

## Episode 187 - Dr. Elizabeth Greeno, Mathew Uretsky, and Dr. Patricia Chamberlain: Findings from a Parenting Intervention for Foster and Kinship Families

[00:00:08] Welcome to in social work the podcast series of the University of Buffalo School of Social Work at W W W. In social work. Dot org. We're glad you could join us today. The purpose of social work is to engage practitioners and researchers and lifelong learning and to promote research to practice and practice research. We educate we connect. We care. We are in social work high from Buffalo. It's getting on to St. Patrick's Day around here and with a lot of Irish folks living in town. We are set for both the old neighborhood first ward parade and the valley as well as the big time St. Patrick's Day event downtown. A good time is guaranteed for all. I'm Peter Sobota. How do you improve the quality of life for foster children and their parents. In this episode our guests Dr. Elisabeth Greeno Matthew Uretsky and Dr. Patti Chamberlain discuss what they learned from their study of a parenting intervention for foster and kinship families. Specifically they wanted to understand what could be done to strengthen the confidence and skills of these families who are on the frontline of this part of the child welfare system. Here they describe a foster and kinship parenting training intervention called Keeping foster and kinship parents trained and supported or keep and their findings related to the program's impact on child externalizing behaviors parents stress and placement permanency Dr Elizabeth Greeno is an associate research professor at the University of Maryland School of Social Work. Dr. Greeno is research interests and area of expertise is centered on child welfare. Older Youth in Transition age youth in child welfare Perinatal Addiction.

[00:02:03] Evidence based practices parenting programs and the child welfare work force Matthew Uretsky is statistician and doctoral research fellow at the University of Maryland School of Social Work. He's been involved in a social service program development implementation and direct service both domestically and internationally. He has served as the program manager for the Maryland keep a training and support program for foster and kinship parents. Currently he is involved with the evidence to Success Initiative funded by the Annie Casey Foundation that focuses on the coding effect sizes and performing cost benefit analysis for evidence based programs at the Institute for Innovation and implementation. Dr. Patti Chamberlain Ph.D. is science director at the Oregon social learning center. And as interest in developing interventions for children and families she has conducted several studies on the treatment for Children Youth and Families in the child welfare juvenile justice and mental health systems she founded treatment foster care. Oregon and the keep intervention model. Dr. Chamberlain is a senior fellow at the Society for Prevention Research and was inducted into the first cohort of Society for Prevention Research Fellows. In 2013 our guests were interviewed by our own Dr. Annette Seman assistant professor here at the School of Social Work. The interview took place in January of 2016. We'd like to mention here that this episode contains some distortion that is due to technical problems we experienced while recording. Hello my name is and it's a mansion. JONES I'm an assistant professor at the University of Buffalo School of Social Work and I'm very excited to be here today with a team of folks that will be speaking about parenting intervention for foster and kinship families.

[00:04:05] I'm called Keep in how that was implemented in Maryland. And so I have with me here three folks Elizabeth Greeno Matthew Zaretsky and Dr. Petit Chamberland. So thank you all for being here. Welcome. Thank you. Thank you. So why don't we start by

explaining if you could just help us understand a little bit about the origins of the key program and then how it came to be in Maryland. This is Patty. We have been working for a number here at the Oregon social learning center working with kids that were having severe problems with delinquency and emotional and mental health problems and trying to find an alternative to incarceration residential care and group care for the kids. And so we came up with a model called Lopez about treatment. It's here it's now called treatment foster care organ. And in that model we did a number of studies and found that when we were made for kids that were having severe problems with delinquency we find these kids with families and then followed them up for a period of nine years. They had much better outcomes that were randomized to group care settings. And through that project we became and energized by how important it was the relationship between kids and foster parents. And we began to wonder if there were things that we could do to strengthen this an. You know a regular state support and foster parents so that he could be a better resource as a resource. I mean could we help her get placement disruptions which happens and then 50 percent of cases kids placed in foster care during that first year so could we provide placement disruptions.

