

Helping Foster Kids Succeed: State Strategies for Saving Lives, Saving Money



Wisconsin Family Impact Seminars

*An initiative of the University of Wisconsin-Madison
Chancellor's Office and School of Human Ecology,
with contributions from Phyllis M. Northway.*

*Support for this seminar is provided by:
The UW-Madison Chancellor's Office and School of Human Ecology,
Linda L. Davis,
The Annie E. Casey Foundation, and
Phyllis M. Northway.*



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First Edition

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*An initiative of the of the University of Wisconsin-Madison
Chancellor's Office and School of Human Ecology
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**The University of Wisconsin-Madison
Chancellor's Office and School of Human Ecology,
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Phyllis M. Northway**

Purpose and Presenters

In 1993, Wisconsin became one of the first states to conduct Family Impact Seminars modeled after the seminar series for federal policymakers. The Wisconsin Family Impact Seminars provide objective, high-quality research on timely topics to promote greater use of research evidence in policy decisions and to encourage policymakers to view issues through the lens of family impact. Family Impact Seminars highlight the consequences that an issue, policy, or program may have for families, so policymakers can make decisions that strengthen the many contributions families make for the benefit of their members and the good of society.

The award-winning Family Impact Seminar model is a series of presentations, discussion sessions, and briefing reports that communicate solution-oriented research to state policymakers, including state legislators and their aides, the Governor and gubernatorial staff, legislative service agency analysts, and state agency officials. The seminars also provide neutral, nonpartisan opportunities for legislators to engage in open dialogue for fostering relationships and finding common ground.

“Helping Foster Kids Succeed: State Strategies for Saving Lives, Saving Money” is the 33rd Wisconsin Family Impact Seminar. For information on other Wisconsin Family Impact Seminar topics, visit our website at <http://wisfamilyimpact.org>.

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Briefing Reports

Each Family Impact Seminar is accompanied by an in-depth briefing report that summarizes the latest research on the topic and draws family and policy implications for state policymakers. Since 1993, 33 seminars have been conducted on topics such as corrections, early brain development, evidence-based budgeting, growing the state economy, jobs, long-term care, Medicaid, prisoner reentry, school funding, and workforce development. For a list of the seminar topics and dates, visit the Wisconsin Family Impact Seminar web site at <http://wisfamilyimpact.org/>. For each seminar, you can view the list of speakers, download a briefing report, and access the audio and/or video of the seminar presentations. Legislators can request a free bound copy of any report directly from the Wisconsin Family Impact Seminars at (608) 263-2353.

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FIS 2	Single Parenthood and Children’s Well-Being	October 1993
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Executive Summary

In 2013, 6,516 Wisconsin children were exposed to abuse, neglect, or adverse experiences in their own families and placed in out-of-home care. Foster care policy provides policymakers with an opportunity to make a difference in the lives of some of society's most vulnerable members. Placement in foster care can be a turning point for an upward trajectory or for a downward spiral. Foster kids, through no fault of their own, are at high risk for psychological and behavioral problems; these problems decrease the odds that foster youth will be reunified with their parents and increase the odds of longer foster stays and more placement changes. Policymakers across the country have seized this opportunity to provide foster youth with stable environments and supportive adult relationships. This briefing report features three researchers who have devoted their careers to placing foster kids on a positive path to becoming productive workers and contributing citizens. To date, policymakers in 18 states have adopted one of the research-based, family-focused programs or policies described in this report.

In the first chapter, the Wisconsin Department of Children and Families provides an "Overview of the Child Welfare System and Foster Care in Wisconsin." The goal of Wisconsin's child welfare system is to safely maintain children in their own home, family, and community with connections, culture, and relationships preserved and established. In 2013, 27,037 reports were "screened-in" by county and Milwaukee child welfare agencies with 5,466 substantiated allegations of child abuse and/or neglect. As of December 31, 2013, there were 6,516 Wisconsin children in out-of-home care with about one third (34%) living with relatives. In total, over 8 in 10 (84%) children in out-of-home care are living with a relative or foster family and 1 in 10 (10%) live in a group home or residential care center. Of children in out-of-home care, about one third (34%) are aged 4 and under, and about one third (31%) are 11 to 16. The average number of out-of-home placements for all children in Wisconsin's child welfare system is 2.5, with an average of 4.8 placements for youth aged 17 to 19. The majority (60%) of youth reunify with their families.

In the second chapter, Professor Mark Courtney of the University of Chicago draws on evidence from his Midwest Study of Illinois, Iowa, and Wisconsin to address the question, "Do the Benefits of Extending Foster Care to Age 21 Outweigh the Costs?" This chapter focuses on the 377 Wisconsin youth who aged out of foster care in 2013 without achieving a permanent placement. Policymakers are questioning whether foster youth who are too old for the child welfare system are still unprepared to live as independent young adults. Professor Courtney compared how the life chances of foster youth are affected by extending state support through age 21, an option that existed at the time of his study in Illinois, but not in Iowa or Wisconsin. By age 21, Illinois foster youth, compared to their peers in Iowa and Wisconsin, were twice as likely to have ever attended college and more than twice as likely to have completed at least one year of college. Every \$1 that Illinois spends on extending care beyond age 18 increases by nearly \$2 the estimated lifetime earnings of foster youth. Other benefits of extending foster care are delayed pregnancy in late adolescence, delayed homelessness, reduced criminal

behavior and justice system involvement among women in early adulthood, and among young fathers, greater involvement with their children.

Patricia Chamberlain, Senior Researcher at the Oregon Social Learning Center, writes about her three decades of experience working with foster youth in the third chapter, “Strong Parenting, Successful Youth: The Parent Training 10 States are Providing to Foster Families.” According to Chamberlain, one of the primary reasons foster parents stop providing care and children experience placement changes is lack of skill in managing children’s behavior. Her carefully designed and evaluated programs help foster youth succeed by strengthening the parenting skills of foster and birth parents. For chronically delinquent foster boys, Multidimensional Treatment Foster Care (MTFC) decreased delinquent behaviors and increased days spent living with parents or relatives. In an adaptation of MTFC, foster girls referred from the juvenile justice system were less likely to become pregnant and to be incarcerated. For every dollar spent on MTFC, taxpayers saved \$17 in criminal justice and victim costs by the time youth were 25 years old. KEEP, a less-intensive adaptation for “regular” foster youth, reduced behavior problems and placement instability. KEEP Safe, a preventive adaptation for foster girls entering middle school, lowered substance use and placement instability. With effective parenting, foster youth also learned how to be more responsible family members and friends.

In the fourth chapter, Professor Mary Dozier, Amy E. DuPont Chair of Child Development at the University of Delaware, discusses “Offsetting Toxic Stress by Training Parents of Infants and Young Children in Foster Care: The ABC Program Operating in 11 States.” Professor Dozier’s research focuses on infants and young children, who are at greatest risk for being maltreated. Her Attachment and Biobehavioral Catch-Up (ABC) is a scalable and powerful parenting program that offsets the damaging effects of early toxic stress by training foster and birth parents to be more nurturing, less frightening, and more responsive to their child’s cues. ABC increases parents’ sensitivity and improves parents’ attachment relationships with their children. Children in ABC were more likely to have secure attachments and less likely to have disorganized attachments than children in a comparison intervention. Also, in contrast to comparison children, ABC children showed better self-regulation and, remarkably, more normal production of a stress hormone, an effect that persisted three years after the program ended.

In sum, foster care is inherently a family issue. The goal of Wisconsin’s child welfare system is to safely maintain children and youth in their own families whenever possible. What’s more, the most effective approach to helping maltreated and foster kids succeed is promoting the powerful socialization forces of functional family life. The cornerstone is the parent. When parents are trained to be responsive and to use effective behavior management skills, kids show an impressive ability to overcome toxic stress and to catch-up physically, intellectually, and socially. In rigorous studies of exemplary programs, strengthening the parenting skills of birth and foster parents reduced kids’ behavior problems at school and home, and taught them to better self-regulate and to be more responsible family members and friends. When kids’ behaviors

are less problematic and more responsible, the stability of kids' lives improves, reducing the downward spiral that often occurs when foster youth are bounced from placement to placement. One family-centered approach with an independent cost-benefit analysis yielded a resounding return of \$17 for every \$1 invested.

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Senator Julie Lassa	Representative Gordon Hintz
Senator Mark Miller	Representative Amy Loudenbeck
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Overview of the Child Welfare System and Foster Care in Wisconsin

by the Wisconsin Department of Children and Families

The goal of Wisconsin's child welfare system is to safely maintain children in their own home, family, and community with connections, culture, and relationships preserved and established. In 2013, 27,037 reports were "screened-in" by county and Milwaukee child welfare agencies with 5,466 substantiated allegations of child abuse and/or neglect. As of December 31, 2013, there were 6,516 Wisconsin children in out-of-home care with about one third (34%) living with relatives. In total, over 8 in 10 (84%) children in out-of-home care are living with a relative or foster family and 1 in 10 (10%) live in a group home or residential care center. Of children in out-of-home care, about one third (34%) are aged 4 and under, and about one third (31%) are 11 to 16. The average number of out-of-home placements for all children in Wisconsin's child welfare system is 2.5, with an average of 4.8 placements for youth aged 17 to 19. The majority (60%) of youth reunify with their families.

Introduction

Wisconsin's child welfare system strives to achieve the following outcomes for all children, youth, and families involved in the system:

- Children are cared for in safe, permanent, and nurturing families who have the necessary skills and resources to provide for their physical and mental health as well as their behavioral and educational needs.
- Through effective intervention, parents, caregivers, and families improve their ability to develop and maintain a safe, stable environment for their children.
- Children are safely maintained in their own home, families, and communities with connections, culture, and relationships preserved and established. When it is necessary to place children in out of home care, it is a safe, short, and stable experience.

The child welfare system in Wisconsin is state-supervised and county-administered in all counties other than Milwaukee and state-administered in Milwaukee through the Department of Children and Families, Bureau of Milwaukee Child Welfare (BMCW). The county child welfare agencies and the BMCW follow numerous state and federal requirements and practice standards in carrying out their functions. In addition, many of the actions taken in the child welfare system require the review and approval of the court system.

The child welfare system in Wisconsin seeks to apply trauma-informed principles in its work. Scientific research has shown that abuse, neglect, or other traumatic experiences in childhood have a "toxic effect" that can inhibit the healthy development of a child's brain. As a result, a child's cognitive development, social skills, behavior, and physical health can be significantly impaired in both the short- and long-run. Child welfare policies and practices are designed to help children heal from the trauma they have experienced and avoid exposing children to additional trauma.

The goal of Wisconsin's child welfare system is to safely maintain children in their own home, family, and community with connections, culture, and relationships preserved and established.

Entry into the Child Welfare System/Foster Care

Children come to the attention of the county and Milwaukee (BMCW) child welfare agencies through calls from members of the community expressing concerns and providing information about possible maltreatment of a child in the community. Adults in certain professions, such as teachers and physicians, are mandated by law to report cases of suspected child abuse and neglect. All individuals, regardless of whether they are mandated reporters, are encouraged to report concerns about a child's safety to their local child welfare agency.

