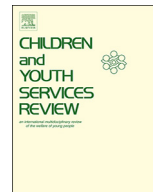




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## Identifying the essential competencies for resource parents to promote permanency and well-being of adolescents in care

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### ABSTRACT

The number of teens entering foster care and those subsequently aging out, has been steadily increasing in recent years. The majority of these teens experience placement instability while in care and do not secure permanency before entering young adulthood. These adolescents often have complex needs due to trauma histories, and as a result, many of these youth struggle with unemployment, homelessness, and incarceration, and they experience chronic physical and mental health challenges as young adults. There has been limited training available to prepare resource parents to care for adolescents who have experienced chronic trauma. The current study is the first phase of a national training and development initiative to maximize placement stability and permanency of traumatized teens placed in out-of-home care. The purpose of the current study is to identify the core competencies that are deemed essential for resource parents to be successful, and then prioritize the competencies that should be included in the training.

Utilizing the Delphi method, the current study generated a comprehensive list of competencies through multiple types of data collection procedures (e.g., interviews, surveys) and sources (e.g., parents, older youth, professionals, and literature and curricula reviews). Subsequently, the competencies were prioritized for inclusion in a national training by administering two rounds of a survey to an expert panel who ranked their importance. The inclusion of the competencies in the training was based on two criteria: competencies with a minimum mean score of at least 4, and those which 75% of the panelists rated at 4 or higher. Of the 215 non-duplicative competencies generated in Round One, the panelists reached consensus for inclusion of 61 in training development. Many of them focused on trauma-informed parenting, building a trusting relationship with youth, helping youth maintain a connection with their biological family and other past supportive relationships, emotional regulation skills for the parent and youth, and how to adapt to meet the youths' unique needs.

### 1. Introduction

After declining between 2005 and 2013, the number of children and teens entering foster care has increased in recent years (U.S. Department of Health and Human Services, 2016). Additionally, the number of youth aging out of foster care through emancipation has steadily increased from 20,000 to 25,000 per year since 2012 (Gets, 2012). Fifty-five percent of these youth who eventually become legally emancipated have experienced three or more placements (National Foster Youth Institute, 2017). Although adolescents in the child welfare system significantly benefit from living in family settings, approximately 50% of children who enter foster care as teens will enter a congregate care setting at some point during their foster care stay (U.S.

Children's Bureau, 2015). According to the latest AFCARS report (2017) approximately 12% of youth in foster care were living in group homes (5%) or other congregate care settings (7%) as of October 20, 2017. Adolescents represent 69% of the youth in congregate care, with 24% entering congregate care as their first placement (U.S. Children's Bureau, 2015). One reason for this overrepresentation is it can be difficult to recruit and retain foster, adoptive, and kinship caregivers (hereafter referred to as *resource parents*) for adolescents (Festinger & Baker, 2013). A major cause of premature placement disruption is resource parent dissatisfaction that is associated with a lack of preparation for the type and severity of biopsychosocial problems presented by children in their care, and their lack of ability to effectively manage these challenges (Spielfogel, Leathers, Christian, & McMeel, 2011;

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Turner, Macdonald, & Dennis, 2007). Targeted training of foster and adoptive parents, used in conjunction with access to timely case management services, respite care, support groups, and other teen-targeted interventions, may provide a solution to address the permanency needs of these adolescents.

Resource parenting of children of any age involves balancing multiple responsibilities, including meeting the youth's daily physical, social, and emotional needs; nurturing a trusting relationship; responding to behaviors appropriately; advocating for their rights; engaging the youth's biological family when appropriate; providing transportation to appointments; and communicating with the foster care team (e.g., social workers, lawyers) (Chipungu & Bent-Goodley, 2004). Resource parenting of adolescents often comes with additional challenges because the majority of adolescents have experienced trauma resulting in complex needs (Chamberlain, 2009; Salazar, Keller, Gowen, & Courtney, 2013). Despite these complex needs, limited training and inadequate access to other system supports have impeded the ability of resource parents to care for adolescents.

### 1.1. Adolescent risk of placement disruption

Many adolescents in the child welfare system have histories of living in stressful environments that are sometimes caused by parental substance use and mental health issues (Bruskas & Tessin, 2013). Further, adolescents often have been exposed to multiple instances of child maltreatment, such as psychological, physical, and sexual abuse, and neglect (Kisiel, Summersett-Ringgold, Weil, & McClelland, 2017; Stambaugh et al., 2013). These traumatic events can impact development, including cognition, dissociation, emotion regulation, behavioral control (e.g., impulsivity), and attachment (Chamberlain, 2009). Further, trauma can impair youth's self-concept and create complexities in forming trusting relationships with adults and peers. Child welfare-involved adolescents often have increased risk of substance use disorders, mental illness, delinquency, sexually transmitted infections, teen pregnancy, and low academic achievement (Day, Edward, Pickover, & Leever, 2013; Griffin et al., 2011).

