Annotations of Research in Treatment Foster Care

Citation

Keywords
Foster care, reunification, adoption, AWOL

Research Questions
This study examines the influence of child and case characteristics on exits from foster care.

Based on a review of the existing research, the authors hypothesized that certain child and case characteristics will be significantly related to the likelihood that a child will exit the foster care system successfully (through reunification or adoption) or through an unplanned exit (AWOL—running away from placement).

Child Characteristics
H1: Age of the child at the time of removal will predict type of exit. Older children are more likely to reunify or go AWOL, and younger children are more likely to exit due to adoption.

H2: Children with known mental or physical disabilities are expected to have reduced rates of reunification and adoption.

Due to equivocal findings, hypotheses about gender and race were not included.

Case Characteristics
H3: A history of prior removals will increase time to reunification.

H4: Removal due to neglect will increase time to reunification.

H5: Removal due to physical abuse or child behavior problems is likely to be associated with lower rates of adoption.

H6: Children placed with kin (foster care with a relative) are expected to have lower rates of reunification and adoption.

H7: Children placed in a group home or shelter are expected to have higher rates of exit to reunification and AWOL status and lower rates of exit to adoption.
Method
Subjects: Placement data were extracted for a total of 6,723 children. Of that total, 2% were eliminated due to data problems and an additional 10% were eliminated because they were involved in an inpatient program, leaving a final sample of 5,909 children who entered care over the 5-year observational period.

Design: This study used administrative data from the Rhode Island Department of Children, Youth, and Families for a 5-year period from January 1, 1998 to December 31, 2002. A foster care placement is the period in which a child in state custody resides in a given foster care setting. Placements were grouped into episodes of care beginning with a removal and continuing to exit. Therefore, an “episode” in foster care would involve one or more placements in foster care settings beginning at removal and tracking the child through any transitional placements until either a discharge from care or the end of the data collection period. Therefore, although children may have experienced multiple episodes of foster care during the time period of investigation (1/1/98 to 12/31/02), only the first episode of care beginning during the window of observation was selected.

Materials/Measures: A multivariate framework was used in order to investigate the likelihood of event occurrence using Cox proportional hazards modeling.

Procedures: An index event for each child entering foster care was selected using the first episode beginning during the observational period, and time to exit was defined as the amount of time in care prior to a recorded discharge. Because children experience a range of placements while in care, placement setting was treated as a time-varying covariate. This approach allows for parameter estimates for setting effects that reflect the risk for exiting care, based on the settings that occur throughout the episode.

Results/Findings

H1: Age of the child at the time of removal will predict type of exit
Age played a significant role in the likelihood of reunification.

- Reunification was lowest for infants and highest for children who entered care between ages 2 and 15.
- Young age was the overriding child characteristic for adoption. The likelihood of adoption was greatest for infants and decreased with increasing age of the child.
- Children who entered care between ages 2 and 5 were more likely to exit to reunification than were younger children.
- Rates for exiting to AWOL status were nonexistent for younger children relative to older children—older children were more likely to go AWOL.

H2: Mental or physical disabilities will predict type of exit.
Children with known emotional or physical disabilities were less likely to reunify or to be adopted.

Although race and gender effects were not hypothesized, the researchers found that rates of reunification were lower for African American children than for Caucasian children.

H3: A history of prior removals will increase time to reunification.
Removals prior to the study period did impact exit. A history of two or more prior removals was associated with significantly lower rates of reunification and higher rates of going AWOL.

**H4: Removal due to neglect will increase time to reunification.**
Children removed due to child behavior problems compared to children removed due to neglect had higher rates of reunification. In other words, children placed in care due to neglect had a lower likelihood of being reunified.

**H5: Removal due to physical abuse or child behavior problems is likely to be associated with lower rates of adoption.**
Children who experienced sexual abuse were less likely to be reunified or adopted.

**H6: Children placed with kin (foster care with a relative) are expected to have lower rates of reunification and adoption.**
Children placed in a relative foster care home were more likely to not be reunified or not adopted. In other words, children in a kinship foster care arrangement were more likely to remain in care and not be adopted or reunified.

**H7: Children placed in a group home or shelter are expected to have higher rates of exit to reunification and AWOL status and lower rates of exit to adoption.**
A gender, race, and age effect was found for AWOL exits, with adolescent girls having the highest AWOL risk. In addition, minority status increases risk of AWOL exit.

Placement in a group home or shelter was a risk. Children in group home settings are more than twice as likely to exit via AWOL; children in a shelter, almost 9 times more likely to exit via AWOL.

**Limitations**
Use of administrative data (Federal AFCARS [Adoption and Foster Care Analysis and Reporting System] submissions) as the primary data source is a limitation as the sets are limited in scope, emphasize categorical data, and may be incomplete.

Another problem is that age and placement setting tend to be intercorrelated in child welfare populations: older youth are more likely to be in group settings whereas younger children are likely to be in foster care settings. The challenge in separating child characteristics from placement effects in foster care research is an issue that requires additional methodological attention in the field.

A final limitation is the generalizability of the study to other settings. Rhode Island is a small state, although it does include rural and urban areas and has ethnic and racial diversity.

**Application to Practice**
The findings with respect to disability status and emotional/behavioral problems suggest that it is more difficult to move children with these risk factors to permanency through reunification and adoption, and therefore require longer lengths of stay in care. This pattern suggests a need to emphasize finding stable and therapeutic treatment homes that will keep children in a stable setting so that their problems are not compounded by frequent placement changes while in care. Similarly, the finding that children who have been sexually abused are likely to experience lower rates of exit to adoption and reunification suggests that such children are also more challenging
to place through either of the preferred permanency routes and are likely to remain in placements longer than children removed for other reasons. Helping treatment parents to manage the problems associated with caring for a child who has experienced complex trauma then becomes an important aspect of a TFC program.

**Application to Policy**
Education must be mandated for potential foster parents who will care for children that may have increased risk factors, including past sexual abuse, emotional/behavioral problems and age of entry into care. If foster parents understand what to expect from children with higher risk factors, placement disruptions can be minimized. In addition, adoption or reunification for older foster children, may be more likely to occur and at a higher rate. Concurrent plans must also be in place in case the most ideal plans fall through.

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Reunification with the primary family is the predominate goal of the majority of youth placed in foster care settings (others include adoption, independent living, and emancipation). Roughly 50% of the nearly 600,000 foster youth in care are placed in a non-relative family foster home. As many of these reunifications result in failure, leading to recidivism (30%), the authors chose to examine post-reunification variables (i.e., parent characteristics, child characteristics, parent service utilization, child service utilization, family environment, and neighborhood environment) as they relate to reunification failure.

Method
Subjects: Data utilized in this study were collected from a subsample of individuals taking part in a related study evaluating early intervention foster care programs. A total of 52 children in the related study met the authors’ requirements (3–6 years of age, not yet enrolled in first grade, and having reunification as their primary permanency goal), and 16 of those youth (31%) were reunified with at least one birth parent within 3 months of the initiation of the study. The ethnic composition of the sample represented that of the region from which data were collected, and no significant differences were found between reunified families and the regular foster care families. Finally, most of the participating families received some sort of governmental financial assistance.

Design: In this correlation study, data were examined from children assigned to a regular foster care comparison group to assess specific variables that impacted successful or failed reunification efforts. Demographic/general information collected for examination included the following:

- child age at reunification
- mother’s age
- time in care prior to reunification
• time spent with biological parents
• annual household income
• types of governmental assistance
• parental education
• primary reason for placement
• child maltreatment
• neighborhood quality
• number of children and adults per household

Materials/Measures and Procedures: Pertinent information was gathered via the following:

1. Review of the child’s case file records (child maltreatment was coded by the Maltreatment Classification System)

2. Structured interviews with foster parents and biological families to assess service utilization (assessors received 4–6 hours of training on interview techniques and data collection/coding, and ongoing training as necessary)

3. Data collected within 3 months of reunification from the 30-item measure regarding the child’s contact with service professionals: the Family and Professional Collaboration Scale (FPCS; Dechillo, Koren, & Schultze, 1994)

4. Data collected regarding family and neighborhood environment within 3 months of post-reunification utilizing the Home Visitor Impression Scale (HVIMP; Fisher & Greenly, 2000) and the Home Environment Impression Scale (HOME; Fisher and Greenly, 2000)

For participating in the study, biological families were offered $25 for each successful interview, were proffered questionnaire packets, and received a home visit. Food was provided for evening appointments, and travel expenses were paid for out-of-town families visiting the center. Finally, families who completed their questionnaire packets on time were entered in a prize raffle.

Results/Findings
The authors reported that, of the 16 reunifications examined, there were 5 failures. (Of the failures, children spent an average of 7.3 months in their biological family home.)

- Parent characteristics, such as receipt of governmental financial aid, household income, maternal education level, and maternal age, did not differ significantly between failed and intact reunifications.

- The child’s age and the type of maltreatment perpetrated did not present any significant differences between failed and intact reunifications.