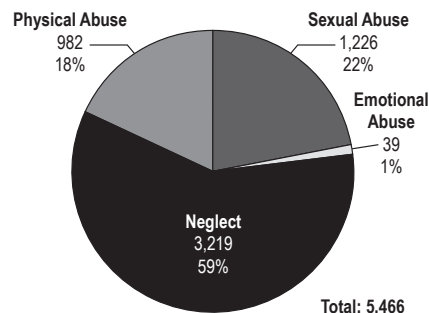
Based on the information received, the child welfare agency determines if the situation constitutes an allegation of child maltreatment as defined by Wisconsin statutes; and if so, it "screens-in" the report for further investigation. To carry out the investigation, the child welfare agency interviews the child, family, and other individuals closely involved with the family and reviews relevant written material. In the investigation and all other steps of the child welfare process, the child welfare agency follows the requirements of the federal and state Indian child welfare laws, which include notifying and involving the Tribe(s) if the child is a member or possible member of a Tribe.

The primary purpose of the child welfare agency investigation is to determine if the child is safe. In addition, except for cases handled through the Alternative Response approach, the investigation determines if maltreatment has occurred (i.e., whether the maltreatment is "substantiated"); if the maltreatment was determined to have occurred, a determination is made regarding whether a specific individual or individuals is "substantiated" to have committed the maltreatment. Alternative Response, which operates in a selected number of pilot counties in Wisconsin, is utilized in relatively less severe child welfare cases where it is likely the agency will be able to collaborate with the family to reduce the risk of recurrence through early service provision. As such, the determination in an Alternative Response case reflects a finding of "Services Needed" or "Services Not Needed" rather than a substantiation finding.

Of Wisconsin's 5,466 substantiated allegations, 59% involved neglect, 22% sexual abuse, and 18% physical abuse.

In Wisconsin in calendar year (CY) 2013, there were 27,037 screened in CPS Reports, and 5,466 substantiated allegations of child abuse and/or neglect affecting 4,886 children. The majority of substantiated allegations (59%) involved neglect. Neglect, as defined in Wisconsin statutes, is failure, refusal, or inability on the part of a caregiver, for reasons other than poverty, to provide necessary care, food, clothing, medical or dental care, or shelter so as to seriously endanger the physical health of the child.

Figure 1. Substantiated Allegations of Child Abuse and Neglect: Calendar Year 2013



When the child welfare agency determines through its investigation that a child is not safe, regardless of whether maltreatment is substantiated, the child welfare agency develops a safety plan. Because removal of a child from his/her family to out-of-home care is traumatic for a child, the agency considers whether and how supports and services can be put in place to maintain a child safely in his or her own home whenever possible. An in-home safety plan may be voluntary or court-ordered.

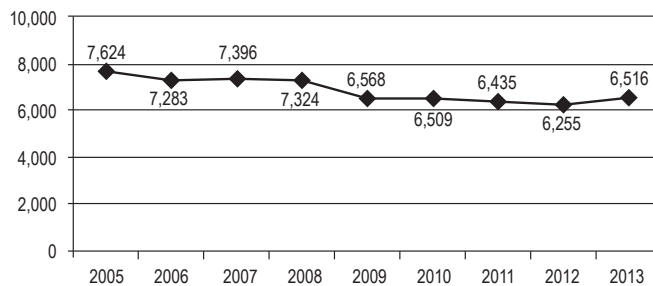
Out-of-Home Care/Foster Care

When a child cannot remain safely at home with his/her family, the child welfare agency arranges for a temporary out-of-home placement for the child. The court must review and approve an out-of-home placement, unless the family voluntarily agrees, through a Voluntary Placement Agreement, to the out-of-home care arrangement. Out-of-home care placements include: relatives through the kinship care program; foster families, which can be relatives or non-relatives; and congregate care settings, which include group homes and residential care centers.

As shown in Figure 2 below, the number of children in out-of-home care in Wisconsin as of December 31, 2013 was 6,516.

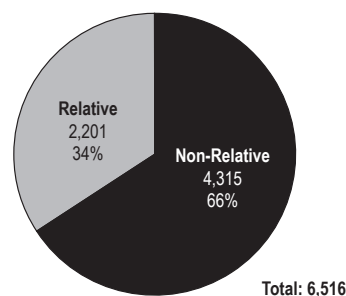
The number of children in out-of-home care in Wisconsin as of December 31, 2013 was 6,516.

Figure 2. Total Number of Children in Out-of-Home Care on Dec. 31 From 2005-2013



If an out-of-home care placement is necessary, the child welfare agency seeks to place a child with a relative, whenever possible, to enable the child to be in a familiar setting, which helps reduce the trauma of the removal and preserves the child's connections to his/her birth family. In Milwaukee and many other counties, a thorough "family finding" search is undertaken in each child welfare case to find relatives who can serve as placement or support resources for the child. As a result of these efforts, a significant proportion (34%) of Wisconsin children in out-of-home care are living with relatives.

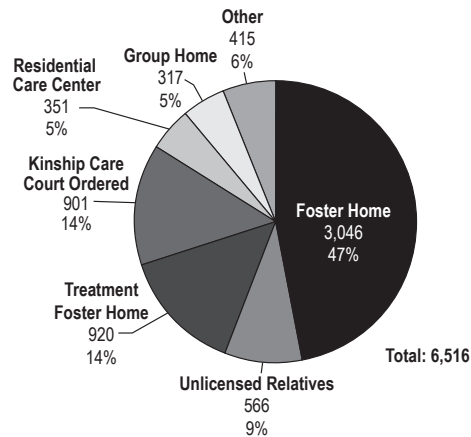
Figure 3. Children in Out-of-Home Placements with Relatives: Dec. 31, 2013



In Wisconsin, 84% of children in out-of-home care are in a family setting with a relative or foster family, and only 10% are in group homes or residential care centers.

In identifying an appropriate out-of-home setting, the child welfare agency also seeks to place a child in the least restrictive and most natural setting possible, which is a family setting. Consistent with this principle, 84% of children in out-of-home care in Wisconsin are in a family setting with a relative or foster family, and only 10% are in congregate residential facilities, which can be a group home or a residential care center (RCC). Out-of-home care settings are shown in Figure 4 below with the “Other” category composed of secure facility, trial reunification, supervised independent living, shelter, and missing from care.

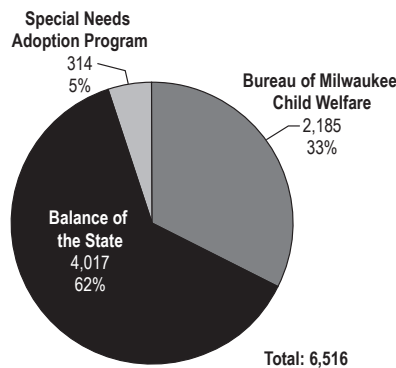
Figure 4. Children in Out-of-Home Care by Setting: Dec. 31, 2013



Other characteristics, including geographic distribution, age, and race and ethnicity of children in out-of-home care are provided in Figures 5, 6, and 7.

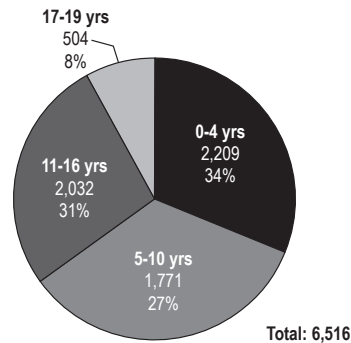
As shown below, of the total number of children in out-of-home care, approximately one-third of the children are placed in Milwaukee.

Figure 5. Children in Out-of-Home Care by Geographic Area: Dec. 31, 2013



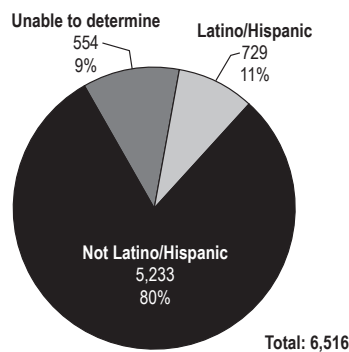
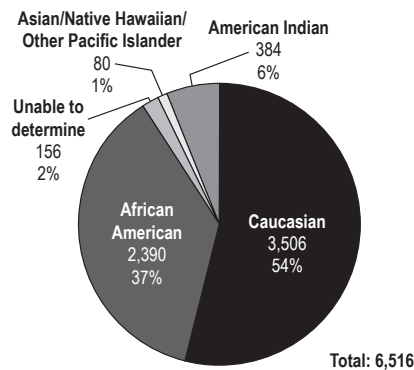
As shown in Figure 6, the two largest age groups in out-of-home care are children aged 4 and under, which account for 34% of all children in out-of-home care, and children aged 11-16, which account for 31% of all children in out-of-home care.

Figure 6. Children in Out-of-Home Care by Age: Dec. 31, 2013



The race of children in out-of-home care is shown below with 54% Caucasian, 37% African-American, and 6% American Indian. With respect to ethnicity, Latino children represent 11% of the children in out-of-home care.

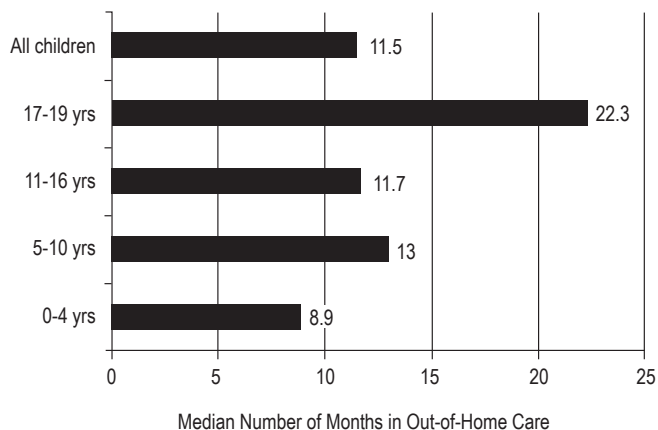
Figure 7. Children in Out-of-Home Care by Race and Ethnicity: Dec. 31, 2013



As shown in Figure 8, the median length of time for all children in out-of-home care is 11.5 months. The briefest median episode, 8.9 months, is experienced by children 0-4 years and the longest median episode, 22.3 months, is experienced by the oldest youth aged 17-19 years.

The briefest median episode in care (8.9 months) is experienced by the youngest children and the longest median episode (22.3 months) by the oldest youth.

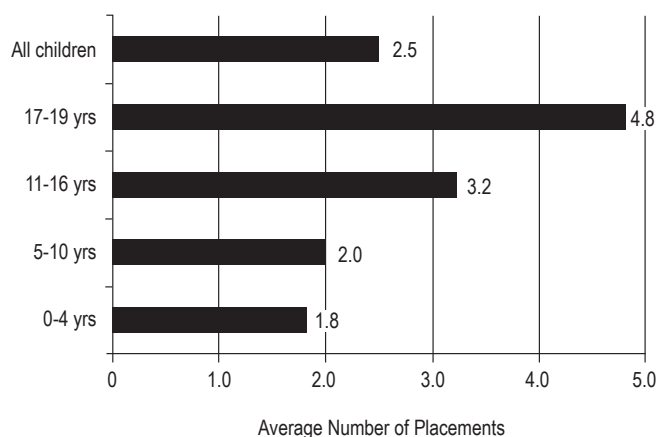
Figure 8. Median Length of Stay in Out-of-Home Care: Dec. 31, 2013



The average number of out-of-home placements for children in Wisconsin's child welfare system is 2.5.

Because changing home settings is disruptive and traumatic for a child, child welfare agencies seek to minimize the number of changes in living settings a child experiences while in out-of-home care. The average number of out-of-home placements for all children in Wisconsin's child welfare system is 2.5. However, older youth, ages 17-19, experience a significantly higher number of changes resulting in an average of 4.8 placements while in out-of-home care.

