Replication of the KEEP foster and kinship parent training program for youth with externalizing behaviors

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ABSTRACT

This article presents findings from Maryland KEEP, a replication of KEEP (Keeping Foster and Kinship Parents Trained and Supported), a foster and kinship parent training intervention. We examined child behavior change, changes in caregiver parenting style, and permanency and placement stability at baseline and then after the KEEP intervention. The KEEP intervention was provided to 65 foster and kinship parents providing care for children ages 4–12. Children who participated in the study were referred due to behavior problems, as reported by foster parents: they all scored in the clinical range for externalizing behavior on the Child Behavior Checklist (CBCL). Baseline and posttest analyses assessed for child behavior and parenting style changes. Permanency data, including placement moves and exits from child welfare were examined. Overall, foster and kinship parents reported significantly fewer child behavior problems at posttest; severity levels on the CBCL and scores on the Parent Daily Report decreased. However, there were not any changes in parenting styles from baseline to posttest. Placement stability significantly increased between baseline and post-KEEP intervention. The results provide support for the effectiveness of KEEP for a child welfare population with a high level of behavior problems and for the effectiveness of KEEP as a training program for foster and kinship parents.

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1. Introduction

Minimizing placement discontinuity for youth in out of home care is an explicit child welfare services goal (Children's Bureau, 2011). Although estimates vary greatly, even the most conservative assessments of placement instability indicate that more than 25% of children in out of home care will experience at least one placement disruption in the first 18 months of care (Dolan, Casanueva, Smith, & Ringeisen, 2013). Numerous studies have found that externalizing behavior problems are highly prevalent among children in foster care. For example, data from the National Survey of Child and Adolescent Wellbeing (NSCAW) study revealed that a high proportion (43% based on teacher report, 50% based on parent report) of children in foster care evidence some form of externalizing behavior problems (National Survey of Child and Adolescent Well-being Research Group, 2003). The prevalence of externalizing behavior problems has been associated with increased risk of placement disruption for children in foster care (Fisher, Stoolmiller, Mannering, Takahashi, & Chamberlain, 2011; Hurlburt, Chamberlain,

DeGarmo, Zhang, & Price, 2010; James, Landsverk & Slymen, 2004). Barth et al. (2007) using the Child Behavior Checklist as an indicator of emotional and behavioral disorders (EBD) assessed 362 children who met criteria for EBD and 363 children who did not meet EBD criteria. Children diagnosed with an EBD were 2.5 times more likely to experience four or more placements during the first 36 months of care when compared to their non-EBD peers. Over 40% of children in out of home care exhibit some emotional or behavioral problems, highlighting the need for interventions that help reduce problem behaviors among children in foster care (Burns et al., 2004; Leslie, Hurlburt, Landsverk, Barth, & Slymen, 2004).

Changes in placements can disrupt a child's social and emotional support systems including school friends, teachers, siblings, therapists, and other neighborhood resources. Placement change has also been associated with increases in internalizing and externalizing problem behaviors, even among children without a history of behavior problems (Newton, Litrownik, & Landsverk, 2000; Rubin, O'Reilly, Luan, & Localio, 2007). Children with a history of multiple placement changes tend to exhibit more problem behaviors and have increased risk of future disruptions (Chamberlain et al., 2006; Price et al., 2008). This cycle puts strain on the children in care, the child welfare workers who are responsible for establishing new placements, and the foster parents who care for them. Evidence-based parenting interventions

that teach caregivers strategies to reduce the frequency of problem behaviors have been endorsed as a possible vehicle for promoting stability in foster care placements (Barth et al., 2005).

2. Background

Although most states require foster parents to attend some form of pre-service training as well as participate in continuing education programs, the quantity and content can vary widely even though there is a strong and growing literature supporting the use of evidence-based parenting interventions to improve parent's skills and confidence. Numerous studies have found that parent management training is the most effective method for obtaining positive changes in child behavioral outcomes (reviewed in Kazdin, 2005). Yet it is rare that evidence-based parenting interventions are used within the U.S. child welfare system. In a national study covering 32 states, Grimm (2003) reviewed foster parent training requirements using state reports submitted for their Child and Family Services Reviews (CFSR). The author reported that most states have policies mandating around 30 h of pre-service training, with some states requiring no pre-service hours and other states requiring as few as four hours of training before a child can be placed with a family. Among the states studied, 27 had foster parent training rated as a strength in their CFSR; however those conclusions were supported by self-assessments and stakeholder reports rather than an empirical review of the program. Grimm (2003) found that in-service training requirements varied widely between states, with many having little or no mechanisms for tracking completion of the required parent training hours. More recently Gerstenzang (2009) reported a wide variation in mandated training hours, with four states and the U.S. Virgin Islands having no annual training requirement, three states requiring 20 h each year and the rest falling somewhere in between. In general, foster and treatment foster parents receive most of their training before they receive children into their homes, not concurrent with having the child in the home (Dorsey et al., 2008).