[00:05:54] Could we decrease local and behavioral problems and trauma that they have gone through. And if so could we fell down the home and give the foster home good resources of dealing with the difficult problems that having that sort of motivation behind the key program. Great thanks. And perhaps Elizabeth Matthew can you explain how the key program came to Maryland. Yes. And this was the thinking. So we were looking for something exactly as Patty described that would work with our foster parent population in Maryland and then our treatment Foster population but foster parents who were licensed through the state and we went something that was going to help train them and give them parenting skills for kids who were displaying emotional behavioral difficulties as well as help with our retention at the time that we were working with Oregon and getting to come to Maryland. We had a fair number of folks who were foster parents leave and so we were out looking for something with the intention of if you trained folks and they're comfortable in their parenting skills and they're going to maintain their foster parent status and take on more kids into their home. Great. Excellent. Did you make any adaptations at all for the program to be implemented in Maryland. This is Matthew so this was a replication study. We were looking to see how that would work in a different environment over here in Baltimore in Maryland and across the state what can you tell us about what did you find as you implemented keep what did you find through your study and project.

[00:07:29] As far as outcomes for children or caregivers for the foster parents themselves as far as outcomes we looked. And again this is a replication. So we really study to determine what had he did in her earlier work and use some of the same measures we looked at really three main outcomes looking at the child behavior looking at parenting stress and looking at some permanency and retention outcomes for youth in care and then retention for foster families. So one thing that we found we used our Maryland keep group was our treatment group and we recruited a comparison group of foster and kinship families throughout the state of Maryland. And then compare them on these these outcomes and then one of the big takeaways we had was really the decrease in child behavior we use to measures for that one as a child behavioral checklist. Listeners are probably familiar with that scale. 139 have looks at different areas of child behavior. And then how do you didn't know if you one discuss what the PDR is. So it's part of the model and we find foster parents once a week. And we have about a five minute telephone interview that we call her daily report. We asked parents during the past 24 hours any of the following the higer problems occur and the simple things that are. Did your child argue with you. Were they didn't press just at the Penrith Panthers that he either happened or

didn't happen during the past 24 hours and then they say how stressful it was for them. So it could be that foster parents that have a lot of confidence and skills can have a child who argues with them so they would answer yes but then they can handle.

[00:09:12] So we're 23. Well you because you better better than to deal with Athwal literally have left when it happens and all kids have problems every day and all parents do. So we just want to make the parents feel more comfortable in dealing with typical kinds of problems. And so what we found something PDR was that our male and Keith group started out at a score about eight. So it's a 30 pace as the 30 went on and tactless and they started out as an 8 and then our comparison group started out a six point four and then post intervention. So we surveyed the foster parents and kinship parents about roughly about five months after the start of the Keet program that keep group went to a school or three. And the comparison group stated a score of six. So the keep Group declined significantly and the behaviors that the foster and kinship parents were seen and the comparison group didn't make any movement during the same time period. So we had that was the main takeaway and then we also looked at the child behavior checklist findings and the behavior checklist findings that you can convert the raw scores and sets the very levels of normal borderline and clinical and what we found there was there was not any difference for the comparison group from the baseline measure to post tests. But for our keep group they started out in the borderline levels on the total score and internalizing and at post-test went to normal scores for those two areas and then there externalizing score was a clinical baseline and then went to borderline at post-test.

[00:10:52] So we found this pretty tremendous impacts on child behavior from that training. One more thing to point out is the reason why the change in BBR is important has to do with some of these earlier work which demonstrated a threshold of around six behaviors where above which the likelihood of permanent fear was reduced. So having those scores crossed the threshold below 6 was meaningful in terms of what we might expect from the placements over time. Excellent. Great. Did you find anything significant or interesting related to parenting stress or retention or are you still looking at those. So we found some interesting findings on the parenting stress. One thing to note is both the parent has sorry we measured with a parenting stress index the short form and it was actually the third edition of that measure the teeth group was a 134 at both pre-test and post-test and the comparison group from a 149 to 146 from Praet. So they actually and that was physically significant. They actually increase. So we didn't find any difference in the group didn't go they didn't score any different based on the treatment. However both groups just one thing to mention were above the cut off of 90. So that PFI suggests that any score above 90 suggests some likely clinical impact of stress. So both groups were above that. But the comparison group did increase during that study time period. Okay that's an interesting that perhaps suggesting that foster parents in general experience increase stress perhaps. Right.

