Published in final edited form as:

Child Youth Serv Rev. 2012 September 1; 34(9): . doi:10.1016/j.chilgyouth.2012.05.017.

Promoting Relationship Building and Connection: Adapting an Evidence-Based Parenting Program for Families Involved in the Child Welfare System

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Abstract

The high needs of youth involved in the child welfare system and the poor long-term outcomes of former foster youth represent a significant systemic challenge. As part of a process to adapt an evidence-based parenting program for a child welfare population, we conducted a series of focus groups with child welfare staff, foster caregivers, and young adults who were involved in the foster system as teens. From these focus groups we learned that, although there is a need for evidence-based parenting programs for families involved in the child welfare setting, one of the significant barriers to program implementation is the lack of meaningful connection between caregivers and youth in their care. We will provide an in-depth discussion on the proposed adaptations to make Staying Connected more relevant for foster families, including the addition of skills training to help overcome some of the barriers to connection. Staying Connected holds the promise of cultivating more supportive home environments that have the capacity to nurture youths' healthy development, including the avoidance of high-risk behaviors.

Keywords

evidence-based; adaptation; foster care; parenting; adolescence; child welfare

"A lot of us want the things that you want to give us and be a parent to us, and we want those things. We might be scared, but that doesn't mean we don't want it. And there has to be trust in that relationship. There just has to be. I mean we're not all that bad. We've just been through a lot of crap, so we don't take anymore crap, you know,."

-Focus Group young adult participant

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1. Introduction

In the United States, over a half million children are in out-of-home foster care. About 25% of these youth are placed in foster care when they are age 14 or older. Nearly half of these youth are placed in non-relative foster care with foster caregivers recruited in the community and licensed and trained by state child welfare agencies (Child Welfare Information Gateway, 2009). It has been well documented that foster youth face considerable challenges both in care and once they have aged out of the child welfare system. Research has shown that foster youth are at increased risk of drug and alcohol use, early pregnancy, and involvement in the criminal justice system (Courtney & Dworsky, 2006; Pilowsky & Wu, 2006). In addition to facing heightened high-risk behaviors, foster youth have endured disruptive early life experiences, frequent placement disruptions, and separation from their siblings (Casey Family Services, 2001). More recently, Pecora, White, Jackson & Wiggins (2009) found that adults who had been in foster care for one year or longer experienced over 7 times the rate of drug dependence and nearly twice the rate of alcohol dependence than the general population. In addition to a greater likelihood of exhibiting high-risk behaviors, there is evidence that foster youth engage in these behaviors at a much earlier age. For instance, Courtney, Dworsky, Ruth, Keller, Havlicek & Bost (2005) found that male system-involved youth engaged in earlier sexual behavior and had more sexual partners than the general population of adolescent men that participated in the national AddHealth Study. Another nationally representative study of U.S. adolescents found a higher prevalence of substance use initiation, smoking, early sexual activity, violence, and depression, and a four-fold increased likelihood of attempted suicide in the previous 12 months among adolescents involved with foster care compared to those never placed in foster care (Pilowsky & Wu, 2006).

At the heart of many of the challenges that foster children and youth face are failed relationships and multiple traumatic disruptions. Therefore, it is critical that interventions should focus on understanding and supporting secure and functional caregiver relationships (Rubin & Noonan, 2010). The effective training and support of foster parents is one critical element in addressing some of the significant challenges in the child welfare system including facilitating greater placement stability (Cooley & Petren, 2011). For example, a study looking at foster parents' well-being, satisfaction, and intention to continue to provide out-of-home care found that training was significantly predictive of foster caregiver well-being (Whenan, Oxlad & Lushington, 2009). Reported factors influencing level of satisfaction include training, level of need of foster children, and support and communication with caseworkers (Denby & Rindfleisch, 1996).