Figure 9. Average Number of Placements by Age Group in Out-of-Home Care: Dec. 31, 2013

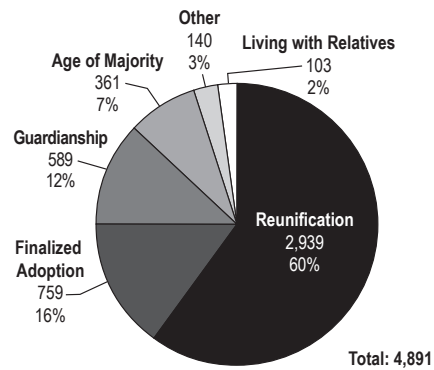


Exiting from Foster Care/Out-of-Home Care

When it is necessary to place children in out-of-home care, it should be a safe, short, and stable experience. When a child is in out-of-home care, the child welfare agency develops a permanency plan for the child, which includes a goal of transitioning the child to a safe, permanent, and nurturing setting as expeditiously and successfully as possible with his/her birth family, a relative, or adoptive family services. The permanency plan includes the provision of services to the child and birth parents to help achieve the permanency goal and support the well-being of the child and birth family. The court reviews and approves the permanency plan.

The child welfare agency seeks to reunify the child with his/her birth parents, whenever possible. The majority of Wisconsin children in out-of-home care (60%) reunify with their families. When reunification is not possible, the child welfare agency identifies guardianship with a relative or adoption as the permanency outcome for the child. As shown in Figure 10, any permanency outcome must be reviewed and approved by the court, including reunification (60%), adoption (16%), and guardianship (12%). (The “Other” category in the figure below includes transfer to another agency, independent living, missing from care, and death of a child.)

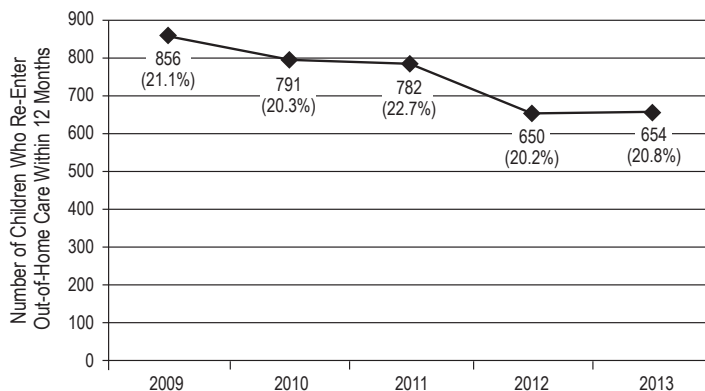
Figure 10. Outcomes for Children in Out-of-Home Care: Calendar Year 2013



Of Wisconsin children in out-of-home care, 60% reunify with their family.

Some families are not able to maintain their children safely at home after reunification and their children re-enter the out-of-home care system due to the recurrence or risk of recurrence of maltreatment. In Wisconsin, approximately 20% of children re-enter out-of-home care within 12 months of reunification, thereby experiencing additional trauma due to maltreatment and separation.

Figure 11. Number and Percent of Children Who Re-Enter Out-of-Home Care Within 12 Months of Reunification From 2009-2013



To reduce the out-of-home care re-entry rate and improve outcomes for children and families, the Department of Children and Families initiated a Post-Reunification support program in 2014. The program, which was approved by the federal

government as a Title IV-E waiver, provides at-risk families 12 months of services and supports after reunification. The Post-Reunification Program is designed to meet the family’s unique needs and support the safety, stability, and well-being of the child and family.

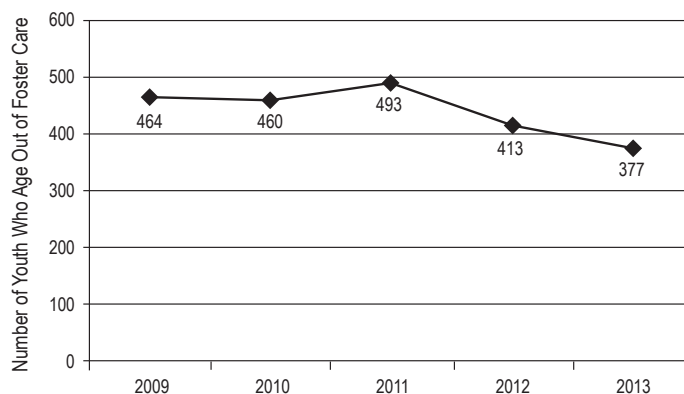
In Wisconsin, foster care eligibility ends at age 18 or 19, depending on whether the youth is expected to graduate high school prior to age 19, unless the youth has an Individualized Education Program (IEP). An Individualized Education Program is defined in Wisconsin State Statute 115.787 and includes the child’s present level of academic achievement and functional performance, including how the child’s disability affects the child’s involvement and progress in the general curriculum and a statement of measurable annual goals for the child designed to enable the child to make progress. Youth with an IEP who are over the age of 19 and are attending high school full-time have the option to remain in out-of-home care to age 21.

Youth who age out of the foster care system experience higher rates of unemployment and homelessness, lower rates of graduation and post-secondary education, and a higher probability of incarceration.

Some foster youth end or “age out” of foster care without achieving a permanent setting with their birth family, a relative, or an adoptive family. Youth who age out of the foster care system face a number of challenges compared to their peers, including higher rates of unemployment and homelessness, lower rates of high school graduation and post-secondary education, and a higher probability of incarceration.

The number of youth in Wisconsin who aged out of out-of-home care without achieving permanency has steadily declined since 2011.

Figure 12. Number of Youth Aging Out of Foster Care From 2009-2013



In 2012, the Department of Children and Families established a new Office of Youth Services within the Department to establish more comprehensive and well-coordinated services and supports to vulnerable youth. With the assistance of a federal grant, the new Office is developing an initiative, called PATHS to success, to promote positive social, emotional, employment, and educational outcomes for youth during their time in the child welfare system, and to prepare them with the education, training, and life skills for living productively and successfully as adults.

Do the Benefits of Extending Foster Care to Age 21 Outweigh the Costs? Evidence from Illinois, Iowa, and Wisconsin

by Mark Courtney

Professor, School of Social Service Administration, and
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In 2013, 377 Wisconsin youth aged out of foster care without achieving a permanent placement. Policymakers are questioning whether foster youth who are too old for the child welfare system are still unprepared to live as independent young adults. Professor Courtney compared how the life chances of foster youth are affected by extending state support through age 21, an option that existed at the time of his Midwest Study in Illinois, but not in Iowa or Wisconsin. By age 21, Illinois foster youth, compared to their peers in Iowa and Wisconsin, were twice as likely to have ever attended college and more than twice as likely to have completed at least one year of college. Every \$1 that Illinois spends on extending care beyond age 18 increases by nearly \$2 the estimated lifetime earnings of foster youth. Other benefits of extending foster care are delayed pregnancy in late adolescence, delayed homelessness, reduced criminal behavior and justice system involvement among women in early adulthood, and, among young fathers, greater involvement with their children.

In 2013, 377 Wisconsin youth aged out of foster care without achieving a permanent placement (see the first chapter of this report by the Wisconsin Department of Children and Families). That is, by age 18, no permanency had been established for these young people such as adoption or placement with their birth family or next of kin. Wisconsin is one of many states that bears no legal responsibility for the care or supervision of foster youth past their 18th birthday (unless they have an Individualized Education Program). Instead, the expectation is that these young people, who have experienced the trauma of being placed out of their home for reasons such as neglect or abuse, will totally support themselves. This transition to living entirely on their own has proven difficult for many. Youth who age out of foster care are less apt to enroll in higher education and more apt to be homeless, unemployed, and have contact with the criminal justice system.¹

Expecting foster youth to totally support themselves after age 18 runs counter to the experience of most young adults. Compared to previous generations, today's youth require far more time to complete their education, secure employment, form stable families, and establish financial independence.² This prolonged transition to adulthood affects the earnings potential of youth, who often continue to receive financial and emotional support from their parents or other family members well past age 18. In fact, between the ages of 18 and 24, about half of young people still live at home with one or both parents (i.e., 55% for males and 46% for females). Parents also continue to chip in material assistance estimated at \$38,000 per child between the ages of 18 and 34.³

Mark Courtney

In 2013, 377 Wisconsin youth aged out of foster care without achieving a permanent placement.

Policymakers question whether foster youth who are too old for the child welfare system are still unprepared to live as independent young adults.

In response to this prolonged transition to adulthood, policymakers have begun to question whether foster youth, who are too old for the child welfare system, are still unprepared to live as independent young adults. The challenges foster youth face in contemporary society have led policymakers to reassess whether to extend support through their 21st birthday. In this chapter, I review what federal and state policies exist and how much they cost. Then I draw on research evidence from existing data sources and my own studies on foster youth in Illinois, Iowa, and Wisconsin that examine the costs and benefits of extending foster care to age 21. That is, do the benefits that accrue to foster youth and society outweigh the costs to taxpayers?

How Have Federal Policymakers Supported Foster Youth to Age 21?

In 1986, Congress passed an amendment to the Social Security Act that created the Independent Living Program, which provided states with funds for income-eligible youth to support independent living (e.g., education and training, financial management, housing, health education). These funds are available to youth who would have been eligible for the (now defunct) Aid to Families with Dependent Children (AFDC); states are reimbursed for about 50% to 83% of the subsidy depending on statewide per capita income. In 1999, the John Chafee Foster Care Independence Program expanded the eligibility of foster youth to receive services, allowed states to use funds for a broader range of purposes (e.g., room and board), and gave states the option of extending Medicaid coverage for foster youth to age 21. In 2001, Congress passed the Education and Training Voucher Program that provides up to \$5,000 per year for postsecondary education and training.⁴

In 2008, Congress passed the Fostering Connections to Success and Increasing Adoptions Act (“Fostering Connections Act”). This law amended the Title IV-E Social Security Act to extend support from age 18 to 21 for income-eligible foster youth. For states to qualify for federal funds, a number of settings are allowed, but foster youth must be either completing high school or an equivalent program; enrolled in postsecondary or vocational school; participating in a program or activity designed to promote or remove barriers to employment; employed at least 80 hours per month; or incapable of doing so due to a medical condition.⁵

These federal supports for youth aging out of foster care are available to states. However, states are not obligated to tap into these resources.

How Have State Policymakers Supported Foster Youth to Age 21?

California was an early adopter of extended care.⁶ Illinois extends care to age 21, and Ohio has introduced legislation to do so. A total of 18 states have approved Title IV-E plans that provide foster care past age 18 under the Fostering Connections Act’s extended care provisions for youth who are income-eligible.

Our Midwest Evaluation of the Adult Functioning of Former Foster Youth (“The Midwest Study”) compared the experiences of foster youth aging out of care in Illinois, Iowa, and Wisconsin. This study tracked youth who entered foster care prior to their 16th birthday due to abuse or neglect and who had been in out-of-

home care for at least one year. The study included 732 foster youth with 474 from Illinois, 63 from Iowa, and 195 from Wisconsin. Foster youth were interviewed three times—in 2002 and 2003 at age 17 or 18 (97% response rate), in 2004 at age 19 (82% response rate), and in 2006 and 2007 at age 21 (81% response rate). This study was a collaborative effort of public child welfare agencies in the three states, the Chapin Hall Center for Children at the University of Chicago, the University of Wisconsin Survey Center, and Partners for Our Children at the University of Washington, Seattle.