[00:12:30] And we were frankly a little surprised by this finding and really looked at some other literature that talks about why foster parent and kinship parents stress and there's a host of things that impact stress the foster kinship parents work life caregiving for their family feeling in part the treatment team and making decisions for their foster kinship child and then general social support social support from friends and family but also social support from the foster care agency. I can't say the other thing is that most often parents foster and kinship parent foster parents more than kinship parents will have other children placed in the home as well. So there's also some research that shows basically that the more kids you know place in the home the more likely you're going to have parenting stress which is logical and that's a really great point because for our population. So for

both the keep and the comparison group they had an average of something like two point two kids in the home and I would also want to add that I think the fact that the keep group parents didn't have an increase while the comparison group did could be seen as a win even maintenance sometimes is a win when you think about you know increasing stress over time that goes along with parenting. So seeing that they weren't exhibiting the same increases in stress over time I think is something that's worth celebrating. Right. You mentioned that there were a kinship and foster parents. That was true for both groups as well in your project. Yes actually for both groups that keep group actually at 35 percent of those who participated were kinship providers and then 31 per cent of our comparison group were content providers. Three projects were there certain behaviors that were higher priorities for the caregivers to address.

[00:14:22] So my role in the project started out as a facilitator and managing the program the way we started with the parents was really starting where they're just deciding what's it's not so much what behaviour they had but what behaviour is causing them stress and a lot of it was you know coming in from an outside perspective it's easy to think like these are the things we should intervene on if we have if we have a list of the behaviors that are going on in the home. But sometimes that is really surprising some of the tougher things that you might expect like soiling or things like that were not the immediate priority. It was like bedtime routines and morning routines which you know just getting people who've tried to prepare children for school can see how this could be a pretty significant problem when you're trying to get kids ready for school in the morning and it can get out of hand and that was probably one of the bigger requests was just figure out how to manage the times when the schedule created a condensed period of time where waiting and you know can a waiting out behaviour's wasn't an option. Okay great. Yeah I can see as a parent myself that those can be stressful times those transitional periods and so were you saying then that you are identifying what the caregivers were most interested in and then that's what the intervention focused on. Sure it's 16 week long intervention and from practice perspective the biggest first hurdle is just getting everybody to trust that this will work. People are investing a lot of time in it.

[00:15:50] So for me it didn't really matter what the behavior was it's what the parents were ready to invest their time in. And if you could get an early win then they were ready to try to address some of the tougher behaviors that they thought weren't going to move. So it's really the group process is extremely important in gauging parents and there's a lot of press that are going to wait it out and watch and see. They're not going to try things right away because they're going to wait and see how other parents react. So it's really about engagement and really starting with what concerns the parents about what might concern you as a worker in a different kind of environment. You're getting to my next question which is just your overall lessons that you felt you learned about the implementation of keep through this project. What were some of the significant lessons that you've learned. One of the things that surprised me right away that I didn't quite think I had a time but I probably should have is how important it was to model behavior all the way through. And that's one of the things that comes through in the training when we're being trained by the organization is with it in all levels you really have to model what you expect from the parents in the way that we react to the parents the way that we talk to the parents the way we provide services.

[00:16:57] So for example daycare we provide daycare and food for parents to have children at the same time we were there and we did take a lot of time and make sure that all of your providers were really modeling the same because we would expect the parents to model all around making sure that were being consistent in not only will we after the

parents but how we act with the parents and children I could talk a little bit about implementing Kabe in various settings. I mean we are wonderful partnership in Baltimore and the University of Maryland School so work was very committed to a project that they did high quality research to evaluate it. Since that time we've also implemented in the city of New York with five private agencies and there we trained existing casework staff to run the keep intervention. That was unless we bigger implementation we are over 2000 here in five private agencies using kivas. So there was a lot that we learned about scaling up the model and the importance of good communication that we had at the University of Maryland. And you know following through to provide the group leaders with weekly consultation and problem solving to help them run foreign groups to foster parents really wanted to be ones that were really meaningful in terms of the changes that they made that they keep making their skill level and their confidence level throughout the 16th session. Right now we're working in the state of Tennessee in 10 counties and Tennessee healthcare system is doing a sound job. So I think as we've moved along we're getting more and more confidence that needs to be scaled up by state systems and by private agencies.

