels of affective involvement with both families when they have contact with both?

Is the child's rating difference due to the amount of contact with own parents?

Is the rating due to contact between own parents and foster parents?

Is the rating of families affected by the degree of involvement of biological parents in the child's life in care?

SUBJECTS

40 children in foster care. Ages from 9 to 15. All had participated in a structured interview about foster care.

METHODS

Children completed the FAM (Family Assessment Measure) twice. Once for their own parents and once for their foster parents.

RESULTS

- Children rated the functioning of their foster families well within the normal range, but rated their own families closer to the norms of problem families.
- There were significant differences on all subscales. Foster families were rated as healthier in task accomplishment and affective expression and less so with respect to values and norms and affective involvement.
- Affective involvement was most problematic for both sets of parents.
- Affective involvement was improved for both when visits were regular, but not too frequent.
- Visits once or twice a month were most helpful.

IMPLICATIONS FOR PRACTICE

- Children are able to discriminate between different aspects of family functioning and parental care.
- Due to the affective involvement scores, children seem to need more personal attention in care.
- Inclusive care is beneficial for children in care.



ARTICLE CITATION

Landsverk, J. A., Litrownik, A. J., & Newton, R. R. (2000). Children and youth in foster care: disentangling the relationship between problem behaviors and number of placements. *Child Abuse & Neglect, 24*, 1363-1374.

RESEARCH QUESTION

What is the relationship between changes in placement and problem behaviors?

SUBJECTS

415 subjects, 46.4% male, 45.0% Anglo, 17.1% Hispanic, 43.5% African-American, all between the ages of 2 and 17. These subjects entered foster care in San Diego, CA between May 1990 and October 1991, and remained in foster care for at least 5 months.

METHOD

- The Child Behavior Check List (CBCL) was used to assess behavior problems. Parent, or parent substitutes, were interviewed using the CBCL at approximately 5 months and again at approximately 17 months.
- Every change in placement during the first 18 months after entry into the foster care system was obtained from case records.

RESULTS

- Multiple placements contribute negatively to both internalizing and externalizing behavior of foster children.
- Children who experience multiple placements are at a particularly high risk for these effects.
- Initial externalizing behaviors (disruptive, aggressive and/or dangerous actions) are the strongest predictor of placement changes.
- Children initially scoring within normal ranges on the CBCL may also be particularly vulnerable to the detrimental effects of placement breakdowns.

IMPLICATIONS FOR PRACTICE

- Behavior problems should be viewed as both a cause and a consequence of placement disruptions.
- While many children enter foster care with clinically elevated behavior, disordered attachment may only be a significant explanation for placement breakdown in some cases.
- Children who do not evidence behavior problems due to multiple placements may constitute a neglected population that responds to multiple disruptions of their primary relationship with increasingly self-defeating behaviors (i.e. withdrawal and isolation).
- Early assessment of all children, and careful assessment of children who experience multiple disruptions, as well as those who appear resilient or asymptomatic, seem warranted.

ARTICLE CITATION

Leslie, L. K., Landsverk, J., Ezzet-Lofstrom, R., Tschann, J. M., Slymen, D. J., & Garland, A. F. (2000). Children in foster care: Factors influencing outpatient mental health service use. *Child Abuse and Neglect, 24*, 465-476.

RESEARCH QUESTION

What are the factors influencing outpatient mental health service usage by children in foster care?

SUBJECTS

- 480 children who entered long-term foster care between May 1990 and October 1991, San Diego County.
- Ages 1-17, average age 6.1.
- 55% female – 45% male.
- 22% Latino, 28% African-American, 6% Asian, 44% Caucasian.

METHODS

- Survey and administrative data were collected; these data were linked to Medicaid and county mental health services information systems containing medical claims records.
- Regression analyses were used to determine which factors influenced the use of outpatient mental health services.
- Factors considered included age, race/ethnicity, gender, maltreatment history, placement pattern, and behavioral problems as assessed by the Child Behavior Checklist (CBCL).