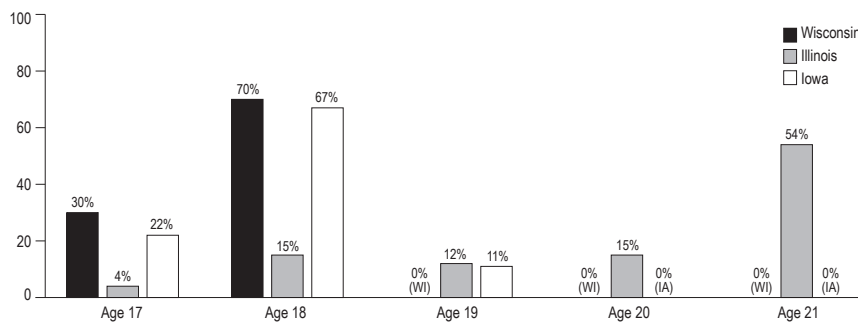
The three states in this study had different policies regarding extending support to foster youth past age 18. Foster youth in Illinois can remain in care past age 18. In contrast, foster youth in Iowa and Wisconsin are discharged from care at age 18 and seldom receive care after age 19. Wisconsin has made one change in its laws since the study was conducted. Foster care eligibility has been extended to age 21 for youth with a disability who have an Individualized Education Program (IEP); the IEP must specify how the youth’s disability affects their educational progress in the general curriculum and set measurable goals to ensure progress.

The age of exit for youth aging out of foster care is presented in Figure 1. In Illinois, almost 7 in 10 (69%) foster youth are 20 or 21 when they exit the foster care system and about 8 in 10 (81%) are 19, 20, or 21. In Wisconsin, 100% receive no foster support past age 18 and, in Iowa, almost 9 in 10 (89%) receive no support after age 18. On average, Illinois foster youth were 2 years older when they exited the child welfare system than their peers in Iowa and Wisconsin.

On average, Illinois foster youth were 2 years older when they exited the child welfare system than their peers in Iowa and Wisconsin.

Mark Courtney

Figure 1. Age of Exit from Foster Care By State



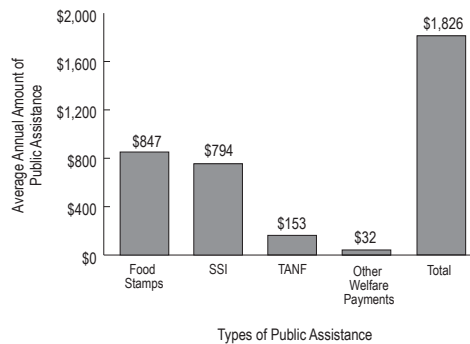
Adapted from "When Should the State Cease Parenting? Evidence From the Midwest Study" (p. 3), by M. E. Courtney, A. Dworsky, & H. Pollack, 2007, *Chapin Hall Center for Children Issue Brief*, 115. Adapted with permission.

How Much Does it Cost for States to Support Foster Care Youth to Age 21?

The Midwest Study estimated the annual cost of extending care to age 21. An average daily cost was calculated by weighting the 2007 cost of different living arrangements (e.g., foster homes, supervised independent living, college subsidies). In Illinois, the average cost of keeping a foster youth in care beyond his or her 18th birthday is \$20,800 per year. Because the average age of exiting from care is 20 in Illinois and only 18 in Iowa and Wisconsin, the annual cost was multiplied by two. Thus, the cost of extending foster care to age 21 is an estimated \$41,600 per youth.

This cost would be offset, in part, if extending care to age 21 avoided expenditures on public assistance. As shown in Figure 2, foster youth who did not remain in foster care received an average of \$1,826 per year in public assistance. Specifically, these youth received \$847 in food stamps, \$794 in Supplemental Security Income (SSI) payments, \$153 in Temporary Assistance to Needy Families (TANF) payments, and \$32 in other payments (e.g., general or emergency assistance). These estimates include only those for which a dollar value can be assigned and do not account for administrative expenses or the costs of other related programs (e.g., public housing vouchers; Women, Infants, and Children supplements).

Figure 2. Average Annual Public Assistance Received by Each Former Foster Youth



Adapted from "Extending Foster Care to Age 21: Weighing the Costs to Government Against the Benefits to Youth" (p. 3), by C. M. Peters, A. Dworsky, M. E. Courtney, & H. Pollack, 2009, *Chapin Hall Center for Children Issue Brief*. Adapted with permission.

Two years of the dollars spent on public assistance were subtracted from the total cost of extending care to foster youth. Thus, the cost of extending care to foster youth over two years is an estimated \$37,948. (One caveat is that TANF costs do vary across states; however, since these costs are less than 10% of the total estimates, the effects will be minimal.)

Do the Benefits to Foster Youth Offset the Costs?

Our analysis of data from The Midwest Study provides compelling evidence that the benefits of offering support to foster youth beyond their 18th birthday outweigh the costs. We have been able to estimate the financial benefits of extended care in the area of education. In addition, extended care has been shown to be associated with other benefits (e.g., delayed pregnancy, delayed homelessness) for which financial benefits have not been clearly established.

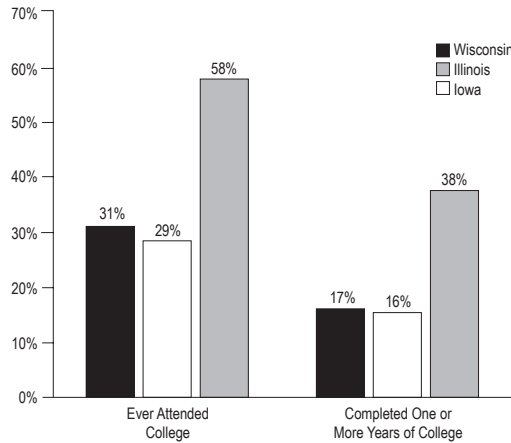
Postsecondary Educational Attainment

Foster youth lag well behind their peers in attaining postsecondary education. Estimates of college completion of former foster youth, ages 25 to 29, range from 1% to 11%, compared to 30% in the general population. Figure 3 contrasts enrollment in postsecondary education in Illinois, where care is extended beyond age 18, and Iowa and Wisconsin, where it is not. By age 21, former foster youth from Illinois, compared to their peers in Iowa and Wisconsin, were twice as likely to have ever attended college and more than twice as likely to have completed at

Former foster youth from Illinois, compared to Iowa and Wisconsin, were twice as likely to have ever attended college and more than twice as likely to have completed one year of college.

least one year of college. These differences cannot be explained away by other differences in foster youth in the three states; in fact, young people from Illinois had characteristics associated with lower rates of college completion than foster youth in the other two states.⁷

Figure 3. How Extending Care to Age 21 Affects Higher Education by State



Adapted from "When Should the State Cease Parenting? Evidence From the Midwest Study" (p. 4), by M. E. Courtney, A. Dworsky, & H. Pollack, 2007, *Chapin Hall Center for Children Issue Brief*, 115. Adapted with permission.

The benefits of attending college are well established. For example, calculations using U.S. Census data reveal that a person with a bachelor's degree, on average, can expect \$481,000 more in lifetime earnings than a person with only a high school diploma.⁸ Even completing any college increases lifetime earnings by \$129,000 over that of high school graduation alone.⁹ If foster youth are able to acquire more postsecondary education as a result of being allowed to remain in care past 18, how might that translate into lifetime earnings?

To determine the increase in earnings across the whole population of youth aging out of foster care, we estimated what foster youth could expect to earn if extending care increased the rate of college attendance and graduation. We multiplied the value of having a college degree by the difference between the predicted rate of college completion among former foster youth with the option to remain in care until age 21 and foster youth without that option. We used varying assumptions about how the differences we observe in college enrollment between foster youth in Illinois and those in Iowa and Wisconsin persist over time. Thus, our estimates of the lifetime earnings benefits of extending care to age 21 range from \$43,000 to \$113,000, with the best estimate being \$72,000.¹⁰ This earnings benefit is roughly double the estimated amount spent on each foster youth supported beyond age 18 (\$37,948) or a \$2 return for every \$1 spent.

Other Benefits of Extended Care

Research has also shown extended care to be associated with other positive outcomes for foster youth transitioning to adulthood. Youth aging out of foster care are much more likely than other young people to become pregnant at an early

A person with a bachelor's degree can expect, on average, \$481,000 more in lifetime earnings than a person with a high school diploma.

Extending care to age 21 is associated with a 38% reduction in the risk of foster girls becoming pregnant between ages 17 and 21.

age;¹¹ become homeless; engage in criminal behavior; and have involvement with the criminal justice system.^{12,13} The Midwest Study, which examines differences among states in the age youth are discharged from care, has shown that extending care to age 21 is associated with a 38% reduction in the risk of foster girls becoming pregnant between 17 and 19 years old;¹⁴ delayed homelessness between ages 17 and 21;¹⁵ reduced criminal behavior, arrest, and justice system involvement among women in early adulthood;^{16,17} and, among foster youth who become fathers, greater involvement with their children.¹⁸ We have not been able to estimate the monetary benefits of these positive outcomes, but they are likely to be significant. Moreover, none of our research has shown extended care to be associated with negative outcomes. Thus, our benefit-cost calculations (based solely on increased postsecondary educational attainment) likely significantly understate the total benefits of extended care, and hence the overall ratio of benefits over costs.

Lessons from Early Adopters of Extended Foster Care

My colleagues and I also studied the experiences of California, one of the earliest adopters of extending foster care under the provisions of the Fostering Connections Act.¹⁹ California, which like Wisconsin is a state-supervised and county-administered child welfare system, provided several lessons that may be instructive for other states. For example, providing extended foster care proved to be more than just a change in policy, because it called for changes in the culture of the institutions responsible for implementing the policy change. Previously, the child welfare agencies and court systems had been charged with keeping minors safe and finding them legally permanent homes. Now they were held accountable for helping young adults move toward independence. This shift required a fundamental re-thinking of the approaches they previously had used to support minors in foster care.

California's experience with extended care also provides other insights into factors that can influence successful implementation. California philanthropic foundations played a major role. The California law was enacted without funds for implementation and, as is the case in many states, California has seen cuts in recent years in budgetary support for the planning and administrative functions of government. Foundation funding supported implementation planning through the convening of stakeholder meetings, the staffing of planning work groups, and the development of training modules for agency staff. California also benefited from the involvement of young people early and often in planning and implementation. Young people themselves were some of the best supporters of extending care beyond age 18 and also of the requirements put in place for youth to access the program. Several young people explained how extending care "help[ed] you get on your feet." One young woman said the law enabled her to "get out on my own, get my own place to live, you know have a stable environment so I can go to school and get a job and have an address that I can give to my work."

Summary

This chapter provides research evidence for policymakers concerned about supporting the transition of vulnerable foster youth to adulthood. Our Midwest

Study illustrates how the life chances of foster youth are affected by extending support through age 21, an option that existed in Illinois but not in Iowa or Wisconsin at the time of our study. By age 21, foster youth in Illinois were more likely to pursue higher education than their peers in Iowa and Wisconsin. The study also suggests other important benefits that we have yet to put a price tag on—delayed pregnancy in late adolescence; delayed homelessness; reduced criminal behavior and justice system involvement among women in early adulthood; and, among young fathers, greater involvement with their children. What’s more, there may be other benefits that are still unknown. Based solely on increased educational attainment, we estimate that every \$1 that Illinois spends on foster care beyond age 18 provides a benefit of around \$2 to foster youth in increased lifetime earnings. Of course, ultimately it is policymakers who will decide whether the benefits outweigh the costs.

