Adapting an evidence-based parenting program for child welfare involved teens and their caregivers ☆

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ABSTRACT

The scarcity of caregivers and the unique vulnerability of teens involved with the child welfare system necessitate effective strategies for ensuring that caregivers are prepared and supported in the important role they play with children and youth within the child welfare system. They are in a position, through the establishment of a strong, positive, supportive connection with the youth, to potentially minimize the impacts of recent trauma and interrupt a negative trajectory by preventing the youth's initiation of high-risk behavior. In this paper we describe the process used to systematically adapt *Staying Connected with Your Teen*™, an evidence-based, prevention-focused parenting program found in other studies to reduce the initiation of teens' risky behaviors, for use with foster teens and their relative or foster caregivers. This work has been guided by the ADAPT-ITT framework developed by Wingood and DiClemente (2008) for adapting evidence-based interventions. Qualitative work conducted in Phase 1 of this study identified the need for the development of a trusted connection between foster youth and their caregivers, as well as tools for helping them access community resources, social services, and educational supports. This paper describes the process used to develop new and adapted program activities in response to the needs identified in Phase 1. We conducted a theater test with dyads of foster youth and their caregivers to get feedback on the new activities. Findings from the theater test are provided and next steps in the research are discussed which include examining program usability, fidelity and feasibility, and testing this new prevention program that has been tailored for child welfare involved youth and their caregivers. This intervention program has the potential to fill an important gap in the availability of preventive programming for caregivers of teens in foster care.

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"I thought it was really fun to work with new materials because it really brought my foster parent and I closer."

1. Introduction

1.1. Risk and foster care experience

Over one third of the approximately 400,000 children in foster care are 13 years of age or older (U.S. DHHS, 2012). It is well documented that in comparison to the general population, young people with foster care experience are more likely to experience a variety of behavioral, physical, mental health, social, educational, and economic challenges (Ahrens, Richardson, Lozano, Fan, & DuBois, 2008; Carpenter, Clyman, Davidson, & Steiner, 2001; Courtney, Dworsky, Lee, & Raap, 2010; Courtney et al., 2005; Courtney, Terao, & Bost, 2004; Keller, Salazar, & Courtney, 2010; Kushel, Yen, Gee, & Courtney, 2007; McMillen et al., 2005; Merikangas et al., 2010; Narendorf & McMillen, 2010; Pecora et al., 2005; Pecora, White, Jackson, & Wiggins, 2009; Pecora et al., 2003; Pilowsky & Wu, 2006; Vaughn, Ollie, McMillen, Scott, & Munson, 2007; Zlotnick, Tam, & Soman, 2012).

Science now recognizes that childhood exposure to traumatic stress and to adverse childhood experiences can have profound and enduring effects on the neuroregulatory systems that mediate physical, mental, and behavioral health and development (Felitti & Anda, 2010; Felitti et al., 1998; Getz, Kirkengen, & Ulvestad, 2011; Shonkoff, Boyce, & McEwen, 2009). Children involved in the foster care system, by virtue of the need for system involvement as well as their experiences within the system, are often exposed to multiple traumatic stressors that may give rise to a host of adverse consequences into adulthood. One study

found that 80% of 17- and 18-year-olds with foster care experience had experienced a DSM-IV-tr-qualifying trauma, with nearly two thirds experiencing two or more (Salazar, Keller, Gowen, & Courtney, 2013). The transition to a new family or placement mandates an acculturation process that in and of itself can be confusing or at times even traumatic if not supported and addressed. In addition to providing safety and permanence for foster youth, understanding and developing buffers to traumatic experiences and supporting young people in unfamiliar environments are important to protecting and enhancing the wellbeing of children in foster/relative care. This paper describes the systematic process used to address these challenges and to provide support to foster families through the development of *Connecting*, an adaptation of an evidence-based parenting intervention, *Staying Connected with Your Teen*™ (Haggerty, Skinner, MacKenzie, & Catalano, 2007), designed to strengthen the relationships between foster youth and their caregivers and develop buffers to mitigate the impact of stressors. If found to be effective, *Connecting* will be a more affordable and accessible option for child welfare workers and families than any programs currently available.

1.2. Protection against risk in foster care

Stable out-of-home placements and access to caring, supportive adults have been found to protect against some of the challenges that youth in foster care face, and have been associated with a variety of positive outcomes, including increased educational attainment, fewer behavioral and mental health challenges, reduced participation in criminal behavior, and later age of first arrest (Ahrens et al., 2008; Cusick, Courtney, Havlicek, & Hess, 2011; Keller, 2007; Osgood, Foster, & Courtney, 2010; Pecora et al., 2006; Rubin, O'Reilly, Luan, & Localio, 2007; Salazar, Keller, & Courtney, 2011). Unfortunately, however, youth in care often experience disruptions in their social support due to placement and school changes. A majority of foster care alumni report having had at least three or more placements (Courtney et al., 2004; Pecora et al., 2005; Pecora et al., 2003), with approximately two thirds experiencing placements in a group home, residential treatment center, or institution (Courtney et al., 2004). One cause of placement disruption has been found to be unsuccessful adaptation or integration into the foster home (Coakley, Cuddeback, Buehler, & Cox, 2007; Leathers, 2006). As a result of a foster youth's history (and/or characteristics), which may include complex placement histories, insecure attachments, mental health needs, and/or developmental and cognitive delays, they may have difficulty forming trusting relationships with adult caregivers and adapting to a new living situation which may be quite different from what they have previously experienced (Brown, Arnault, George, & Sintzel, 2009; Chamberlain et al., 2008; Clausen, Landsverk, Ganger, Chadwick, & Litrownik, 1998; Coakley et al., 2007; DeGarmo, Chamberlain, Leve, & Price, 2009; Egeland & Sroufe, 1981; Minnis, Everett, Pelosi, Dunn, & Knapp, 2006; Rauktis, Vides de Andrade, Doucette, McDonough, & Reinhart, 2005; Sawyer, Carbone, Searle, & Robinson, 2007; Shin, 2005; Whenan, Oxlad, & Lushington, 2009).