RESULTS

- The total number of outpatient mental health visits was positively related to increasing age, male gender (more visits for males than females), and non-relative foster placements (more visits for non-relative foster care).
- Compared to Caucasians, mental health visits were fewer for Latinos and Asian/Others, but comparable for African-Americans.
- Children who experience caretaker absence in their history of maltreatment received fewer mental health visits than children who did not experience caretaker absence.
- Children with CBCL total problem scale score of 60 or higher had more mental health visits than those with scores less than 60.

IMPLICATIONS FOR PRACTICE

- The differences in the findings regarding fewer mental health visits for Latinos and Asians/others could be due to language barriers, cultural biases, biased assessment techniques, lack of knowledge of available resources, or lack of minority mental health providers.
- Limitations or biases with respect to mental health service usage due to gender, race/ethnicity and type of foster care placement (kinship care or not) need to be addressed by child welfare policy and practice guidelines for children in foster care.
- It seems that children in foster care are at significant risk for mental health problems. As a result, models that integrate a system of care that includes mental health services, which provides comprehensive care, need to be explored and provided.
- In order to provide appropriate interventions, adequate reimbursements must be sought from public sources.



ARTICLE CITATION

McIntyre, A., & Keesler, T. Y. (1986). Psychological disorders among foster children. *Journal of Clinical Child Psychology, 15*, 297-303.

RESEARCH QUESTIONS

What is the number of children in foster care who have clinical psychological disorders?

What are the psychological disorders within the foster care population?

What are the risk rates of psychopathology and symptom syndromes in foster care?

SUBJECTS

158 children, ages 4 to 18, were identified in 1984 from a mid-South city foster care agency.

METHODS

- Child Behavior Checklists (CBCL) were completed by caseworkers for each foster care child.
- Foster children with scores above cut-off points on the narrow-band scales were categorized as psychologically disordered.
- Cutoff points were established to discriminate between the problem behaviors of non-referred and treatment-referred children in previous studies.
- The narrow-band scores include such categories as social withdrawal, somatic complaints, depressed, schizoid, aggressive and hyperactive.

RESULTS

- The full spectrum of syndromes identified by the CBCLs was represented in foster care.
- 48.7 % of the foster children in this study were categorized as having clinical psychological disorders.
- 61% of these clinically disordered children also manifested multisymptom syndromes.
- Children in foster care are almost 9 times more likely to manifest psychopathology than those children who have not experienced out of home care.

IMPLICATIONS FOR PRACTICE

- Because of the high prevalence of psychopathology, foster care children often need therapeutic interventions along with basic care of traditional foster care.
- As a result, foster parents need to be a part of a therapeutic team.
- These prevalence rates are markedly higher than in previous studies, which implies that reasons for why children come to care may have also changed.
- Foster care population characteristics seem to not be stable and may change as a result of a number of factors outside the foster child's control, such as social policy.
- Before foster care children are returned to their families, foster care agencies will need to make sure that the family is ready to provide the therapeutic interventions the child may need.

ARTICLE CITATION

Sanchirico, A., & Jablonka, K. (2000). Keeping foster children connected to their biological parents: The impact of foster parent training and support. *Child and Adolescent Social Work Journal*, 17, 185-199.

RESEARCH QUESTIONS

*Are specialized training and agency support related to a foster parent's involvement in parent-child contact?
Which areas of keeping foster children connected to their biological parents does training and/or support influence?*

SUBJECTS

650 foster parents drawn from the New York State Foster Parent Registry.

METHODS

- 3,000 names of foster parents were randomly selected from a statewide foster parent registry.
- A survey was mailed to each of the homes inquiring about specialized training received, agency support, and their involvement in parent-child contact.
- Of the 1,160 surveys that were returned, 650 foster parents met the criteria of having a foster child in their home whose service plan included contact with his or her parent(s).
- Survey information was analyzed using a variety of advanced statistical techniques.

