Children and Youth Services Review 90 (2018) 74–82

Contents lists available at ScienceDirect

Children and Youth Services Review

journal homepage: www.elsevier.com/locate/childyouth

Child adult relationship enhancement (CARE): A brief, skills-building training for foster caregivers to increase positive parenting practices

Erica Pearl Messer[a,*], Mary V. Greiner[a], Sarah J. Beal[a], Emily A. Eismann[b], Amy Cassedy[b], Robin H. Gurwitch[c], Barbara W. Boat[d], Heather Bensman[a], Julie Bemerer[b], Megan Hennigan[b], Sarah Greenwell[b], Patricia Eiler-Sims[b]

[a] Cincinnati Children's Hospital Medical Center, University of Cincinnati College of Medicine, United States
[b] Cincinnati Children's Hospital Medical Center, United States
[c] Duke University Medical Center, United States
[d] University of Cincinnati College of Medicine, United States

ARTICLE INFO

Keywords:
Foster care
Relationship enhancement
Child behavior
Parenting strategies
Training

ABSTRACT

Objective: Foster caregivers are tasked with developing good relationships with children and managing child behavior; however, these caregivers often do not have access to evidence-based interventions typically designed for custodial parents and children with behavioral and/or traumatic symptoms in the clinical range. This study examined the feasibility and impact of a novel six-hour training, Child Adult Relationship Enhancement (CARE), on caregiver behavior compared to standard training used by foster care agencies.

Method: Thirty-one foster caregivers (90% female) were randomly assigned to CARE training (n = 15) or standard training (n = 16).

Results: In comparison to the standard training, foster caregivers who received CARE training demonstrated significant improvement in parenting behavior as measured by the Dyadic Parent Child Interactive Coding System one month later and reported fewer anxiety symptoms in their children as measured by the Trauma Symptom Checklist for Young Children three months later. Conclusions

These preliminary findings from this randomized controlled trial suggest that CARE can be delivered in the context of existing mandated foster care training programs, with some evidence that CARE training enhances positive parenting behavior and assists with decreasing anxiety symptoms in youth in the foster care system.

1. Introduction

1.1. Behavioral problems of Foster youth

Nearly half a million children throughout the nation are currently living in out-of-home foster care (Child Welfare Information Gateway, 2017). Children in foster care have specific vulnerabilities and experiences placing them at risk for behavior problems (Leslie, Hurlburt, Landsverk, Barth, & Slymen, 2004), with many children in foster care exhibiting behavioral, emotional or social difficulties warranting mental health intervention (Landsverk, Burns, Stambaugh, & Reutz, 2009). When these behaviors are not adequately addressed, children are at risk for placement instability, which has a significant impact on their behavioral well-being (Rubin, O'Reilly, Luan, & Localio, 2007). Interventions that utilize tangible skills, promote positive interactions between caregivers and children, and can be readily adopted are needed (Soloman, Niec, & Schoonover, 2017). The purpose of this study was to examine the feasibility and impact of a novel six-hour training on foster caregiver behavior compared to standard training typically received by foster caregivers.

1.2. Current challenges related to parenting training of Foster caregivers

Foster caregivers cite inadequate preparation to manage the behavior problems of children placed with them as a primary concern (Greiner, Ross, Brown, Beal, & Sherman, 2015). In the absence of such interventions to prepare them, less than one-third of foster caregivers report feeling prepared for their role (Cuddeback & Orme, 2002). Nationwide, there is tremendous variation in the type of training offered for foster caregivers prior to licensure, including the duration of the training and the requirements for continued training to maintain licensure (Grimm, 2003). There is also a great deal of variability in the

* Corresponding author at: Cincinnati Children's Hospital Medical Center, 3333 Burnet Avenue Cincinnati, OH 45229, United States.
E-mail address: erica.messer@cchmc.org (E.P. Messer).

https://doi.org/10.1016/j.childyouth.2018.05.017
Received 9 April 2018; Received in revised form 10 May 2018; Accepted 11 May 2018
Available online 12 May 2018
0190-7409/

extent to which programs delivering these trainings have been empirically evaluated (Pearl, 2009). In general, interventions and trainings for foster caregivers and foster children tend to focus on posttraumatic stress and attachment disorders, which are prevalent among foster children and are associated with increased behavioral problems (Dozier et al., 2006). Existing interventions to address these concerns have been developed and evaluated with good outcomes; unfortunately, there remain multiple challenges with implementing and then sustaining intensive programs, limiting them from wide-scale adoption (Panzano, Sweeney, Seffrin, Massatti, & Knudsen, 2012).

One such program, Treatment Foster Care Oregon (TFCO; formerly known as Multidimensional Treatment Foster Care) is a family-based treatment model that has been demonstrated to decrease behavior problems among foster youth (Chamberlain, Leve, & DeGarmo, 2007). TFCO places one youth in a well-trained and supervised foster home with foster caregivers receiving over 20 h of pre-service training and ongoing consultation, support and crisis intervention, and monitoring (Leve, Chamberlain, & Kim, 2015; Price, Chamberlain, Landsverk, & Reid, 2007). A less-intensive adaptation of TFCO is KEEP (Keeping Foster Parents Trained and Supported; Price et al., 2007). KEEP provides foster caregivers support in behavior management through 16 weekly group sessions (Buchanan, Chamberlain, Price, & Sprengelmeyer, 2012). In a randomized trial of KEEP, child behavior problems were reduced significantly in the intervention condition, and positive parenting practices were found to mediate these reductions, especially for high-risk children (Price et al., 2008). Though these programs have strong evidence and are ultimately cost effective, they remain time-intensive, and the initial cost of training and technical assistance has prohibited many agencies from adopting them (Blueprints for Healthy Youth Development, 2017).