- The rate at which mothers visited dentists and medical specialists within the first 3 months of reunification showed negative associations with reunification success.

- Parent utilization of substance abuse treatment was negatively associated with reunification success whereas parent participation in individual, marital, or group therapy did not correlate significantly with failed or intact reunifications.
Consistent provision of information and referrals to parents by the primary service provider was linked with reunification success.

Time spent in foster care before reunification was not correlated with either success or failure.

Children receiving educational and therapeutic services were linked to reunification success.

Parenting quality (organization, monitoring, and appropriate discipline, including removal punishments and positive reinforcement) clearly impacted reunification success.

Overall quality of physical home environment was linked with success of reunification.

**Limitations**
Clearly the major limitation of this study was the small sample size \( (n = 16) \), limiting more complex, multivariate data analyses and model testing. The authors recommended replication studies using larger, more ethnically and age diverse samples to support the group differences found in this particular study.

**Application to Practice**
The use of independent assessors to conduct interviews, home observations, and neighborhood observations is a clear strength of the study, suggesting there is a need to widen investigations beyond those factors more typically found in state information management systems. Many past studies have noted the failure of some state agencies to effectively address the specific needs of children and parents who are reunified after out-of-home care. This study expanded those previous studies by identifying factors associated with poverty, parental substance abuse, parenting skills, physical home environment, and service utilization, expounding on the variable currently studied as related to reunification failures. Of great note is the finding that (despite the small sample size) reunification with parents who were substance abusers or in substance abuse treatment typically resulted in reunification failure. Finally, the authors’ posit that parenting skills, educational services to the children, and individual, group, and family therapy should be structured into the reunification plan to aid in positive reunifications.

**Application to Policy**
The findings that reunification with parents who were substance abusers or in substance abuse treatment typically resulted in reunification failure, reinforces the previous recommendations to reform policies regarding reunification of children to parents recovering from substance abuse. The current pressure to decrease time in out-of-home care before reunification may in the long run be counterproductive to achieving successful reunification.

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Citation

Keywords
Attachment, foster care, responsive parenting, treatment foster care

Research Questions
• What do we know about the strengths and limitations of foster care?

• How can we use this knowledge to ensure better outcomes for the children and young people involved by bringing about changes in their often difficult and disturbed behavior?

Method
*Subjects:* The author used a sample from a larger longitudinal study that surveyed 472 placements in seven localities in England, including two London boroughs. The original study obtained information from postal questionnaires to foster parents, social workers, and family placement social workers. In addition, approximately 151 older children in these placements responded to a brief questionnaire asking about their experiences of fostering and what they wanted from it. From this group, 24 detailed case studies were conducted, of which 12 were judged successful and 12 were judged less successful, matched on age, gender, and length of time in placement.

*Design:* Data from the original study were reexamined within the context of effective foster care. As a means to further understand the author’s perspective of the model, a qualitative study was done utilizing face-to-face interviews with foster parents and telephone interviews with social workers.

*Measures and Procedures:* This study asked foster parents to share their perceptions of the conditions that might lead to a placement breakdown. As the author points out, the existing literature focuses on analyses from other members of the foster care system about factors that stress families and might lead to placement breakdown. This study asks the foster parents themselves to identify reasons that might lead them to terminate a placement.

A model of effective foster care was developed that states the foster care placement outcome depends on three things: (1) the children (their motivation, attractiveness, and difficulty); (2) the
foster parents (their persistence and ability to “set limits”); and (3) the interaction between the two. The author used in-depth interviews to further elaborate on the model.

The children’s characteristics were measured using Goodman’s Strengths and Difficulties Questionnaire (pro-social and difficulties scores) and a brief questionnaire asking the children about their experience of fostering and what they wanted from it. The latter survey yielded a motivation to be in placement score. Foster parent ratings were threefold: (1) a foster parent parenting score based on the views of social workers, (2) a rejection score based on foster parent responses relating to fondness/acceptance of the foster child, and (3) a child-orientation score based on Marjorie Smith’s instrument that counts the number of different things that a parent might do with a child that the child might be expected to like. The current study did not elaborate on these instruments because they were discussed in detail in previous articles by the current author.

Results/Findings
The author reports that despite difficult behavior displayed by children in care, skilled and committed foster parents can succeed in bringing about changes in their children’s well-being, self-esteem, and behavior. The author also reports that all three hypotheses were supported.

- Foster care placements were more likely to be successful and less likely to disrupt when the children were seen as wanting to stay in the placement, had high pro-social scores, and had low measures of disturbance.
- Foster parents who scored well on dimensions of child-orientation, had above-average ratings on parenting, and had low rejection scores were more likely to have successful placements.
- Responsive parenting, viewed as the way in which the foster parent deals with the child, is felt to be a condition that leads to more successful placements. Success was more likely to occur where the foster parent was fond of the child and saw her or him in a good light.

In the qualitative portion of the study, the author employs the formulation of the dynamics of attachment and interest sharing to build a more complete effective foster caring model. She proposes that foster parents need to be skilled in working with attachment issues and handling difficult child behaviors and that the child needs to offer something to the foster parents.

Limitations
It is difficult to judge whether limitations exist because information about the structure of the study is lacking.

Application to Practice
The findings from this study point to the need for changing perceptions of foster care so that it is seen as an environment in which children’s difficult behaviors, poor social skills, and problems with relationships can be addressed. These findings support efforts that may help to prevent some of the negative spirals that exist in relationships between foster parents and the child in care, which could lead to rejection and placement breakdown. The author supports the use of the foster parent as the change agent for the child’s emotional and behavioral responses by strengthening the child’s coping resources and attachment relationships within a secure setting. The author encourages agencies to formulate placements within the framework of the dynamics
of attachment and interest sharing, which requires adequate training, supervision, and support to meet the complex needs of foster parents as they provide for children in their care.

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Citation

Keywords
Attachment, secure base, long-term family care, parenting, family membership

Research Question
Does a model of parenting developed within the framework of attachment theory promote trust, reflective function, self-esteem, autonomy, and a sense of belonging in children with extensive history of abuse?

Method
*Subjects:* The study involved 52 children in long-term foster care under the age of 12 (range 4–11, mean age 10) with a plan of long-term foster care in 1997–1998. The plan for these children was to remain in foster care until adulthood. A follow-up review took place 3 years later in 2001–2002, and the researchers intend to follow the sample into adult life.

*Design:* The project was conducted in two phases. Phase one consisted of a questionnaire and social worker interviews to provide data on the children’s histories, development, foster care placement, birth family contact, and professional support services, with a focus on child behaviors, relationships, and parenting responses. Phase two was used with foster carers to explore changes over time. The study was qualitative using in-depth interviews and some standardized scales.

*Materials/Measures:* Standardized scales used were Goodman’s Strengths and Difficulties Questionnaire, the Experience of Parenting Interview (ExPI), and the Family and Friends Interview.

Results/Findings
The results are promising. Children did make marked progress in all areas according to interviews with foster caregivers.

Limitations
The study group did not include older children and was relatively small. The training from attachment theory needs to be expanded to include the category of promoting family membership.
and should be adapted for an older population. The theory seems to hold true even with children ages 4–11.

Application to Practice
Foster caregivers who are well informed on the child’s history of maltreatment and who are trained and supervised using developmental attachment theory to understand and respond to behaviors are more likely to increase the child’s sense of identity and belonging. Training needs to be developed to support an already research-based approach to attachment theory, extending the principles to the foster care population.

Application to Policy
This practice has the potential for making a major impact on foster parent retention and placement stability for children.

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Citation

Keywords
Child behavior, placement stability, NSCAW, foster care

Research Question
• What is the independent impact of placement stability on behavioral problems 18 months after being placed in foster care?

Method
Subjects: The researchers selected 729 children/youths from the National Survey of Child and Adolescent Well-Being (NSCAW) who were in a new out-of-home placement. NSCAW was a nationally representative prospective cohort study, the primary aim of which was to study the health and well-being of children reported to child welfare over a 3-year follow-up period.

Materials/Measures: Well-being was categorized as early stability (stable placement within 45 days), late stability (stable placement after 45 days), and unstable placement (never achieving stability).

Procedures: Propensity scores predicting placement instability based on baseline attributes were divided into low-, medium-, and high-risk categories and added to a regression model to examine the independent association between placement stability and behavioral well-being using the Child Behavior Checklist and temperament scores from the National Longitudinal Survey of Youth.

Results/Findings
Half (52%) of the children achieved early stability, 19% achieved later stability, and a little over a quarter (28%) remained unstable. Early-stabilizing children were younger and more likely to have fewer behavioral problems, no prior history with child welfare, and birth parents without mental health problems. Even after accounting for these baseline attributes, stability of placement was an important predictor of behavioral well-being at 18 months following entry into foster care. Children with unstable placements had twice the odds of having behavior problems as did children who had achieved early stability.
Limitations
The study did not include other measures of well-being. Stability in care was not differentiated between kin and nonkin care. Studies using data from NSCAW have been criticized because the survey is a national sample that does not easily generalize to local child welfare systems.