Mark Courtney is a Professor in the School of Social Service Administration at the University of Chicago and an Affiliated Scholar at Chapin Hall. Previously, Dr. Courtney was a professor at the University of Wisconsin-Madison and he was the founding director of the award-winning Partners for Our Children, a public-private partnership devoted to improving child welfare services. Before becoming a professor, he worked in various capacities providing group home care to abused and neglected adolescents. Currently, his research examines the reunification of foster children with their families, the adult functioning of former foster children, and the effectiveness of independent living services in supporting foster youth. In 2015, he received the Distinguished Career Achievement Award from the Society for Social Work and Research in recognition of the many contributions of his research and its frequent use in policy and practice. Professor Courtney was named a Fellow of the American Academy of Social Work and Social Welfare, and received the Peter W. Forsythe Award for leadership from the National Association of Public Child Welfare Administrators. He was recognized as Social Worker of the Year by the Wisconsin Chapter of the National Association of Social Workers.

Every \$1 that Illinois spends on foster care beyond age 18 provides a benefit of around \$2 to foster youth in increased lifetime earnings.

Mark Courtney

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Strong Parenting, Successful Youth: The Parent Training 10 States are Providing to Foster Families

by Patricia Chamberlain
Science Director and Senior Researcher, Oregon Social Learning Center

Lack of skill in managing children's behavior is a primary reason that foster parents stop providing care and children are bounced from placement to placement. Carefully designed and evaluated programs help foster youth succeed by strengthening the parenting skills of foster and birth parents. For chronically delinquent foster boys, Multidimensional Treatment Foster Care (MTFC) decreased delinquent behaviors and increased days spent living with parents or relatives. In an adaptation of MTFC, foster girls referred from the juvenile justice system were less likely to become pregnant and to be incarcerated. For every dollar spent on MTFC, taxpayers saved \$17 in criminal justice and victim costs by the time youth were 25 years old. KEEP, a less-intensive adaptation for "regular" foster youth, reduced behavior problems and placement instability. KEEP Safe, a preventive adaptation for foster girls entering middle school, lowered substance use and placement instability. With effective parenting, foster youth also learned how to be more responsible family members and friends.

Child welfare services in the United States are estimated to cost about \$20 billion per year. Despite this public investment, little research guidance is available. In even shorter supply are "gold standard" studies with random assignment to treatment and comparison conditions. Based on a solid body of evidence, one of the strongest predictors of positive child and youth development is effective parenting, and one of the strongest predictors of behavior problems is ineffective parenting. Parent training is one of the most thoroughly evaluated interventions. Yet research has seldom examined its effectiveness in the foster care system, even though parent training is mandated by federal law and state statutes in Wisconsin and many other states.¹

Most foster parents receive some training on how to handle difficult behaviors, although parent management skills typically are only a small part of the curriculum. Moreover, parents seldom receive feedback on how well they are applying parenting skills to the children in their care. So it is not surprising that most of the training programs for foster parents have been ineffective in changing child behaviors.² Lack of skill in managing children's behavior is a primary reason that foster parents stop providing care and children are bounced from placement to placement.³ Multiple placements are hard on kids and bad for taxpayers. Kids benefit from stability in their family relationships, peer networks, and school settings. Moreover, multiple placements are costly, with each change estimated to require 25 extra hours in caseworker and staff time.⁴

In this chapter, I overview my 30 years of work to improve outcomes for foster youth by strengthening the parenting skills of birth and foster parents. These programs aim to turn around the lives of foster youth who are already in trouble with the law, and also to build resiliency in foster kids to prevent them from going down the wrong path. I will briefly overview Multidimensional Treatment Foster Care, the first program that my colleagues and I developed for seriously delinquent foster youth. This program has been successfully adapted for other foster youth—

Based on solid research evidence, one of the strongest predictors of positive child and youth development is effective parenting.

Patricia Chamberlain

those with severe emotional and behavioral problems, girls referred from juvenile justice, and recently for high-risk preschoolers. Then I will describe a less intensive version designed for use in “regular” foster care known as KEEP. Finally, I will turn to a promising new preventive intervention to build prosocial skills in girls during the pivotal transition into middle school—KEEP Safe.

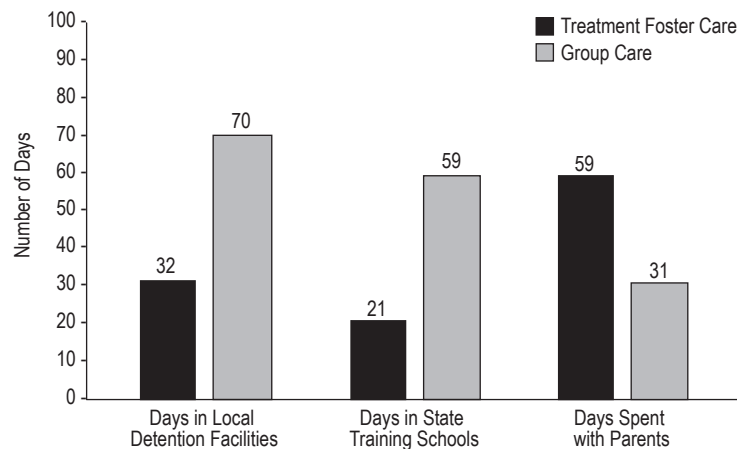
In this chapter, I describe the rigorous evaluations of each of these programs that have encouraged their adoption in states across the country. Multidimensional Treatment Foster Care for children and adolescents has been implemented in California, Maine, Maryland, New York, North Carolina, Ohio, Pennsylvania, and several countries around the world. KEEP has been implemented in California, Maryland, New York, Oregon, Tennessee, Washington, and internationally. KEEP Safe is being implemented in San Diego and Oregon.

Multidimensional Treatment Foster Care

Youth in Multidimensional Treatment Foster Care spent fewer than half as many days in detention, two thirds less time locked up in state training schools, and 60% fewer days in jail than youth in group care.

This initial intervention was aimed at boys with histories of serious, chronic delinquency. The boys averaged 14 previous criminal referrals and four previous felonies, with at least one out-of-home placement. The cornerstone of Multidimensional Treatment Foster Care (MTFC) is the foster parent who is carefully selected, supported, and trained in parent management skills. For example, both foster and birth parents (if the child will return home) learn to monitor youth whereabouts, set clear rules, track positive and negative behaviors, respond appropriately and consistently, and so forth. Parents have access to a support group, daily care from staff, and a 24-hour hotline. One year later, 41% of youth in MTFC had no criminal referrals compared to 7% of teens in group care. Compared to group care, youth in MTFC spent, on average, fewer than half as many days in detention, two thirds less time locked up in state training schools, and nearly twice as much time living with parents or relatives—the ultimate goal for all foster youth (see Figure 1). MTFC youth also spent 60% fewer days in jail.^{5,6}

Figure 1. Multidimensional Treatment Foster Care Resulted in Less Time Behind Bars and More Time With Parents



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Not only did the program reduce anti-social behavior, it also taught these high-risk kids how to be responsible members of their families and society. Parents used behavior management techniques to teach them how to act responsibly, to improve their relationships with teachers and peers, and to manage their homework.⁷ The program was similarly effective with youth with a mental illness so severe that it warranted placement in a psychiatric hospital.⁸ Given its effectiveness, Multidimensional Treatment Foster Care was chosen as a National Blueprint Program for violence prevention by the U.S. Department of Justice. In an independent assessment by Steve Aos of the Washington State Public Policy Institute (who has spoken at three Wisconsin Family Impact Seminars), the program is cost effective. For every \$1 spent on Multidimensional Treatment Foster Care, taxpayers save more than \$17 in criminal justice and victim costs by the time youth are 25 years old.

In 2000, we adapted the Multidimensional Treatment Foster Care model for girls referred from the juvenile justice system. Girls in the parent-centered program were less likely to become pregnant at 2-year follow-ups than those in group care; in fact, the girls in group care were almost 2½ times more likely to become pregnant. The girls in Multidimensional Treatment Foster Care also were more likely to be engaged in school and to be living in the community (versus being incarcerated). They used drugs less often, and were arrested fewer times.⁹ These results are particularly impressive for two reasons. First, few programs have been shown to prevent teenage pregnancy. Second, instead of being compared to no intervention, Multidimensional Treatment Foster Care was effective when compared to another active intervention—group care.

KEEP (Keeping Foster Parents Trained and Supported)

KEEP aims to reduce behavior problems in foster youth. The program also takes direct aim at increasing placement stability by strengthening the parenting skills of foster and kinship parents, particularly in managing difficult youth behaviors. KEEP is a much less intensive form of Multidimensional Treatment Foster Care that is intended for “regular” foster youth.

How Does KEEP Work?

KEEP is taught to groups of 3 to 10 parents in churches or community recreation centers. Parents receive 16 weeks of training, supervision, and support in behavior management. Positive reinforcement and discipline skills are taught. For example, parents learn how to avoid power struggles and closely monitor youth whereabouts and contacts with peers. Parents learn non-harsh discipline such as using brief time outs and removing privileges for a short time (e.g., no bike riding for 1 hour).

The 90-minute meetings are delivered by paraprofessionals who have no previous experience with Multidimensional Treatment Foster Care or other parent-focused interventions. Parenting skills, taught via videotapes and role play, are integrated into group discussions. Weekly homework is assigned so parents can practice the skills at home. Parent participation is encouraged by providing child care, refreshments, credit toward annual licensing requirements, and a \$15 reimbursement for each session. For parents who miss a session, a home visit is scheduled at a convenient time to cover the material. Commendably, 81% of parents typically complete at least 75% of the group sessions.

For every \$1 spent on Multidimensional Treatment Foster Care, taxpayers save more than \$17 in criminal justice and victim costs by the time youth are 25 years old.

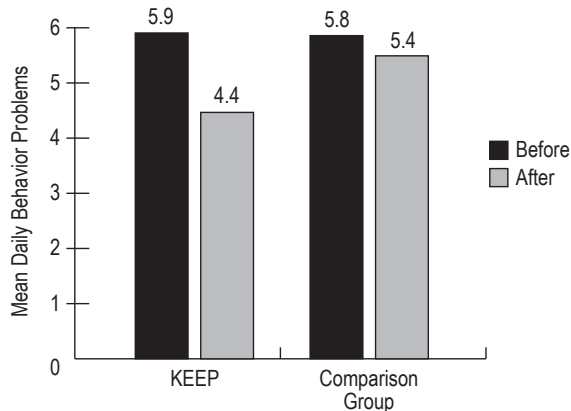
How Was KEEP Evaluated?

KEEP was recently evaluated using a “gold standard” design where 700 foster parents of children, ages 5 to 12, were randomly assigned into the treatment (KEEP) or comparison condition (caseworker services as usual). Of those contacted, 62% agreed to participate. The sample was intentionally designed to map onto real-world child welfare conditions by including all foster families receiving a new child from the San Diego County Department of Health and Human Services between 1999 and 2004. Some children had been placed multiple times and some for the first time. About one third were kinship parents (35%) and two thirds were non-relative parents (66%). The children were ethnically diverse with 33% Latino, 22% Caucasian, 21% African American, and 22% mixed ethnicity.

How Effective is KEEP?

From baseline to five months after the intervention, behavior problems were reduced among KEEP youth, but not among youth receiving standard caseworker services (see Figure 2). Reducing problems makes it easier for foster parents to manage youth behavior, and increases the likelihood youth will be returned to their birth parents, placed with kin, or adopted.

Figure 2. KEEP Reduced the Number of Daily Youth Behavior Problems



Source: "Prevention of Behavior Problems for Children in Foster Care: Outcomes and Mediation Effects," by P. Chamberlain, J. Price, L. D. Leve, H. Laurent, J. A. Landsverk, and J. B. Reid, 2008, *Prevention Science*, 9, 17-27. doi: 10.1007/s11121-007-0080-7.

