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The Placement History Chart: A Tool for Understanding the Longitudinal Pattern of Foster Children's Placements

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Abstract

Despite growing concerns about foster placement instability, little information is available regarding the longitudinal patterns of placement histories among foster children. The purpose of the present study was to develop a charting system using child welfare records to facilitate a better understanding of longitudinal patterns of placement history for 117 foster children. The resulting *Placement History Chart* included all placements that occurred during the observed time period and accounted for various dimensions: number, length, type, and sequence of placements; timing of transitions; and total time in out-of-home care. The Placement History Chart is an effective tool for placing foster care experiences within a broader developmental context. As such, the Placement History Chart can be a valuable research tool for understanding various dimensions and variations of placement transitions among foster children by capturing sequences and cumulative risks over time. Furthermore, this chart can facilitate the development of intervention programs that are developmentally sensitive and effectively address particularly vulnerable subpopulations of foster children.

Keywords

foster children; placement transitions; placement history chart; evaluation tool

1. Introduction

In 2010, approximately one million children received services from child protective services agencies including in-home and foster care services (U.S. Department of Health and Human Services, 2011), costing more than \$24.3 billion annually (Scarcella, Bess, Zielewski, Warner, & Geen, 2004). Out-of-home care in the U.S. child welfare system includes a variety of arrangements, including foster care, kinship care, and residential treatment (James, Landsverk, & Slymen, 2004). Although the goal is to return children safely to their birth families or to find alternative long-term or permanent placements within a few months, some placements may be very short-term (James et al., 2004). Despite increased efforts to

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improve placement stability for foster children, many children experience multiple placements, and some children appear to be particularly vulnerable to placement instability (Fisher, Kim, & Pears, 2009; McDonald, Bryson, & Poertner, 2006). Understanding variation in foster children's longitudinal placement patterns is critical for two reasons: identifying groups at risk for multiple placements and targeting the optimal timing for interventions to improve outcomes. However, there are challenges to characterizing multiple dimensions of each placement (e.g. timing, type, and duration of care). In the present study, the *Placement History Chart* was developed to account for such dimensions and to visually capture the longitudinal patterns of foster children's placement histories.

1.1. Multiple Placement Transitions

According to the Northwest Foster Care Alumni Study (Casey Family Programs, 2005), which included 1,609 foster children who were served in 23 communities across the United States between 1966 and 1998, only 18% had 3 or fewer placement transitions while in foster care; in contrast, 56% had 7 or more placement transitions, and 3% had 20 or more placement transitions. Placement changes occur for a variety of reasons, including a child's behavioral and emotional problems, unforeseen life events in foster families, or administrative or policy reasons in the child welfare system such as decisions to reunify siblings, closure of a foster home, or a lack of funding (Barth et al., 2007; James, 2004; Staff & Fein, 1995). Although many placement change decisions are made with a child's best interests in mind, any disruption in care can be potentially detrimental (James et al., 2004); in particular, greater numbers of transitions have negative cascading effects on children's adjustment (Fisher, Burraston, & Pears, 2005). Evidence has consistently suggested that the experience of multiple placement transitions negatively affects attachment to primary caregivers and significantly increases risk for psychopathology and other adjustment problems among foster children (Newton, Litrownik, & Landsverk, 2000; Stovall & Dozier, 1998; Webster, Barth, & Needell, 2000; Wulczyn, Kogan, & Harden, 2003). For instance, in a study of children in the National Survey of Child and Adolescent Well-Being, Rubin, O'Reilly, Luan, and Localio (2007) found a 36–63% increase in the risk of behavioral problems over the 18 months of the follow-up period in foster children who failed to achieve placement stability compared with those who achieved stability. Several researchers have documented that such negative impacts of multiple placement changes may influence key brain regions involved in self-regulation (Lewis, Dozier, Ackerman, & Sepulveda-Kozakowski, 2007; Pears, Bruce, Fisher, & Kim, 2010). Moreover, increased placement transitions appear to decrease a child's likelihood of successful reunification with biological parents or adoption and to increase the likelihood of subsequent foster placement instability (Fisher et al., 2005; Landsverk, Davis, Ganger, & Newton, 1996; Strijker, Knorth, & Knot-Dicksheit, 2008; Usher, Randolph, & Gogan, 1999). Taken together, these findings raise concerns about children's psychosocial and neurobiological adjustment and about economic costs resulting from placement instability (e.g., Price et al., 2008) and suggest an urgent need to address placement instability among foster children.