Foster parents are often unprepared to adequately address the parenting needs of teens, particularly those with a history of abuse, neglect, and emotional or behavioral problems. The shortage of foster caregivers means that many are asked to provide care beyond their own expectations, training, and perceived capabilities (Whenan et al., 2009). They often deal with stressful issues, including strained relationships with biological parents, family tensions, placement disruptions, allegations/complaints against them, and disagreements with social service agencies (Coakley et al., 2007; Leber & LeCroy, 2012; Wilson, Sinclair, & Gibbs, 2000). These conditions result in foster parents experiencing stress, anxiety, and depression, which have been found to be associated with lower quality of parenting and higher rates of placement disruption (Cole & Eamon, 2007; Farmer, Lipscombe, & Moyers, 2005; Whenan et al., 2009; Wilson et al., 2000). Furthermore, the training that foster caregivers typically receive may not be sufficient or appropriate for developing the skills needed to work with young people in the foster care system (Dorsey et al., 2008; Linares, Montalto, Rosbruch, & Li, 2006). Yet, training may be one manner of addressing these challenges because it has been associated with increased placement stability as well as foster parent wellbeing and satisfaction (Cooley & Petren, 2011; Denby & Rindfleisch, 1996; Whenan et al., 2009).

Historically, child welfare services have focused more on protecting children from abuse and neglect, which has resulted in a focus on physical safety and less on addressing the acculturative stress the youth may be experiencing and the relationship needs of children in care. There is growing attention to the importance of the wellbeing of child welfare involved children, including a recommended focus on the relationship between foster youth and their caregivers (State Policy Advocacy & Reform Center, 2013). There has been important, though limited, work on the relationship between foster youth and their caregivers. The importance of the quality of the relationship between infants and toddlers in foster care and their caregivers has been elevated by a number of researchers (Cole, 2006; Harden, 2007; Harden & Klein, 2011; Spieker, Oxford, Kelly, Nelson, & Fleming, 2012). Studies of the alliance/relationship between caregivers and youth in treatment foster care have demonstrated that positive relationships between foster parents and youth are critically important for achieving desired emotional and behavioral outcomes among emotionally disturbed youth in out-of-home care (Bickman et al., 2004; Chamberlain, 2003; Kazdin, Marciano, & Whitley, 2005; Rauktis et al., 2005; Shirk & Karver, 2003; Southerland, Mustillo, Farmer, Stambaugh, & Murray, 2009). Despite evidence that a positive relationship between children and their foster caregivers and/or caring adults is important for healthy development and a sense of wellbeing (Ahrens et al., 2008; Fox & Berrick, 2007; Osgood et al., 2010), relatively little is known about how best to create and strengthen the relationship between non-behaviorally challenged foster youth and their caregivers. There are few tested programs available to assist teens and their foster/relative caregivers to make the transition into placement in foster or relative care. While some programs have been developed and found to be effective with foster families (Alexander et al., 1998; Chamberlain & Mihalic, 1998; Henggeler, Mihalic, Rone, Thomas, & Timmons-Mitchell, 1998; Smith, Leve, & Chamberlain, 2011), they tend to be targeted toward a subset of the child welfare population, are quite costly, and few have been preventive in nature. In addition to costs, program managers are often reluctant to commit to implementing new evidence-based programs (EBPs) because of the extra coordination, training, and supervision required for quality implementation (Webster-Stratton & Reid, 2010). The fact that adapted interventions must be viable in a system with extremely limited and variable resources creates complexities that may not have been considered in other intervention designs. The challenge is to provide foster parents and teens with programs that are based on sound science, are culturally relevant to the population, and minimize the trauma associated with placement in out-of-home care. When adapting parenting interventions for use in the child welfare system, the unique situations and experiences of foster children and foster families must be taken into consideration. Cultural adaptation scholars recognize the importance of adapting evidence-based treatment or intervention protocols to ensure that they are culturally relevant to the target population (Bernal & Sáez-Santiago, 2006; Kumpfer, Alvarado, Smith, & Bellamy, 2002; Parra Cardona et al., 2012; Rodriguez, Baumann, & Schwartz, 2011; Smith et al., 2011).

1.3. Current study

In order to systematically adapt *Staying Connected with Your Teen*™ (SCT) for use with a child welfare involved population, we have employed the ADAPT-ITT framework (Wingood & DiClemente, 2008) which was developed as a method for adapting evidence-based HIV prevention interventions for use with different at-risk populations.