Why is KEEP Effective?

To what did the researchers attribute this improvement in youth behavior in KEEP versus the comparison group? The decrease in behavior problems in the KEEP group was attributed to an increase in parents' effectiveness. Of particular importance were improvements in the proportion of positive reinforcement provided by parents. The results were especially strong for the highest-risk kids—those exhibiting more than six behavior problems per day. Overall, the impacts were modest but nonetheless important.

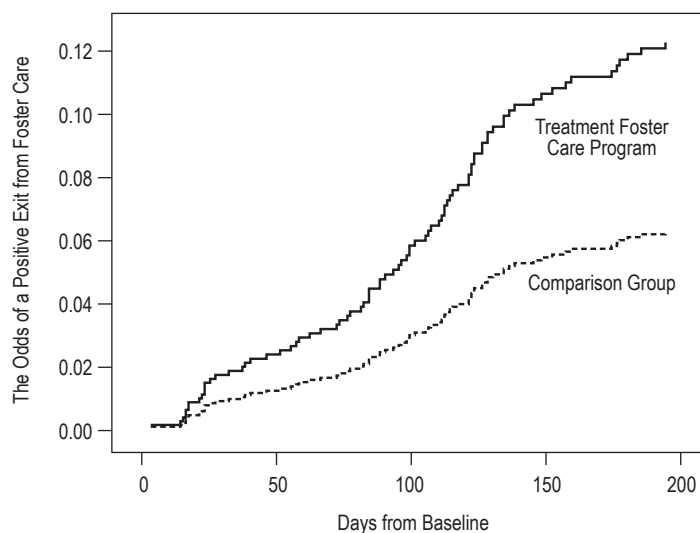
KEEP also improved the stability of foster kid placements. In this study, a positive exit from foster care was when a child was reunited with a birth parent, placed with a relative, or adopted by a suitable family. Conversely, a negative exit was a

The decrease in behavior problems among youth in the KEEP group was attributed to an increase in parents' effectiveness.

child running away, being placed in a psychiatric or juvenile detention center, or being moved to another foster family. When examined six months later, children in KEEP were nearly twice as likely to experience a positive exit as children in the comparison group (see Figure 3) and much less likely to experience a negative exit. In the comparison group, foster kids with four or more placements were at greater risk for a negative exit from foster care, but not their peers in the KEEP group. KEEP reduced the number of negative exits that typically occur for kids with a history of four or more placements; no differences were found for children with three or fewer placements.¹⁰ These results were recently replicated in a study of the Maryland KEEP program.

Children in KEEP were nearly twice as likely to experience a positive exit from foster care as children in the comparison group.

Figure 3. KEEP Increased the Odds a Foster Youth Would Have a Positive Exit from Foster Care



Reprinted from "Effects of Foster Parent Training Intervention on Placement Changes of Children in Foster Care" (p. 14), by J. M. Price, P. Chamberlain, J. Landsverk, J. Reid, L. Leve, and H. Laurent, 2008, *Child Maltreatment*, 13, 64-75. doi: 10.1177/1077559507310612. Reprinted with permission.

The KEEP Safe Intervention

Research shows greater odds of foster girls getting involved in drug use, delinquent behavior, school maladjustment, and risky sexual behaviors as they make the transition from elementary to middle school. Girls who end up in foster care are more likely than their peers to have multiple pregnancies and births, and to maltreat their own children.¹¹ What became obvious to me is that intervening early in adolescence could prevent foster girls from getting involved in these risky behaviors in the first place, changing their life course in ways that could divert them from cascading through costly social services as adults.

In the KEEP Safe model, I turned to a preventive approach, basically promoting healthy adjustment in a vulnerable population—foster girls—at a critical turning point—the transition to middle school. In larger, more impersonal, and more achievement-driven middle schools, many young people struggle to meet academic and social expectations. KEEP Safe was proactive in its design, which aimed to increase foster girls’ prosocial skills and decrease their substance use and delinquency.

How Does KEEP Safe Work?

In the spirit of prevention, the program began the summer prior to entry into middle school. The structured curriculum focused on building prosocial skills, increasing self-confidence, and resisting negative peer pressure. For example, girls learned strategies for meeting new people, maintaining positive relationships with peers, and more accurately assessing peer norms around deviant behaviors, especially participating in drug use and health-risking sexual behaviors. The sessions for girls were led by one facilitator and three assistants that allowed for individualized attention, one-on-one practicing of new skills, and frequent reinforcement of positive behaviors.

In keeping with the successful approach of my other two programs, KEEP Safe included a caregiver component for the foster parents. The training, led by one facilitator and a co-facilitator, was tailored to the daily challenges foster parents were facing and specific discipline and positive reinforcement practices that could work in their situations. Weekly homework provided opportunities to practice these techniques. KEEP Safe included six sessions of behavior management training for foster parents, and six skill-building sessions for the girls. The groups met twice a week for three weeks, with approximately seven participants in each group.

In addition, for the entire first year of middle school, weekly 2-hour follow-up services were provided for foster parents (in groups) and girls (one-on-one). Retention rates were at or above 90%.¹²

How was KEEP Safe Evaluated?

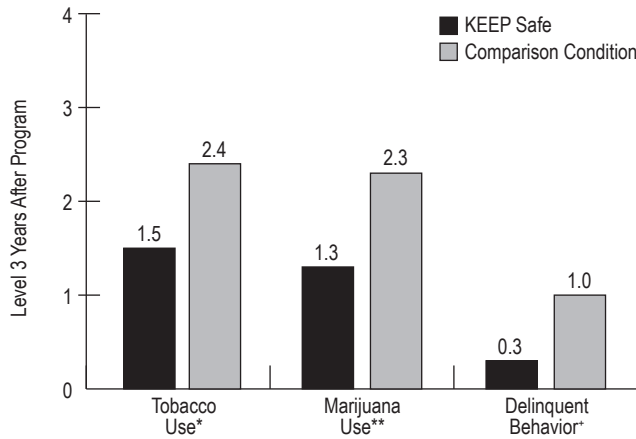
Among the study's 12-year-old foster girls, almost all reported neglect, two thirds reported sexual abuse, over one half physical abuse, and one third all three types of maltreatment.

All 10- to 12-year-old foster girls in a major metropolitan area in the Pacific Northwest were invited to participate ($N = 145$) in a “gold standard” study. Based on a coin flip, the girls and foster families willing to participate ($N = 100$) were randomly assigned to the intervention (KEEP Safe) or comparison condition (regular foster care). On average, the girls were about 12 years old. Almost all the girls (97%) had at least one reported incident of neglect, about two thirds reported sexual abuse (67%) and over one half reported physical abuse (56%). About one third (32%) reported all three types of maltreatment. Overall, about two thirds (68%) were in nonrelative foster homes and one third (32%) were in relative foster homes. The sample was 63% Caucasian, 14% multi-racial, 10% Latino, 9% African American, and 4% Native American.¹³

How Effective Was KEEP Safe?

One year after the program, girls in KEEP Safe had significantly fewer placement changes than girls in the comparison condition. Three years after the program, significant and meaningful effects were found for substance use (see Figure 4). Girls who participated in KEEP Safe reported significantly lower levels of substance use than their peers in the comparison condition. These differences occurred for tobacco use and marijuana, but not for alcohol use. In addition, KEEP Safe marginally reduced both delinquency and association with delinquent peers.¹⁴

Figure 4. KEEP Safe Resulted in Less Tobacco and Marijuana Use, and Marginally Less Delinquency



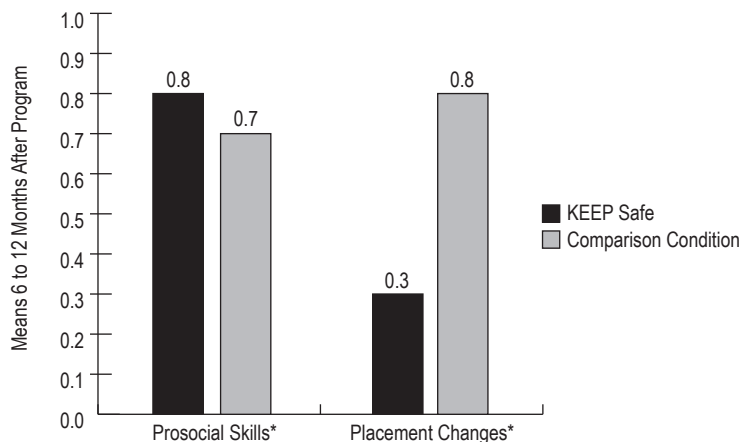
Note. Results for 100 foster care youth 3 years after the program. † $p < .10$, * $p < .5$, ** $p < .01$. Source: "Substance Use and Delinquency Among Middle School Girls in Foster Care: A Three-Year Follow-Up of a Randomized Controlled Trial," by H. K. Kim and L. D. Leve, 2011, *Journal of Consulting and Clinical Psychology*, 79, 740-750. doi: 10.1037/a0025949.

KEEP Safe was effective in reducing substance use of foster girls as they entered middle school because it increased their prosocial behaviors and stabilized their foster placements.

Why Does KEEP Safe Work?

KEEP Safe appears to be effective in reducing substance use for two reasons. As shown in Figure 5, the program increased the prosocial behaviors of foster girls as they entered middle school and stabilized their foster placements. Overall, these findings suggest that providing preventive interventions for early adolescent girls in foster care can prevent risky behaviors.¹⁵

Figure 5. KEEP Safe Program Resulted in Better Social Skills and Fewer Placement Changes in Adolescent Girls in Foster Care



Note. * $p < .05$. Source: "Substance Use and Delinquency Among Middle School Girls in Foster Care: A Three-Year Follow-Up of a Randomized Controlled Trial," by H. K. Kim and L. D. Leve, 2011, *Journal of Consulting and Clinical Psychology*, 79, 740-750. doi: 10.1037/a0025949.

Summary

One research-based approach for helping maltreated and foster kids succeed is promoting the powerful socialization forces of functional family life.

When youth are taken out of their home, the challenge that policymakers face is supporting these vulnerable kids without breaking the bank. One research-based approach for helping maltreated and foster kids succeed is promoting the powerful socialization forces of functional family life. In all three of my programs, training and supporting parents reduced foster kids' behavior problems in schools and at home. Foster youth were also taught how to be responsible family members and friends. Together, behavior that was less problematic and more responsible improved the stability of kids' lives, reducing the downward cycle that often occurs when they are bounced from placement to placement.

The first program, Multidimensional Treatment Foster Care for foster parents, kinship parents, and birth parents, improved parenting skills in ways that decreased the number of behavior problems in seriously delinquent or mentally ill youth. At the same time, it increased the odds of placement stability and reunification with parents or relatives.

Similar results were found for KEEP (Keeping Foster Parents Trained and Supported), a less intensive approach that extended this parent-focused training to "regular" foster youth. Parents increased the proportion of positive reinforcement provided to youth, and youth exhibited fewer daily behavior problems. The effects were strongest for foster kids who needed it most—those who demonstrated more behavior problems.

This parent/caregiver-focused approach also worked when used to promote healthy adjustment and prevent substance use among early adolescent girls in foster care. In the KEEP Safe Intervention, the parent/caregiver training was supplemented by direct teaching and coaching of girls designed to increase their prosocial skills. KEEP Safe was effective in increasing prosocial skills and reducing placement disruptions.