1.2. Understanding Longitudinal Patterns of Placement Transitions

Although placement instability has long been viewed as a serious concern by researchers and policymakers, little detailed information is available regarding the longitudinal patterns of foster children's placement histories (James et al., 2004; Webster et al., 2000; Wulczyn et al., 2003). Three studies of longitudinal trajectories of placements in which variations in placement trajectories were the main focus of the study are exceptions. Usher et al. (1999) introduced a descriptive method to track placements over time using 3-year longitudinal data on a cohort of 1,456 children in out-of-home care. In that study, placement type was represented by a one-letter code (e.g., F = foster home and R = relative home), and pathways between placements were represented by codes with two or more letters. This approach

allowed for the assessment of the number and type of placements. Usher et al. found that children initially placed with relatives generally had more stable experiences than children initially placed in foster homes. Although this approach provided a useful tool with which to examine placement histories, it was limited because it represented placements by number and type only and did not include information about other key dimensions.

Wulczyn et al. (2003) also considered multiple dimensions of foster care placements (e.g., number and duration) over time to identify subgroups of children who shared similar placement trajectories. They examined placement trajectories based on the number of placements in consecutive 6-month intervals. Using a mixture modeling approach, they identified four distinctive placement trajectories for foster children. In one trajectory (22% of the children), the likelihood of transitions was high initially, decreased after the first 6-month period, and then remained very low. In two other trajectory groups (15% and 12.6% of the children), the likelihood of transitions were relatively low initially, increased, and then decreased. In the last trajectory group (50.4% of the children), the likelihood of transitions was low initially, declined further, increased, and then decreased again.

Similar heterogeneity in longitudinal patterns of placement history was found by James et al. (2004). They examined patterns of placement histories along two major dimensions (i.e., timing and duration of the longest placement and degree of restrictiveness) using retrospective longitudinal data on 430 children who entered out-of-home care in San Diego County between May 1990 and October 1991 and remained in the care after 18 months (ages 1–16 years). They identified four common patterns: *early stability* (35.6%), *later stability* (28.6%), *variable* (16%), and *unstable* (19.8%). The early stability group included children who achieved placement stability within 45 days of entering out-of-home care, whereas the later stability group included children who achieved placement stability between 45 days and 9 months of entering out-of-home care. The other two groups were characterized by multiple transitions over time; for example, the unstable pattern group included children who experienced multiple placements, with no placement lasting longer than 9 months.

These three studies are noteworthy because they sought to describe and investigate longitudinal patterns of placement histories in quantitatively and qualitatively meaningful ways. Most of all, findings from these studies provide support for the argument that placement instability represented as an aggregate score of all placements is likely to obscure variability that is significant for subsequent outcomes (James et al., 2004; Webster et al., 2000). In fact, the number of placement transitions reported in many studies is often confined within a single episode in foster care without considering reentries into the foster care system or transitions from or into different systems (e.g., detention center; James et al., 2004; Rubin et al., 2009; Strijker et al., 2008; Usher et al., 1999), despite the fact that reunification with biological parents or attempts of a permanent placement fail in a substantial portion of cases (e.g., Barth, Weigensberg, Fisher, Fetrow, & Green, 2008; Fisher et al., 2005). Thus, in many studies, the number of placements represents episodic aspects of placement instability rather than cumulative placement trajectories over time. Additionally, not all state child welfare systems record all placement transitions during care in part because the field lacks agreement about what constitutes a placement (James et al., 2004; Strijker et al., 2008). Therefore, it is typical to have a gap in children's placement records, resulting in limited knowledge to effectively facilitate the development of intervention programs to promote placement stability and to reduce negative consequences due to placement instability. This suggests that the development of a system to document foster children's placement transitions is urgently needed to better understand longitudinal variation in placement trajectories.

1.3. Goals of the Current Study

Although researchers have identified certain placement dimensions that can affect outcomes for foster children (e.g., number, length, type, and sequence of placements, timing of transitions, and total time in out-of-home care), there have been few systematic attempts to document detailed longitudinal patterns of foster children's placement histories that account for all of these dimensions. Even in the studies reviewed above, not all of the placements were accounted for in the analyses. Cases with higher frequencies of placement transitions or certain types of placements (e.g., adoption, reunification with siblings, and emergency placements) were often eliminated from the analyses to reduce the number of idiosyncratic patterns and to identify a few common placement trajectories. Furthermore, none of the studies was designed to include children who experienced reunification failures; thus, the results do not detail the trajectories of children who moved in and out of the child welfare system over time.