Foster parents, however, may not be receiving necessary training to develop the skills to meet the multidimensional and developmental needs of vulnerable youth in the child welfare system (Dorsey et al., 2008). There is evidence to suggest that foster parents need support in attaining basic parenting skills, especially with respect to parenting teens that have a history of abuse, neglect, emotional, or behavior problems. For example, foster parents often display similar levels of harsh discipline as biological parents (Linares, Montalto, Rosbruch, & Li, 2006), and there is a shortage of adapted parenting programs to support more positive parenting approaches (Linares, Montalto, Li, & Oza, 2006). Studies have found that foster caregivers experience stress, anxiety, and depression related to challenges associated with their role as a foster parent (Cole & Eamon, 2007; Farmer, Lipscombe, & Moyers, 2005; Whenan, et al. 2009; Wilson, Sinclair, & Gibbs, 2000). This strain is a concern, because, even at low levels, it has been negatively associated with the quality of foster care providers' parenting, their ability to fulfill their caregiving tasks, and higher rates of placement disruption (Cole & Eamon, 2007; Farmer et al., 2005; Whenan et al., 2009). Kinship care providers may experience added stressors given that they have been found to receive less

training, support, and resources in comparison to non-kin foster parents, and are often called upon to serve in times of family crisis with little time to prepare (Berrick & Barth, 1994; Coakley, Cuddeback, Buehler, & Cox, 2007; Fuller-Thomson & Minkler, 2000). Despite the mandate to provide parenting programs to foster parents, little has been done to adopt and implement evidence-based parenting programs within the child welfare system (Barth et al., 2005).

Although the importance of positive connections between foster youth and trusted and caring adults has been well-documented (Ahrens, Richardson, Lozano, Fan, & DuBois, 2008; Osgood, Foster, & Courtney, 2010), there has been limited inquiry into the relationships between non-behaviorally challenged foster youth and their caregivers. A recent qualitative study by Rauktis, Fusco, Cahalane, Kierston Bennet, & Reinhert (2011), chronicled that out-of-home foster care placements could be described as “low in warmth and emotional connections” (p.1231) and that youth in their sample simply wanted to be treated like “regular kids” (p.1232). Rauktis, Vides de Andrade, Doucette, McDonough & Reinhart (2005) found that seriously emotionally or behaviorally challenged youth who had experienced 3 or more placement disruptions, had more serious behavioral or emotional diagnoses, and were from a different cultural or ethnic background than their foster parents had more strained therapeutic alliances or relationships with their foster parents. Having biological children in the home did not appear to negatively impact these relationships. Southerland and colleagues (2009) also put forth that positive relationships between therapeutic treatment providers/foster parents and youth are critical for achieving emotional and behavioral treatment outcomes for seriously emotionally disturbed youth in out of home placements. Coakley and colleagues (2007) documented that the following factors can impede successful fostering: strained relations with the birth family, poor discipline strategies, lack of resources, and the inability to deal with children’s emotional, behavioral, and physical problems. Dissolution of foster care placements were attributed to the youth being perceived as a danger to the family; the child’s inability to adapt to the home; and the foster parents’ difficulty in handling the foster child/youth’s behavior. Lastly, Brown, St. Arnault, George, & Sitzel (2009) found that one of the challenges that parents identified concerned the necessity to learn about the child and his or her cultural upbringing and avoid “pre-judging” the child/youth. Despite the fact that foster parents face considerable challenges “parenting” adolescent foster youth in their care, there is a dearth of evidence-based parenting programs in child welfare settings (Aarons & Palinkas, 2007), especially for foster families caring for non-behaviorally or emotionally challenged teens.

The relatively few tested and effective programs for foster youth and their families include Multi-Systemic Family Therapy (Henggler, Mihalic, Rone, Thomas & Timmons-Mitchell, 1998), Functional Family Therapy (Alexander, et al., 1998), and Multidimensional Treatment Foster Care (MTFC) (Chamberlain & Mihalic, 1998). Price and colleagues (2008) found that a foster care parenting program, project KEEP, built on the foundation of the MultiDimensional Treatment Foster Care model, increased the chances of parent/child reunification and decreased youth’s risk associated with multiple placements. Further, Chamberlin and colleagues (2008) have found a strong relationship between foster parenting interventions, foster placement stability, and decreased risk factors for youth indicating a possible diffusion of benefits for parenting interventions with child welfare involved families.

