Children in Foster Care: Improving Outcomes through Intervention

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This policy paper discusses the problems, potential solutions and recommendations for improving the quality of care and long-term child outcomes for children in the United States foster care system. Children in foster care experience adversity in the form of abuse and neglect prior to entering the system, and often experience instability in the form of placement changes while in the system. A combination of trauma from maltreatment and long-term instability make these children especially vulnerable to poor developmental outcomes. These outcomes include poor emotional and behavioral regulation which can lead to social delinquency, externalizing behaviors in middle to late childhood and poor academic performance, which can lead to unemployment and homelessness in adulthood.

This paper discusses two possible solutions to counter the negative effects of maltreatment trauma and instability in foster care, including intensifying permanency efforts and implementing child-caregiver interventions. The second option provides a more comprehensive approach to solving the multifactorial issue at hand. This paper recommends a systematic approach to implementing three interventions for specified age groups of children within the foster care system. These interventions include the Attachment and Biobehavioral Catch-Up (ABC) intervention for children birth to three, Parent-Child Interaction Therapy (PCIT) for children ages three through seven, and Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) for children ages six through fifteen. Each intervention has been shown to improve both child outcomes and the child-caregiver relationship, however each provides a different approach that corresponds with developmental changes and challenges.

Policy problem

Five percent of American children spend time in foster care at some point between birth and 18 years. Children who have experienced out-of-home care often face many negative short and long-term consequences. Children in this population often have difficulty forming attachments to caregivers (Dozier, Stoval, Albus, & Bates, 2001), and have a higher prevalence of psychiatric disorders, as well as educational and neurodevelopmental difficulties (Ford, Vostanis, Meltzer, & Goodman, 2007). These children also exhibit behavioral problems at rates 2.5 times higher than the non-foster population (Clausen et al., 1998). There are

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two major factors that contribute to negative outcomes for children in foster care: the trauma of maltreatment experienced prior to foster care placement, and the experience in foster care (Amar, 2006). Since 1997, there have been many legislative actions aimed at decreasing the number of children and their length of stay in the foster care system. Each piece of legislation takes a slightly different approach. In 1997, the Adoption and Safe Families Act was passed to increase the focus on adoption and reduce the focus on unsafe reunification. In 2008, the Fostering Connections to Success and Increasing Adoptions Act was passed to increase health care provided to children in foster care, increase the number of kinship caregivers, and improve child outcomes. These legislations appear to have yielded some success. From 2001 to 2011, the overall number of children in the foster care system decreased from 523,000 to 401,000. Half of those children were in non-relative foster care placements, and 25 percent were with related caregivers (Taussig & Raviv, 2013).

Although the total number of children in foster care has decreased, instability and developmental outcomes remain an issue for the remaining children. As of the end of fiscal year 2011, the average stay in foster care was 23.9 months. A study conducted by the National Survey of Child and Adolescent Well-Being (NSCAW) shows that children in foster care for one to 36 months have an average of three placements, and those in foster care for more than 36 months, have an average number of five placements, with a range of one to 19 (2012). The same study by NSCAW shows a correlation between the length of time spent in foster care and future foster care stay, such that the longer a child has been in the system, the greater their risk of remaining in the system. Beyond long-term placement in foster care, many youth often age out of the system at age 18. In 2011, five percent, or 20,635 foster care youths, were set for emancipation from the state's supervision (U.S. Department of Health and Human Services, 2012). Youths who age out of foster care face increased risks of poor educational, employment, and mental and physical health outcomes, early pregnancy, and crime (Courtney & Dworsky, 2006; Courtney et al., 2011). From entering to exiting the program, this population faces many developmental challenges.

In 2011, the Child and Family Improvement and Innovation Act was the first law passed with a specific focus on child development and addressing emotional trauma. Specifically, this act:

> Requires each state plan for oversight and coordination of health care services for any child in a foster care placement to include an outline of: (1) the monitoring and treatment of emotional trauma associated with a child's maltreatment and removal from home, and (2) protocols for the appropriate use and monitoring of psychotropic medications (Child and Family Services Improvement and Innovation, 2011).

This law is revolutionary in its approach to making state child welfare systems accountable for putting the child's development and well-being first in their case planning. However, it does not offer a specific plan of action to address the instability and trauma of maltreatment that these children face.

Policy options

Intensifying permanency efforts

An obvious solution to the problematic instability faced by children in out-of-home care is to intensify permanency efforts. Previous legislation has proven successful in decreasing the number of children who remain in foster care for over a decade. Reuniting children with their birth parents represents the preferred path of permanency, because it preserves the child's attachment figure. Reunification can often lead to long-term stability for children, however studies show that this is contingent on the parent. Parents who are active in seeking out such a reunion are four times more likely to remain with their child than parents who are not active (Farmer & Wijedasa, 2013). On the

other hand, a focus on reunification could also result in a child being placed back in a dangerous environment. In 2013, a study that followed 180 children as they returned to their birth parents after removal reported that 47 percent of the reunifications were eventually disrupted again (Farmer & Wijedasa, 2013).