[00:18:57] And the importance of really getting a solid team here like the team that we have in Baltimore to really see this project through from beginning to anything that you want to and no just that I think one of the big takeaways we had was just how this really did impact our foster care population. And that next up for us may be also involving some of our existing child welfare staff as you become involved with the program. And one of the things we did we train a pretty wide variety of folks in Maryland to provide those services and some were foster or kinship care providers and summer type care workers. One thing that I saw that would be meaningful to me was how engaged the workers were and that we had it right from early career people that in their 24 year and they really love the experience of being part of something that was really about improving outcomes for families. Problem solving. It was 100 percent about problems. They weren't involved with parents that were on their caseload. So there wasn't kind of double edged sword that comes of it when you're working with parents where you have dual responsibility and it may not always be a positive interaction with of course. They've really really loved being part of the program to sneak the feet of workers who were volunteering to do Saturday groups and can week Saturdays as they were wanting to do it. They felt that getting parents there and they were really love being part of a part of the program and really 100 percent parent problem solved. For me that was one of my favorite experiences of seeing that. So it sounds like this has been so you've trained casework staff and county agencies private agencies speaking to a social work audience. What do you think social workers or friends area to specifically meet some of the challenges that these families face through to keep model coming on and talking about that.

[00:20:49] I mean one of the things that happened in New York was that the social workers were told that caseworkers in the child welfare system were told by the system you're going to implement this law. So as you might imagine some people didn't like that they had sort of a negative reaction. It was like I already have too much to do. I can't do something now. Even though in New York it was accompanied by a caseload reduction. Other social workers responded exactly the opposite way by saying this is what I went to social work school for the really working flat line because previously in our role as a caseworker was to monitor the progress of the case but to refer out for parenting services for parenting skills or cancel classes. And here we changed that and they were actually providing those services. I think that the caseworkers who embraced it found it very satisfying but it's tough for everybody. Not everybody wants to get up in front of a group and you know run a foster parent group in Tennessee taking that lesson learn what we did

in Tennessee is we had all of the caseworkers participate in it to do a foundational training about kids so just more. What is key and that we allowed people to self select if they were interested in being a group leader. And then of course their supervisors had the final say who was selected as leaders.

[00:22:14] So I think that there is something about a quarantine people with the model and then seen if they feel like it's a good fit for them and then having them collaborate with their system to see who that just wants to bring forward and have the actual group leaders. Great. So starting with the Maryland folks I'm just wondering what the next steps might be. Are you continuing to use keep. Do you have next steps in line to follow up from this study that we've been talking about. Yes. We don't have to keep going on right now in Maryland but we are looking at next steps perhaps looking at some of the Pattie's work that she just mentioned doing in Tennessee in New York actually working with our frontline child welfare staff and bringing help to our local jurisdictions. And we're thinking that would help with our local child welfare agencies with sustainability keep in our system. Great. That's exciting. Are there any existing gaps that you see in the research that you think could contribute to improving these programs. Model Laikipia that could be for anyone. I really enjoyed being part of this and what I learned from it and one of extensions that is that we took was looking at change over time for children so that you mentioned the PBR the parent day report in a practice called weekly to check in with the parent and see how the beekeepers are changing over time and we integrate them into our research to see how behaviors change over time. If there were different that we could see at a time using based planning characteristics would be who would change over time and one of the things that we saw was that it was really the parents use of positive reinforcement.

[00:23:44] The discipline of baseline that was most related to change the most which parents reported the largest reductions in child behavior over time. The parents with the least favorable profiles the more disciplined and least amount of positive reinforcement they really saw the most impact from participating in the groups. And so what we saw was that everybody improved over time but there were some parents that were more primed for change the behavior. It really didn't matter. The profile of the behaviors at the time so that really kind of gave us a sense that this is really a parenting intervention and it doesn't matter how tough the kids are or what level of behavior the children are exhibiting over time. This is really about improving parenting behaviors and improving their ability to manage their behavior over time. And one of the things that I got really interested in is most people did read it but there were some people who didn't leave thinking about how can we get that left 10 percent. How did we get last 20 percent of people that aren't showing these improvements over time. How can we start to think about what types of support it would take to get parents and children over that threshold. For the people that are resistant to change just to take up on this I can this is Patty in Tennessee. One of the things pieces of research that we're doing that's related is as I mentioned before in Tennessee only some of the case workers are running the key groups. And so the Tennessee welfare system asks the question how do we get lessons or the material that he offers into his daily interactions that caseworkers have with parents.