Application to Practice
Providers of foster care services often struggle with the “chicken and the egg” problem—do behavioral health problems cause placement instability or does placement instability cause behavioral health problems? Although there is a cascading effect, this study, using a nationally representative sample of children who have been maltreated and followed for 18 months, strongly suggests that placement stability, independent of the child’s behavior problems at entry into care, can influence the child’s well-being. Children who failed to achieve stability were at greater risk of behavior problems compared with children who achieved any stability in foster care.

This study adds to the growing research literature revealing that placement disruptions associate with negative outcomes for children who are the victims of maltreatment. Children often come into Treatment Foster Care (TFC) after failing to achieve stability, and most have serious emotional problems. Challenges to placement stability are predictable and should be anticipated, with plans created in anticipation of the challenges. TFC providers need to look for ways to increase the resources they devote toward stabilizing children in placement through accessing specialized treatment and supporting foster parents in managing difficult child behavior issues. Finally, providers need to work closely with child welfare agencies, communicating closely with them during periods of crisis and advocating for alternatives to placement change during these challenging periods.

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Citation

Keywords
Foster care, child welfare, mental health, child abuse

Research Question
• Does enhanced foster care programming improve the long-term mental and physical health outcomes of foster care alumni when compared to public foster care programming?

Method
Subjects: The sample consisted of 479 adults who were placed in foster care as adolescents (14–18 years of age). These youth were placed in Public (State) and Private (Casey Family Programs) foster care programs through the Oregon and Washington state Departments of Human Services. Inclusion criteria included the following: (1) the child was eligible for long-term foster care placement, (2) the placement was primarily a result of child maltreatment, (3) the child did not have a physical or developmental disability that would be considered cost-prohibitive to the Casey program, and (4) the child had spent at least one year in foster care between the ages of 14 and 18.

Design: This is a quasi-experimental research design. Samples were drawn between January 1, 1989, and September 30, 1998. All children in the Casey program during the sampling time frame were selected for the Casey group, given the small census (44 youth). Children who were not chosen for the Casey group but who met eligibility criteria were randomly selected for the much larger Public (control) group.

Procedures: Foster care alumni were interviewed up to 13 years after leaving foster care. Data were collected from respondents using professional interview staff of the Survey Research Center at the University of Michigan Institute for Social Research. Interviewers received a brief orientation to the study, received a 7-day, study-specific training, and conducted practice interviews prior to conducting study interviews. Retrospective data on demographic variables, family demographics, adversity, and placement history were obtained during the interview. Mental health disorders were assessed using the World Health Organization Composite International Diagnostic Interview version 3.0. General medical conditions were assessed using a chronic condition checklist.
Archival data case records were examined to obtain preplacement characteristics of the Casey and Public groups, as well as non-survey respondents. Archival data collected included demographics, ages at and dates of entry into and exit from foster care, reason for placement, placement history, type and extensiveness of maltreatment, parental substance abuse, and termination of parental rights.

**Results/Findings**
Survey respondents were more likely to be female than male. Reasons for placement were similar across all sample groups; however, parental substance abuse as a placement condition was more likely in the Casey group. The Casey alumni spent nearly 2–2.5 more years in care and experienced significantly more stable placements than did the Public group. Casey alumni were substantially less likely to experience adverse events during their placement and were at lower risk of experiencing reunification failure. The Casey group was less likely to experience neglect or physical or sexual abuse in the foster home.

With respect to mental health outcomes, the Casey alumni were significantly less likely to experience mental health disorders than were the Public foster care alumni. Casey alumni experienced fewer physical health disorders when examining all classes of physical health conditions studied.

**Limitations**
The quasi-experimental design of the study does not permit random assignment to the Casey and Public groups. Interviewers were not blind to the group in which the interview subject belonged, and data were collected through subject self-report (versus medical evaluation and clinical interview), creating the possibility of bias in interviewee responses.

**Application to Practice**
This study highlights the benefits of providing foster youth an enhanced foster care experience and makes a compelling case for investing in model foster care programming. The study demonstrates that by providing children with well-trained foster parents and quality ancillary services, as well as case managers with higher education and lower caseloads, the child welfare system is more likely to meet its mandate of ensuring the safety, placement permanence, and well-being of foster children. Proper attention to and investment in the core components of enhanced foster care systems produce better outcomes for alumni.

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Citation

Keywords
Evidence-based treatment, foster care, attachment, behavior, infants and toddlers

Research Questions
- Are time-limited interventions successful at improving regulatory capacities of young foster children?
- Is early intervention effective in improving or preventing regulatory issues typically following early caregiving disruptions?

Method
Subjects: The study sample included 60 infants and toddlers (ranging in age from 3.6 to 39.4 months old) in two mid-Atlantic states referred during their initial placement into foster care. Foster parent and birth parent (or proxy) permissions were obtained prior to participation. The study also included a comparison group of 104 typically developing children who had never been in foster care.

Design: The study was a randomized clinical trial. The 60 children were randomly assigned to one of two intervention groups following enrollment: Attachment and Biobehavioral Catch-up or Developmental Education for Families. Foster parents and birth parents were blind to condition.

Materials/Measures: Both interventions consisted of 10 sessions, individually administered in the foster home by experienced social workers or psychologists. The experimental intervention, Attachment and Biobehavioral Catch-up, was designed to strengthen children’s regulatory capacities by working with the child and caregiver on aspects such as following the child’s lead, increasing physical comfort, and supporting the child’s affect expression and modulation. The control intervention, Developmental Education for Families, was designed to enhance cognitive development, particularly language. Two measures were taken for both groups: a twice-daily collection of saliva to assess the child’s cortisol levels (involved in response to stress and anxiety), and a version of the Parent’s Daily Report to assess problem behaviors.

Procedures: Measures were taken 1 month after the completion of either intervention. Foster parents were trained in collecting saliva samples and did so at two different times (upon waking and before bedtime) over a 2-day period. These samples were then assayed in a laboratory, and
the two groups were compared to each other and to the comparison group of children not in care. Parents completed their behavior report daily for 3 days at post-intervention assessments.

**Results/Findings**
Results from the cortisol measure showed that children in the Attachment and Biobehavioral Catch-up group had lower cortisol levels than the children in the Developmental Education for Families group and that the former group was more similar to the 104 children who had never been in foster care. Parents in the Attachment and Biobehavioral Catch-up group reported significantly fewer behavior problems for toddlers than for infants, but this was not the case in the Developmental Education for Families group.

**Limitations**
Limitations included a small sample size, a brief time frame, and relation to a specific age group of children in foster care.

**Application to Practice**
Children in foster care typically show a number of regulatory problems that are connected to both childhood and adult functioning, making them a high-risk group for long-term problems. However, there are few evidence-based interventions specifically aimed at foster children. This study shows preliminary evidence that, with early intervention aimed at regulation, it may be possible to improve the regulatory capacities of infants and toddlers in care, at a time when caregiving disruptions may potentially be most damaging.

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Citation

Keywords
Parents, involvement, family foster care

Research Questions
• To what extent do parents participate in their child’s care during placement in foster care?
• What characteristics of parents, children, and placements are associated with greater parental participation?

Method
Subjects: Fifty-eight (58) parents (46 mothers and 12 fathers) who had a child in family foster care and had had at least one unsupervised contact with their child in the past 6 months participated.

Design: The study was a cross-sectional, descriptive investigation.

Measures and Procedures: Data were collected via a survey instrument that covered multiple areas, including family characteristics, child characteristics, placement history, characteristics of the current placement situation, parent involvement during the placement of the child and characteristics of the intervention, and parent perception of the social worker and foster parents. Factor analyses of questions regarding the participation of parents resulted in factors that measured (1) participation in care-related tasks or school activities, and (2) participation in decisions or discussions regarding the child’s education and progress, and the planning of visits.

Data were collected via a survey administered during face-to-face interviews at the participants’ homes.

Results/Findings
Results indicated that parents participated little in care-related tasks or school activities but were more involved in decision making and discussions concerning the child.

Greater participation was associated with having a partner or spouse (most often not the child’s parent). Parents were more likely to participate in discussions and decisions if their child had been removed for reasons of neglect rather than physical abuse, sexual abuse, or long-term emotional rejection.
Parents who did not experience problems during their child’s placement were more likely to participate than those who reported problems such as a lack of information, large geographical distance between the placement setting and their residence, or personal problems.

Parents who perceived that their social worker had a positive opinion of them participated in more activities than other parents. Similarly, parents who perceived the foster parents as being in favor of their participation took part in a greater number of care-related tasks and school activities than those who perceived the foster parents as being opposed to their participation. There was no difference in participation among parents who had a high level of contact with social workers and those who did not.

Limitations
The study is correlational and therefore no causal link can be established between parental participation and other variables. Sample selection was voluntary and the sample size was small. Therefore, results here may not generalize to all parents who have a child placed in family foster care.