1.3. Evidence-based parent management training for the general population

Though not developed specifically for foster care, there are several evidence-based training and intervention models available to custodial parents that have demonstrated efficacy. Parent management training (PMT) has been evaluated in many randomized controlled outcome trials with children ranging in age from 2 to 17 years (Kazdin, 1997), resulting in reductions in disruptive behavior disorders (Kronenberger & Meyer, 2001). PMT programs seek to replace permissive, harsh, and inconsistent discipline styles with effective behavior management strategies. Parents are taught positive skills for interacting with their child before teaching discipline procedures (Gurwitch, Messer, & Funderburk, 2017). In her work with parenting styles, Baumrind (1966) proposed that firm discipline applied in the context of an accepting and warm relationship promotes adaptive outcomes. This authoritative-style parent encourages verbal give and take, recognizes the child's individual interests, affirms the child's present qualities, and sets standards for future conduct. For example, when children have a warm relationship with mothers, they are found to be more compliant (Kochanska, Forman, Aksan, & Dunbar, 2005).

The PMT two-stage model (relationship development followed by discipline) is in wide use among parenting programs today with robust results. This includes Barkley's Defiant Child (Barkley, 1987), Helping the Noncompliant Child (Forehand & McMahon, 1981), Webster-Stratton's Incredible Years (Webster-Stratton & Reid, 2003), Parent-Child Interaction Therapy (PCIT; Eyberg & Robinson, 1982), and Triple P Positive Parenting Program (Sanders, 1999). The critical element in all of these interventions is in vivo practice in order to allow the parent to generalize positive parenting skills to various environments. These PMT interventions are highly effective in changing parent behavior. For example, PCIT has been shown to be more effective in reducing physically abusive behaviors of parents than standard parent training programs, with an abuse recidivism of < 20% after two years (Chaffin et al., 2004). Despite the successes, these models have not translated well to foster caregivers. The challenge with these interventions is similar to the barriers seen in adopting models like TFCO: 1) there are a limited number of professionals who are adequately trained and qualified to conduct these interventions compared to the number of children who could benefit from the program (McNeil, Herschell, Gurwitch, & Clemens-Mowrer, 2005), and 2) they are costly and time-intensive to provide (Pearl, 2009). As a result, PMT is often reserved for delivery to biological parents and their children in foster care to enhance reunification.

1.4. Evidence-based parent management training for Foster caregivers

To date, evidence-based PMT interventions specifically designed for foster caregivers are sparse. Adapted versions of PMT interventions may be effective with foster caregivers (Linares, Montalto, Li, & Oza, 2006) if several factors unique to foster care are addressed, including placement instability, poorly coordinated care, and fragmented services (Kerker & Dore, 2006). Additionally, most parent training interventions are time-consuming, which presents a challenge for foster caregivers with multiple children in the home. Adapting PMT interventions to be delivered in the context of existing mandated foster caregiver training would provide foster caregivers with training that develops a positive relationship and addresses a child's behavioral difficulties. Such an adaptation would need to address the unique factors of foster care and to be provided in a less time consuming manner in order to be successful.

One such proposed adaptation of the PMT intervention that is in the early stages of investigation is Child Adult Relationship Enhancement (CARE, Gurwitch et al., 2016). CARE is a six hour skill-based training that can be delivered in 1–6 sessions and is designed to promote a responsive, stable relationship between children with trauma histories and their caregivers by teaching the caregiver to utilize statements commonly associated with the authoritative style of parenting. Interventions that enhance the child-adult relationship are considered best practice treatment for children who have experienced trauma (Shonkoff, Garner, Committee on Psychosocial Aspects of Child and Family Health, Committee on Early Childhood, Adoption, and Dependent Care, & Section on Developmental and Behavioral Pediatrics, 2012). CARE was developed in large part to address some of the limitations of TFCO and PMT described above, with PCIT in particular having the strongest influence on the development of CARE (Gurwitch et al., 2016).

In a pilot study with foster caregivers, the CARE training demonstrated promising results (Wood, Dougherty, Long, Messer & Rubin, in press), with children in the intervention group being 39% more likely to achieve early foster placement stability (i.e., the child achieved a long-lasting foster placement within 45 days of placement and did not move again before the end of the 18 month study-period) as compared to the historical control group (Wood et al., in press). Another adaptation of CARE, PriCARE, utilized six weekly 1.5 h sessions within a primary care clinic. Those randomized to PriCARE had greater improvements in behavioral problems, empathy toward children's needs, and parenting views about corporal punishment than those randomized to the control group (Schilling et al., 2017).

1.5. Current study

The purpose of the present study was to gather preliminary data on the relative effectiveness of CARE training compared to standard foster caregiver training on 1) improving foster caregivers' interactions that are characteristic of authoritative parenting styles (Baumrind, 1966) as measured by standardized observational data collection and 2) reducing foster caregivers' reported trauma symptoms of their foster children from pre-training to post-training. It was hypothesized that there would be an increase in observed positive parenting interactions and a decrease in negative parenting interactions for caregivers receiving CARE training as compared to the standard training. Secondarily,