The findings for KEEP and KEEP Safe suggest the value of a universal intervention that reaches all foster children, not just those at highest risk. One reason to provide universal treatments for foster parents is the number of lives they touch. For example, in the KEEP study, foster parents provided care for an average of 2.4 children and had an average of 13.4 previous child placements.¹⁶

In sum, over the 30 years that I have been involved in parenting programs to support foster youth, I have been impressed by the response from strong, tightly knit families. The parents in these families are willing to accept training and supervision because of their commitment to providing a positive family experience for some of society's most vulnerable children and youth.

Patricia Chamberlain is Science Director and Senior Researcher at the Oregon Social Learning Center. Over the last three decades, Dr. Chamberlain has been committed to improving the lives of children and youth in foster care by strengthening the parenting skills of their birth and foster parents. She founded the Multidimensional Treatment Foster Care, KEEP, and KEEP Safe programs, which are being widely implemented throughout the United States and in Europe. She has been the Principal Investigator on 8 randomized trials examining the effectiveness

of her family-focused approaches. Currently, she is conducting research on implementation—what it takes to integrate and scale-up research-based programs and practices to real-world agencies and systems. Her Multidimensional Treatment Foster Care (MTFC) Program was selected as 1 of 10 National Blueprint Programs for Violence Prevention by the U.S. Office of Juvenile Justice and Delinquency Prevention. In an independent analysis, for every \$1 spent on MTFC, taxpayers save more than \$17 in criminal justice and victim costs by the time youth are 25 years old. In 2013, Dr. Chamberlain was named a fellow of the Society for Prevention Research.

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Offsetting Toxic Stress by Training Parents of Infants and Young Children in Foster Care: The ABC Program Operating in 11 States

by Mary Dozier

Amy E. DuPont Chair of Child Development and
Director of Research, Early Learning Center, University of Delaware

Many children experience abuse and neglect, but infants and young children are at greatest risk for being maltreated. The effects of maltreatment are especially problematic for these youngest children. This chapter describes Attachment and Biobehavioral Catch-Up (ABC), a scalable and powerful parenting program that offsets the damaging effects of early toxic stress by training foster and birth parents to be more nurturing, less frightening, and more responsive to their child's cues. ABC increases parents' sensitivity and improves parents' attachment relationships with their children. Children in ABC were more likely to have secure attachments and less likely to have disorganized attachments than children in a comparison intervention. Also, in contrast to comparison children, ABC children showed better self-regulation and, remarkably, more normal production of a stress hormone, an effect that persisted three years after the program ended. When parents are trained to be sensitive and responsive, children demonstrate an impressive ability to catch-up physically, intellectually, and socially.

The annual price tag of child maltreatment is \$80 billion when estimates include the costs of crime, lost productivity, and medical and mental health services.¹ The financial costs of child maltreatment, mostly shouldered by taxpayers, and the human suffering it causes have prompted calls for more effective prevention and intervention. The children at greatest risk of being neglected and abused are infants and young children under 3 years of age. These early years of life are a critical window for identifying families at risk of abuse and/or neglect and providing a rapid, research-based response.²

Effective interventions for young children typically target parents or caregivers, rather than the children themselves.³ In humans, the prospects that the young will survive and develop depend on close and caring relationships with parents and adult members of the species.⁴ As famously put by Urie Bronfenbrenner, "It is families that are the most powerful, the most humane, and by far the most economical system known for building competence and character."^{5, p. 4}

Because infants and children are so dependent on adult relationships, children placed in foster care are at high risk of impaired development, given early experiences of maltreatment and changes in their primary caregivers.⁶ These experiences expose the child to toxic stress—stress that is strong, frequent, and prolonged. Toxic stress, when experienced without a caring adult, can physically

Effective interventions for children typically target parents or caregivers, rather than the children themselves.

Mary Dozier

When caregivers are available and responsive, children demonstrate an impressive ability to catch-up physically, intellectually, and socially.

damage the architecture of the brain in ways that alter the body's response to stress, and impair learning and problem solving.⁷

This chapter reviews our experience over the last two decades developing and evaluating an intervention that focuses on improving children's self-regulation and caregivers' attachment relationship with their children. When caregivers are available and responsive, children demonstrate an impressive ability to catch-up physically, intellectually, and socially.⁸ The chapter describes Attachment and Biobehavioral Catch-Up (ABC), a parenting program that changes children's biology and behavior.⁹ To date, ABC is operating in Delaware, Hawaii, Idaho, Kansas, Louisiana, Maryland, Minnesota, New York, North Carolina, Oklahoma, and Pennsylvania.

Why is it Important to Focus on Children's Relationships With Their Maltreating and Foster Parents?

The ABC intervention focuses on three parenting behaviors: (1) nurturance when children are distressed, (2) following children's lead when children are not distressed, and (3) behaving in non-frightening ways all of the time.

First, when children have experienced toxic stress, it is especially important that their parents are nurturing. Without nurturing care, such children have trouble organizing their attachment system. Attachment is a key, biologically based task that has been instrumental to survival over many generations. As an example, attachment serves to protect babies; even when babies learn to crawl or walk away from the parent, they return quickly when they feel threatened. When faced with threats such as illness, nighttime, or strangers, a baby is not likely to stray too far from a parent.¹⁰

Remarkably, the behaviors that babies show when they are distressed reflect the quality of their attachment to parents. Researchers can reliably assess attachment relationships by children's behavior during reunion with the caregiver. Children's attachment to a caregiver is considered *secure* if, upon reunion, children seek contact with the parent and are soothed by him or her. The attachment relationship is considered *avoidant* if the child turns away from or fails to look at the parent for reassurance. Examples of how *avoidant* attachments develop include a child falling off a chair and the parent not hugging the child, but saying "Look at the bird in the tree" or "You're a big boy. You don't need to cry." These responses send the message that the parent will not be available when the child is distressed. The attachment relationship is considered *resistant* if a child moves toward the parent, but acts fussy and cannot be soothed. In *resistant* relationships, children appear to want the contact yet, at the same time, resist it.¹¹

Some children show no consistent strategy at all or a breakdown in strategy, known as *disorganized attachment*. Disorganized attachment is more prevalent among foster and maltreated children, perhaps because they have experienced early toxic stress and it is harder for them to organize their attachment systems. Parents can seem frightening if they harm or threaten the child, or if they play in a way that

is threatening or that treats the child as frightening. In response, children may act confused, freeze, enter a trance-like state, be apprehensive of the parent, or display contradictory behaviors. Disorganized attachment places kids at greatest risk because it contributes to a number of later problems such as acting out, anxiety, depression, fighting, and substance use.^{12,13}

Just as important, a baby's behavior reliably influences the behavior of the caregiver. For example, when children seek out their parents when distressed and are readily soothed, parents are likely to provide nurturing care and continue to do so. When children turn away from parents and act as if they don't need them, parents are likely to assume that children don't need them. When children are resistant to parents, parents act fussy and irritable in response. Surprisingly, even very young children's behaviors elicit complementary behaviors from their parents. For parents to provide nurturing care, they must learn to respond to the real needs of children that underlie their behavior.¹⁴

Second, ABC focuses on another important aspect of the relationship between children and their maltreating and foster parents—how responsive parents are to children's behavior. When children have experienced toxic stress, they especially need parents who follow their lead by sensitively responding to their cues. When parents are able to follow their child's lead, children become better able to control their own behavior, emotions, and physiology.¹⁵

Third, ABC encourages paying attention to the emotions parents convey when they talk to their children. When parents come across as frightening, children are less able to organize their attachments and regulate their behavior and physiology.¹⁶

ABC is a manualized intervention for foster and high-risk birth parents of children 6 to 24 months of age.

How is ABC Designed to Work?

My colleagues and I developed, tested, and evaluated the ABC intervention for promoting organized and secure attachment relationships between high-risk infants and their parents, and for helping children develop the ability to self-regulate their physiology and behavior. ABC is a manualized intervention for both foster and high-risk birth parents of children 6 to 24 months of age.

Ten sessions are conducted in the parents' home so that parents can practice the new skills with the child, while being observed and gently guided by a parent coach. Sessions are videotaped for the purpose of providing feedback to parents and for ensuring that the program is implemented with fidelity.^{17,18}

What Core Concepts Does ABC Teach?

ABC is designed to address three important ways that children cope with disruptions in care. Parents are trained to:¹⁹

- (1) **Provide nurturing care**—Children who experience toxic stress at an early age sometimes fail to signal their needs clearly. In fact, children

may behave in ways that push parents away. It is difficult for parents to respond sensitively when children turn away or are difficult to soothe. In ABC, parents view videotapes of other parents and their own children to demonstrate how difficult it is to respond sensitively when a child's behavior suggests that they do not need reassurance.

- (2) **Follow the child's lead with delight**—When children are not distressed, it is important for parents to sensitively respond to children's behaviors. This is referred to as following the child's lead.^{20,21} In ABC, parents are videotaped during structured activities to help them learn to respond without being directive or controlling. Parents are given positive feedback to help improve their skills and to support feelings of competence.
- (3) **Not behave in frightening ways**—When parents' behavior is frightening, children are less able to organize their attachments and self-regulate. In ABC, parents are trained to avoid engaging in behaviors that might be threatening or intrusive. Frightening behaviors such as harsh discipline, threatening looks, and verbal threats are discussed. Also, videos show parents behaving in intrusive ways such as tickling or repeatedly putting a puppet in the child's face. Using video and "in the moment" feedback, parents are coached on recognizing and refraining from frightening and intrusive behaviors.

To develop these parenting skills, parents practice during the session and are given homework that includes practicing and taking notes of their own and their children's behavior. Videotapes are used to highlight parents' strengths and gently challenge their weaknesses. Parents' hard work in learning these skills is celebrated with video clips that show improvements in parenting behavior over time.^{22,23}

How Effective is ABC?

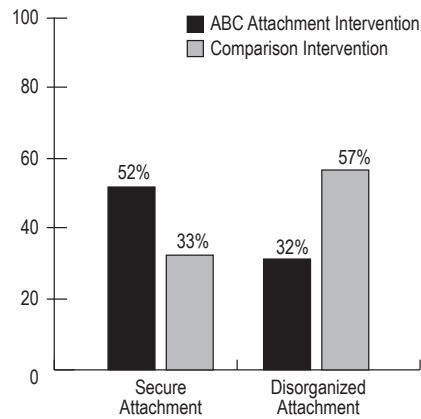
ABC has been evaluated for its effectiveness in training the parents of infants facing early, toxic stress. For example, one study included 113 parents who were referred by agencies working with Child Protective Services. Parents were referred because of high risk of maltreating their young children (e.g., child neglect, domestic violence, homelessness, substance use). All the parents were female, aged 16 to 47 years of age, and over two thirds had not completed high school (68%). The children ranged in age from 2 to 21 months old and were African American (61%), Biracial (20%), White/Hispanic (11%), and White/Non-Hispanic (8%).²⁴

This evaluation used a rigorous design that randomly assigned parents to either ABC or a comparison group. The comparison was an intervention for teaching language and learning, which was the same duration and frequency as ABC.

As shown in Figure 1, children in ABC were significantly more likely to have secure attachments (52%) than children in the comparison intervention (33%). Also, children in ABC were significantly less likely to exhibit disorganized attachments (32%) than those in the comparison intervention (57%).

Children in ABC were more likely to have secure attachments and less likely to exhibit disorganized attachments than comparison children.

Figure 1. The Effects of ABC Parent Training on Attachment Security and Organization



Source: "Enhancing Attachment Organization Among Maltreated Children: Results of a Randomized Clinical Trial," by K. Bernard, M. Dozier, J. Bick, E. Lewis-Morrarty, O. Lindhiem, and E. Carlson, 2012, *Child Development*, 83, 623-636. doi: 10.1111/j.1467-8624.2011.01712.x.