Application to Practice
Support to the parent seems to be an important consideration in whether or not parents participate in the care of their children during foster placements as evidenced by the greater involvement of parents who had a partner or spouse. In addition, the attitudes and roles of social workers and foster parents seem to be important in facilitating parental participation. These findings suggest that providing support, clear role definition, and a positive attitude toward parental participation are all important in enhancing parental participation in the care of their children during foster placements.

Application to Policy
It is important to note that although legislation such as the Youth Protection Act is created to assign “primary responsibility for children” to parents, it is clear that parental involvement is still lacking in some areas. In order for policy and legislation to really take effect, professionals in the foster care system need to be aware of and address the reasons why there is a limited amount of parental involvement in the lives of children in foster care, specifically in relation to methods used to solicit parent involvement.

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This annotation was written by Gretta Cushing, PhD, Senior Research Associate at Casey Family Services in New Haven, CT.
Citation

Keywords
Foster care, mental health predictors, developmental psychopathology, social care policy

Research Questions
- What predictors of mental health exist for children in court-ordered care?
- What factors are associated with identified predictors of mental health?
- What developmental mechanisms may help explain the predictive and associated factors identified?

The author examined retrospective and concurrent predictors of mental health problems and associated factors through a prospective, epidemiological study of children in court-ordered foster and kinship care in New South Wales (NSW), Australia. Limitations of previous studies were addressed by considering developmental mechanisms that may account for findings and by recommending developmentally based alterations to existing social care policy.

Method
Subjects: The study utilized a sample of 347 children, age 4 to 11, whose caregivers responded to mailed survey questionnaires (i.e., 56% response rate). All children included in the study resided in court-ordered foster (86%) or kinship (14%) care in NSW under the guardianship of the minister for the Department of Community Services (DOCS). The mean age at entry into care was 3.5 years, with an average length of time in care of 4.3 years.

Design: The study utilized a retrospective design with data collected from a caregiver report and a database. Children were not active participants. *T*-tests, ANOVA, and Pearson *r* correlations were used to identify associations between study factors and continuous outcome measures, while two-step hierarchical linear regression models and equivalent hierarchical logistic regression models were used to predict continuous estimates of mental health and predictors of mental disturbance, respectively.

Materials/Measures: Outcomes including children’s baseline mental health, socialization, and self-esteem were estimated using results of a caregiver report on the Child Behavior Checklist (CBCL) and the Assessment Checklist for Children (ACC), as well as a mail-out survey questionnaire completed by participant caregivers.
Potential risk and protective factors were measured retrospectively and concurrently in the Children in Care Study (CICS) baseline survey (2000–2003) using a mail-out caregiver questionnaire and the DOCS child welfare and alternative care database. Specifically, the caregiver questionnaire obtained information related to children’s development, education, and present status; the database contained historical information (e.g., maltreatment history, care history, and birth family factors).

**Procedures**: Data obtained from the CBCL, ACC, mail-out survey questionnaire (i.e., all completed by the caregiver), and DOCS child welfare and alternative care database were statistically analyzed. Results of analyses provided estimates of the extent to which pre-care factors, developmental characteristics, and various in-care experiences independently predicted mental health and/or other outcomes.

**Results/Findings**

**Predictors identified**: The strongest predictor of mental health was the age at which children entered care, with earlier entry (i.e., < 7 months of age) being protective and later entry (i.e., > 7 months of age) relating to progressive declines in mental health. In addition, intellectual disability and reading difficulties predicted mental health problems independent of children’s prior exposure to adversity. Sexual, physical, and emotional abuse was predictive of clinically significant problems related to social/emotional difficulties (e.g., sexual behavior, social problems, attention problems, delinquent behavior, anxious-depressed demeanor) and/or attachment problems as measured by the CBCL and ACC. Factors related to placement insecurity or a lack of permanence in placement (e.g., younger maternal age at birth, anticipated restoration of the child to birth parents’ care, exposure to a higher number of adverse life events in the preceding year) also predicted mental health problems.

**Associated pre-care factors and in-care experiences**: Of the children included, 34% of boys and 25% of girls had at least one reported physical health problem, with 36% of children prescribed medications. Roughly 22.5% of children were reported to have intellectual disability, while 22% were reported to experience speech/language difficulties, and 36%, reading difficulties. Problems related to mental health and socialization were greater than Australian community means and previously reported estimates of in-care samples, with elevations ranging from 0.3 to 1.9 standard deviations above the mean in the domains of social problems, thought problems, attention problems, and rule-breaking/delinquent and aggressive behaviors. Significant maltreatment histories prior to entering court-ordered care were also present, with more than 93% of children entering care with a known history of maltreatment; the length of time in parents’ care was directly related to exposure to maltreatment, with longer amounts of time in parents’ care associated with greater numbers of confirmed notifications.

Once in foster or kinship care, 68% of children had no reports of maltreatment, while the remaining 32% had one or more unconfirmed (13%) or confirmed (19%) maltreatment reports. Most maltreatment events related to poor caregiver coping in response to children’s behavioral and/or relational disturbances (e.g., inappropriate discipline or scapegoating), with a smaller group experiencing neglect, abuse, or predatory behavior. On average, children had 3.1 placements (range = 1 to 25), with most instability occurring in the first year of court-ordered care.

**Developmental explanations for relationships found**: This study supports a cumulative risk model of developmental pathology wherein the more exposure to pre-care adversity, the greater the likelihood of mental health problems. Consistent with this finding, later entry into care and the length of exposure to maltreatment (i.e., sexual, physical, and/or emotional abuse) were
predictive of greater mental health difficulties. Later entry into care was also related to placement insecurity. Given the protective value of early entry into care, this study also supports the notion that infant attachment systems are likely to be flexible to changes in parenting styles, at least through age 20 months. Thus, children who enter care as infants have a better likelihood of developing secure attachments, while later-placed children may develop attachment difficulties that are also more resistant to change potentially as a consequence of children’s perceptions of permanence and the influence of placement security on their caregivers’ attachment systems.

**Limitations**
This study was limited by its exclusion of data related to the following potentially salient variables, such as factors likely to predict or influence children’s mental health:

- Genetic and prenatal risk exposure
- Infant temperament
- Quality of care provided to children in current placements
- Caregiver-related factors (e.g., caregiver motivations, parenting stress and burden of care, caregiver attachment style, caregiver’s feelings about the child)

Additionally, the validity of several factors related to risk exposure, including exposure to chronic subcritical adversity, the length of exposure to maltreatment, and unconfirmed reports of maltreatment, is questionable due to the accuracy of the measurement methods; thus, results related to the specific factors in question may over- or underrepresent their true presence in the participant pool.

**Application to Practice**
*Implications for social care policy:* To reduce mental health difficulties and ensure children in care are provided with the greatest opportunity to develop secure attachments and regulatory systems, child development ought to be taken into account when generating social care policies and practices. Specifically, child welfare courts and agencies should consider early assessment, support, and intervention, particularly for children who enter care with intellectual, language, and/or specific learning difficulties. Additionally, identifying maltreated children at younger ages so they may enter into care earlier will protect them from developing mental health problems. Policy makers should ensure permanency for children in long-term care, with time frames dependent on children’s developmental age and influenced as much by children’s attachments as by their need for care and protection. Finally, given the salience of children’s perceptions of permanence in feeling secure, policy makers should give greater attention to legal status or transfers of parental responsibility rights.

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This annotation was written by Crystal L. Cederna-Meko, who recently received a PsyD in clinical psychology from the School of Psychological Sciences at the University of Indianapolis and is pursuing a career in pediatric psychology.
Annotations of Research in Treatment Foster Care

Citation

Keywords
Foster care, treatment, Parent-Child Interaction Therapy, maltreated children

Research Questions
- Does Parent-Child Interaction Therapy (PCIT) help children adjust more easily to foster care placement?
- Does PCIT increase foster parents’ perceptions of control over foster children?
- Does PCIT improve the likelihood that children comply with demands?
- How effective is PCIT in reducing stress for a foster parent who is coping with the difficult behaviors of a foster child?

Method
Subjects: The participants included a 4-year-old male child in foster care and his foster mother. The family was referred to the CAARE Diagnostic and Treatment Center at the University of California–Davis Medical Center by their social worker. The therapist saw the foster mother and son for 36 PCIT sessions, including four assessments, two didactic sessions, and 30 coaching sessions.

Design: This was a single-subject case study design. PCIT is conducted using two phases: child-directed interaction (CDI) and parent-directed interaction (PDI). Each phase is preceded by a didactic session in which the parent and child are educated about basic PCIT skills and concepts. The didactic sessions are followed by 6–8 sessions per phase that are described as “coaching” sessions because the therapist provides instructions through an earpiece to the parent about how to interact with the child. The primary goal of the CDI phase is to create a rewarding parent-child relationship. The primary goal of the PDI phase is to teach effective parenting skills for use in managing children’s difficult behavior. The foster family in this case study participated in 6 CDI phase sessions and 24 PDI phase sessions.