[00:25:19] If we're talking about having parents to focus more on Providence's child behavior like math he was referring to. That's great to do it in the group and they have a whole practice assignment in the group. How can a caseworker carry that forward into the interactions that they're having with the parent or when it's setting whatever topic it is. And so we have an intervention that we're testing to see call our three which is the three R's reinforced the parents effort reinforce that parents relationship with the child and reinforce the next small step that the parent can make to improve that atmosphere. The child and

their home. So we're working on an experiment where we're looking at when we trained the caseworkers or caseworkers to use those three R's and every single interaction they have with the parents. Will we see even further improvements in the kit development over time. Great. This is really exciting I think you've already stated this in the beginning of her discussion. But when we look at things like child well-being in foster care placement stability in foster care so much of the literature points to this issue of challenging behaviors and so I think this is really exciting that you know the folks that are interacting most directly with the children on a day to day basis the foster parents are now expanding that to the caseworkers is really exciting. But I wanted to offer you just kind of this last point of what do you think are some of the implications. Anything that you haven't touched on that you think people should know about this model and why it's important in child welfare.

[00:27:00] I think one thing that isn't captured has been the research that is probably pretty important to think about is the traps gaffed in terms that can happen between parents and the system overall. And caseworkers and one of the qualitative kind of experiences I had are lessons I learned from being part of the groups and talked to the parents was that these were sometimes the best and most positive interactions that the parents had had with child welfare workers or people associated with the system. So this is also priming people to be better at relating to each other. And I think just that belief that the system and the workers and the characters that are participating in the system are there for the betterment of the relationship and child outcomes and parenting outcomes is really important and I don't think there's a way to over emphasize the individual impact that has on how people relate to their work and what that means for improving their outcomes over time. And the other last thoughts from Elizabeth there Patti and the impact on child welfare I think we talked about our research results and certainly what Patti also has not in the literature. The only other thing I want to add is the quality of life impacts that the training had on its foster and kinship parents who went through it. We did not do a next method study so I didn't do a qualitative portion but we did all of our baseline and post-test measures on the phones that we would call we would talk to parents and they were very happy you could tell the pride they had in going to the training and just how they would give examples of what they had learned in the training for Matthew and to their daily life.

[00:28:28] And as we've also already referenced that there are other children in their home. 100 percent of the foster parents who went to keep said that they would continue to go on and be foster parents and continue have kids in their home. And so this is really a program that has had a lot of impact on our system in Maryland. Excellent. Any other last thoughts that we didn't cover. How has that foster parents and kinship parents are in contact with kids. And I think that there's a lot that we can do and think about to improve the quality of care that kids get in working through foster care and in general I think we haven't paid enough attention to that group of people. And I think he demonstrated that with some forecasts can really improve quality of life of the. And hopefully of the kids in those homes. I feel like he has one now. You know that just demonstrates the great potential that we have to improve things for kids and families who are involved in the child welfare system which is probably one of the most stressful things that happen to family that I is something to look forward to to pay more attention to this group of people who care. It's an incredibly isolating experience to be a foster connected provider your peer group to meet and understand why you're doing it. You may not be able to really talk about it with other people because of confidentiality and having a place where they can be around people that are really kind of trying to do the same thing as them just in itself is a really good resource and it was really powerful for participants. Great.

[00:30:10] Well I want to just thank all of you again for joining us and for sharing the learnings from your project. I really appreciate your time and really enjoyed learning more about the keepe implementation in Maryland. So thank you all very much. Thank thank you. The Perenchio you've been listening to Dr. Elizabeth Greeno. Matthew Jarecki and Dr. Petty Chamberlain discussed parenting interventions for fostering kinship families in social work. Hi I'm Nancy Smith professor and dean of the University of Buffalo School of Social Work. Thanks for listening to our podcast. We look forward to your continued support of the series. For more information about who we are as a school our history our online and on the ground degree in continuing education programs we invite you to visit our Web site at [WWW dot social work dot Buffalo edu](http://WWW.socialwork.Buffalo.edu). And while you're there check out our technology and social work Research Center. You'll find it under the Community Resources menu.