In the present study, we developed a system to delineate foster children's complete placement histories. The Placement History Chart is designed to include all placements and changes that occur during an observed time period regardless of the length of each stay and to include various placement dimensions, allowing for the most detailed, continuous description of the longitudinal patterns of foster children's placement histories. (The reasons for placement changes were not included in the chart due to the lack of available information.) In the present study, complete placement histories were charted for 117 foster children from a community in the United States. The first goal of the study is to explain the technique. The second goal is to illustrate how the placement charts may be used to better understand patterns of placement in a sample of foster children. To illustrate and highlight the significance of the Placement History Chart, a few exemplary cases are presented in the following section.

2. Material and Methods

2.1. Participants

The data for the present study were taken from a larger randomized efficacy trial to evaluate the effectiveness of a preventive intervention designed to address key developmental and socioemotional needs for foster preschool children through maintaining a consistent foster home environment (Multidimensional Treatment Foster Care for Preschoolers; Fisher et al., 2005; Fisher, Ellis, & Chamberlain, 1999; Fisher, Gunnar, Chamberlain, & Reid, 2000). Because intervention outcomes were not addressed in the present study and because the children who received the intervention did not significantly differ in age, gender, or ethnicity at baseline from those who did not receive the intervention, treatment status was not considered in the present study. The study, which received approval from the relevant internal review board, included 3- to 5-year-old foster children who were entering a new foster placement: new to foster care, reentering foster care, and moving between foster placements. For the child to be eligible for the study, the current placement had to be a non-kinship placement and had to be expected to last for at least 3 months. The recruitment process began in 2000 and continued over approximately 4 years. To be successfully recruited into the study, the caseworker and foster family had to consent to the child's participation.

The mean age for the sample ($N = 117$) at baseline was 4.43 years ($SD = .85$). Boys made up 53.8 % ($n = 63$) of the sample. The ethnicity breakdown was 89% European American, 1% African American, 5% Latino, and 5% Native American. Prior to entering the study, the children had experienced four placements on average ($M = 3.74$, $SD = 2.25$), and 52 children (44%) had experienced four or more placements. Prior to the study, the children

had spent approximately 170 days in foster care (range = 17–860, $SD = 186.5$). Age at first placement ranged from birth to 6 years, with a mean of 3.4 years ($SD = 1.42$).

2.2. Placement Variables

Placement records were obtained for each child from the county branch of the Oregon Department of Human Services Child Welfare Division and were updated every 6 months for children whose cases in the foster care system remained open. These records list the beginning and ending dates for each placement and the placement type (e.g., emergency shelter, relative, nonrelative, group or institutional, and biological parent). In the present study, we used all placement data, starting with the first out-of-home placement (typically prior to the start of the study). Because the recruitment occurred over 4 years and the children entered the study at different ages, the years covered in the Placement History Charts for the present study vary across children. The Placement History Chart represents children's placement history records from birth through approximately 9 years of the study period.

2.3. Development of Placement History Chart

The x-axis of the chart represents time, thus indicating the age of the child and the length of time that the child spent in each placement. Each caregiver is assigned a unique color. Therefore, information on the number of unique caregivers and placements is easily derived. Placements above the x-axis indicate out-of-home placements; placements below the line indicate reunifications with the biological parents or adoptions. Thus, a change in placements from below to above the x-axis indicates reunification or permanent placement failures. Unlike other approaches introduced in the literature, the Placement History Chart accounts for all placements and setting changes, regardless of duration. As such, the number of placements in the present study reflects the number of all locations and living conditions for the child while involved with the child welfare system. The child was considered to be in a permanent placement if he/she was reunited with the biological parent(s) or was officially adopted.

