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Parent Management Training, Relationships with Agency Staff, and Child Mental Health: Urban Foster Parents' Perspectives

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Children growing up in foster care have significant mental health concerns. Foster children have behavioral issues at least 2.5 times the rate of the general population (Burns et al., 2004), and between one-half to three-fourths of children entering care display behavioral or social difficulties (Burns et al., 2004; Heflinger, Simpkins, & Combs-Orme, 2000). Studies demonstrate that parent management training (PMT) can improve parenting skills and child behaviors (DeGarmo, Chamberlain, Leve, & Price, 2009; Levac, McCay, Merka, & Reddon-D'Arcy, 2008; Patterson, Mockford & Stewart-Brown, 2005), but few foster parents receive training in evidence-based practices to address these concerns, and the important role of foster parents is often overlooked (Pazstor, Hollinger, Inkelas, & Halfon, 2006). The child welfare system presents unique strengths as well as potential challenges to delivering evidence-based services to foster families. In particular, foster parents' perceptions about their foster children's needs and the specific content of behavioral parent training interventions might pose a barrier to the use of these interventions. Understanding foster parents' perceptions is critical to the success of efforts to develop and disseminate effective interventions. In this paper, we examine the opinions and perceptions of foster parents to inform the development of behavioral interventions for foster parents.

Background

While entry into the child welfare system increases access to mental health services (Burns et al., 2004; Farmer, Burns, Chapman, Philips, Angold, & Costello, 2001; Leslie, Hurlburt, James, Landsverk, Slymen, & Zhang, 2005), little evidence supports the mental health services that foster children typically receive. Recent studies suggest that children in long term foster care do not benefit from outpatient mental health services (Bellamy, Gopalan, & Traube, 2010) and that about a third of foster parents typically participate in services (Cantos & Gries, 2010). Although the use of evidence-based interventions that include parent participation is associated with more positive child behavioral outcomes than usual services (Landsverk, Burns, Stambaugh, & Reutz, 2009; Weisz, Jensen-Doss, & Hawley, 2006), these interventions are underused in child welfare or school settings (Horwitz, Chamberlain, Landsverk, & Mullican, 2010).

The consequences of untreated mental health issues are severe for many children in foster care. Behavioral challenges often lead to placement disruption (Aarons, James, Monn,

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Raghavan, Wells, & Leslie, 2010; James, Landsverk, & Slymen, 2004; Leathers, 2006; Newton, Litrownik, & Landsverk, 2000), and these disruptions are associated with increased behavior problems over time (Lewis, Dozier, Ackerman, & Supluveda-Kozakowski, 2007; Ryan & Testa, 2005). They also frequently fall behind their peers in educational outcomes. Multiple placement moves can lead to multiple changes in schools, which is also associated with increased behavior problems (Sullivan, Jones, & Mathiesen, 2010) and negatively impacts academic achievement (Altshuler, 2003; Courtney, Piliavin, Grogan-Kaylor, & Nesmith, 2001; Vacca, 2008; Zima, Bussing, Freeman, Yang, Belin, & Forness, 2000). Students in out-of-home care are placed in special educational at higher rates than non-fostered peers, and are more frequently disciplined in school (Scherr, 2007). Foster children also experience incarceration, high school drop-out, early parenting, unemployment, and homelessness at rates greater than the general population (Courtney et al., 2001; George, Bilaver, Lee, Needell, Brookhart, & Jackman, 2002; Kerman, Wildfire & Barth, 2002; Wertheimer, 2002).

Evidence supports the use of parent management training to address disruptive behaviors in foster children and increase parenting competencies (Chamberlain et al., 2008; Linares, Montalto, Li & Oza, 2006; McNeil, Herschell, Gurwlich & Mowrer, 2005; Nilsen, 2007), but more information is needed about how to engage foster families in parent training interventions. When parents are actively engaged in mental health services, children are more likely to benefit from the care they receive (Hoagwood, 2005; McKay & Bannon, 2004), and a number of factors can impact parent involvement in treatment such as socio-demographic factors, child behavior problems, times and locations of groups, concurrent family stressors, scheduling conflicts, social support, and parent beliefs that mental health treatments are ineffective (Dumas, Nissley-Tsiopinis, & Moreland, 2007; Harrison, McKay, & Bannon, 2004; Mendez, Carpenter, LaForett, & Cohen, 2009; Kemp, Marcenko, Hoagwood, & Vesneski, 2009).