Another study focused on foster mothers, who were randomly assigned to ABC or a comparison intervention. ABC produced greater improvements in foster mothers' sensitivity—their ability to correctly interpret infant signals, select an appropriate response, and respond effectively. What this means is that ABC is able to improve sensitive caregiving, even among foster mothers, whose relationship with their infant is often temporary.²⁵

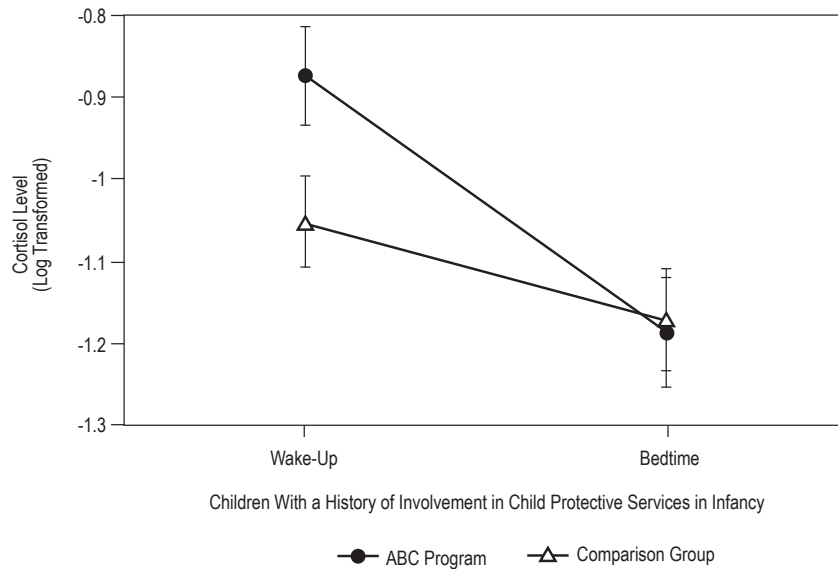
Children who are abused or neglected experience toxic stress, which changes the production of the steroid hormone, cortisol. In the study of attachment described above, we examined the effects of ABC on cortisol levels among infants involved with Child Protective Services. Parents of infants under age 2 were randomly assigned to ABC or a comparison intervention. Cortisol levels were assessed later during preschool when children were 3.8 to 5.8 years of age.

In humans, cortisol typically increases early in the morning, peaking about 30 minutes after waking, and declines during the day, reaching near-zero levels at night. As shown in Figure 2, at morning wake-up, cortisol levels of children in the ABC group were significantly higher and the slope (reduction) was significantly steeper than in the comparison group. Remarkably, these findings revealed that ABC produced improvements in how children's bodies deal with stress, an effect that persisted three years after the program ended. Thus, ABC may have long-lasting benefits for preventing problems in children's psychological and physical health.²⁶

ABC improved how children's bodies deal with stress, an effect that persisted three years after the program ended.

Mary Dozier

Figure 2. Biological Impacts of the ABC Parent Training



Adapted from "Intervention Effects on Diurnal Cortisol Rhythms of Child Protective Services–Referred Infants in Early Childhood: Preschool Follow-up Results of a Randomized Clinical Trial" (p. E6), by K. Bernard, C. E. Hostinar, and M. Dozier, 2014, *JAMA Pediatrics*, E1-E8. doi:10.1001/jamapediatrics.2014.2369. Adapted with permission.

Summary

Children who have experienced toxic stress have problems developing organized attachments, and self-regulating their behavior and physiology. It is critical that parents are nurturing (so children can develop organized attachments), and that parents follow children's lead (so children can develop adequate regulatory abilities). Yet, without help, high-risk parents are unlikely to provide such "therapeutic" parenting. ABC is designed to help parents provide nurturing, sensitive, non-frightening care.

ABC is a scalable and powerful parenting program that can offset the damaging effects of early toxic stress.

ABC is a scalable and powerful parenting program that can offset the damaging effects of early toxic stress by increasing parents' ability to be sensitive and nurturing. These benefits have been shown to last for at least three years and perhaps longer. When parents receive the intervention, their children are much more likely than they otherwise would be to develop secure, organized attachments. Children also develop better regulation of emotions, behaviors, and physiology that position them for later success in life.

The science on ABC's effectiveness is strong. ABC is listed in SAMSHA's National Child Traumatic Stress Network and the California Evidence-Based Clearinghouse for Child Welfare (with the highest rating for quality of evidence). Importantly, parents complete the program at high rates—73% of moms completing the full intervention in Philadelphia and 83% of families completing it in Hawaii. These are higher retention rates than is typical for programs that target parents at high risk of maltreating their children, such as substance-using mothers.

Specifically, the ABC intervention was effective in promoting organized and secure attachment relationships among a group of young children at risk of maltreatment, and in enhancing children's ability to regulate stress hormones, among other things. Given its effectiveness, ABC is now operating in 11 states. ABC includes a manual with training resources and supervision processes that allow it to be scaled up without being diluted. ABC is ready for "take up" in other states and municipalities. The beneficiaries will be some of society's youngest and most vulnerable members.

Professor Mary Dozier is the Amy E. DuPont Chair of Child Development and Director of Research for the Early Learning Center at the University of Delaware. For over two decades, her career has been devoted to understanding how early adversity and toxic stress disrupt infants' and young children's relationships with their parents and caregivers. Also, she has developed and evaluated a response known as Attachment and Biobehavioral Catch-Up (ABC). ABC is a scalable and powerful parenting program that offsets the damaging effects of early chronic stress by increasing responsive and nurturing behavior among foster and birth parents. In rigorous evaluations, this 10-week parenting intervention promotes organized and secure attachments, and improves self-regulation and the way children's bodies deal with stress. ABC is listed in SAMSHA's National Child Traumatic Stress Network and in the California Evidence-Based Clearinghouse for Child Welfare. ABC is now operating in 11 states and is being disseminated internationally. Dr. Dozier has published 117 scientific papers on understanding and improving parenting of infants and young children, and has raised \$22 million of grant funding to support her research. She has received the National Institute of Mental Health Innovation Award and the Bowlby-Ainsworth Award for Translational Research.

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THE FAMILY IMPACT GUIDE FOR POLICYMAKERS

Viewing Policies Through a Family Lens

- ▶ Most policymakers would not think of passing a bill without asking, “**What’s the economic impact?**”
- ▶ This guide encourages policymakers to ask, “**What is the impact of this policy on families?**” “**Would involving families result in more effective and efficient policies?**”

When economic questions arise, economists are routinely consulted for economic data and forecasts. When family questions arise, policymakers can turn to family scientists for data and forecasts to make evidence-informed decisions. The Family Impact Seminars developed this guide to highlight the importance of family impact and to bring the family impact lens to policy decisions.

WHY FAMILY IMPACT IS IMPORTANT TO POLICYMAKERS

Families are the most humane and economical way known for raising the next generation. Families financially support their members, and care for those who cannot always care for themselves—the elderly, frail, ill, and those with disabilities. Yet families can be harmed by stressful conditions—the inability to find a job, afford health insurance, secure quality child care, and send their kids to good schools. Innovative policymakers use research evidence to invest in family policies and programs that work, and to cut those that don’t. Keeping the family foundation strong today pays off tomorrow. Families are a cornerstone for raising responsible children who become caring, committed contributors in a strong democracy, and competent workers in a sound economy.¹

In polls, state legislative leaders endorsed families as a sure-fire vote winner.² Except for two weeks, family-oriented words appeared every week Congress was in session for over a decade; these mentions of *family* cut across gender and political party.³ The symbol of *family* appeals to common values that rise above politics and hold the potential to provide common ground. However, family considerations are not systematically addressed in the normal routines of policymaking.

HOW THE FAMILY IMPACT LENS HAS BENEFITED POLICY DECISIONS

- ▶ In one Midwestern state, using the family impact lens revealed differences in program eligibility depending upon marital status. For example, seniors were less apt to be eligible for the state’s prescription drug program if they were married than if they were unmarried but living together.
- ▶ In a rigorous cost-benefit analysis of 571 criminal justice programs, those most cost-beneficial in reducing future crime were targeted at juveniles. Of these, the five most cost-beneficial rehabilitation programs and the single most cost-beneficial prevention program were family-focused approaches.⁴
- ▶ For preventing youth substance use, programs that changed family dynamics were found to be, on average, over nine times more effective than programs that focused only on youth.⁵

QUESTIONS POLICYMAKERS CAN ASK TO BRING THE FAMILY IMPACT LENS TO POLICY DECISIONS:

- ▶ **How are families affected by the issue?**
- ▶ **In what ways, if any, do families contribute to the issue?**
- ▶ **Would involving families result in more effective and efficient policies?**

HOW POLICYMAKERS CAN EXAMINE FAMILY IMPACTS OF POLICY DECISIONS

Nearly all policy decisions have some effect on family life. Some decisions affect families directly (e.g., child support or long-term care), and some indirectly (e.g., corrections or jobs). The family impact discussion starters below can help policymakers figure out what those family impacts are and how family considerations can be taken into account, particularly as policies are being developed.

FAMILY IMPACT DISCUSSION STARTERS

How will the policy, program, or practice:

- ▶ **support rather than substitute for family members' responsibilities to one another?**
- ▶ **reinforce family members' commitment to each other and to the stability of the family unit?**
- ▶ **recognize the power and persistence of family ties, and promote healthy couple, marital, and parental relationships?**
- ▶ **acknowledge and respect the diversity of family life (e.g., different cultural, ethnic, racial, and religious backgrounds; various geographic locations and socioeconomic statuses; families with members who have special needs; and families at different stages of the life cycle)?**
- ▶ **engage and work in partnership with families?**

Ask for a full Family Impact Analysis

Some issues warrant a full family impact analysis to more deeply examine the intended and unintended consequences of policies on family well-being. To conduct an analysis, use the expertise of (1) family scientists who understand families and (2) policy analysts who understand the specifics of the issue.

- ▶ Family scientists in your state can be found at <http://www.familyimpactseminars.org>
- ▶ Policy analysts can be found on your staff, in the legislature's nonpartisan service agencies, at university policy schools, etc.

Apply the Results

Viewing issues through the family impact lens rarely results in overwhelming support for or opposition to a policy or program. Instead, it can identify how specific family types and particular family functions are affected. These results raise considerations that policymakers can use to make policy decisions that strengthen the many contributions families make for the benefit of their members and the good of society.

ADDITIONAL RESOURCES

Several family impact tools and procedures are available on the website of the Family Impact Institute at <http://www.familyimpactseminars.org>.

¹ Bogenschneider, K., & Corbett, T. J. (2010). Family policy: Becoming a field of inquiry and subfield of social policy [Family policy decade review]. *Journal of Marriage and Family*, 72, 783-803.

² State Legislative Leaders Foundation. (1995). *State legislative leaders: Keys to effective legislation for children and families*. Centerville, MA: Author.

³ Strach, P. (2007). *All in the family: The private roots of American public policy*. Stanford, CA: Stanford University Press.

⁴ Aos, S., Miller, M., & Drake, E. (2006). *Evidenced-based public policy options to reduce future prison construction, criminal justice costs, and crime rates*. Olympia: WA State Inst. for Public Policy.

⁵ Kumpfer, K. L. (1993, September). *Strengthening America's families: Promising parenting strategies for delinquency prevention—User's guide* (U.S. Department of Justice Publication No. NCJ140781). Washington, DC: Office of Juvenile Justice and Delinquency Prevention.

Using Research to Build Better Public Policy for Families

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