3. Results

Use of the Placement History Chart revealed that the foster children's experiences varied greatly. The foster children experienced an average of 7 transitions (range = 1–24) from birth through the observed study period. Most children experienced multiple placement types, and the number of placements typically exceeded the number of unique caregivers. For example, some children experienced multiple placements but returned to the same caregiver when attempts for permanent placement failed; these children had fewer caregivers than their counterparts who had a new caregiver in each placement. On average, the children experienced 4.85 unique caregivers (range = 1–18). Many of the children (68.4%) experienced permanent placement failures and reentered out-of-home care during the study period. Of the 52 children who experienced reunification failures with their biological parents at least once, 23 experienced multiple reunification failures; 46 children experienced multiple permanent placement failures with biological parents, relatives, or nonrelative adoptive parents. The children achieved permanent placement at varying rates and spent varying amounts of time in each placement, which would have been quite difficult to illustrate with summary statistics. The mean variation in the duration of each placement was 231 days (range = 1–2731). The total time spent in out-of-home care before permanent placement ranged from 55 to 2988 days. Of the 104 children who achieved permanent placements across the study period, 26 did so less than 24 months, 31 did so between 25 and 48 months, and 47 did so more than 48 months after their first foster care placement.

To illustrate the charting method and the potential advantages of the Placement History Chart (compared to summary statistics), some exemplary patterns are presented in the following section. Future efforts might involve identifying common placement trajectories among the children; the present study was an attempt to simply test the feasibility of this method.

3.1. Successful Reunification With Biological Parents After a Foster Placement (Figure 1)

The first chart in Figure 1 (Child 1) indicates a successful reunification with a biological parent after only one foster placement. The child was placed in a foster home at age 4.3 years and was successfully reunited with a biological parent approximately 4 months later. The second chart in Figure 1 (Child 2) indicates a similar successful reunification with a biological parent after one foster placement, but this child was younger than Child 1 when first placed in foster care and spent considerably more time (21 months) in the foster home before being reunited with a biological parent.

3.2. Successful Permanent Placement After Foster Placement (Figure 1)

The remaining two children shown in Figure 1 were adopted by foster parents. Child 3 was first placed in a foster home at age 3.9 years. After about 2 weeks, this child was placed with another foster parent who adopted the child after a long-term placement. Note that the bar remained the same color to denote the same caregiver but was placed below the line when the placement became permanent. The child was almost 8 years old when the adoption was finalized. Similarly, Child 4 was first placed in a foster home at age 5.82 years. After spending 1 month with the first foster parent, the child moved to a second foster placement that lasted approximately 17 months and then moved to the third foster home, which became the adoptive placement.

3.3. Multiple Reunification Failures (Figure 2)

The children whose charts are shown in Figure 2 experienced reunification failures. Child 5 first entered foster care at about age 4 months. After spending 4 months in the first foster home, the child was reunited with a biological parent but was placed in a second foster home after 42 months. After just 2 days, the child was again reunited with the biological parent, but that reunification attempt failed after 8 months. The child was then placed in a third foster home for 1 month before moving to a fourth foster home. After 2 months, the child was reunited with the biological parent; this placement was maintained for more than 3 years before the child's case was officially closed.

Child 5 always went back to the same biological parent. Child 6, however, experienced reunification failures with both biological parents. This child entered foster care at age 4 years. Within the first 3 months in care, the child experienced three different foster placements before being placed with a biological relative. After 8 months, the child was reunited with the biological father. This placement lasted a little over 2 years, at which time the child was placed with the biological mother. This reunification attempt failed after 11 months, and the child was placed with a second biological relative, who eventually adopted the child.

3.4. Multiple Transitions With the Same Versus Different Caregivers (Figure 3)

The three charts depicted in Figure 3 illustrate the placement histories of children who experienced multiple transitions but who exhibited very different placement profiles. Child 7 was placed in foster care at age 18 months and was subsequently placed in seven different foster homes, one group home, and two different relative foster homes before being placed with the eighth set of foster parents, who later adopted the child. Most of the placements

were short-term (i.e., 2 weeks–22 months). When the adoption was finalized, the child was approximately 8 years old. Similarly, Child 8 experienced multiple transitions before being adopted by a biological relative. The child was first placed in foster care at age 30 months and was placed in eight different foster homes over the next 5 years. As is indicated in the figure, some placements lasted only 6–30 days. The child was eventually placed with the biological relative who had been one of the child's first placements. This relative adopted the child at approximately age 8.5 years.

Child 9 also experienced multiple transitions but usually returned to the same foster home. The child was first placed in foster care at age 8 months. After two foster placements (1 and 2.5 months), the child was reunited with the biological mother. Approximately 5 months later, the child returned to the second foster parent. After 19 months, the child was again reunited with the biological mother. After 20 months, the child returned to the second foster parent, who eventually adopted the child. Thus, Child 9 experienced multiple transitions but had fewer caregivers than the other two children.