Engagement of foster families in services might also be affected by factors such as foster parents' relationship with the child welfare system, which might either facilitate or impede engagement in services. The role of the foster parent is not always clear, and foster parents do not always receive the training, information, and support needed to address mental health issues in children (Denby, Rindfleisch, & Bean, 1999; Pasztor et al., 2006). Furthermore, foster parents report needing more information about children's histories or cases and feeling excluded from decision-making activities (Rhodes, Orme, & McSurdy, 2003; Pasztor et al., 2006; Daniel, 2011). Some also suggest challenges when their children have frequent contact with birth parents (Hudson & Levasseur, 2002; James, 2004). Reoccurring themes in qualitative studies with foster parents include their desire to be involved in planning for foster children's futures, to feel like a part of a team, and to be recognized for the difficult work they do (Brown & Calder, 2000; Hudson & Levasseur, 2002; MacGregor, Rodger, Cummings, & Leschied, 2006; Daniel, 2011). Staff availability and ability to support parents may have an important impact on parent engagement with services (Kemp, et al., 2009).

Furthermore, system-wide issues may impact caseworkers' abilities to support parents' use of evidence-based practices, affecting parent engagement in services. Child welfare workers are expected to serve a high number of families with complex needs, and a number of personal and organizational factors impact caseworker performance and retention, including large caseloads, overwhelming amounts of paperwork, low pay, negative agency climates due to a culture of fear, and unstable leadership (Ellett, Ellis, Westbrook, & Dews, 2007; Altman, 2008). Additionally, child welfare staff are held responsible for regulating the safety of the child, and their efforts may be perceived by foster parents as intrusive or antagonistic to foster parents' efforts to care for the child (Hudson & Levasseur, 2002; Leathers, Atkins, Spielfogel, McMeel, Wesley, & Davis, 2009).

Additionally, much of the research on parent management has been conducted with middle-class Caucasian families, and it is unknown whether these types of interventions are equally effective with minority populations (Kazdin, 1997), which are over-represented in foster care. Differences in parenting values may affect parent engagement in evidence-based services typically deemed useful with Caucasian populations (Assemany & Macintosh, 2002; Forehand & Kotchick, 1996). Given that children of color come into care at higher rates (Hill, 2007), remain in the system longer (Harris & Courtney, 2003), and are reunited at rates less than Caucasian children (Harris & Courtney, 2003; Wulczyn, 2004), it is particularly important that services are relevant to African American families. Fortunately, recent studies support the potential effectiveness of these interventions with diverse families. African American foster parents who received an adaptation of Patricia Chamberlain's KEEP intervention saw a decrease in their children's behavior problems compared to a control group of parents receiving usual services (Leathers, Spielfogel, McMeel, & Atkins, 2011). Furthermore, Chamberlain and colleagues (2008) conducted a large study of 700 foster parents and found no differences in effectiveness in reducing child problem behaviors among Caucasian, African American, and Hispanic parents.

Given the high need of the clients served by the child welfare system and the challenge agencies face when trying to find supportive homes for foster children, it is essential that foster parents are recognized as key service providers and that they receive adequate support and training to successfully perform their duties. Parent management training interventions potentially have a key role in helping parents address their foster children's needs, but little is known about how these interventions are perceived by foster parents. In this study, we were interested in understanding their perceptions of the specific elements of parent management training and their foster children's behavioral needs at home and in school. Additionally, we wanted to find out how to best engage foster parents in trainings given the sometimes antagonistic relationships with agency staff that have been described in the literature.

Methods

This study began as part of a pilot study that involved implementing an intervention for foster parents of specialized foster care children (see Leathers et al., 2009). The intervention was a synthesis of a foster home intervention using PMT (Chamberlain, 1996) and an academically-focused intervention developed in ongoing research in the Chicago Public Schools (Atkins Graczyk, Frasier, & Abdul-Alil, 2003). The original focus groups were held to obtain feedback from foster parents about the feasibility of providing the intervention to foster parents through groups at the child welfare agency or through home visits with the child's case manager or therapist. Additional focus groups were held as a part of a larger dissemination study to describe in more detail foster parents' perceptions of the specific elements of parent management training and their foster children's behavioral needs at home and in school. Participants ($N = 38$) were drawn from a single child welfare agency serving mainly urban children and families. Additional information about the choice of agency and agency characteristics can be found in Leathers et al, 2011.

The first focus group was a convenience sample of 9 parents who sat on a parent advisory committee, as written about in Leathers et al., 2009. The second group consisted of 6 foster parents caring for specialized foster care children between the ages of 4–12. The group was targeted specifically toward parents who were considered hard-to-engage in services by their case managers or considered by research staff to be unlikely to participate in the pilot research project based on initial lack of participation. We chose these criteria to ensure input from parents who were less engaged in services, as their responses might be particularly important for understanding how best to serve a range of foster families. The third and

fourth groups were a random sample of foster parents who had children with behavior problems between the ages of 4 and 13. The third group consisted of 14 parents and the fourth consisted of 9 foster parents. All focus groups occurred at the child welfare agency. The first two focus groups were led by the principal investigator (second author), and the final two were led by the project coordinator (first author), who had a master's in social work and attended the first two groups.