In cases where reunification is not an option, such as when parental rights have been revoked, an intensified promotion of kinship care and adoption is important. Kinship is the placement of a child with a relative or close family friend who has an emotional bond with the child. Researchers have found that children placed with kin-caregivers were less likely to change placements than children placed with non-kin foster parents (Webster et al., 2000). Kin placements are often able to keep the child's relationship with his or her birth parent intact, and are often of the same cultural background of the child, which is especially helpful for ethnic minority children (Schwartz, 2007). However, kin caregivers are often economically disadvantaged compared to non-relative foster parents and are more likely to reside in a disadvantaged neighborhood (Ehrle & Geen, 2002). In addition, kin caregivers are often not required to complete the same trainings as foster parents (Shlonsky & Berrick, 2001) and are likely less capable of handling the behavioral problems that maltreated children often display.

Implementing caregiver-child interventions

The implementation of evidence-based interventions would address both the instability and trauma from maltreatment that children experience in foster care. An evidence-based intervention is a program created on a foundation of scientific research and has been tested in a controlled setting. A variety of interventions already exist that have been studied in foster care populations. The focuses of these interventions range from parent-child interactions with both birth and foster parents (Attachment and Biobehavioral Catch-Up, Parent Child Interaction Therapy), and child-directed therapy (Trauma Focused Cognitive Behavioral Therapy). Each intervention is designed for a specific age range, collectively providing services for children from birth to 15 years.

Implementing evidence-based interventions would address two important facets: child outcomes and the parent-child relationship. Improved child outcomes include emotional and behavioral regulation and cognitive skills. Improved parent-child relationships can develop either from the intervention itself or as a by-product of improved child outcomes. Additionally, a positive relationship between the child and caregiver is important for the child's emotional development (Ackerman & Dozier, 2005).

Recommendation and implementation

A comprehensive approach provides the best way to address a multifactorial problem. The implementation of evidence-based interventions will improve child outcomes and enhance the child-caregiver relationship, which will likely increase placement stability over time. The systematic implementation of the following interventions will be called Inspiring through Intervention.

Caregivers of children ages zero to three would receive the Attachment and Bio-behavioral Catch-Up intervention (ABC). ABC consists of 10 one-hour sessions over 10 weeks. A trained clinician delivers manual content as well as In-the-Moment support to caregivers on topics such as nurturance, sensitivity during play, and how to avoid frightening behaviors (Bernard et al., 2012). Exhibiting these target behaviors helps children develop secure attachments and self-regulatory capabilities. The ABC intervention has shown to improve the quality of attachment for maltreated children (Bernard et. al. 2012). ABC has been successfully implemented with foster parents and their foster children, and studies show lower levels of the stress hormone cortisol for children whose foster parents received ABC (Dozier, Peloso, Lewis, Laurenceau, Levine, 2008). ABC has also been

adapted for birth-parent visitations (ABC-V) with the foster parent acting as the clinician in supporting the birth parent.

Caregivers of children ages three to seven who exhibit externalizing behaviors would receive the Parent Child Interaction Therapy (PCIT). PCIT focuses on the caregiver-child relationship, using both child-directed interaction, and parent-directed interaction. A trained clinician teaches the caregiver appropriate communication and behavior management skills to address the child's problem behaviors, then supports the caregiver through live coaching as the caregivers apply the skills during interaction with their children (Timmer et al., 2006). PCIT has been studied with both maltreating parents and foster parents, and has proven to improve child behavior and reduce parent distress (Timmer, et. al., 2006).

Caregivers of children ages six to 15 who exhibit emotional or behavioral symptoms that are a direct result of trauma would receive Trauma Focused Cognitive Behavioral Therapy (TF-CBT). TF-CBT provides educational and therapeutic sessions for children and parents, and works with the dyad both separately and as a pair (Cohen & Mannarino, 2008). TF-CBT has multiple components: psychoeducation and parenting skills, relaxation skills, trauma narrative and cognitive processing, conjoint child-parent sessions, and enhancing safety and future developmental trajectory (Cohen & Mannarino, 2008). Studies have shown that participation in TF-CBT is effective in improving emotional and behavioral problems and Post Traumatic Stress Disorder (PTSD) symptoms in children, and prevents placement disruption (Cohen, Mannarina, Kliethermes, & Murray, 2012). TF-CBT has also been effectively implemented within a foster care population (Dorsey, Pullman, Berliner, Koschmann, & McKay, 2014).

All three of the recommended interventions (ABC, PCIT, TF-CBT) have been effectively disseminated and implemented in the field (Caron, Weston-Lee, Haggerty, & Dozier, 2016; Beveridge et al., 2015; Cohen, Mannarino, & Anthony, 2008a). Participation in each intervention would be mandatory for both foster parents and birth parents trying to regain custody of their children. Participation would be highly recommended but optional for adoptive parents. Implementation would follow the subsequent process: First, the child enters the foster care system and is placed with an out-of-home caregiver. Second, the caregiver-child pair is assigned age-appropriate intervention. Third, follow-up assessments are conducted at monthly intervals upon completion of the intervention. Fourth, as the child ages, he or she may receive new age-appropriate intervention as dictated by assessment or caregiver interest. The monthly assessments would provide information on the effectiveness of the Inspiring through Intervention program. Overall effectiveness would be measured by both child and caregiver changes, stability/instability patterns of children who have participated in the program, and long-term child outcomes years after the program is completed. Results would then be used to decide whether the program should continue.