4. Discussion

There has been a growing interest in placement instability among foster children (Fisher et al., 2005), and research findings have consistently indicated that placement instability is costly both to the children involved and to child welfare agencies (Rubin et al., 2009). Researchers in this area have noted the urgent need to identify distinct groups of children who are particularly vulnerable to instability in order to intervene and redirect these children's negative trajectories (James et al., 2004). The findings from the present study document the development and utilization of the Placement History Chart to characterize placement trajectories over time for children and families involved with the U.S. child welfare system. In this section, we describe specific applications for the Placement History Chart, including theoretical and clinical applications and practical utilities.

Most importantly, the Placement History Chart may be useful in delineating longitudinal patterns of foster children's placement instability. As illustrated in the figures, many of the children that we examined had experienced multiple placements, and their placement trajectories involved a complex range of dimensions. Thus, simple summary statistics (e.g., number or types of placements or duration of time spent in foster care) might not adequately document the varied trajectories of these children over time. The Placement History Chart accounts for a number of dimensions (e.g., type of placements, number of unique caregivers, placement durations, reunification or permanent placement failures, and reentry into foster care) and, thus, represents a mechanism for considering many aspects of placement transitions simultaneously and provides a more complete picture of placement instability in foster children.

Second, the Placement History Chart could be an important tool in generating hypotheses by allowing for the identification of trajectories that appear similar in terms of specific dimensions, such as frequency of moves. It also could allow for the identification of dissimilar trajectories among children who might otherwise appear similar (e.g., see Figure 3). Once these distinctive trajectory groups have been identified, they could be further validated using a number of different multivariate modeling techniques (e.g., growth mixture modeling), and various hypotheses could be developed and tested to examine the predictive values of risk factors for each trajectory group. For instance, perhaps a certain set of risk factors are predictive of one placement trajectory group but not of other groups. In addition, the different placement trajectory groups could be compared on outcomes of interest, including measures of psychosocial adjustment and economic costs. The Placement

History Chart could allow us to test differential outcomes that are specific to distinctive placement trajectories.

The Placement History Chart could also be useful from a clinical perspective by providing an effective way to place foster care experiences within a child's broader developmental context. Prior research findings indicate that the timing of placements, the total time in care, and the length of time in each placement affect outcomes for foster children (James et al., 2004). Additionally, the findings from recent developmental studies suggest that developmental factors, especially child age, influence foster children's adjustment (Fisher & Kim, 2007; Klee, Kronstadt, & Zlotnick, 1997; Stovall-McClough & Dozier, 2004). The results from these studies suggest that the timing of placement transitions have differential effects depending on the developmental stage at which they occur (Wulczyn et al., 2003). The children charted in Figure 1 would have had similar summary statistics if the number of placements only had been measured. However, using the Placement History Chart, the children's developmentally varying trajectories are made clearer by placing their placement experiences within a broader developmental context. This tool could allow us to identify specific linkages between placement transitions at each developmental stage and a child's long-term adjustment. This knowledge could facilitate the development of intervention programs that are developmentally sensitive.

The Placement History Chart could also serve as a useful format to describe various domains of foster children's placement trajectories in clinical settings. The charted data include detailed crucial information over time: number, length, type, and sequence of placements; timing of placements; total time in care; overall trajectory; and cumulative risks. Thus, the Placement History Chart could be used to identify particularly vulnerable subgroups of children and to guide treatment and intervention planning for these children. In addition, the Placement History Chart could serve as a valuable source of information about reunification attempts and failures. Given that approximately 30% of foster children who are reunited with their birth families reenter the system (Frame, Berrick, & Brodowski, 2000; Wulczyn et al., 2003) and that failed reunifications are often traumatic (Farmer, 1996), it is important to better understand children's trajectories before and after reunification failures. The two charts depicted in Figure 2 illustrate placement histories characterized by moves in and out of the foster system due to reunification failures, but the charted profiles were quite different. Child 5 was reunited with the same biological parent twice, whereas Child 6 was reunited with the biological father and then with the biological mother. Compared to Child 6, Child 5 also experienced more stability in placements with the biological parent, which might have been a factor contributing to the success of the final reunification attempt. By mapping out the histories of placements and reunification attempts and failures, it might be possible to isolate factors contributing to the success or failure of reunifications that could aid in developing interventions to increase the likelihood of successful reunifications.