Recruitment methods varied among the groups. For the first group, an agency program director recruited parents via a newsletter that was sent to parents quarterly, but research staff was not informed of how many people received the newsletter. Everyone at the first group was also at the agency that day for an earlier meeting with the advisory council, so it was not clear whether they had come for the advisory council, the focus group, or both. The project coordinator was responsible for recruitment for the final three groups. Phone calls were made to foster parents, and when a parent indicated his or her intent to participate, they were sent a confirmation letter in the mail that included information about the groups, including the date, time, and location. Foster parents also received a reminder phone call the day before the group. For the hard to reach group, 14 parents were contacted and 6 attended. For the final two groups, 40 parents were contacted over the telephone. An additional 10 were called but contact was not made. Of those who were contacted, 22 came to one of the final two groups.

Parents who attended the first focus group received a \$40 gift card for their participation. The amount was raised after the first group in order to encourage participation, and subjects in the final three groups received \$70 gift cards. At the beginning of each group, parents completed a consent and demographic questionnaire, and received handouts with focus group questions and a list of the proposed weekly intervention topics. None of the parents in the groups had participated in the KEEP intervention previously.

Intervention topics included cooperation and encouragement, teaching children new behaviors, behavior charts and incentives, setting limits and timeout, discipline strategies such as privilege removal and work chores, routines and homework, how to structure homework time, school-home notes, power struggles, super-tough behaviors (e.g. lying, stealing, bedwetting, and sexual behaviors), and promoting positive peer relationships. Group questions included (1) Would foster parents find it helpful to receive more information on these topics? (2) Would you attend a group sponsored by the agency to cover the topics? Why or why not? (3) What would you add to or remove from the list? (4) Would foster parents be willing to receive this information in the form of handouts and video clips from case managers during regular home visits? (5) How about from agency therapists? (6) How much contact did parents have with schools and did parents want more support communicating with the school? (7) Any additional concerns?

Sample characteristics

Foster parents' demographic information is presented in Table 1. Their ages ranged from 31–73 years, with a mean 51 years. Thirty-one (81.6 %) were African American, 3 (7.91%) were Caucasian, 2 (5.3%) were Hispanic, and 1 (2.6%) was Asian. Women made up 78.9% of the groups. Eight (21%) of the parents had kin foster children, but two of those were a couple. Of the foster parents who participated, 2 couples came to the group. The rest of the 34 came without a partner. Foster parents had been fostering children for .58– 19 years ($M=7.14$ years). They had cared for 1–13 ($M=4.6$) children over the years. Of those, they had 0–13 ($M=1.95$) children who received a specialized rate. Parents had 0–8 children in their homes at the time of the focus group ($M=2.03$) and 0–8 biological or adopted children living either inside or outside their homes ($M=2.03$).

Data Analysis

All four focus groups were recorded and transcribed verbatim into word documents, imported into Atlas-ti as primary documents, and analyzed using grounded theory. Coders included masters and doctoral level research assistants who met in pairs to discuss coding issues. Individual coders then used open coding procedures and assigned each line a descriptive code without any restrictions. Coders met to review the codes they created and collaborated to make a final list of codes with definitions. The documents were then recoded using a final list. Data were sorted into sub-codes that indicated causal conditions, phenomena, context, intervening conditions, actions, strategies, and consequences. The codes were then grouped into broader umbrella categories, and researchers were able to analyze the connections and themes between responses (Strauss & Corbin, 1990).

Results

In this paper, we report on parent responses related to child behaviors in their homes and the support parents requested in order to address those behaviors. While a number of responses also related to foster parents' experiences with schools, we chose to focus this paper specifically on experiences at home due to the breadth of responses received. Four strong themes emerged from the data. First, foster parents discussed a need for support and training in how to address children's behaviors, but also had concerns that PMT discipline techniques would be ineffective based on their past experiences. Second, they described how staff communication skills and allegations of child abuse affected parents' motivation to continue fostering. Third, they expressed a need for more detailed information about the child's history and visits with biological families. They suggested that joint training of foster parents and staff could improve their ability to work together to address children's behavior problems. Finally, parents doubted the effectiveness of mental health services foster children received and felt therapists should include parents more in order to collaboratively address their children's acting out behaviors.

Foster parent need for training

Foster parents described a range of challenging child behaviors including lying, stealing, sexualized behaviors, and more dangerous behaviors such as fire-setting and using weapons in the foster home. They were interested in learning the best skills to address the behaviors, and reported that they were already using a number of the strategies proposed in the intervention. Some cited barriers to attending trainings or implementation of the strategies. They also made suggestions about preferred trainer characteristics.