In a recent review of the methodological quality of parent training evaluations, Festinger and Baker (2013) found that studies evaluating the effectiveness of training programs are limited in both quantity and quality. The two most widely used pre-service training programs, MAPP/GPS and PRIDE, which combined are mandated in 26 states, have been subjected to empirical evaluation only seven times. These evaluations tend to measure the extent to which the trainings have met program goals using unstandardized measures, rather than objective child or parent outcomes such as placement stability, increases in positive parenting or reductions in child problem behaviors. For example, an evaluation of the PRIDE program conducted in Idaho ($n = 228$), using single group pre-test, post-test designs to test knowledge gain, found significant increases in knowledge on some but not all of the content areas covered by PRIDE, with kinship families showing less gains than non-kinship families (Christenson & McMurtry, 2007). In a follow up study with a subsample drawn from the 2007 study ($n = 51$), Christenson and McMurtry (2009) found higher than expected retention of foster parents (80%) and some maintenance of the knowledge gain found in the earlier study (Christenson & McMurtry, 2007, 2009). Although this is encouraging, it does not provide insight into whether parenting skills increased or child behavior problems were reduced. In an evaluation of the MAPP/GPS parent training, Puddy and Jackson (2003) employed a two group pre-post evaluation in which they found the treatment group had significant post-training knowledge gain in just 4 out of the 12 MAPP/GPS defined program goals for parents who attended the training ($n = 62$). In addition parents who attended the MAPP/GPS training improved in just 3 of the 22 parenting/behavior management skills measured in the evaluation. The comparison group ($n = 20$) received no additional training and experienced no significant change between pre and posttest.

The research available on single-session in-service trainings is similarly thin. There are few studies that evaluate these programs. Of the evaluations of single-session in-service trainings that have been conducted, none focus on objective parent or child outcomes (Festinger & Baker, 2013). There is a stronger body of research dedicated to evaluating programs that provide multisession in-service training for foster parents. Among the evaluations identified by Festinger and Baker (2013), 10 were randomized control trials with content related to parent child relationships and behavior management. Many of the programs have been manualized and validated through replication (Attachment and Bio-behavioral Catch-up program; Early Intervention Foster Care program; the Foster Parent Skills Training Program; KEEP; Parent–child Interaction Therapy). The results of the evaluations are generally positive, with participants reporting improvement in target behaviors (e.g. positive parenting, pro-social child behaviors). Each of the programs has a slightly different focus in age group and content (Festinger & Baker, 2013).

3. Purpose of study

The purpose of this study is to evaluate a replication of the KEEP foster and kinship parent training program, an evidenced based training. KEEP serves foster and kinship parents who are caring for children between the ages of 4 and 12 years. Like many evidence-based parenting interventions KEEP is based on social learning theory. KEEP was developed for and with input from foster families. It is a less restrictive adaptation of the Multidimensional Treatment Foster Care (MTFC) program (Chamberlain & Reid, 1991, 1994) that is an alternative to residential or group care placements for children and youth with severe emotional/behavioral problems. Components of the MTFC model are used with KEEP (e.g., training curriculum). The main difference between the two interventions is that MTFC was designed as a behavioral treatment alternative for children and youth diagnosed with severe behavioral and emotional disturbances and as such requires close supervision of the foster home and caregivers including individualized daily programs for the youth, 24-hour MTFC program staff availability, and close monitoring of school performance. KEEP is a less intensive version of MTFC that can be applied to any foster home setting (Price, Chamberlain, Landsverk, & Reid, 2009).

3.1. KEEP intervention

The KEEP program is a 16-week group intervention for foster parents and kinship caregivers designed to increase positive parenting, decrease externalizing child behaviors and increase placement stability. The central goal of the KEEP program is to help parents develop the skills they need to reduce the problem behaviors to a manageable level and prevent disruptions in placement. During the 90-minute group, the facilitator leads the content and discussion while the co-facilitator provides general support and helps keep the conversation on topic. The sessions include topics such as teaching new behaviors, using reward systems, setting limits and avoiding power struggles. The format is both didactic and interactive, where parents have the opportunity to practice skills in a supported environment. At the end of each session, parents make a plan for implementing their new skills. The following week parents can report successes and ask for support from the group if problems arise.

To promote attendance and adherence to the group, several potential barriers for involvement are addressed. The groups meet in a comfortable environment that is convenient to the parents. Food and daycare is provided for the families. During the week the facilitator will check in with the parents by phone and parents complete a "Parent Daily Report" (PDR). This check-in is an opportunity to report back on how the skills are working at home and engage in individual problem solving (see Price et al., 2009 for a more detailed model description).