While these programs demonstrate great promise, they are expensive with a cost per family ranging from \$2,500 to \$27,300 (Aos, Lieb, Mayfield, Miller & Pennucci, 2004; Chamberlain & Mihalic, 1998). This is 9 to 99 times the cost of providing *Staying Connected with Your Teen* (Staying Connected) the adaptation of which is the focus of this study (Haggerty, MacKenzie, Skinner, Harachi, & Catalano, 2006). Additionally, these more

intensive programs take extra coordination and administration by caseworkers, making them cumbersome to implement, and they can place considerable time demands on foster caregivers. For example, project KEEP requires foster parents to attend 16, 90-minute sessions for families with 5- to 12-year-old children. Though the program has demonstrated effects in increasing foster parenting skills and reducing problem behaviors among foster youth (Chamberlain et al., 2008), there are multiple barriers to attending such intensive parenting programs. This paper details the first step in testing the feasibility of adapting Staying Connected to provide state caseworkers a lower cost, easy to implement foster family intervention aimed at preventing risk behaviors among foster youth. The program is not intended for teens with severe behavioral problems and if the adaptations prove to be feasible, it has the potential to fill an important service gap.

The purpose of this paper is to report on the assessment phase of our study that identifies the substantive adaptations and augmentations necessary to adapt an evidence-based parenting program for families involved in child welfare settings.¹ Additionally, we report on the supports and barriers that may impede or facilitate the implementation of an evidence-based parenting program with families involved in the child welfare system. Specifically this study assessed: Staying Connected with Your Teen, an evidence-based parenting program providing families with tools to support the healthy development of their adolescent children, including avoiding high-risk behaviors. The current study is particularly innovative in that it couples a theoretical model of behavior development inherent in the social development model (Catalano & Hawkins, 1996) with Wingood & DiClemente's (2008) ADAPT-ITT process (both of which will be discussed in the following section) for adapting evidence-based programs in social service settings.

The purpose of this paper is not to engage in the “fidelity-adaptation” tension prevalent in the prevention science literature. We have chosen to join scholars Castro, Barrera, & Martinez (2004), who assert that both fidelity and adaptation “are essential elements of prevention intervention program design and they are best addressed by a planned, organized and systemic approach” (p.41). A later stage of this research project includes a randomized controlled trial to determine the efficacy of the adapted program within a child welfare-involved population.

Despite the fact that foster youth face considerable risks both while in the child welfare system and upon their emancipation, and the apparent challenges caregivers face when parenting teens, there has been limited inquiry into the implementation or adaptation of evidence-based programs for families involved in the foster care system. Clearly, foster youth are a population in need of strengths-based prevention programming to facilitate their healthy development and transition into adulthood. This study seeks to address these gaps in the literature by addressing the following research questions:

1. What supports and barriers exist in adapting and augmenting an evidence-based, prevention-based parenting program like *Staying Connected with Your Teen* into the foster care system?
2. What adaptations need to be made to make this program salient to foster youth and their families?

¹Throughout this paper this term includes formal and informal foster parents and relative caregivers. It does not include biological parents.

1.2. Theory

1.2.1 What is Staying Connected with Your Teen?—Staying Connected is an evidence-based, self-administered, prevention-focused parenting program providing families with tools to support their adolescent children in avoiding high-risk behaviors. By strengthening family connections and functioning, this prevention program has been found to reduce teens' initiation into substance abuse, risky sexual behavior, and violence (Haggerty, Skinner, MacKenzie, & Catalano, 2007). Staying Connected was theoretically guided by the social development model (SDM), which incorporates notions of social control theory (Hirschi, 1969), social learning theory (Bandura, 1989), and differential association theory (Matsueda, 1982, 1988; Sutherland, 1973). The SDM "posits that bonding to prosocial groups and individuals and clear standards are protective factors that inhibit the development of problem behaviors" (Hawkins et al., 2008, pg. 179). It is hypothesized that an individual's behavior will be prosocial or antisocial depending on the predominant behaviors, norms, and values held by those to whom the individual is connected, in this instance their family unit.