Measures/Procedures: The Eyberg Child Behavior Inventory™ (ECBI™) and the Child Behavior Checklist (CBCL) were used to measure the frequency and severity of the child’s behavior problems. The Parenting Stress Index (PSI) was used to measure stress the foster mother felt as a
result of insecurities with her parenting role and of her foster son’s difficult behaviors. The Child Abuse Potential Inventory (CAPI) was used to measure the likelihood for physical abuse of the child by the foster mother. The Dyadic Parent-Child Interaction Coding System (DPICS) was used as an observational measure of parent and child verbalizations and behaviors. Each of these measures was completed by the foster mother prior to treatment, following the first phase of PCIT, and upon completion of PCIT. The foster mother and child were observed and coded at each of these intervals as they engaged in a structured DPICS session. They were also observed and coded for interactions during the first five minutes of each weekly treatment session.

**Results/Findings**
The foster mother’s ratings of her foster son on the ECBI™ and CBCL at pre-treatment measurement showed clinical levels of intensity and behavior problems. Specifically, she rated him as highly oppositional, defiant, and angry, along with whining and throwing temper tantrums. His scores decreased from pre- to post-treatment on both measures and were no longer at clinical levels upon post-treatment measurement. On the PSI, the foster mother rated her son as a significant source of stress at pre-treatment. This rating showed consistent improvement across all measurements and was no longer in a clinical range upon post-treatment measurement. At all measurements, the foster mother was rated as a low risk for potential abuse on the CAPI. The observational measures indicated that the foster mother decreased the amount of questions and increased her use of praise and descriptions. The authors found the foster mother to have achieved a level of mastery with the skills taught in PCIT by the completion of treatment.

**Limitations**
The results of this study may not be generalizable to other children in foster care as it is based on a single case study without any method of control or comparison. Further replication of these findings with larger samples, random assignment to groups, and a control are necessary. In the current case study, the second phase took twice as long as usual and included a concurrent weekly home session, which differs from the empirically supported PCIT method. The foster mother’s response style on measures suggested some defensiveness and indicated she might have been minimizing her stress and the child’s current behavioral functioning. This may have influenced the changes found in this case study.

**Application to Practice**
This study provides some initial evidence that PCIT may be a beneficial treatment option for foster parents and foster children who are presenting with difficult behavior problems. PCIT may help to improve the relationship between foster parents and children, decrease children’s problematic behaviors, and increase the likelihood of permanent placement for a child with difficult behaviors.

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This annotation was written by Joy R. Bailey, MA, doctoral candidate in clinical psychology at the University of Indianapolis, School of Psychological Sciences in Indianapolis, Indiana.
Citation

Keywords
Foster care, kinship care, child welfare outcomes

Research Questions
- Are there significant differences between children in kinship care and foster care on permanency outcomes (e.g., rates of reunification), safety outcomes (e.g., new allegations of institutional abuse or neglect), and stability outcomes (e.g., still in placement)?
- Are there significant differences between children in paid and unpaid kinship care on outcomes?

Method
Subjects: Although the theoretical population for this study was all children placed in formal kinship care in the United States, the accessible population was all children placed in formal kinship care from 12 of 64 counties in Colorado. Children were selected from this population based on the following criteria:

- Designated in Program Areas 5 (abused or neglected children) and 6 (children with special needs)
- First out-of-home (OOH) placement occurred in 2002
- OOH length of stay was greater than 60 days
- 90% of OOH days were spent in either kinship care or foster care
- Last placement was in the specified placement type

A total of 1,377 children met these criteria and were included in the study. Of these children, 505 were in kinship care and 872 were in foster care. The two groups were matched on gender, ethnicity, program area, county, and age at entry. The final matched sample included 636 children.

Design: This study used data from individual case records entered into Colorado Trails, an online data management and analysis system used for child welfare case management.
documentation. The data set used in this study comprised information entered into Colorado Trails in late August 2005. The sample was divided into two groups: (1) children in kinship care, and (2) children in foster care. The authors used a matched sample design to ensure that the kinship and foster care groups consisted of comparable cases with regard to demographic and placement characteristics.

Materials/Measures and Procedures: This study compared the kinship and foster care groups in terms of nine outcome variables reported in the Colorado Trails data set. These variables are:

- Number of OOH placements
- Days in out-of-home care
- Reunification with biological parent(s)
- Whether or not the child was adopted or placed for adoption
- Whether or not permanent custody of the child was awarded to relatives through guardianship or allocation of parental rights (APR)
- Reentry into OOH care after achieving permanency
- New allegation of institutional abuse/neglect after the initial OOH entry date
- Admission to a Division of Youth Corrections (DYC) facility after the initial OOH entry date
- Whether the child was still in OOH care as of August 2005

Results/Findings

- Children in kinship care had significantly fewer placements than did children in foster care. There was a medium to large effect size in favor of children in kinship care.
- There was no difference between days in OOH care for children in kinship care and children in foster care.
- Children in foster care were 2.2 times more likely than children in kinship care to be reunified.
- There was a nonsignificant association between children in kinship care and those in foster care on the measure of adoption/placed for adoption.
- Children in kinship care were 7.7 times more likely than children in foster care to achieve permanency through guardianship or APR.
- There was a nonsignificant relationship between children in kinship care and those in foster care on reentry into OOH care after achieving permanency.
- Children in foster care were 10.1 times more likely than children in kinship care to have a new allegation of institutional abuse or neglect.
- Children in foster care were 6.3 times more likely than children in kinship care to be involved with the juvenile justice system after the initial out-of-home entry date.
- Children in foster care were 4.1 times more likely than children in kinship care to still be in placement.
The authors used the 505 children in kinship care from the initial sample to compare children in paid and unpaid kinship care on the available child welfare outcomes. Of these children, 268 were in paid and 237 were in unpaid kinship placements.

- There were no statistically significant differences between children in paid and unpaid kinship care placements on the number of placements and days in out-of-home care.
- There was a nonsignificant association between children in paid and unpaid kinship care on the reunification measure. However, children in paid kinship placements were more likely to be adopted or placed for adoption than were children in unpaid kinship placements. Children in unpaid placements were more likely to be in guardianship.
- There were no statistically significant associations between children in paid and unpaid kinship care placements on reentry, DYC involvement, and remaining in placement. However, children from paid kinship placements were more likely to have a new allegation of institutional abuse or neglect.

**Limitations**

Because children could not be randomly assigned to the kinship and foster care group conditions, selection bias may exist in the placement of children into the two groups.

There were inconsistencies, both within and between counties, in data collection, resulting mostly from changeable data entry requirements in Colorado Trails. Therefore, some outcomes were missing data from certain counties.

The Colorado Trails data set did not include all the outcome variables of interest, which limits the scope of the study. Well-being for physical and mental health, behavior problems, educational attainment, and service utilization could not be measured.

All the outcomes were measured over a relatively short period, which may have influenced the rates of permanency and stability in this study.

**Application to Practice**

The findings from this study support the use of kinship placements for children removed from the home. However, kinship placement would not be beneficial for all children requiring OOH placement, and this decision must be based on professional judgment and evaluation of the needs of children and the ability of kinship caregivers to meet these needs. Because children placed in paid kinship care do not differ in outcomes from children placed in unpaid kinship care, it may be more cost-effective to place children in kinship care rather than foster care. However, more research is needed on the costs and benefits of kinship care. Caseworkers, social workers, and caregivers should consider the findings of this study in making decisions on whether to place a child in kinship or foster care. These professionals should develop strategies to increase access to resources for kinship caregivers and the children in their care. In terms of policy implications, this study supports the enactment of legislation solidifying kinship care as a viable out-of-home placement option.

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This annotation was written by Sophia Zavrou, MA, doctoral clinical psychology student at the University of Indianapolis, in Indianapolis, Indiana.
Annotations of Research in Treatment Foster Care

Citation

Keywords
Reunification, behavior problems

Research Questions
- What effect does reunification have on children’s behavior after long-term stay in foster care?
- What risk factors might affect these outcomes?

Method
Subjects: Using the National Survey of Child and Adolescent Well-being (NSCAW), the study author selected a subsample of 604 children who had been placed into foster care between July 1998 and February 1999. Selection was based on randomly selecting Child Protective Service agencies within nine U.S. strata identified by the author, and then determining the eligibility of participants. Eligibility requirements included being in out-of-home care at the time of sampling, being in out-of-home care approximately 12 months, and being placed into out-of-home care after a child maltreatment investigation or in-home service provision. The average age of the children in the sample was 7.75 years. Of the children selected to participate in the study, 50.33% were male, 39.9% were white non-Hispanic, 46.7% were black non-Hispanic, 13.4% were other non-Hispanic, and 16.7% were Hispanic.

Design: Eligible children and their caregivers were measured at baseline, at 18-month follow-up, and at 36-month follow-up.