Previous use of parenting strategies—Parents reported success using strategies similar to those suggested in the intervention such as encouragement, incentives, individual child time, privilege removal, and reading with children. The fact that these parents experienced favorable outcomes from the proposed strategies indicated that these skills may be helpful for informing other foster parents about the best ways to connect with and parent foster children.

It helped when I read books to her, and you know, sung, put a little songs on the radio, and let her listen to it...I learned how to deal with it by doing my own little creative thing.

I'm at home, so that's not the problem. We're gonna knock out the attention part. You're getting that. So my next thing is I buy books, and we read, we read together, and I play games.

He don't get rewarded cause he don't make good grades. He's disrespectful, he don't get rewarded. If he's respectful, I get him what he wants.

On the other hand, because parents received a list with the name of the strategies, but did not have descriptions of how they are applied in the intervention, parents may not have understood what the list referred to. Parents' descriptions of their experiences using some of the strategies unsuccessfully highlighted the importance of providing training for parents to deepen their understanding of the causes of their children's behaviors, as parents may have inadvertently reinforced negative behaviors. For example, parents mentioned that removing privileges for a week was ineffective because it punished the whole family. However, the privilege removal strategy as proposed in the intervention would encourage a smaller privilege removal, like taking away television or access to videogames for 30 minutes rather than grounding the child for a week. The point of privilege removal is not to give a severe punishment, but to keep it short so as not to exacerbate the situation. Also, smaller punishments are easier for parents to follow through with, and therefore encourage consistency in parenting (Chamberlain, 1996). Similarly, some did not think that timeout worked, but when they described the way they had used timeout, it was inconsistent with the strategy as described in the intervention. Parents also thought timeout may not be culturally relevant for African American families, as they saw African American parenting as more authoritarian. Simply asking the child to take a time out for a couple minutes did not seem like it would be effective.

Timeout don't work... You can put them in time out. When you take them out of time out... It give them time to think about what they gonna do and how they gonna do it even a little bit better.

Time out really doesn't work. I find it doesn't work. And it wouldn't work with me as a child. You know, put me in my room, let me read, I m in high heaven.

My daughter's on punishment more than she's off... You know, so it's like, it's like I'm trying to find a way to punish her without punishing me. Every way I go to punish her, in the end it's just punishing me.

Additionally, parents said that strategies they used with their own children did not necessarily work with foster children, demonstrating that parenting experience in general does not prepare one to become a foster parent. Many children with histories of abuse or neglect have experienced a high level of trauma, which also affects their ability form secure attachments and may cause them to act out in ways that inhibit bonding. For example, a child with a history of abuse may experience some sense of satisfaction from being scolded by a caregiver, as they may have learned to expect this type of interaction with a caregiver, whereas a child with a healthy parenting history would be more likely to try to avoid such punishments. Furthermore, because corporal punishment is prohibited among foster parents, the parents who did spank their biological children sought information about ways to discipline foster children without making physical contact.

I need, I need, I need to understand how to handle the behavior. You cannot hit them, you cannot punish them, so how do you handle someone that scream and howl if you just touch them and say do this?

When we were growing up, you can, your mama can spank us. If you do that to these kids, you go to jail and they take your kids out of the home. It's hard. It's hard.

Barriers to training—Parents also suggested limitations to their ability to learn and apply the techniques. They thought training once a month would be a reasonable commitment, but once a week would be too much. Considering the intervention was designed to be delivered

weekly with ongoing homework assignments and application in the home, parent responses may point to the challenges of training parents who have complex social situations. To maximize regular attendance at group trainings, parents recommended they be held in a convenient and safe location on nights or weekends (since many of them worked), and that childcare be provided. Because foster parents may have additional stressors including multiple children in the home, being students themselves, health concerns, or working full time, they requested strategies that did not take as much time to implement or did not always require them to be there, especially around homework time. They also supported the need for effective time management in order to address child behaviors.

How to structure homework time, cause everybody don't work, but the ones that do, with homework time, that's kind of like a struggle.

Foster parents, in order to deal with kids with behavioral problems, need to have trainings on organization skills themselves and also time management. Because for example, I used to work 10–12 hours and if I worked 10–12 hours, I don't feel like doing anybody's homework or helping them with homework.

Actually doing behavior charts ... I'm a working parent. Working parents don't always have a lot of time. And is it, there a easier way that you can chart uh your child's behavior? Especially when you have more than one child.