RESULTS

- While parents received training (20%) or support (14%), only 19% received training and support. Half of respondents reported receiving no specialized training or support.
- The most common activities performed by foster parents to facilitate a child's contact with his or her biological parent(s) were: taking the child to visit family; encouraging phone calls with family; supervising visits; and involving the family in birthday or holiday celebrations.
- Most parents engaged in a variety of activities to facilitate the relationship.
- Training and support are directly related to involvement, such that, those parents receiving training and support performed the most activities, those receiving training or support performed the next largest number of activities and those receiving neither training or support performed the fewest activities.
- A clear and significant distinction exists between receiving either training or support and receiving both training and support.
- Training has slightly more influence on visitation activities (taking a child for a visit, supervising a visit, inviting the family to visit the child at the foster home). Support has slightly more influence on non-visitation activities (encouraging phone calls, involving the family in celebrating birthdays and holidays, and involving the family in shared decision making).
- The combined effects of training and support were greater than any other variable in facilitating a foster parent's involvement in activities related to a child's relationship with their parent, including being 'biological family oriented' and being related to the foster child.

IMPLICATIONS FOR PRACTICE

- Family contact can be facilitated best by giving foster parents *both* specialized training *and* agency support.
- Agencies should ensure that all foster parents responsible for keeping foster children connected to their families are given both specialized training and the needed support.
- Specialized training and on-going support should be considered necessary and complementary components of every agency's foster care program. Each serves an essential and distinct function, and has additive (non-overlapping) effects on foster parent involvement.
- Specialized training provides a structured learning environment that teaches foster parents the knowledge, skills, and attitudes that are necessary to work with biological parents and to facilitate contact between parents and children.
- On-going support provides foster parents with a place to turn for guidance and advice when they face situations they are unable to handle alone.
- In short, foster parents need both background and backup.



ARTICLE CITATION

Seaberg, J. R., & Harrigan, M. P. (1997). Family functioning in foster care. *Families in Society*, 78, 463-470.

RESEARCH QUESTIONS

How are non-kin foster-care families functioning?

How does their functioning compare with other known groups?

SUBJECTS

124 approved and insured families providing non-kin foster care to children in a mid-Atlantic state.

METHODS

- A survey was mailed to the families.
- The survey included a questionnaire developed by the authors and the Family Assessment Device (FAD).
- The FAD includes an overall general functioning scale and the 6 subscales which include problem-solving, communication, roles, affective responsiveness, affective involvement and behavior control.
- The Foster Mother was asked to complete the survey.

RESULTS

- When the families were asked how foster-parenting affected their family, 100% responded that there was a sense of loss when a foster child left their home.
- In regards to family functioning, 50.8% felt that no major life events had affected their families.
- 15.3% had experienced a death in the family.
- 12.1% had experienced an illness in the family
- Families reported better family functioning on the general functioning scale and on the 6 other subscales when compared to a nonclinical sample and psychiatric sample on the FAD.
- No differences were found between African-American and Caucasian foster family functioning.

IMPLICATIONS FOR PRACTICE

- Non-kin foster care families that participated in this study are functioning well.
- The African-American and Caucasian families who participated in this study are functioning similarly.
- This measure may be important in identifying the best functioning families, but it is uncertain if the best functioning families are also effective in helping every child that comes into their home.

ARTICLE CITATION

Seaberg, J. R., & Harrigan, M. P. (1999). Foster families' functioning, experiences and views: Variations by race. *Children and Youth Services Review, 21*, 31-55.

RESEARCH QUESTIONS

What is the level of family functioning in a sample on non-kin foster families?

What is the relationship of family functioning and motivation for becoming foster parents, the impacts of the experiences on their families, their views on the likelihood of their foster children successfully returning home, their views of the agency system, what support services were available, whom was available for consultation, and personal characteristics including race?