Materials/Measures: Achenbach’s Child Behavior Checklist (CBCL) was used to measure behavior problems at baseline and at 36-month follow-up. Reunification and living arrangement stability were derived from caseworker and caregiver reports. Caregivers’ mental health was measured with the mental health scale of the Short-Form Health Survey. Educational level was collected for the caregivers. Domestic violence was measured with the physical violence subscale of the Conflict Tactics Scale. Caregivers provided information about receipt of government assistance and neighborhood problems such as drug dealing and gang activity. Children’s demographic information and maltreatment histories were also collected at baseline.
**Procedures:** After data had been collected for all three measurement periods, multiple imputation was used to handle the problem of missing data. Data were then analyzed by first comparing children who had reunified and had remained reunified across all three measurement periods to children who had remained in foster care during the three measurement periods, looking for presence of behavior problems and changes over time. Children who remained in foster care were then compared on various risk factors to children who reunified at some point during the three measurement periods. To examine the effect of reunification on children’s behavior problems, the author used a propensity score matching model. A logistic regression incorporating identified risk factors compared children who remained in foster care and children who had been reunified on internalizing and externalizing behaviors.

**Results/Findings**
There was a greater percentage of children who exhibited internalizing and externalizing behaviors among the group that had remained in foster care across all three measurement periods, although this percentage decreased slightly over time. Among children who were reunified at the baseline measurement and stayed reunified at all measurement times, there was a slight increase in the number of children with externalizing behaviors and a fourfold increase in the number of children with internalizing behaviors from baseline to 18-month follow-up. By the 36-month follow-up time, the percentage of children exhibiting externalizing behaviors had dipped below the baseline measurement, but the percentage of children with internalizing behaviors was still twice as high as it was at baseline.

Although children who had reunified were exposed to significantly more risks than those who remained in foster care, the difference between the groups on behavioral problems was not statistically significant. Risk factors for internalizing behaviors that produced significant results were poor parental mental health, male gender of the child, and the child’s history of sexual abuse.

**Limitations**
The NSCAW data rely on self-report, which could result in potential bias. Because there were only three measurement points, there could be more intricate patterns of behavior that are not identified, and there could be different patterns for those with shorter or longer stays in foster care. Although steps were taken to reduce the problems caused by missing data, the method still has limitations.

**Application to Practice**
Although externalizing behaviors among reunified children can often be the cause for intervention, this study shows that clinicians should also be sensitive to internalizing behaviors that may be present but go unnoticed. Because poor parental mental health was found to be a significant risk factor for internalizing behaviors, it may be important to incorporate parental treatment into the intervention of child behavior problems. Preexisting problems or the stress of readjusting to parenting roles may have a negative effect on parental mental health.

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This annotation was written by Michelle R. Stone, BA, doctoral student in clinical psychology at the University of Indianapolis.
Annotions of Research in Treatment Foster Care

Citation

Keywords
Childhood intervention, childhood assessment, foster care system

Research Questions
- What does current research tell us about the increasing numbers of children with special needs in the child welfare system?
- What is the current thinking about best practices and the role of parents in the assessment of young children (defined as children from birth to age 5)?
- What are the challenges of including parents in the assessment of young children in foster care?
- What recommendations will help social workers to incorporate best practices for the assessment of children in foster care?

Method
This paper is a review of information and literature about assessments of young children in the foster care system

Results/Findings
(1) Research indicates that one in five children entering foster care is under 1 year old. Research also suggests that young children remain in foster care the longest. Many of these children have been exposed to poverty, substance abuse, and neglect during important developmental stages of their lives. Additionally, one fifth of children in foster care will experience at least three different placements. These disruptions in placement and unstable living conditions can undermine children’s social, emotional, and physical development. Furthermore, over 50% of young children entering foster care exhibit serious health-related issues or developmental delays. Many of these health conditions or disabilities may have been prevented by appropriate parental support or access to early intervention.

(2) Professionals disagree about what types of assessment are important for young children, how assessments should be administered, the role of parents in the assessment process, and how assessment outcomes may affect recommended interventions. Complicating these
issues is that much of the research on the assessment of young children has been completed with “normal” young children from intact families. Because of these issues, Zero to Three (a nonprofit organization focused on the healthy development of children from birth to age 3) collaborated with an interdisciplinary group of early childhood experts to develop guiding principles appropriate for the assessment of young children. These principles outline assessments and clarify practices that should be avoided. The majority of the principles address the importance of parents or trusted caregivers being involved in the assessment.

(3) Although it is difficult to incorporate parents into assessment and intervention, research indicates the importance of family-centered practice and social networks for a child’s healthy development. Assessment should be a continuous process involving an integrative approach that allows for gathering concurrent information about a child. A key to this approach is engaging in interactions or interventions with the child and his or her caregivers in order to better understand the child’s functioning. Although family involvement is integral to the assessment process, the implementation of a successful model remains difficult. Professionals often have difficulty connecting with parents to arrange assessments and interventions for a variety of reasons, including cultural values, beliefs about child rearing and disabilities, education and socioeconomic status, knowledge about available services, parents’ experiences working with other educators or service providers, limited resources, access to services, and so on.

(4) Child welfare social workers in the foster care system are often attempting to work with two different sets of parents simultaneously: biological parents and foster parents or parenting caregivers. For professionals working with this population, the assessment recommendations from Zero to Three present challenges, and little progress has been made within the foster care system to incorporate the recommended changes. Even though adhering to the best practices for the assessment of young children may be difficult, steps must be taken to implement a model that incorporates best practice. A more collaborative assessment model that includes time with parenting caregivers may be overwhelming for child welfare caseworkers and foster parents. However, research suggests that foster parents and parenting caregivers of young children may welcome more responsibility and increased parenting capacities. Research also suggests that when parents have access to additional information, resources, or training, they are better able to meet their children’s needs and advocate for them.

Limitations
This paper appears to be an appropriate review of the recent literature leading to recommendations regarding more accurate assessments of young children in foster care.

Application to Practice
Several recommendations for practice are provided:

(1) Increase the number of qualified professionals who are able to perform early intervention assessments for foster children. Such an increase would involve integrating coursework with the social work, early special education, and family and child development fields.
(2) Create child-friendly spaces within existing clinical settings where spontaneous play and interaction between the parent, foster parent, or the caregiver and the foster child could easily be observed, providing a foundation for the child’s assessment.

(3) Develop methods to increase the efficacy of parents and parenting caregivers as team members in their foster child’s assessment and early education or interventions.

(4) Develop meaningful communities of practice among child welfare professionals and early intervention programs that will increase the likelihood of uniformly implementing assessment principles.

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Annotations of Research in Treatment Foster Care

Citation

Research Questions
- Are service provisions to foster children and their families different in performance-based, managed care versus fee-for-service contracting environments?
- If service provisions to foster children and their families are different in performance-based, managed care versus fee-for-service contracting environments, what factors explain these differences?

Method
Subjects: Participants were 243 foster children and families that were served by nine nonprofit child welfare agencies in Wayne County (Detroit), Michigan, from 2001 to 2004. A child/family was admitted into the study if the child was (a) a resident of Wayne County, (b) under the age of 13 or part of a sibling group in which at least one child was under the age of 13, (c) assigned to the agency through the Family Assignment System, (d) ordered into foster care or into the care of a relative at the preliminary court hearing, and (e) reentering foster care after at least 365 days had passed since the last non-relative out-of-home placement.

Design: This was a longitudinal study. Subjects were selected between May and October 2001 and randomly assigned to a pilot group (performance-based, managed care) or a non-pilot group (fee-for-service contracting) via the "Family Assignment System." The Family Assignment System requires children entering foster care for the first time to be assigned to the next agency in the alphabetical queue of service providers. If an agency is at full capacity, the next agency in the queue is contacted, and if a space is available, the child is placed with that agency. As a result, foster children in Wayne County are assigned to nonprofit agencies in a manner that is unrelated to foster child and/or family characteristics, which the researchers equated to random assignment.

Materials/Measures: Three measures of in-agency service were used: (a) the number of in-agency, nontherapeutic service contacts provided to foster children and their families, which included case management–related activities; (b) the number of in-agency, therapeutic service contacts provided to foster children by mental health professionals; and (c) the number of phone calls that agency caseworkers made to the FIA (Family Independence Agency) and other collateral agencies. These measures captured the amount of services provided by agency caseworkers or clinicians to foster children, their biological parents or primary caregivers, and their foster parents. Two measures of out-of-agency service provision were also used: (a) the number of referrals for out-of-agency services made on behalf of foster children and their
families; and (b) the number of out-of-agency services that foster children and their families received. These measures captured the number of referrals that agency caseworkers made to locate services for foster children and families that were deemed necessary for case progress but were not available within their agency.

Procedures: A reduction in the number of independent variables of interest was completed to allow for appropriate statistical manipulation. Multivariate negative binomial regression analysis allowed for an examination of the relative contributions of the client, caseworker, and market institutions on foster care service provision.

Results/Findings
Children and their families served by pilot agencies received 43% fewer nontherapeutic service contacts, 83% fewer therapeutic service contacts, and 20% fewer completed referrals for out-of-agency service than did non-pilot children. This result implies that performance-based, managed care models are associated with reduced service provision to foster children and their families. The reason for this disparity is unclear; thus, future research should seek to identify why market-based disparities exist.