Conclusion

Although the number of children in foster care has been decreasing over the past decade, the 400,000 children who remain in out-of-home care face negative developmental outcomes that can lead to a troubled future. While the current legislature and its administration are effectively decreasing the number of children facing the challenges of foster care, it is not specifically addressing the short and long-term effects of maltreatment. By intervening at various ages, caregivers would gain the knowledge and support needed to help these children develop more adaptive self-regulatory behaviors in childhood that will lead to better outcomes through teenage-years and adulthood. Implementing the above interventions would not only address instability in foster care, but also help promote and maintain reunifications as well. Field studies of the ABC, PCIT, and FHF interventions have provided evidence that intervening with both foster parents and high-risk birth parents is both possible and effective in improving child outcomes. Inspiring through

Intervention represents a multidimensional solution to this critical and complex problem and should be acted upon.

References

Ackerman, J., & Dozier M. (2005). The influence of foster parent investment on children's representations of self and attachment figures. *Journal of Applied Developmental Psychology, 26*(5), 507 - 520.

Ammar, N. (2006). Beyond the shadows: Domestic spousal violence in a democratizing Egypt. *Trauma, Violence and Abuse, 7*(4), 244 - 259.

Bernard, K., Dozier, M., Bick, J., Lewis-Morrarty, E., Lindheim, O., & Carlson, E. (2012). Enhancing attachment organization among maltreated infants: Results of a randomized clinical trial. *Child Development, 83*, 623 - 636.

Beveridge, R., Fowles, T., Masse, J., McGoron, L., Smith, M., Parrish, B., Circo, G., & Widdoes, N. (2015). State-wide dissemination and implementation of parent-child interaction therapy (PCIT): Application of theory. *Children and Youth Services Review, 48,* 38 - 48.

Caron, E., Weston-Lee, P., Haggerty, D., & Dozier, M. (2016). Community implementation outcomes of Attachment and Biobehavioral Catch-up. *Child Abuse and Neglect, 53,* 128 - 137.

"Child and Family Services Improvement and Innovation Act". (PL 112-34, September 12, 2011). Text from Library of Congress Summary (Library of Congress). Retrieved from https://www.govtrack.us/congress/bills/112/hr2883/summary

Clausen, J., Landsverk, J., Ganger, W., Chadwick, D., & Litrownik, A. (1998). Mental Health Problems of Children in Foster Care. *Journal of Child and Family Studies, 7*(3), 283 - 296.

Cohen, J., Mannarino, & Anthony P. (2008a) Trauma-Focused Cognitive Behavioural Therapy for Children and Parents. *Child and Adolescent Mental Health, 13*(4), 158 - 162.

Cohen, J., Mannarino, & Anthony P. (2008b). Disseminating and Implementing Trauma-Focused CBT in Community Settings. *Trauma Violence Abuse, 9*(4), 214 - 226.

Cohen, J., Mannarino, A., Kliethermes, M., Murray, L. (2012). Trauma- Focused CBT for youth with complex trauma. *Child Abuse & Neglect, 36*(6), 528 - 541.

Courtney, M., & Dworsky, A. (2006). Early outcomes for young adults transitioning from out-of-home care in the U.S.A. *Child and Family Social Work, 11*(3), 209 - 219.

Courtney, M., Dworsky, A., Brown, A., Cary, C., Love, K., & Vorhies, V. (2011). *Midwest evaluation of the adult functioning of former foster youth: Outcomes at age 26*. Chicago, IL: Chapin Hall at the University of Chicago.

Dorsey, S., Pullmann, M., Berliner, L., Koschmann, E., McKay, M., Deblinger, E. (2014). Engaging foster parents in treatment: A randomized trial of supplementing trauma-focused cognitive behavioral therapy with evidence-based engagement strategies. *Child Abuse & Neglect, 38*(9), 1508 - 1520.

Dozier, M., Lindhiem, O., Lewis, E., Bick, J., Bernard, K., & Peloso, E. (2009). Effects of a foster parent training program on young children's attachment behaviors: Preliminary evidence from a randomized clinical trial. *Child and Adolescent Social Work Journal, 26*(4), 321 - 332.

Dozier, M., Peloso, E., Lewis, E., Laurenceau, J., & Levine, S (2008). Effects of an attachment-based intervention on the cortisol production of infants and toddlers in foster care. *Development and Psychopathology, 20*(3), 845 - 859.

Dozier, M., Stovall, K., Albus, K., Bates, B. (2001). Attachment for infants in foster care: The role of caregiver state of mind. *Child Development, 72*(5), 1467 - 1477.

Ehrle, J., & Geen, R. (2002). Kin and non-kin foster care—Findings from a national survey. *Children and Youth Services Review, 24*(1-2), 15 - 35.