Staff Characteristics—Furthermore, parents preferred to learn the intervention from staff that they could relate to and that was open to hearing their experiences. They recommended that their children have workers who they would feel comfortable with, and suggested that African-American children feel more comfortable with African American staff. They did not specifically state a racial preference for service providers for themselves, but because parents suggested that African American families may have different needs or concerns than other racial groups, they thought it was likely that parents would also feel more comfortable with African American trainers. Parents also preferred to receive training and advice from staff that had children of their own, as they found it hard to take parenting advice from someone who was not a parent. As services are meant to empower parents to make the best choices for their families, a diverse child welfare staff could contribute to a feeling of openness, improve parent's level of trust, and assist in the ability to form positive working relationships.

We need to find more, I don't want to sound racist, cause I'm not, but they need black counselors to identify with a lot of issues... It would be more respect... You know, like she said, there's different issues. Different things that they can say that they can relate to.

The majority, like my licensing rep, none of 'em got no kids. Ain't never had any. Don't know how much this takes. To raise... and they young, and they come out, and they got attitude.

No, [caseworkers] don't need more training. They need kids.

Agency support issues and communication

Parents thought that in order for the intervention to be applied with success, they would need communication and support from agency staff. Specifically, they spoke about how communication skills, the manner in which children were warned of their rights, and fair investigations of allegations could enhance their ability to support children.

Communication with staff—The availability and interaction patterns of child welfare staff affects foster parents' abilities to support the children in their homes. Parents felt that

the amount and type of communication they had with child welfare staff was at times antagonistic to their efforts to help the child. Some reported difficulty contacting the case manager, or felt they had inconvenienced the case manager when they had a concern. Some also received inconsistent messages from staff about what was expected of them, or felt scrutinized for their efforts to support their children. These interactions further contributed to a sense of alienation and discord.

The workers don't wanna, they don't want to drive, they don't want to take enough time... I call em, I get this personal, where it's taking out of their time, so don't want to invest any time with the foster home.

A lot of these social workers, they come out, they nitpick with them. Like she said, trying to find out what's going on in your home. They want the child to say something bad. Boom! You got a write-up. Or you investigated. For something the child done said that is not even true.

Warning children of their rights—Similarly, foster parents felt the way in which children were informed of their rights, and in particular, telling children about which actions foster parents were prohibited from, undermined foster parents' authority and caused children to act out more. They suggested that the information children received about foster parent consequences for using discipline such as corporal punishment (and perhaps others not specifically described in the group), made them less likely to behave because they misinterpreted the information to mean that foster parents were not allowed to discipline. Parents were also concerned that the child welfare system tried to protect foster children from consequences when they thought they would actually benefit from having more boundaries around their behaviors. It was important for parents to be able to set limits in their homes in order to promote positive behaviors. When they felt that the child welfare professionals undermined their efforts, parents were discouraged.

They say, you can't hit me, you can't whoop me. You ain't my mama. You don't tell me what to do. So, if they putting this already in the child's head ... then of course they're going to do what they want to do and say what they want to say. And then that's when it becomes less and less foster parents.

The moment the agency told them, "You can't get no whooping, they can't do this, they can't do this," they got on. Soon as they told them, they started doing everything, cussing. "I ain't gonna do this," slamming, kicking.

I've been to the police station and once on surveillance camera a ward out there, put their kids up to steal, their kids actually up to steal, shoplift, and guess what? They don't charge them...But this child was actually out of control, so this child should of, something should have been done about this child when they was out of control.

Allegations—Similarly, about a third of participants said that they had been investigated for allegations of child abuse. Foster parents seemed to view these allegations as a form of disruptive behavior, suggesting that their children made up incidents of abuse to test boundaries or because they thought it would help them return home to their biological parents. Parents said that they lacked representation, and were particularly threatened by the criminal implications of the allegation, as it put their own families at risk. The way in which the investigation was handled created antagonistic relationships with the agency and also caused some parents to question whether to continue fostering children.

Two days after the mediation [with the biological parent], the first allegation was made. Because you're upset, you know, and [biological mother] coached my

daughter to say that we was beating her and that we told her if she tell anybody we gonna beat her again.

I was supposed to adopt one ... they said, "Well we don't know if we want her to adopt him now because she have allegations of hitting her kids." But this baby would lie, and he'll look you in your face and lie to you and he's only 6 years old.

So I think they need to have somebody in place that represent foster parents. Especially your good ones, you don't want to lose the good ones. Because the good ones gonna bring you some more good ones. So you really don't want to lose those cause it's too many kids out there with no place.

Collaboration and information sharing

Furthermore, foster parents made recommendations about how the agency could include parents as active team members. They suggested providing more information about the children's histories and about what occurred during visits with their biological families, as well as the use of joint meetings or trainings with staff so that all parties were on the same page about best practices with foster children.

