



Research article

Parenting intervention effects on reunification: A randomized trial of PMTO in foster care

Becci A. Akin*, Thomas P. McDonald

University of Kansas School of Social Welfare, Twente Hall, 1545 Lilac Lane, Lawrence, KS 66044, USA

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ABSTRACT

Evidence-supported parenting interventions (ESPIs) have expanded into child welfare because a growing research base has demonstrated positive results among children with serious emotional and behavioral problems. Despite a clear federal policy emphasis on reunification, few randomized trials have tested ESPIs with biological families of children in foster care; even fewer studies have investigated the distal outcomes of ESPIs. The aim of the current study was to examine the effects of Parent Management Training, Oregon (PMTO) model on reunification. Children in foster care with emotional and behavioral problems were randomized to in-home PMTO ($n = 461$) or services as usual (SAU) ($n = 457$). Cox regression models tested whether children in the PMTO group achieved higher rates of reunification. We applied life tables data for integrals calculations to estimate days saved in foster care. Analyses were conducted as intent-to-treat (ITT), and per protocol analysis (PPA). ITT results showed reunification rates were 6.9% higher for the PMTO group (62.7%) than the SAU group (55.8%) with 151 days saved per typical child. PPA indicated that intervention completion strengthened effects as PMTO completers' reunification rates (69.5%) were 13.7% higher than the SAU group (55.8%), and were 15.3% higher than non-completers (54.2%). Days saved were also greater for completers as compared to the SAU group (299 days) and non-completers (358 days). Overall, findings suggest that an in-home parenting intervention positively affected reunification as delivered to biological parents of children and youth in foster care with serious emotional and behavioral problems. Implications and future considerations for research are discussed.

1. Introduction

Foster care was originally conceived and used to address the problem of “vagrant” children in urban areas. In this historical configuration, foster care typically severed ties between children and their biological families, placing children permanently with foster families (Kadushin & Martin, 1988). Since its earliest forms in the U.S., foster care has been re-defined as a temporary intervention by which children are returned to a permanent family, be that reunification with the biological or some other permanent family, through adoption or guardianship. As such, lengthy stays in foster care, characterized in the seminal work of Maas and Engler, *Children in Need of Parents* (Maas & Engler, 1959), as “foster care drift,” came to be viewed as a failure of the foster care system. Long stays in foster care meant little likelihood of achieving a truly permanent home under this new conceptualization, and this remains largely true today (Pecora et al., 2012). Indeed, federal legislation has codified the temporary nature of foster care. The Adoption and Safe Families Act of 1997 (ASFA) (Adoption & Safe Families Act of 1997, 1997) required that states hold a permanency hearing at 12

* Corresponding author.

E-mail address: beccia@ku.edu (B.A. Akin).<https://doi.org/10.1016/j.chiabu.2018.07.011>

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months and eliminated long-term foster care as permanency option. In addition, ASFA required states to file a petition to terminate parental rights in the case of a child who has been in foster care for 15 of the last 22 months, allowing few exceptions (Vesneski, 2011). Thus, long stays in foster care have come to be recognized as both a cause and effect that represents a failure for both the child and biological family.

In 2010, when findings from the federal Child and Family Services Reviews revealed challenges in achieving permanency for some populations of children in foster care, the U.S. Children's Bureau issued a request for proposals to address long stays in foster care. This initiative became known as the Permanency Innovation Initiative (PII) and allocated funding to local demonstrations to improve foster care outcomes, including reductions in long-term foster care. The present study reports on the distal outcome of family reunification conducted by local evaluators in one of PII's six federally-funded projects.

During an exploration stage, the [blinded] project identified children with serious emotional disturbance (SED) as the sub-population of children in foster care with the highest risk of long-term foster care. Following the federal definition, SED was considered as a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified in the DSM that results in functional impairment that substantially interferes with family, school, or community activities. Analyses of statewide child welfare administrative data found that children's mental health status was the most robust predictor of long-term foster care and that children with SED were 360% more likely to experience long stays (defined locally as three years or longer) (Akin, Bryson, McDonald, & Walker, 2012). Related analyses of the same state's data showed that children with SED were 90% less likely to reunify with their biological families than children without SED (Akin, 2011). Compared to the non-SED population, children with SED experienced more placements in foster care, fewer and slower exits to permanency, and were more likely to age out of care without a permanent family (Akin et al., 2012). These findings were consistent with a sizable body of literature that has identified children's mental health problems as related to placement instability and poor permanency outcomes (e.g., Akin, 2011; Barth et al., 2007; Chamberlain et al., 2006; Connell, Katz, Saunders, & Tebes, 2006; Hurlburt, Chamberlain, DeGarmo, Zhang, & Price, 2010; Landsverk, Davis, Ganger, Newton, & Johnson, 1996; Leathers, 2006; Park & Ryan, 2009; Snowden, Leon, & Sieracki, 2008). Based on this information, project leaders concluded that the greatest impact on long-term foster care in this state would be achieved by targeting families of children in foster care with SED and improving their reunification outcomes.

