Strategies for Preventing Placement Disruption in Foster Care: 
Improving Family and Service System Level Outcomes

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The Problem: State child welfare systems remove children from their family homes to protect them, but in many cases fail to provide safe or stable care due, in part, to the frequency of placement disruptions triggered by child behavioral problems.

The Potential Solution: This paper describes a potential strategy for providing mental health services to children while in care through an intervention that simultaneously addresses both child behavioral problems and the goals of the non-specialty child welfare service sector.

In 2007, over 780,000 children were served in the foster care system nationally, an estimation which had held steady over the previous five years (USDHHS, 2008). Studies show that children in foster care are at high risk for myriad problems, including disproportionate rates of behavioral, emotional, and mental health disorders. These problems create significant challenges for their foster caregivers and increase the possibility of unstable placements, putting these children at risk for further psychopathology. Studies indicate that during any 12-month period, up to 50% of children in foster care disrupt from their placements and have to be moved to other homes or more restrictive settings (Smith, 2004). Such changes in placement are highly undesirable for many reasons: decreased likelihood of subsequent permanency for the child (Courtenay, 1995; Farmer, 1996), increased probability for the development of future mental health problems (Newton, Litrownik, & Landsverk, 2000), especially for the development and escalation of externalizing problems (National Survey of Child and Adolescent Well-being Research Group, 2003), and increased costs to the child welfare system.
Unfortunately, it is typical for the mental health needs of children in foster care to go unmet (Kerker & Dore, 2006) and for these unmet needs to have long-term negative consequences for children and for child welfare systems. A number of barriers to adequate care have been identified: lack of resources, lack of interventions designed to prevent the development or escalation of problems, over-burdened caseworkers, and over-burdened and under-informed foster caregivers (see Kerker & Dore, 2006 for a review of this literature). Within the context of an over-stressed child welfare system, one effective and potentially viable solution is to improve foster caregivers’ abilities to provide meaningful interventions and supports to the children who are placed with them. Training foster caregivers to serve as therapeutic agents of change shifts the characterization of foster care from a condition of maintenance to one of active intervention (Ruff, Blank, & Barnett, 1990; Kerker & Dore, 2006; Chamberlain et al., 2008). This shift capitalizes on an existing workforce that could be marshaled to help address the disparities faced by children in foster care. A key outcome of this effort would be to create increased stability and permanency for children in foster care, thereby reducing their risk for many subsequent mental and behavioral health problems.

One of the most frequently cited explanations for a failed foster placement is the inability of the foster caregivers to manage a child’s behavior problems (Brown & Bednar, 2006; Holland & Gorey, 2004). Scientific evidence supports this explanation, indicating a statistical link between behavior problems and changes in foster care placements. Within a sample of 246 children in foster and kinship care, Chamberlain, Price, Reid, Landsverk, Fisher, and Stoolmiller (2006) found that for each increase in
the number of behavior problems (above six) that were reported to occur within in a 24-hour period, there was a 25% increase in the risk for a negative change of placement within the next 12 months.

Compounding the challenges for foster caregivers in managing child behavior problems is the fact that most have the responsibility of caring for more than one child. There is evidence of a direct relationship between the number of children in a home and the number of behavior problems exhibited by the youth placed there. Moore, Osgood, Larzelere, and Chamberlain (1994) studied children in a family foster-care setting and found that, on average, there was one additional problem behavior per youth per day for each youth added to a home. These findings suggest that foster families who care for more than one child (which is the case for the majority of families) face the challenge of multiple children who may have elevated levels of behavior problems, thereby increasing burden and stress on foster caregivers, and, consequently, the risk for placement disruptions.

Mounting a preventive mental health intervention on a non-specialty service platform: On bringing an evidence-based parent management training approach in to the child welfare system

Fortunately, there is a solid and growing body of research supporting the effectiveness of several treatments in reducing rates and severity of child behavior problems, especially those utilizing versions of a Parent Management Training (PMT) model (Kazdin & Wassell, 2000; Patterson, 2005; Webster-Stratton, Reid, & Hammond, 2004). PMT interventions are based on numerous studies that have revealed developmental pathways to child and adolescent behavioral and emotional
problems to be strongly associated with ineffective parenting practices (Gelfand & Teti, 1990; Laub & Sampson, 1988; Loeber & Dishion, 1983). Therefore, it is logical that interventions focused on teaching and supporting more effective parenting methods have emerged as a mainstay of empirically-grounded prevention efforts.

Multidimensional Treatment Foster Care (MTFC) is one such approach specifically designed for use in foster family settings, and has been tested with youth displaying severe emotional and behavioral problems, including delinquency (Chamberlain & Reid, 1991; Chamberlain & Reid, 1994; Eddy & Chamberlain, 2000; Leve & Chamberlain, 2004; Chamberlain, Leve, & DeGarmo, 2007). Given that MTFC studies showed that foster parents could be trained and supported to enhance positive outcomes for even extremely challenging children and adolescents, a next logical step was to examine the feasibility of using components of the MTFC model to address the needs of foster caregivers housing children with more moderate behaviors. The goals of examining MTFC within this more typical foster care situation were a) increasing foster parent skills, b) reducing child behavior problems, and c) increasing placement stability and permanency.

A large-scale effectiveness trial was conducted in San Diego County in collaboration with the San Diego Department of Health and Human Services, the Child and Adolescent Services Research Center, and the Oregon Social Learning Center. The trial, which concluded in 2006, tested whether weekly foster parent groups focused on PMT/ MTFC principles could accomplish the three goals listed above. Seven hundred foster families receiving a new placement were randomized to KEEP (Keeping foster and kin caregivers skilled and supported, the PMT condition)
or control (case work services as usual). A main effect for decreased child behavior problems was observed in the KEEP but not in the control condition, and the effect was partially mediated by improved parenting skills, specifically higher rates of positive reinforcement relative to discipline in KEEP participants (Chamberlain, Price, Leve, Laurent, Landsverk, & Reid, 2008). Additionally, the results showed that the number of prior placements was predictive of placement disruption. Participation in KEEP increased the chances of reunification with biological family and mitigated the risk-enhancing effect of having a history of multiple placements. (For controls, each previous placement increased the probability of disruption by 15%, but number of previous placements was a non-significant predictor for KEEP participants).

The Nashville conference paper will discuss this solution as a potentially creative method to mount a parent-mediated, evidence-based approach directly on the service platform of the child welfare system. Typically, child welfare has a culture that thinks of safety and permanence as their direct responsibility, while viewing child well-being as achieved through referral to outside service sectors such as medical and mental health. For example, the Child and Family Service Reviews measure accountability in this area by tracking whether children experiencing threats to their well-being (mental health, etc.) are referred to outside service sectors. The solution proposed here is to actually mount the well-being intervention on the child welfare platform, simultaneously addressing the need for well-being and the more classic child welfare goals of safety and permanence.
References


National Survey of Child and Adolescent Well-being Research Group, 2003