Information about child history—Some of the more experienced foster parents knew to ask for information about a child's history before accepting a placement, but newer foster parents did not always know what to ask for. Parents were surprised by instances when a child was placed in their home with significant mental health needs that they did not know about prior to placement. It is possible that foster parents received written information that they had not read, but these comments demonstrate how a lack of communication between agency and foster parents could be detrimental to the stability of the child's placement. Therefore, agency staff could be more thorough and proactive in informing foster parents about the child's needs, discussing the children's histories with parents, reviewing how they can best address those needs before the child enters their home, and supporting parents in their efforts to support the child.

You have to be down on them caseworkers cause I done had four foster kids in my home and I would not get them unless I know what's they outcome. They give me they paperwork, what hospital they was born at, what's they name, and how they is, what's they health problems.

If the social worker would inform the foster parent and tell them the truth, then the foster parents would have the kids longer because at least ... they know what's going on.

Family visits—Additionally, foster parents were excluded from child visits with their biological families and felt uninformed about what occurred during the visits. They recognized the importance of visits with the child's biological family, but noted that the child's difficult behaviors increased around the time of visits. This was especially challenging for foster parents because they needed more information in order to effectively address behaviors that occurred before or after a visit.

Our child doesn't have major behavior problems but will have behavior problems in school after the visits. What I think the agency should do is they don't give us any information on the visits or everything's private. It would be a lot more helpful because how can you actually help a child in your home when you have no idea what's going on?

The caseworker will tell you, "When they're having their visits, that's none of your business. Don't ask them about they visits"

I used to have a child that go to her visits and when she come back, she mad at the world. She's mad, she tears up stuff, but we don't, we don't even ask them questions about their visits.

Why I think it's so important that the foster parents know a little bit more is because when they do get home, there's usually a struggle on how they're feeling, and then after 2 or 3 days she'll come up and say she, she's afraid, like the one time that she was gonna be taken out of our house. So if they would have told us, we could have helped her.

Joint staff training—For these reasons, parents suggested that agency staff participate in the trainings with them. They thought staff could equally benefit from learning PMT strategies, and also felt that children would benefit from receiving consistent messages about consequences for their behaviors from their foster parents, caseworkers, and therapists. Therefore, they saw joint training as a way to build stronger working relationships between foster parents and the agency, as well as stronger systems of support for their children.

If a support group were to be put together, the caseworkers need to be there.... And the therapists. Right, because if that's ... part of the missing link. We can talk to each other all day... But the issue is when it goes from us to the caseworker, us to the therapist and they're, you know, they re over here.

Mental health services

Similar issues arose around the individual therapeutic treatment children received. Foster parents were rarely, if ever, included in therapeutic services for the child. They wanted more information about progress in therapy, and questioned whether treatment ameliorated or worsened behaviors.

Therapy and information sharing—Most of the foster parents had children who attended weekly individual therapy through the child welfare agency. They reported difficulty connecting with the therapist, and were rarely informed of progress children made in therapy. Because foster parents were the spent the most amount of time with children, many preferred that the therapist made an effort to include them in the process.

So they take her to therapy, and I tried to talk to her therapist. She doesn't call me. I have to call her. I said, "Could you call me once in a while? Call me once in a while, let me know what's going on?"

Sometimes they [therapist] don't want to keep you as part of the equation. "Well this is between me and the child and the caseworker" It's like, well alright, the caseworker isn't here at night when the kid's hitting the window.

Effectiveness of services—Additionally, some foster parents were skeptical about the effectiveness of mental health services that their children received. They thought their child's difficult behaviors increased after therapy or that therapists were only playing with the children, suggesting that substantial progress was not being made. It is possible that therapists were using play therapy as a method of treating a child, but because parents were not informed about what was happening in therapy, they had concerns about whether their children were receiving treatment at all. Additionally, foster parents felt that increases in disruptive behavior after therapy that could have been addressed proactively with improved communication between agency staff and foster parents. They also had concerns about inconsistency of services related to staff turnover. For children who already had a number of disruptions in their lives, therapist turnover could cause an additional disruption in a relationship that the child may have seen as supportive, further affecting the child's ability to

form secure connections with people. Therefore, efforts to improve worker job stability could improve client engagement with services.

My foster child, when she go to therapy, baby, she come back up in there, it's like you have to do a whole program, like you got to push a button and reprogram.

It's not helpful. The therapist handle him for one hour, and they be nice cause they play with them, for one hour.

Um, he sees the therapist, but if he could just see one and keep, stop changing them. I mean, we had one, she was good, but after that one, we done had like 4 or 5 since he, it's just... you go therapy, you have to tell her what happened, then you gotta tell her, and then the next one. So I eventually tell them, please don't ask me, read the files.

