

# RESEARCH TO PRACTICE



## Special Parents for Special Children

By Sue Steib



**Commendable Practice**



**Child Permanence**

**F**or the past seven years, Brad and Shannon Rhodes have shared their hearts and home with 10 special children—children whose behavioral and emotional difficulties could not be managed in regular foster care. With support from the Oregon Social Learning Center (OSLC) in Eugene, Oregon, these children have found stability, love, and a permanent placement.

Shannon describes the changes in the children as “amazing.” As they gradually develop new skills, their anxiety levels decrease, their excessive behaviors diminish, and a bond develops between the children and their new caregivers.

Shannon praises the supportive system established by OSLC. “We can call them anytime, even in the middle of the night. In fact, they would rather we call.” Daily contacts and weekly treatment foster parent meetings keep the parents, kids, and professional staff connected.

Some families might find that level of contact intrusive or time-consuming. But Shannon says, “I can’t imagine not doing it.”

### Responding to the Needs of Vulnerable Young Children

How much difference can a carefully structured therapeutic foster care program—one that provides multilevel supports for children in foster care, foster caregivers, and adoptive and birthfamilies—make in the lives of young children? OSLC is attempting to answer this question as it evaluates its program for preschoolers in foster care, Early Intervention Foster Care (EIFC). Preschoolers, who comprise about one-quarter of the nation’s foster care population, are especially vulnerable to the adverse emotional and developmental consequences of maltreatment and other negative environmental factors.

Operating since 1995, EIFC is an adaptation of the Multi-dimensional Treatment Foster Care model, an approach origi-

nally developed to treat chronically and seriously delinquent adolescents. EIFC is tailored to meet the unique needs of preschool-age children in foster care. Like other therapeutic foster care programs, EIFC engages foster parents as full members of the treatment team. It also provides a unique system of supports and interventions for foster parents, adoptive parents, and birthparents, and the children themselves.

Foster parents receive preservice training and ongoing consultation from clinical staff in weekly support group meetings, as well as daily telephone contact. They learn both parenting techniques to encourage positive behavior, and consistent, non-abusive limit-setting approaches to address problem behavior. Together, these skills appear to facilitate positive relationships between children in foster care and their caregivers, and prevent downward spirals of parent-child interaction that often occur among maltreated children. Crisis intervention is available to foster parents 24 hours a day, as well as respite care when needed.

EIFC also supports adoptive and birthfamilies with weekly counseling in parenting techniques and behavior management and supervision of court-mandated visits. Once the child returns to his or her birthfamily or is placed with an adoptive family, the program coordinates services and provides crisis intervention to support the child’s adjustment and stabilization.



Cynthia Heywood, a teacher in EIFC’s weekly therapeutic playgroup, works with the children while their foster parents attend support group meetings.

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For the child, EIFC provides individual therapy, social skills development, and management of psychiatric medications. A weekly therapeutic playgroup, which coincides with foster parent support group meetings, increases school readiness, exposing children to a structured environment and activities they will encounter in school.

## Evaluation

A pilot study in 1998 and 1999 provided preliminary evidence of EIFC's effectiveness. A randomized trial, funded by the National Institute of Mental Health, is now under way and includes 24 months of data collection on all children. Ultimately, the study will follow 180 children, ages 3–6, who have not begun first grade. The children are divided evenly among three groups: those in foster care randomly assigned to EIFC, a comparison group of children in foster care but not in EIFC, and a second comparison group of nonmaltreated children living with their birthfamilies.

An interesting component of the study is the analysis of saliva samples to determine levels of cortisol, a hormone linked to stress regulation. Cortisol typically peaks in the morning, but children in the foster care groups are more likely to have lower cortisol levels upon awakening. Children in the study who display these atypical patterns also appear to have more behavioral difficulties, sleep problems, and developmental delays.

Findings thus far suggest that, in addition to reducing problem behaviors and improving developmental outcomes, EIFC may facilitate increased regulation of the neurobiological system that controls cortisol production. In contrast, children in foster care but not in EIFC have shown no changes in levels of problem behavior, and a high percentage exhibit increasingly low morning cortisol levels, suggesting a decrease in their ability to regulate stress.

Findings to date have also shown that children in EIFC experience initial placement disruptions at about the same rate as the other foster children in the sample, but with an important difference—the EIFC disruptions tend to be planned and followed by greater stability in subsequent placements, whereas disruptions in the comparison group are more often unplanned and followed by multiple transitions.


Interestingly, EIFC children who experience placement transitions show no change in cortisol levels, whereas those in regular foster care show more atypical cortisol release patterns following transitions. This suggests it may be possible to buffer children from the stress of placement transitions if the transitions are carefully planned and represent a positive step for the child rather than a placement failure.

Researchers point out that these preliminary findings should not be interpreted as an indictment of regular foster care, which serves many children very well. They do argue, however, that higher levels of specialized services, such as those provided in EIFC, may be especially helpful for young children with very troubled histories, allowing them to experience positive changes in functioning and stability.

## Family Successes

The program's success is personified in the lives of the families it serves. Lorraine Slattery adopted her two grandchildren, whose birthparents are both incarcerated, in May 2002. Although the road they have traveled has been difficult, Lorraine is quick to acknowledge that “without [OSLC's] support, we would not be where we are today.”

Slattery became a single working parent when her grandchildren came to live with her after a year in another foster home. Now retired, she recalls, “I was overwhelmed with the emotional problems both children were experiencing, and I hadn't parented young children for a long time. The center was user friendly, and the caring staff offered us enormous transition support, flexibility, counseling services, parenting skills, and advice on how we all could best deal with fears about adoption.”

“My grandson has made a 180-degree turn in behavior!” Slattery reports proudly. Although many challenging issues lie before them, such as parent visitation, they are settling in as a family and adjusting to their new lives. 

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## Levels of Research, Program Outcomes

**WLA's Research to Practice (R2P) Initiative identifies well-researched, effective programs and practices that positively affect the lives of children, youth, families, and communities. R2P's goal is to support and promote successful methods. Each program or practice in the R2P initiative is supported by a research component. R2P uses four categories to describe the level of empirical support.**



### Exemplary Practice

Randomized study, control group, posttests or pre- and posttests, effects sustained for at least one year, multiple replications.



### Commendable Practice

Randomized or quasi-experimental study, a control or comparison group, posttests or pre- and posttests, follow up, replication.



### Emerging Practice

Quasi-experimental study, a correlational or ex post facto study, posttest only, single group pre- and posttest, comparison group.



### Innovative Practice

Case study, descriptive statistics only, treatment group only.

**The U.S. Department of Health and Human Services' (HHS) requires federally funded state child welfare services to undergo Child and Family Services Reviews (CFSRs) to assess state performance in three outcome areas, based on seven indicators. R2P rates each program as to which of the three outcome areas the program addresses:**



### Child Safety

- Protection of children from abuse and neglect
- Safe maintenance of children in their own homes whenever possible



### Child Permanence

- Permanency and stability in children's living situation
- Preservation and continuity of family relationships and connections



### Child and Family Well-Being

- Capacity of families to provide for children's needs
- Appropriate services to meet children's educational needs
- Adequate services to meet children's physical and mental health needs

**Depending on the outcome of the CFSR, the state may develop a Program Improvement Plan. By identifying related practices and programs that have been shown, through research, to be successful in these outcome areas, R2P seeks to help states improve their own programs.**

For more information on R2P and its levels of research, visit online at [www.cwla.org/programs/r2p](http://www.cwla.org/programs/r2p), or contact the R2P team by e-mail at [r2p@cwla.org](mailto:r2p@cwla.org)