SUBJECTS

124 non-relative/non-kin foster families. Foster mothers were 55.5% Caucasian, 43.7% African-American, 0.8% other.

METHODS

- A survey was mailed to the families.
- The survey included a questionnaire developed by the authors and the Family Assessment Device (FAD).
- The FAD includes an overall general functioning scale and the 6 subscales, which include problem solving, communication, roles, affective responsiveness, affective involvement and behavior control.
- The Foster Mother was asked to complete the survey.

RESULTS

- African-American foster mothers were older than Caucasian mothers, in later stages of family life and categorized themselves more often as being spiritual/religious.
- No significant difference between the racial groups on mean years of education and employment status although African-Americans earned significantly less income and lived in urban areas.
- In regards to motivation to be a foster parent, love/help child motivation was most dominant regardless of race, but the African-American foster mothers reported more altruistic motives than Caucasian foster mothers.
- African-American foster mothers had been foster mothers longer and the children they had in care often stayed longer.
- In regards to attitudes towards birth parents, African-American foster mothers tend to feel sorry for birth parents whereas Caucasian foster mothers tend to feel anger toward birth parents. Caucasian foster mothers were also less optimistic about if the birth parents could be helped and felt the children should not be returned home because problems were too serious and unchanged. Most mothers felt visits with biological parents were upsetting to the child.
- 86.4% of the foster mothers had received an average of 32.7 hours of training, were reasonably satisfied with social workers and felt they were reasonably available.
- Less than half of the foster care mothers felt the financial reimbursement was less than adequate with African-American mothers finding it less often as adequate.
- More African-American mothers participated in respite and support groups, but differences in races were not significant. Other foster parents were most often used for consultation.
- Both groups found the foster care experience slightly more difficult than expected.
- Both groups are functioning well according the FAD measure. Caucasian foster families experienced greater increases in demands on time and stress, and they also reported more impacts that were negative.

IMPLICATIONS FOR PRACTICE

- Both Caucasian and African-American families that participated in this study are functioning well.
- Training should be available to all parents along with consultation services from professionals and more access to support groups.
- While few differences exist between Caucasian and African-American foster mothers, those that do must be addressed in training, recruiting and sustaining foster parents.



ARTICLE CITATION

Staff, I., & Fein, E. (1995). Stability and change: Initial findings in a study of treatment foster care placements. *Children and Youth Services Review, 17*, 379-389.

RESEARCH QUESTIONS

What type of placements are made?

How many children are affected in child-care placements?

SUBJECTS

All 244 children served by Casey Family Services during a five year period from 1987 to 1991. A little more than half were girls. 77% were between the ages of 5-13.

METHODS

- Information about placement was collected.
- This included when the child was placed, where the child was placed, and if and when the placement ended.
- This information was collected for all the children's placements including those placements that occurred before the study.
- Information about the child's experiences and reasons for disruptions were not collected.

RESULTS

- 540 care placements were made for the 244 children.
- These placements included 200 different foster families, in 50 different residential and hospital facilities and with several state foster homes, relatives and shelters.
- 62 of these placements included those children who returned home or were supported as young adults while in college or lived independently. These placements also included correctional facilities, run away status or some other type of unsupervised care.
- Over half of the children only experienced one agency placement, but 11% had experienced 5 or more and one child experienced 16 placements before case closure.
- 75% of children were placed with families throughout their case.
- 20% experienced one or two hospital or residential settings. Over half of this 20% experienced more than one hospital placement.
- Many children receive stability in care, but 9% had difficulty with family placements. This 9% accounted for 30% of the substitute care placements.

IMPLICATIONS FOR PRACTICE

- There is stability of care in this agency, but a small number of children have a high rate of placement change.
- There is a need for a variety of alternative placement options.
- A high rate of placement change for the child means increased effort by the family and staff to prepare the child for the change, implement the change and deal with the results.

