

Evidence-Based Practice in Foster Parent Training and Support: Implications for Treatment Foster Care Providers Quick Reference Guide

*Developed by the Center for Advanced Studies at the University of Minnesota for the
Foster Family-based Treatment Association*

The *Evidence-Based Practice in Foster Parent Training and Support: Implications for Treatment Foster Care Providers* report is intended to assist Foster Family-based Treatment Association (FFTA) foster care agencies identify the most effective practices of foster parent training and support, as determined by the state of current empirical research. This report is based on a comprehensive review of published empirical literature conducted by the Center for Advanced Studies in Child Welfare (CASCW) at the University of Minnesota's School of Social Work. The report outlines models of foster parent training, including pre-service trainings, parenting programs for foster parents, specialized foster parent trainings, and alternate training modalities, as well as a variety of services that may support foster parents, including benefits (health insurance, service provision, and stipends), foster parent collaboration with agency staff and biological families, level of care, respite, support from agency workers and community members, support inventories, and integrated models of support and training.

The Quick Reference Guide provides a brief summary of findings from the full report. Included in this guide are key findings and tables outlining empirically-based relationships among evidence-based practices in foster parent training and support, and key child welfare outcomes. Descriptions of the various models of foster parent training and support, and a complete description of the scales utilized in rating the level of effectiveness of the various models are presented in the full text of the report.

Defining Evidence-Based Practice

It is important to think of EBP as a *process* of posing a question, searching for and evaluating the evidence, and applying the evidence within a client- or policy-specific context (Regehr, Stern, & Shlonsky, 2007). EBP blends current best evidence, community values and preferences, and agency, societal, and political considerations in order to establish programs and policies that are effective and contextualized (Gambrill, 2003, 2006; Gray, 2001).

The Quick reference guide assists practitioners with one important step in this process by outlining the effectiveness of various models of foster parent training and support. Two things are important to note: 1) because this guide relies solely on practices that have been documented in the peer-reviewed, published literature, some field practices may not be included, and 2) the effectiveness of models presented in this guide may not have been developed for, or tested in, all populations of foster care youth. Practitioners wishing to utilize one of the models in this guide should draw on their expertise to determine if a practice is appropriate for a given client and context.

Evidence-Based Practice in Foster Parent Training

Table A provides an overview of evidence based practices in foster parent training. The table gives the evidence-based rating for each model of foster parent training as well as empirically-based relationships among practices in foster parent training and key child welfare outcomes. For reference, the levels of EBP for given practice models reflect the following (CEBC, 2008e):

1 = Effective Practice: a practice which is well-supported by research that utilizes multiple site replication and random assignment of participants to control and treatment groups; the practice's intended effects (e.g., improvements in child behavior, parenting skills, etc.) have been sustained for at least one year.

2 = Efficacious Practice: a practice which is well-supported by research that utilizes random assignment of participants to control and treatment groups; the practice's intended effects have been sustained for at least six months.

3 = Promising Practice: a practice which is supported by research that utilizes non-randomized control and treatment groups; the intended effects of the practice have been demonstrated.

4 = Emerging Practice: a practice which is generally accepted in clinical practice as appropriate for use with children receiving services from child welfare or related systems and their parents/caregivers; no formal evaluations of the practice have been completed or the research base of this practice is descriptive or exploratory in nature (i.e., does not utilize control groups).

Table A. Outcomes of Evidence-Based Practices in Foster Parent Training

Evidence-Based Practice	Outcome												
	Level of EBP	Foster Parent							Foster Child				
		Satisfaction	Licensing	Retention	Attitudes	Stress	Confidence	Knowledge	Skills	Behavior	Mental Health	Delinquency	Placement Stability
1-2-3 Magic	2							X	X				
Attachment & Biobehavioral Catch-Up (ABC)	3								X				
Behaviorally-Oriented Training	4			X					X				
Caring for Infants with Substance Abuse	3						X	X					
Cognitive Behavioral Therapy (CBT)	4	X				X							
Communication & Conflict Resolution	3							X					
Early Childhood Developmental & Nutritional Training	4						X						
Family Resilience Project	4							X					
Foster Parent Skills Training Program (FPSTP)	3							X					
Incredible Years (IY)	1							X	X				
Keeping Foster Parents Trained & Supported (KEEP)	3							X	X				X
Multidimensional Treatment Foster Care (MTFC)	1	X							X		X		X
Multidimensional Treatment Foster Care - Preschool (MTFC-P)	2					X		X	X				X
NOVA	4		X									X	
NTU	4	X							X	X			
Nurturing Parenting Program (NPP)	3			X				X					
Parent Resources for Information, Development & Education (PRIDE)	4						X						
Parent-Child Interaction Therapy (PCIT)	1					X		X	X				
Parenting Wisely (PAW)	3						X	X	X				
Positive Parenting Program (PPP)	1					X	X	X	X				
Teaching Family Model (TFM)	3								X	X	X		X

*Note. Emerging practices which have not been linked to specific outcomes (i.e., MAPP, Preparing Foster Parents Own Children for the Fostering Experience, and STAFF) and training modalities are not included.