Discussion

The successful implementation of evidence-based practices in child welfare depends on clients' and providers' perceptions of usefulness of the intervention, as well as organizational support (Aarons & Palinkas, 2007). In this study, foster parents expressed desire for more training to address disruptive behaviors, but they had concerns about whether the child welfare agency would support their use of parent management training. They described interactions with agency staff that were at times alienating or undermining, particularly when children made allegations of abuse or when incomplete information was provided on children's histories or visits with biological parents. Foster parents in this sample also reported little involvement in child mental health services and doubted the effectiveness of the child-focused mental health services their foster children received.

Similar to previous findings, foster parents in this study wanted to feel supported and have positive working relationships with agency staff (Brown & Calder, 2000; Hudson & Levasseur, 2002). These findings parallel those from research with birth parents, who also report the desire for more information sharing and collaboration (Altman, 2008). Interventions focused on addressing these issues with biological parents might also benefit foster parents. Models such as the Parent Empowerment Program (PEP) in New York attempt to address the importance of parent engagement in mental health services. PEP is an evidence-based program that incorporates the use of peer family mentors, training that targets the cultivation of working relationships among families and professionals, knowledge about evidence-based treatment for specific disorders, as well information about how to navigate the service system (Olin et al., 2010). An adaptation of this type of program for foster parents could potentially facilitate foster parent involvement in evidence-based interventions and improve outcomes for foster children.

Some of the foster parents believed that modifications should be made to the intervention to facilitate foster parent engagement. In particular, some parents in the groups recommended that training occur once a month due to foster parents' stressful life circumstances and busy schedules that could conflict with weekly training. Consistent with the literature (Mendez et al, 2009), many had multiple children in their homes with competing needs, some were working and in school, and others were concerned about their health. However, it is important to strike a balance between accommodating parents' needs and suggestions and maintaining the fidelity of the intervention. Additional research is needed to understand whether foster parents can benefit from monthly training as they do from a weekly intervention. Shortening the overall length of the intervention from 15 to 10 sessions might also address this concern, but again, it is essential to first understand the effects of this change on intervention outcomes. Alternatively, this finding suggests that it is important for intervention staff to proactively address attendance issues. Potential attendance problems

could be addressed by keeping in regular contact with group members to work through any barriers to their attendance, as well as making reminder phone calls about the days and times of the groups, positively reinforcing attendance at the groups, and being prepared to make up sessions with parents who miss. Offering child care and food at the groups may also provide an additional incentive to attend by creating a fun and comfortable environment in which parents can discuss parenting with other foster parents.

Foster parents also expressed concerns about foster children's visits with their biological families and the effects of visits on children's adaptation in their homes. Previous findings indicate a range of potential benefits and disadvantages to family visits in child welfare. While some studies suggest that visits with birth families can be disruptive (Hudson & Levasseur, 2002; Moyers, Farmer, & Lipscombe, 2006; Neil, Beek, & Schofield, 2003), there are clear advantages for children who have regular contact with parents, including improved well-being, fewer behavior problems, and improved chances of reunification (Cantos, Gries, & Slis, 1997; Davis, Landsverk, Newton, & Granger, 1996; McWey, Acock, & Porter, 2010). Visits also provide invaluable opportunities to coach biological parents in skills they may be lacking and strengthen collaborative relationships with foster parents. However, foster parents in this study reported that visits could be very emotionally disturbing for foster children and they struggled to bring children back to equilibrium after what they saw as a disruption in the work that they had done with the children to form a stable and trusting relationship.

A number of new interventions address best practices for family visits (Gerring, Kemp, & Marcenko, 2008; Mapp & Steinberg, 2007; Palmer, Maiter, & Manji, 2006; Poirer & Simard, 2006; Haight et al., 2002). Data from this paper further demonstrate the potential importance of improved collaboration and communication between biological and foster parents in order to lessen the stress that visits can cause for children. Perhaps this specific issue could be added to a parent management intervention for foster parents, and could include behavioral analysis of the antecedents, behaviors, and consequences (Kazdin, 2005; Linares et al., 2006) that occur with visits so that foster parents and birth parents are trained to work together in order to support the child while they are in care.

Furthermore, feedback from the groups suggested that African American foster parents may be interested in learning some of the skills that parent management training offers, but that cultural barriers may impact their receptivity to the intervention. Parents expressed the need for a culturally diverse staff, and suggested that African American trainers may be more effective with African American foster parents, as parents may be more receptive to the endorsement of PMT principles if it comes from someone who is culturally similar to them. Similarly, perhaps if parents in the group saw other African American foster parents using the strategies with success, they might be more willing to try the strategies with their own foster children.

Many parents also had questions about whether time out would work with black families. It is essential that trainers be prepared to discuss foster parent resistance and allow foster parents to express any concerns or barriers. Sometimes factors such as wording can be adjusted to meet the needs of different cultural groups. For example, it may not be the actual practice of asking a child to sit in a chair for 5 minutes that was not culturally relevant. To an African American parent, the term "time out" might sound like "Caucasian parenting" and lead to resistance, but perhaps use of another word to describe the practice or a deeper explanation of its potential relevance would help parents see its value.