Unlike previous studies that have been aimed at identifying common placement trajectories among foster children (James et al., 2004; Wulczyn et al., 2003), our study was aimed at developing a system to delineate the nature of all placements, including reunification failures and very short-term placements. The availability of a standardized tool to chart and measure placement stability for foster children would increase the accuracy of information about placement changes and facilitate communication within and across agencies. The Placement History Chart could be used to plan placement decisions and to monitor whether unstable placement trajectories become more consistent after the provision of certain services or intervention programs. The Chart could also be used as a tool to monitor aftercare services for children who were in foster care and to evaluate agencies' performance in working with specific children or subgroups of children.

It is worth noting that the Placement History Chart does not delineate the reasons for placement disruptions; such information was not always available in the children's placement records. However, the factors and mechanisms that lead to placement disruptions are potentially important in making decisions about subsequent placement arrangements for children or in developing preventive services to increase placement stability. This is especially true when the child's behavior is a factor in the placement disruption. Thus, it would be useful to develop a system for classifying reasons for placement changes that could potentially bolster the utility of the chart. Although the Placement History Chart is not completely comprehensive, it provides a glimpse of the complexity of placement instability in foster care. Relying solely on frequency or rates of placement changes might obscure factors important to the understanding of and provision of services to foster children. Improving placement stability requires efforts at multiple levels, but the first step is to obtain thorough information on placement histories for foster children. The Placement History Chart could help in establishing reliable pictures of placement stability and quality of care. This effort could help interrupt negative placement trajectories and help children achieve more positive placement and corresponding developmental trajectories.

Highlights

- Foster children often experience multiple placement transitions while in care.
- A charting system for longitudinal patterns of placement transitions was developed.
- The Placement History Chart accounts for various dimensions of placement transitions.
- The Placement History Chart is an effective way to capture sequences and cumulative developmental risk.

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References

- Barth RP, Lloyd EC, Green RL, James S, Leslie LK, Landsverk J. Predictors of placement moves among children with and without emotional and behavioral disorders. *Journal of Emotional and Behavioral Disorders*. 2007; 15:46–55.
- Barth RP, Weigensberg EC, Fisher PA, Fetrow B, Green RL. Reentry of elementary aged children following reunification from foster care. *Children and Youth Services Review*. 2008; 30:353–364. [PubMed: 21765570]
- Casey Family Programs. Improving family foster care: Findings from the Northwest Foster Care Alumni Study. Seattle, WA: Author; 2005.
- Farmer E. Family reunification with high risk children: Lessons from research. *Children and Youth Services Review*. 1996; 18:403–424.
- Fisher PA, Burraston B, Pears KC. The Early Intervention Foster Care program: Permanent placement outcomes from a randomized trial. *Child Maltreatment*. 2005; 10:61–71. [PubMed: 15611327]
- Fisher PA, Ellis BH, Chamberlain P. Early Intervention Foster Care: A model for preventing risk in young children who have been maltreated. *Children's Services: Social Policy, Research, and Practice*. 1999; 2:159–182.