ARTICLE CITATION

Thomlison, B. (1992). Child, family, and service characteristics associated with placement outcome in treatment foster family care programs. Unpublished doctoral dissertation, University of Toronto, Ontario.

RESEARCH QUESTIONS

Describe the children and families who are most likely to benefit from treatment foster care?

What child, family, and service factors are associated with placement outcome in treatment foster family care programs?

SUBJECTS

100 children and their treatment foster parents from six treatment foster family programs were used.

METHODS

- Demographic information was collected to describe the population.
- Measurements included the Child Questionnaire, the Program Service Questionnaire, the Treatment Foster Family Questionnaire that contained the Child Behavior Checklist-Social Competence section.
- Independent variables were categorized into child, family, and service groupings associated with post placement status. The dependent variable was the restrictiveness of children's living environments.
- Stepwise regression was used to assess the relationship between individual and simultaneous effects on the restrictiveness of placement after treatment foster family services.

RESULTS

- 60% of the 100 children were discharged from TFC to a less restrictive environment.
- Of this 60%, 34.2% were placed in the home of their birth parents at discharge.
- Child, family and services variables explained 54% of the variance on discharge status.
- The key factors in predicting discharge to less restrictive environments include children who do not have antisocial problems nor histories of multiple group emergency placements, completion of treatment goals and involvement by biological parents. Other key factors included case management by practitioners who are females, have small caseloads and higher education levels.

IMPLICATIONS FOR PRACTICE

- The findings support the literature that treatment foster care can have a positive effect on children that have difficulty in regular foster care.
- Treatment foster care needs to refine their levels of care and describe their program elements that are successful for children.



ARTICLE CITATION

Thompson, R.W., Authier, K, & Ruma, P. (1994). Behavior problems of sexually abused children in foster care: A preliminary study. *Journal of Child Sexual Abuse*, 3, 79-91.

RESEARCH QUESTIONS

What are foster parents' perceptions of the behavior problems of sexually abused children in their care?
How do foster parents rate children with a history of sexual abuse on a standardized behavior inventory?

SUBJECTS

300 foster parents who cared for sexually abused children were surveyed and 33 sexually abused children were rated by foster parents on the behavior inventory. The children ranged in age from 4-17 (mean = 11.5) and 73% were female.

METHODS

- In the first study, all foster parents in a Midwestern state were surveyed about sexually abused children in their care.
- Foster parents were asked to indicate the types of behavior problems presented by sexually abused children and the degree to which each problem bothered them.
- In the second study, foster parents who attended statewide training sessions on caring for sexually abused children in foster care were asked to rate these children on the Child Behavior Checklist.
- Data were analyzed to indicate the types of behavior problems indicated by foster parents, the differences by age category, and the convergence of findings from the two studies. Since the majority of children were female, gender effects were not studied.

RESULTS

- Results suggest that sexually abused children in foster care may present school problems, clinging behavior, aggressive behavior, immaturity, and frequent physical complaints.
- These children in foster care may have more severe problems than the general population of sexually abused children, but there is a wide variation in types of problems presented and severity in both groups.

IMPLICATIONS FOR PRACTICE

- Foster parents who care for younger sexually abused children may need to know how to treat bedwetting, fears, seductive behavior, nightmares, eating problems, aggressive behavior, physical complaints, school problems, sleep problems, and clinging behavior. Seductive behavior was the most likely problem to cause foster parents to ask that younger children be removed from their care.
- Foster parents who care for adolescents may need to work with specialized treatment providers when treating complex problems including suicide threats or attempts, promiscuous behavior, self-mutilation, and alcohol/drug abuse.
- Agency staff and foster parents should be trained on working with children who display these behavior problems.

ARTICLE CITATION

Walsh, James A., & Walsh, Roberta A. (1990). Studies of the maintenance of subsidized foster placements in the Casey Family Program. *Child Welfare, 69*, 99-114.