Limitations
This study and its findings should be understood within the context of three major study limitations. First, the five measures of service provision, which were counts of the number of contacts with different services provided to children and their families, were limited in that count-based measures are not able to capture the nature and quality of the services provided. Second, the unavailability of any pre-pilot measures of service provision made it impossible to determine whether the service disparities observed were a result of differences in agencies’ contracting environments or unobserved differences in service provision that existed before data collection began. Third, this study evaluated the effects of performance-based, managed care contracting on foster care service provision within one county in one state. Therefore, the generalizability of these results depends on the extent to which Wayne County is similar to other jurisdictions and whether its foster care pilot initiative is similar to other jurisdictions’ market-based initiatives in terms of financial risk structure, caseworkers, and client population.

Application to Practice
Foster children and families served by agencies with performance-based, managed care contracts may receive significantly fewer services over their time in care. Although it is unclear from this study why these service disparities exist, the consistency of the market-based service gap identified in this and other studies across different service sectors suggests that child welfare systems should carefully consider whether these models are appropriate for adoption, particularly given the considerable needs of foster children and their families when they enter the service system.

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Annotations of Research in Treatment Foster Care

Citation

Keywords
Economic advantage foster care

Research Questions
- Is the social rate of return on foster care services greater with public foster care or with private foster care?
- Are the extra costs of private agency programs justified by the additional benefits?

Method
Subjects: Adult foster care alumni were selected from the case files of (1) Casey Family Programs (Casey), with participating offices in Seattle, Tacoma, and Yakima, Washington, and in Portland, Oregon; (2) the Oregon Department of Human Services, with participating offices in Portland; and (3) the Washington State Department of Social and Health Services, Children’s Administration, Division of Children and Family Services, with participating offices in Seattle, Tacoma, and Yakima. The study used data from the Northwest Foster Care Alumni Study (NFCAS) to eliminate possible subject selection bias. The final sample comprised 479 foster care alumni.

Design: Researchers used a quasi-experimental design that compared data from the case files of foster care alumni of private foster care services to data from case files of public foster care services. The study compared adult outcomes of youths who received enhanced services from a private agency to those of youths who received typical services from state agencies.

Materials/Measures: Study participants responded to a variety of financial and mental health outcome questionnaires and were interviewed by the researchers.

Procedures: The researchers collected data from a review of case files, from questionnaires, and from interviews. A benefit-cost analysis was conducted.

Results/Findings
This study indicates that adult outcomes for persons who participated in private (i.e., Casey) foster programs as youths were significantly better than those for persons who participated in public foster care services. The researchers also concluded that substantial long-term cost
savings can be achieved by private foster care services, even though they can be more expensive to operate than public foster care services.

**Limitations**
A primary limitation is that the study examined only the Casey Family Programs as an exemplar of private service providers. Validity of this study may also be limited by (1) the method for selection of subjects, (2) a small sample size, and (3) a focus on alumni who were in long-term foster care. These limitations, however, do not diminish the remarkable value of this study.

**Application to Practice**
This study is applicable to policy, not to specific practice. It demonstrates the financial benefits of enhanced foster care services compared to public sector services. The study argues for a strategy to improve adult outcomes by placing greater emphasis on enhanced, albeit more expensive, foster care services that are in accord with the Casey Family Programs model. The study does not provide enough details about this model to inform specific agency practice.

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*This annotation was written by Mario Tommasi, PhD, ABPP, Vice President, Clinical Affairs, of Community Treatment Solutions in Moorestown, New Jersey.*
Citation

Keywords
Emotional and behavioral disorders (EBD), out-of-home care placement, placement

Research Question
- Do children with EBD who enter substitute care change placements differently than their non-EBD peers?

Method
Subjects: The sample for this study was taken from the NSCAW (National Survey of Child and Adolescent Well-Being) Child Protective Services (CPS) sample of a nationally representative group of 5,501 children whose circumstances were investigated by child welfare services between October 1999 and December 2000. Children and their families participated in this research study. The researchers excluded children younger than 7 or older than 14 years as well as those who did not speak English.

The sample size was 362 for children with EBD and 363 for children without EBD. The children with EBD were assigned to either a low-moving group (fewer than four placement changes) or a high-moving group (four or more placement changes). The low-movement group had 224 subjects, and the high-movement group had 128 subjects.

Design: Researchers used a three-stage process to test their hypothesis. First, they reaffirmed the relationship between having an EBD at baseline and higher numbers of placement moves. Next, they compared children in the EBD group who had a larger number of moves with children who had a lower number of moves as well as comparing the EBD group with the non-EBD group. Finally, the researchers determined which factors were significant to the placement movement of children with EBD and children without EBD.

Materials/Measures: Youth with EBD were divided into low-moving or high-moving placements to assess the relationship between being in the EBD group and high placement mobility. To identify children with EBD, the researchers used the Child Behavior Checklist (CBCL). A score of 63 or greater on either the Internalizing or Externalizing subscales of the CBCL indicates the presence of EBD. A court appearance by the child to answer a criminal charge because of negative behaviors was included as a variable. Psychological trauma was assessed by the Trauma Symptom Checklist for Children–Post Traumatic Stress (PTS) subscale. For assessing depression, the researchers used the Children’s Depression Inventory.
**Procedures:** The researchers conducted the analyses using SUDAAN version 9.0.1. Two sets of cross-tabulations were completed. The first cross-tabulation compared high- and low-movement children with EBD on each independent variable. The second compared children with EBD and children without EBD. Finally, the researchers used two Poisson regressions. The first model predicted the number of placement movements of children with EBD, and the identical second model predicted moves for children without EBD.

**Results/Findings**

1. Children with EBD were 2.5 times more likely than their peers without EBD to be in the high-movement group.

2. Children with EBD and children in the high-movement group differed from children in the low-movement group.

3. More non-EBD children were placed into kinship care than children in the EBD group, but the reverse was true for residential care. Youth who had a criminal court appearance were more likely to be in the EBD group, whereas children who were living with siblings were less likely to be in the EBD group than their peers who were not living with siblings or who were only children.

4. For the nonclinical group, the researchers found that older age proved to be the strongest predictor of placement movements, with children older than 11 years significantly more likely to have more placements.

**Limitations**

The most serious limitation was the decision to model only part of a larger phenomenon. The models only accounted for children who had an EBD at baseline rather than including youth who developed an EBD during their out-of-home placement. Another limitation was the lack of information about the reasons for placement. The researchers did not focus on racial differences when comparing the children with EBD and the children without EBD.

**Application to Practice**

This research provides several important points for practice. Two factors influenced placement moves: care out of home without siblings, and depression. However, the direction of the influence of siblings could not be determined. It is possible that children were not placed with siblings because of sibling-related abuse or that they were placed alone because of the negative influence of the sibling. As a result, there should be clinical implications for child welfare leaders and practitioners. The influence of depression is consistent with the experience of practitioners in that youth with depressive disorders may be difficult for a foster parent to manage without additional help. This finding suggests that substitute caregivers may require additional training to effectively manage the symptoms of children’s EBD.

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*This annotation was written by Gizem Arat, a second-year MSW student at the University of Pittsburgh.*
Citation

Keywords
Foster care, permanency, placement instability

Research Questions

- To what extent does Multidimensional Treatment Foster Care for Preschoolers (MTFC-P) improve permanency outcomes?
- Do preschoolers in foster care with placement instability have prior history of maltreatment?

The authors compared children with histories of placement instability in a regular foster care (RFC) group to children in a Multidimensional Treatment Foster Care for Preschoolers (MTFC-P) intervention group. The goal was to determine which group would have better permanency outcomes and what, if any, effect previous maltreatment had on these outcomes.

Method
Subjects: The participants in this study were 52 3- to 5-year-old children with “prior placement instability,” which was defined as a child having four or more placements prior to this study. These participants were a subset of a larger pool of participants chosen for a clinical trial of MTFC-P. The larger sample had 117 3- to 5-year-old foster children entering new placements and 60 nonmaltreated community children from low-income families. The participants were divided into two conditions: regular foster care (RFC; 23 participants) and MTFC-P (29 participants). Mean numbers of prior placements were significantly higher for the MTFC-P group, but there was no significant difference in placement duration between the two groups. There were no significant differences in age or ethnicity between the two groups.

Design: The RFC group received regular foster care services, which traditionally involve individual psychotherapy, developmental screenings, and referrals for other social services deemed necessary for the children and birth parents. In comparison, the MTFC-P group received several additional services. The foster parents received 12 hours of intensive training before the placement and 24-hour access to consultation services after placement. The children also received services from a behavior specialist and took part in weekly socialization playgroups.
Additionally, a family therapist worked with birth or adoptive parents whenever possible to familiarize them with parenting skills being used in the program.

**Measures:** All the data from this study were coded from case records kept by case managers. Permanent placement outcome data were taken from the first out-of-home placement through 24 months post-program entry. The study used three measures of permanent placement outcomes. The first was called “permanency attempts” and referred to the proportion of children in each group for whom a permanency placement was attempted during the 24 months following study entry. The second measure was “successful permanency attempts” and referred to the proportion of successful first permanent placement attempts following study entry. Finally, “overall permanency” referred to the overall rate of successful permanency. For the initial analysis of these three variables, all three types of permanency placement were combined. Following this, separate analyses were conducted for reunification and adoptions.