These challenging behaviors may occur at an intensity and frequency that resource parents do not know how to manage, resulting in placement changes to a new foster care or congregate care setting (Chamberlain et al., 2006). In fact, externalizing behavior is a strong predictor of placement failures (Glisson, Bailey, & Post, 2000). Placement instability, in turn, may exacerbate externalizing behaviors, resulting in subsequent placement disruptions (Keller, Cusick, & Courtney, 2007).

Placement instability often occurs when resource parents lack the parenting skills to meet the demands of caring for adolescents with behavioral problems (McWey, Holtrop, Wojciak, & Claridge, 2015). Although placement disruptions may exacerbate these behaviors, placement stability that develops nurturing relationships can mitigate externalizing behaviors (Pecora et al., 2005). Preparing resource parents to care for adolescents with moderate to serious behavioral health challenges, including those struggling with alcohol and other drug problems, is critical to ensure placement permanency and youth biopsychosocial and educational well-being.

### 1.2. Resource parent training

Despite variation across the United States, pre-service training is the most common and sometimes only training resource parents receive. Pre-service training (including, but not limited to KEEP, PRIDE, & Multi-dimensional Treatment Foster Care) has been linked to many benefits for resource parents, including an enhanced sense of well-being, less burnout, and increased role satisfaction (Fisher & Chamberlain, 2000; Price et al., 2008; Whenan, Oxlad, & Lushington, 2009; Whiting, Huber, & Koech, 2007). Research also suggests pre-service training improves parents' knowledge of supportive services,

helps build relationships with children in care, helps meet the children's developmental needs, and increases the willingness to maintain connections to the children's biological family (Nash & Flynn, 2016; Whenan et al., 2009; Whiting et al., 2007). "Parent Resources for Information, Development, and Education" and "Model Approach to Partnerships in Parenting Group Preparation and Selection of Foster and/or Adoptive Families" are examples of widely used trainings that encourage future resource parents to consider whether resource parenting is a good fit for their family (Dorsey et al., 2008).

Despite its benefits, most pre-service training focuses on helping participants assess whether resource parenting is a good fit and do not focus on skill development, leaving many feeling unprepared once they begin resource parenting (Dorsey et al., 2008; Turner et al., 2007). Evaluations of existing in-service skill development trainings have yielded mixed results. Greeno et al. (2016) evaluated a Maryland replication of the Keeping Foster and Kinship Parents Trained and Supported program for parents of children exhibiting externalizing behavioral problems. They found significant improvements in child behavior, but no changes in parental stress, or permanency. Additionally, a meta-analysis of 16 studies examining the effectiveness of resource parent training from 1984 to 2014 found a small effect-size for changes in child behavioral problems and moderate gains in knowledge and skills for parents who attended training (Solomon, Niec, & Schoonover, 2017). Finally, a study conducted by Pithouse, Hill-Tout, and Lowe (2002), found that one resource parent training designed to address challenging behaviors had limited impact on child conduct and caregiver capacity. While some of these training curriculums have produced promising results, the majority of these more effective trainings have focused on primary-school-aged children; it remains unclear if training will yield similar results for resource parents of adolescents who tend to have complex trauma histories and needs.

There is a strong need for the development of training specific to parenting adolescents exposed to trauma who are placed in out-of-home care. The current study is part of a larger project to develop and evaluate a 12-h national in-service training for resource parents who have completed pre-service training and who are or will be caring for adolescents with moderate to severe behavioral challenges. Well-designed trainings have been linked to improved parenting competence and more successful placements (Rhodes, Orme, & Buehler, 2001).<sup>1</sup> The first step in developing a well-designed training involves the identification and prioritization of competencies to address in the training. The first aim of this study was to comprehensively identify the core competencies, defined as knowledge and skills, that are deemed essential for resource parents to be successful in providing placement stability, promoting permanency, and enhancing the well-being of adolescents with challenging behaviors. The second aim was to prioritize the competencies that should be included in the training through a structured consensus-based process.

## 2. Methods

The Delphi method (Dalkey & Helmer, 1963) was utilized to develop and validate the core competency areas. This method is an iterative multistage process often used to build consensus and set priorities of competencies (Stewart, 2001).

The Delphi survey in this project included two major phases that occurred in 2017. For the first phase, a comprehensive list of non-duplicative competencies was generated through multiple types of data collection procedures (i.e., qualitative interviews and survey) and sources (e.g., participants, and literature and curricula reviews). The second phase prioritized which competencies the training should target.

<sup>1</sup> Well-designed trainings developed for adult learning include learning experiences that solve a problem for participants, engaging designs and activities, opportunities for participants to share their experiences, and opportunities for individual reflection (Dirksen, 2016).

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