Overall, the review of research on foster parent training suggests that a variety of pre-service and in-service foster training programs (from which treatment foster care agencies may wish to draw) exist. These include general pre-service trainings, foster parent trainings in parenting, and specialized foster parent training programs, such as those for foster parents of infants with substance abuse effects, nutritional training for young children and infants, etc. Most of the trainings show promise in a traditional foster care population, while others have been developed for, and tested in, populations of children and youth that resemble those traditionally served in treatment foster care settings (i.e., MTFC, MTFC-P, Family Resilience Project, 1-2-3 Magic, IY, PCIT, etc.).

The training programs outlined in the report are most useful in creating positive changes in parenting knowledge, attitudes, self-efficacy, behaviors, skills, and to a lesser extent, child behaviors. Training programs that 1) incorporate many partners (teachers, foster parents, social workers, etc.) with clearly defined roles, and 2) are comprehensive in nature may be the best for addressing the complex training needs of treatment foster parents. Much like for the traditional foster care population, the use of effective training programs in TFC may lead to increased treatment foster parent satisfaction, licensing rates, retention, and placement stability and permanency for TFC youth.

Evidence-Based Practice in Foster Parent Support

Table B provides an overview of evidence based practices in foster parent services and supports. The table presents the evidence-based rating for each model of foster parent training as well as empirically-based relationships among evidence-based practices in foster parent support services and key child welfare outcomes.

The review of literature indicates that the provision of 1) benefits (such as health insurance and stipends), 2) opportunities for foster parent collaboration with agency staff and biological families, 3) interventions designed to make changing levels of care flow more smoothly, 4) respite, 5) social support, 6) inventories to assess needs and current sources of support, and 7) models of training which include an on-going support component are all current sources of support for foster parents. Specific models of support have been developed and have been tested in collaboration with foster and biological parents as well as in interventions that are designed to assist youth “step-down” from residential treatment centers to less restrictive levels of care, such as TFC. The results of these models show promise for their utility in a TFC population. However, there is currently a lack of specific models in the empirical literature developed to address other treatment foster provider support needs, including benefits (health insurance and stipends), collaboration between agencies and treatment foster parents in service planning, delivery of respite services, and the delivery and enhancement of social support services. Effective support services may help TFC agencies recruit and retain experienced, satisfied treatment care providers, and have positive effects on TFC youth outcomes.

Table B. Outcomes of Evidence-Based Practices in Foster Parent Support

Evidence-Based Practice	Outcome														
	Level of EBP	Foster Parent					Foster Child								
		Satisfaction	Resources	Retention	Stress	Skills	Attitudes	Behavior	Moral Development	Mental Health	Delinquency	Education	Service	Placement Stability	Restrictive
Co-Parenting	3					X	X								
Family-Centered Intensive Case Management (FCICM)	2					X	X								
Fostering Individualized Assistance Program (FIAP)	3						X			X			X		
Health Insurance	-	X	X									X			
Involvement in Service Planning	-	X		X											
Keeping Foster Parents Trained & Supported (KEEP)	3					X	X								X
Managed Care Service Provision	-											X			X
Multidimensional Treatment Foster Care (MTFC)	1	X					X			X					X
Multidimensional Treatment Foster Care-Preschool (MTFC-P)	2				X	X	X								X
Positive Peer Culture (PPC)	2					X	X	X		X					
Re-ED	4						X			X	X			X	
Respite	-	X			X										
Social Support	-	X	X	X		X	X								
Stipends	-			X									X		
Stop-Gap	3						X								
Wraparound	-				X	X	X		X		X			X	

*Note. Emerging practices which have not been linked to specific outcomes (i.e., Casey Foster Family Assessments, Ecosystemic Treatment Model, Family Reunification Project, Shared Family Foster Care, Shared Parenting, and STAFF) are not included.