RESEARCH QUESTION

What factors at the time of placement predict placement maintenance and assist in treatment planning when the intention is to have a long-term stable relationship?

SUBJECTS

- 51 children served by the Montana Division of The Casey Family Program.
- 55 children served by the Idaho Division of The Casey Family Program.

METHODS

- The primary outcome measure was the number of placement breakdowns or changes that occurred while the foster child was in care.
- Characteristics of the foster child, his or her biological family, and the foster family were used to predict placement maintenance, using information from the Montana Division sample.
- The statistical model predicting placement maintenance was cross-validated using information from the Idaho Division sample.
- A third study looked at the extent to which brief observer assessment of child and foster family behavior by rates unfamiliar with the child and family could predict placement outcome.

RESULTS

- Factors associated with placement stability were (1) the foster father's emotional involvement with the child, (2) presence of overnurturing or smothering environment in the foster homes, and (3) the foster parents having been married a longer rather than shorter time.
- Factors associated with placement breakdown were (1) the foster child's tendency toward passive-aggressive behavior, (2) his or her having had many previous foster placements, and (3) having failed to attach in earlier foster placements.
- Results from the third study imply that ratings of salient characteristics of foster children and foster families based on as little as a single day's observation can be used to effectively predict placement outcomes.

IMPLICATIONS FOR PRACTICE

- The factors associated with placement stability are issues typically within a program's control either through training (foster father's emotional attachment, and overnurturing environment), or through foster family's selection (couples that have been married a significant amount of time).
- Factors associated with placement breakdown are not in a program's control (passive-aggressiveness in child, higher number of previous foster placements, and child's failure to attach in previous placements). These factors may be useful for identifying at-risk children who need special attention. More research is needed in this area.



ARTICLE CITATION

Zima, B. T., Bussing, R., Yang, X., & Belin, T. R. (2000). Helping-seeking steps and service use for children in foster care. *The Journal of Behavioral Health Services and Research*, 27 (3), 271-285.

RESEARCH QUESTIONS

What are the help-seeking steps and service use patterns for stratified school-age children in foster care?

The group is stratified according to whether or not the child has attention-deficit hyperactivity disorder (ADHD). ADHD is a common disorder with school-aged children and has well-established treatment.

How are help-seeking steps and service-use patterns moderated by predisposing (including demographic variables), enabling, and need characteristics?

SUBJECTS

255 (199 male) children ages 6-12 in out-of-home placement for 6 months or more.

METHODS

- Subjects were randomly selected from a population of 2,103 children ages 6-12 living in foster care within one of three counties.
- ANOVA's and multiple regression analyses were used.
- The analyses are comparing children with and without ADHD and children with no diagnoses.

RESULTS

- Children with ADHD were significantly more likely than children with other or no psychiatric diagnosis to be receiving a higher level of benefits, be in foster care longer, to have greater placement instability, and to live in a therapeutic group home.
- The most common service that foster parents reported that their children needed was mental health; and few parents identified the need for parent training.
- Children with an ADHD diagnosis were more likely than those with other or no psychiatric diagnosis to have a parent or teacher aware of a mental health problem and to have used mental health services in the past year.
- Among children diagnosed with ADHD, boys were 19 times more likely than girls to have a caregiver view them as having a mental health problem.
- Among children diagnosed with ADHD, Caucasian children were 5 times more likely than those from Latino backgrounds to have used mental health services in the past year.
- Among foster parents of children diagnosed with ADHD, those with four additional years of education were more likely to perceive a mental health service need and obtain a referral than caregivers with less education.

IMPLICATIONS FOR PRACTICE

- The findings suggest the need for interventions aimed at improving caregiver awareness of and ability to detect the need for mental health services.
- Interventions are needed that raise foster parent awareness of the need for parent education, especially regarding children with ADHD.
- Interventions aimed at improving access to services for children in foster care should take into account the potential gender biases and cultural differences of the caregivers.

FFTA



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