This theoretical framework is especially evident in Staying Connected's emphasis on the development of skills that can facilitate a more positive connection between an adolescent and his/her caregivers, and thus contribute to the young adult's healthy development, including a decrease in high-risk behaviors. These tools include exercises to promote adolescents' meaningful contributions to the family unit, recognition for their involvement, and the nurturing of the development of teens' internal competencies (e.g. communication, refusal skills, and problem solving). In essence, the program features everyday strategies designed to provide teens with opportunities to contribute to their families, to acquire the skills needed to take advantage of these opportunities, and to increase parental monitoring, reduce harsh parenting, and use reward and recognition strategies in order to promote bonding (Catalano & Hawkins, 1996). Based on the SDM, we posit that the use of an adaptation of Staying Connected will increase opportunities for youth in foster care, that they will learn skills (e.g. problem solving, communication, and refusal skills), and that these will more consistently be reinforced by foster caregivers. We expect that these three conditions will increase a positive connection or bond between foster youth and their caregivers.

The program includes an interactive DVD and workbook. The families complete the video and the workbook at their own pace during a 10-week time frame. The workbook provides families with step-by-step interactive activities, and the video demonstrates skills like problem solving and family meetings which provide a springboard for family discussions.

Staying Connected was tested in a randomized control trial with parents and their eighth-grade children (see Haggerty et al., 2007 for a more detailed description). The study demonstrated 2-year effects in promoting healthy development by reducing initiation into drug use and risky sexual activity, and has reduced the frequency of violent behaviors, especially among low-income African American teens. Furthermore, the trial showed that by 10th grade, the self-administered program was the most efficacious mode of delivery.

1.2.2. What is ADAPT-ITT?—This study uses the ADAPT-ITT model (Wingood & DiClemente, 2008) to systematically adapt Staying Connected for use with a child welfare-involved population. This model was developed to balance the needs of cultural adaptation and implementation fidelity for efficacious HIV interventions and uses eight steps to make and test adaptations. Succinctly, the ADAPT-ITT process is focused on collaboration and consultation with key stakeholders from clients to frontline staff. The eight steps of the ADAPT-ITT model include: (1) assessment using focus groups, (2) decisions on program augmentations from focus groups, (3) testing program adaptations, (4) production of new

program content, (5) review by content experts, (6) integration into the program, (7) training the new material to implementers, and (8) testing and evaluation.

This paper specifically focuses on the results from Assessment and Decision steps of the ADAPT-ITT process.

2. Methods

2.1 Data and sample

Sixty three individuals participated in nine focus groups in two different Washington State Department of Social and Health Services regions: three with young adults ($n = 20$) aged 18–21 who had experience living in home-based foster care placements during their adolescence, three with foster parents/relative caregivers ($n = 16$), and three with Children's Administration (CA) staff ($n = 27$). In order to be eligible, all participants had to meet the following selection requirements: Young adults needed to be over age 18 and have lived in residential foster care at some point during their adolescence. Caregivers could be relative (kinship) or non-relative foster care placements and they needed to have experience parenting adolescents. Lastly, CA staff participants needed to have experience working with or supervising staff with adolescent caseloads.

Recruitment for the caregiver and CA staff focus groups was done primarily through CA contacts. CA staff contacted potential caregivers, informed them about the study, and solicited their participation. Young adult participants were recruited primarily through community-based organizations that provide support services for former foster youth. One young adult was recruited through CA. All participants that met the selection requirements were permitted to attend the focus groups. All study procedures were approved by the Washington State Institutional Review Board.

The focus group participants represented the geographic diversity of the child welfare system. However, there were more women ($n = 55$) than men ($n = 8$), therefore the views presented here largely reflect those of women. Additionally, 55% ($n = 35$) participants identified as White, 27% ($n = 17$) as African American, 3.2% ($n = 2$) as American Indian/Alaskan Native, 1.6% as Asian American, and 17% ($n = 11$) as other. It should be noted that according to the 2010 US Census, these statistics under-represent Whites, Latinos/Hispanics, and Asian Americans in Washington state, and over-represent African Americans, and marginally American Indians.