In addition to selecting the target population, the exploration stage considered current empirical literature to select an intervention. A search for randomized studies of interventions that reported reunification outcomes revealed two experimental studies, which examined in-home intensive reunification services (Fraser, Walton, Lewis, Pecora, & Walton, 1996) and substance abuse recovery coaches (Ryan, Marsh, Testa, & Louderman, 2006). A handful of studies have used administrative data to examine associations between relevant factors and reunification, such as service use (D'Andrade & Nguyen, 2014), father involvement (D'Andrade, 2014) and parental visitation (Davis, Landsverk, Newton, & Ganger, 1996). Quasi-experimental studies have investigated a number of interventions, including intensive family reunification services (Berry, McCauley, & Lansing, 2007; Lewandowski & Pierce, 2004), multidisciplinary team case reviews (Davis et al., 2013), professional foster care (Testa & Rolock, 1999), group-based parenting intervention (Brook, McDonald, & Yan, 2012) and family drug treatment courts (e.g., Bruns, Pullmann, Weathers, Wirschem, & Murphy, 2012; Chuang, Moore, Barrett, & Young, 2012; Worcel, Furrer, Green, Burrus, & Finigan, 2008). In sum, the evidence base using rigorous study designs to identify effective reunification services is sparse.

After consultation with thought leaders and national experts on foster care and children's mental health, the project team narrowed its review to evidence-supported parenting interventions (ESPIs), which had been discussed in the recent literature as interventions deserving further dissemination and evaluation in child welfare (Barth et al., 2005; Barth, 2009; Chaffin & Friedrich, 2004; Horwitz, Chamberlain, Landsverk, & Mullican, 2010). Following review of more than a dozen parenting interventions, interviews with program developers, and consideration of implementation capacity and readiness, the project team selected Parent Management Training Oregon model (PMTO) (Bryson, Akin, Blase, McDonald, & Walker, 2014).

PMTO is a behavioral parent training program developed over the past four decades by the Oregon Social Learning Center (OSLC) and disseminated by its affiliate, Implementation Sciences International, Incorporated (ISII). PMTO represents one of a family of interventions the OSLC created and researched to address child and adolescent antisocial behavior (Forgatch & Patterson, 2010). Other OSLC interventions that have been used with foster care populations include Multidimensional Treatment Foster Care (Chamberlain & Reid, 1991) and KEEP (Keeping Foster Parents Trained and Supported) (Chamberlain et al., 2008). All of these programs are based on social interaction learning theory (SIL), which asserts that parents are the agent of change for influencing children's behaviors and, consequently, problem behaviors can be improved with specific parenting practices (Patterson, 1982). Based on the positive outcomes observed in several randomized studies, PMTO received a scientific rating of 1, *well-supported*, by the California Evidence Based Clearinghouse (California Evidence-Based Clearinghouse for Child Welfare, 2015) and the designation of "Near Top Tier" by the national Coalition for Evidence-Based Policy (<http://evidencebasedprograms.org>).

The present study aims to contribute to the literature on the effectiveness of ESPIs for children with SED and their biological parents involved in the foster care system. Despite widespread calls to scale up ESPIs in child welfare, few rigorous studies have included biological parents of children in foster care. In fact, most prior randomized studies have investigated parenting interventions for foster parents (Dozier, Peloso, Lewis, Laurenceau, & Levine, 2008; Leve et al., 2012; Linares, Montalto, Li, & Oza, 2006; Mersky, Topitzes, Grant-Savelle, Brondino, & McNeil, 2016; Price et al., 2008; Price, Roesch, Walsh, & Landsverk, 2015), biological parents whose children may or may not have been in foster care (Bernard et al., 2012; Chaffin et al., 2004; Chaffin, Funderburk, Bard, Valle, & Gurwitsch, 2011; Hurlburt, Nguyen, Reid, Webster-Stratton, & Zhang, 2013), and biological parents who were already reunified with their children (DeGarmo, Reid, Fetrow, Fisher, & Antoine, 2013; Oxford, Marcenko, Fleming, Lohr, & Spieker, 2016). While efforts to expand and study ESPIs have contributed important findings to the child welfare field, rigorous study of ESPIs with biological families of children are rare. Moreover, most prior research has centered on proximal outcomes, such as child problem

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