Many parents in this study had used corporal punishment with their own children, consistent with findings that low income and African American parents are more likely to use corporal

punishment to discipline their children than other parents (Giles- Sims, Strauss, & Sugarman, 1995; Pinderhughes, Dodge, Bates, Pettit, & Zelli, 2000). Given some parents' reliance on corporal punishment, they felt that they had difficulty disciplining effectively without spanking, which sometimes led them to threaten child removal from their homes. Training in PMT could provide foster parents with greater knowledge of strategies that do not require physical punishment, thereby empowering them to effectively discipline their foster children within the confines of child welfare policies.

Finally, it was surprising and unfortunate that most foster parents had a low opinion of the mental health services their foster children received. They mentioned that their foster children's therapists used individual child play therapy, a primarily psychodynamic modality that can be effective for certain childhood problems (Phillips, 2010), but which is not an established evidence-based intervention for behavior problems. To address their children's disruptive behaviors, parents would benefit from services that have a behavioral component and directly involve parents in the child's treatment. The fact that no foster parent reported collaboration with the child's therapist suggests that the foster parents at the child welfare agency were less involved in mental health services than reported in previous samples (Cantos & Gries, 2010). As foster parents tend to report high levels of behavior problems at home and in school, it is critical that they receive training in evidence-based strategies to address these problems either through a group, as proposed in the current study, or through individual consultation with a mental health professional.

Limitations

There were a few limitations to this study. First, it reflected the perspectives of foster parents only and did not include the views of other members of the team responsible for the child. As parents mentioned, commitment from all members involved in child treatment, including case managers, therapists, and teachers would be necessary to effectively address the concerns mentioned in the focus groups. Therefore the opinions and concerns of agency staff would be an important addition to the conversation about how best to serve foster parents. Second, the study had a small sample size, although by the fourth focus group, issues had repeated themselves and few new themes emerged, suggesting that findings reached the point of data saturation. Additionally, this study focused on the perceptions of urban, primarily African American foster parents from a single child welfare agency. Foster parents from other demographic groups and different agencies might have very different perceptions. A final limitation was that parents had not actually participated in the intervention, and only received a list of the topics to be addressed in the group. Responses may have varied if they had completed the training. More research about parents' experiences after attending the training would be a helpful addition to the literature. Another study that sought feedback from urban parents after a parent training using the Incredible Years model found that parents frequently dropped out of trainings because of lack of time, conflicting schedules, and other life stressors (Gross, Julion, & Fogg, 2001). Parents in the current study said that they would attend the group, but also reported busy schedules and stressful life circumstances, so it is uncertain whether their participation would be affected by similar factors.

Conclusion

In conclusion, foster parents play a key role in maintaining the mental health of children while they are in foster care. Research demonstrates that PMT can effectively help parents improve parenting strategies and child behaviors, as well as decrease the likelihood of placement disruption in foster care (DeGarmo et al., 2009). It is worth noting that foster parents stayed to socialize after the focus groups, expressed appreciation for the opportunity to share their experiences with other foster parents, and said that they found the groups to be

very informative. While the focus groups were not intended as an intervention, parents' requests to continue the groups further demonstrated their desire for social support.

They also suggested that ongoing support and training is necessary to maintain the level of investment required of foster parents. Ideally, foster parents would understand the nature of the commitment they make before the agreeing to foster, as parents are often unprepared to meet the challenges that children bring into their foster homes. Thorough training, information-sharing, and construction of behavioral plans can help proactively address behaviors, thereby setting foster children and parents up to succeed. Furthermore, because change may take time for both children and foster parents, providing ongoing support groups and training could further strengthen the work that the child welfare agency does to support foster parents caring for children with significant behavioral concerns.

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Highlights

- Foster parent focus groups were held at an urban child welfare agency
- Parents were asked about their perceptions and usefulness of PMT
- Parents lacked training in how to address child behaviors
- Parents wanted to be included in mental health treatment of their children
- Parents recommended joint training with staff to better support foster families

Table 1

Foster Parent Demographic Information (N= 38)

<u>Variable</u>	<u>Mean (sd)</u>	<u>%</u>
<u>Age</u>	51 (9.81)	
<u>Gender</u>		
Male		21.1
Female		78.9
<u>Race</u>		
African American		81.6
Caucasian		7.91
Hispanic		5.3
Asian		2.6
<u>Education</u>		
8 th grade		2.6
Some high school		10.5
GED		2.6
High school		13.2
Community college		7.9
Some college		36.8
Bachelor's degree		15.8
Graduate degree		10.5