- Fisher PA, Gunnar MR, Chamberlain P, Reid JB. Preventive intervention for maltreated preschoolers: Impact on children's behavior, neuroendocrine activity, and foster parent functioning. *Journal of the American Academy of Child and Adolescent Psychiatry*. 2000; 39:1356–1364. [PubMed: 11068890]
- Fisher PA, Gunnar M, Dozier M, Bruce J, Pears KC. Effects of a therapeutic intervention for foster children on behavior problems, caregiver attachment, and stress regulatory neural systems. *Annals of the New York Academy of Sciences*. 2006; 1094:215–225. [PubMed: 17347353]
- Fisher PA, Kim HK. Intervention effects on foster preschoolers' attachment-related behaviors from a randomized trial. *Prevention Science*. 2007; 8:161–170. [PubMed: 17340186]
- Fisher PA, Kim HK, Pears KC. Effects of Multidimensional Treatment Foster Care for Preschoolers (MTFC-P) on reducing permanent placement failures among children with placement instability. *Child and Youth Service Review*. 2009; 31:541–546.
- Frame L, Berrick JD, Brodowski ML. Understanding reentry to out-of-home care for reunited infants. *Child Welfare*. 2000; 79:339–369. [PubMed: 10925764]
- James S. Why do foster care placements disrupt? An investigation of reasons for placement change in foster care. *Social Service Review*. 2004; 78:601–627.
- James S, Landsverk J, Slymen DJ. Placement movement in out-of-home care: Patterns and predictors. *Children and Youth Services Review*. 2004; 26:185–206.
- Klee L, Kronstadt D, Zlotnick C. Foster care's youngest: A preliminary report. *American Journal of Orthopsychiatry*. 1997; 67:290–299. [PubMed: 9142362]
- Landsverk J, Davis I, Ganger W, Newton R. Impact of child psychosocial functioning on reunification from out-of-home placement. *Children and Youth Services Review*. 1996; 18:447–462.
- Lewis EE, Dozier M, Ackerman J, Sepulveda-Kozakowski S. The effect of placement instability on adopted children's inhibitory control abilities and oppositional behavior. *Developmental Psychology*. 2007; 43:1415–1427. [PubMed: 18020821]
- McDonald T, Bryson S, Poertner J. Balancing reunification and reentry goals. *Children and Youth Services Review*. 2006; 28:47–58.
- Newton R, Litrownik A, Landsverk J. Children and youth in foster care: Disentangling the relationship between problem behaviors and number of placements. *Child Abuse and Neglect*. 2000; 24:1363–1374. [PubMed: 11075702]
- Pears K, Bruce J, Fisher P, Kim H. Indiscriminate friendliness in maltreated foster children. *Child Maltreatment*. 2010; 15:64–75. [PubMed: 19502477]
- Price JM, Chamberlain P, Landsverk J, Reid J, Leve LD, Laurent H. Effects of a foster parent training intervention on placement changes of children in foster care. *Child Maltreatment*. 2008; 13:64–75. [PubMed: 18174349]
- Rubin DM, Alessandrini EA, Feudtner C, Mandell DS, Localio AR, Hadley T. Placement stability and mental health costs for children in foster care. *Pediatrics*. 2009; 113:1336–1341. [PubMed: 15121950]
- Rubin DM, O'Reilly AL, Luan X, Localio AR. The impact of placement stability on behavioral well-being for children in foster care. *Pediatrics*. 2007; 119:336–344. [PubMed: 17272624]
- Scarcella, CA.; Bess, R.; Zielewski, EH.; Warner, L.; Geen, R. The cost of protecting vulnerable children IV: How child welfare funding fared during the recession. Washington, DC: Urban Institute; 2004.
- Staff I, Fein E. Stability and change: Initial findings in a study of treatment foster care placements. *Children and Youth Services Review*. 1995; 17:379–389.
- Stovall KC, Dozier M. Infants in foster care: An attachment theory perspective. *Adoption Quarterly*. 1998; 2:55–88.
- Stovall-McClough KC, Dozier M. Forming attachments in foster care: Infant attachment behaviors during the first 2 months of placement. *Development and Psychopathology*. 2004; 16:253–271. [PubMed: 15487595]
- Strijker J, Knorth EJ, Knot-Dickscheit J. Placement history of foster children: A study of placement history and outcomes in long-term family foster care. *Child Welfare*. 2008; 87:107–124. [PubMed: 19402362]

- U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau. Child maltreatment 2010. 2011. Available from <http://www.acf.hhs.gov/programs/cb/pubs/cm10/cm10.pdf>
- Usher CL, Randolph KA, Gogan HC. Placement patterns in foster care. *Social Service Review*. 1999; 73:22–36.
- Webster D, Barth R, Needell B. Placement stability for children in out of home care: A longitudinal analysis. *Child Welfare*. 2000; 79:614–632. [PubMed: 11021350]
- Wulczyn F, Kogan J, Harden BJ. Placement stability and movement trajectories. *Social Service Review*. 2003; 76:212–236.

Figure 1.

Placement History Chart depicting successful permanent placements after foster placement(s). *Note.* Caregivers above the x-axis represent out-of-home placements, and caregivers below the x-axis represent attempted permanent placements. The permanent placement lines end when the case was closed.

Figure 2. Placement History Chart depicting reunification failures. *Note.* Caregivers above the x-axis represent out-of-home placements, and caregivers below the x-axis represent attempted permanent placements. The permanent placement lines end when the case was closed.

Figure 3. Placement History Chart depicting multiple transitions. *Note.* Caregivers above the x-axis represent out-of-home placements, and caregivers below the x-axis represent attempted permanent placements. The permanent placement lines end when the case was closed.