The other measure that was coded from case records was maltreatment history. Each incident of maltreatment was classified according to type and severity using the Maltreatment Classification System (MCS). For each incident of maltreatment, the relationship of the perpetrator(s) to the child was also coded. All case records were coded by two coders trained in the system by one of the MCS authors.

**Results/Findings**

**Maltreatment history:** On average, children in this study had experienced about eight incidents of maltreatment. Physical abuse was reported in one third of the sample, and sexual abuse in one fourth of the sample. The experience of multiple types of abuse was common, with an average of three different types of maltreatment.

**Group differences in permanency outcomes:** About 80% of the children in the two conditions had at least one permanency attempt during the first 24 months of the study, and there were no significant differences either in number of children with permanency attempts or in types of permanency attempts. Of the children in the study, 27 had a successful permanent placement—approximately 39% of the RFC group and 83% of the MTFC-P group. This was confirmed to be significant by chi-square analysis. However, there were not significant differences between types of placement. Finally, overall permanency was more successful in the MTFC-P group at approximately 69%, versus 30% for the RFC group. This group difference was also significant.

Additionally, using a logistic regression analysis, the authors found that there was no significant effect from maltreatment variables, suggesting that MTFC-P intervention effects on permanency are not affected by specific maltreatment experiences prior to entering care.

**Limitations**

The authors identified two main limitations of the study. The sample size was small because it was a subset of a larger sample. The effect sizes were nonetheless large, and the results were not affected by outliers (the scores were proportion scores). The second noted limitation was the limited amount of time allotted for this study. Twenty-four months is not an insignificant amount of time, but because the authors were specifically looking for long-term success in the form of permanency, it would be useful to follow the subjects for a longer time to ensure that they do not return to care.
Application to Practice
The results of this study suggest that an MTFC-P intervention helps to address the problem of placement instability, regardless of history of maltreatment. The intervention appeared to greatly reduce the number of failed permanent placements in a group identified as being at risk for such failure.

Early identification of children with profiles of instability and referrals to MTFC-P intervention programs may greatly increase their likelihood of favorable outcomes. Given enough proactive care, this approach could eventually reduce service costs. Additionally, the authors noted that even though MTFC-P interventions are costly, they need not be applied to all foster children. Many foster children do not meet the criteria for placement instability and thus would not need to receive these additional services. Selective referral might be a cost-effective approach to prevention of problematic outcomes.

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This annotation was written by Emily B. Johnson, PsyD candidate in clinical psychology at the School of Psychological Sciences at the University of Indianapolis.
Annotations of Research in Treatment Foster Care

Citation

Keywords
Children, treatment, foster care, child protection, therapeutic, specialized, treatment foster care

Research Questions
- What improvements in data quality might be employed at the agency level to enhance the ability to facilitate similar cross-system matches in the future?
- What is the school attendance status of children in treatment foster care (TFC) and does attendance vary by age?
- Would an examination of the degree to which typical agency data is used to conduct studies on foster care children lead to an expansion of literature on treatment foster care?

The author examined the degree to which typical agency data used to conduct foster care studies can be joined successfully to other statewide data systems. She also reviewed how this information can create a dynamic understanding of each child and his or her circumstances in regard to education and child welfare status.

Method
Subjects: The study group comprised 673 children who utilized the services of PATH Alliance (a social services agency that specializes in treatment foster care) in the calendar year 2006.

Procedures: Identified program data (which included name, date of birth, and social security number) of children receiving services from PATH Alliance were utilized. These data were matched to state-recorded child welfare and educational data, which were made available through the Minn-LinK project. This matching was done to determine educational outcomes as well as to affirm child attributes and to examine statewide child welfare involvement.

Results/Findings
All findings are in regard to children placed in treatment foster care.

Demographics: The ages of children in treatment foster care were generally consistent with children in foster care statewide; however, there were greater numbers of very young children
The children whose data were provided for the study were slightly more likely to be female, much less likely to be African American, slightly less likely to be Hispanic, and much more likely to be of unknown race than those in foster care statewide during the same period.

**Education:** Half of all children who were able to be matched did not have a disability on record and thus were not involved in special education, despite having a diagnosis through the PATH program. This was particularly true for children diagnosed with an Adjustment Disorder. Over half of the children examined had attendance at 90% or better during the two academic years studied. Those who did not meet 90% attendance were more likely to be older, female students who participated in treatment foster care and shelter services rather than in other services (e.g., Visitation, Independent Living Services).

**Gender:** The mean school attendance ratio was nearly the same for females and males.

**Diagnosis:** Only slight variations in school attendance rates were determined between diagnostic groups. Children with ADHD or Adjustment disorders had more child welfare reports than did those with other disorders.

**Type of treatment foster care service:** Children who used the Independent Living Services and/or Adoption services were less likely to meet the 90% standard of attendance at school.

**Race:** Native American children and children who had more than one identified race did not meet the 90% attendance rate.

**Limitations**
This exploratory study was limited by inability to obtain or process data in the following ways:

- There might have been human error in the inputting of information by state workers as well as PATH workers, especially for those children who had hyphenated or multiple last names.

- Cross-sectional limitations were created in matching data from 2006 only, as selecting a 2007 or 2008 sample would limit information of school-aged children, and pre- and post-TFC settings data were needed for child welfare comparison.

- Educational data for the 2007–2008 school year were not available in time for inclusion in this study.

This study would be less limited if agencies would streamline their data or begin keeping data in ways that pertained to development of studies. In addition, more information could be used to match children, which would create the ability to compare across more categories (e.g., legal records, history of foster care involvement, school mobility).

**Application to Practice**
This study is useful to treatment foster care in that it points out a problem in the collection of data to determine the effectiveness of treatment foster care. The author had significant difficulty obtaining and matching data due to the limitations listed above. These limitations would be alleviated if there were a streamlined way to collect and record data of children, including their utilization of social services agencies, their involvement in child welfare, and their educational
status. Greater precision could also be achieved by creating a unique identifier for each child. In addition, the study is helpful for further TFC research in that it highlights the ability to make significant cross-agency analyses of children in TFC. This ability gives researchers an opportunity to use already-recorded material instead of conducting time- and money-consuming studies to collect the data.

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*This annotation was written by Rebecca M. Richey, a PsyD candidate in clinical psychology at the University of Indianapolis. She is pursuing a career in adolescent development and treatment.*
Citation

Keywords
Therapeutic foster care, therapeutic relationship, child mental health, evidence-based practice of social work, common process factors

Research Question

- Is the therapeutic relationship significantly related to the child’s behavioral and functional outcomes?

Method

**Subjects:** For this study, 183 subjects were selected from the members of the Willie M. program residing in treatment foster care in North Carolina between June 1999 and May 2001. The Willie M. program provides services for seriously emotionally, neurologically, or mentally handicapped youth who are violent or assaultive.

**Design:** This was an exploratory study in an area of service that the authors indicate has not been studied previously. This study was designed to measure the influence of the therapeutic relationship between the TFC parent and the child in care on the emotional and behavioral functioning of the child. The researchers also looked at the influence of the TFC parent’s view of his or her role, the amount of training and supervision the TFC parent received, and the parent’s level of satisfaction with the supervision. Data were collected from existing records on the youth and interviews with the TFC parents.

**Materials/Measures:** The severity of the problems the child was dealing with was measured using the Brief Psychiatric Rating Scale for Children. The data collected from the TFC parents were analyzed using the Trusting Relationship Questionnaire and the Behavioral and Emotional Rating Scale. The authors indicate that each of these tools has good reliability and validity ratings.

Results/Findings

The reported findings indicate that the strength of the relationship between the child and parent is a key factor in the improved functioning of the child. Of most interest to the authors was the finding that children whose TFC parents saw their primary role more as a parent than as a treatment provider showed more improvement than children whose parents saw themselves as
more of a treatment provider. The findings for experience, training, and the quality of the supervisory relationship, while not significant, all tended toward supporting the position that these are necessary but not sufficient factors for change.

**Limitations**
Because this is an exploratory study based on participants in one program, it has limited generalizability. The study is also based on existing records and on the self-reports of the TFC parents. It is hoped that future studies which build on this one would include interviews of the children and comparisons of the TFC parents’ views of the supervisory relationship with those of the supervisors. As the authors point out, this is also a cross-sectional study and thus does not consider the ongoing developmental nature of the therapeutic relationship. Children who were included in the study had been in the program between 2 months and 10 years; thus the nature of the therapeutic relationship would vary widely.

**Application to Practice**
This study, while exploratory, does support the concept of treatment foster care, specifically the value of the professionally informed parent-child relationship for the positive behavioral and emotional development of the child in care. Although the findings regarding parent training and supervision were not significant, the study does support the training and supervision provided by TFC programs.

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