2.2 Procedures/data collection

The caregiver and CA staff focus groups occurred in CA regional offices because participants shared that those were the most convenient and familiar locations. The young adult focus groups occurred at two highly frequented foster youth-affiliated community-based organizations. Prior to the start of the focus groups, all participants completed a brief written survey to collect demographic data such as age, race, and gender, and also the length of their experience as a caseworker, foster caregiver, or in out-of-home care. The focus groups were all approximately 90 minutes in length. Participants were given a brief presentation on the Staying Connected program and were shown an excerpt from the program video. A semi-structured interview guide was used to facilitate discussions. The general topics discussed in the focus groups were: issues impacting youth in foster care, strategies to augment and adapt this program to make it relevant for foster families, and supports and barriers that would encourage and discourage program participation. All interviews were digitally recorded and professionally transcribed verbatim.

2.3. Analysis

The researchers used conventional thematic content analysis approaches (Hsieh & Shannon, 2005). In this process the researchers identified codes to represent concepts and themes of the data (Saldana, 2009). These codes were later organized into non-hierarchical categories. Examples of categories include: concerning youth behaviors, foster youth-specific issues, caregiver barriers to program implementation, and program structure modification. Analysis was performed by four researchers. Two of these researchers have significant direct practice experience in child welfare, including adolescent services at CA. The third researcher worked for many years in community-based youth organizations, including working with foster youth in community settings, and the fourth researcher is a bachelor's-level social work researcher. Coding was initially conducted independently by each of the four researchers on the first transcript. They then came together to compare, discuss, and negotiate discrepancies in the emergent codes and themes. From this process the researchers collaboratively developed the codebook which was used to code all of the remaining transcripts. The researchers continued to meet throughout the coding process to ensure congruence in coding and to resolve discrepancies. This codebook was continually amended and updated to reflect additional codes and themes that emerged. The entire research team memored throughout the coding, categorization, and themeing process. Memoing allowed the research team to engage in intentional reflexivity and helped identify relationships and patterns in the data which supported the themeing process. Final themeing and prioritization of dominant themes within the data was done collaboratively among the research team. Atlas.ti version 6.0 was used primarily to organize the data and facilitate the data analysis process.

3. Results

This study revealed a number of multilayered themes which can be clustered around two primary families of themes: (1) there is a need for a skills and prevention-based parenting program, such as Staying Connected, albeit with necessary adaptations to contextualize the program for foster families; and (2) there is lack of a trusted connection between caregivers and foster youth which could seriously limit the implementation of the program for families involved in the child welfare system. Within this larger 'connections' category, related subthemes emerged with respect to structural, interpersonal, and individual (e.g., caregiver or youth-specific) barriers to nurturing a meaningful relationship. The following section will discuss the first theme regarding the necessity of prevention-based programming and the second section will explore the barriers to relationship building between foster parents and youth.

3.1. The need for prevention-based parenting programs for families in the foster care system

In this first section we will describe the three themes that led to the finding that there is a need for strengths-based parenting programs for families involved with the child welfare system. These themes include: (1) foster youth's high risk behaviors, (2) caregivers' inadequate preparation and their struggle to meet the many parenting demands of foster youth, and (3) the challenges foster youth face when transitioning out of the foster care system.

3.2. Foster youth's high-risk behaviors

Although foster youth exhibit many of the same challenges (e.g., drug/alcohol abuse and running away) as non-system-involved youth, their risk behaviors were described as more "amplified" and were perceived to start at an earlier age. As one child welfare worker illustrated: "I mean when I hear the stories they are different... they are more amplified, ten

fold and in a lot of cases as far as what a teenager growing up in a normal home....” The foster youth in our sample expressed being involved in drug dealing, sexual exploitation/illegal sex work, stealing, and frequently running away—often at young ages. As one young woman shared:

I honestly started running away from my placements at 13 ...[and] doing it on my own. And when I say doing it on my own you know I was prostituting, I sold drugs... First I sold weed, then I got to 9th grade I sold crack. And that sounds really bad, and horrible, but it’s just like [what] I did.

Foster youth were perceived by both CA staff members and caregivers to be vulnerable to many high-risk behaviors, including developing unhealthy coping strategies to deal with their personal challenges. As one child welfare worker demonstrated: “Well, a lot of kids – some kids will cut on themselves just because that’s the way they deal with their problems, um, or they might try to – to sneak out and run. And, um, they get a – put themselves in situations that are unsafe.”

3.3. Caregivers’ inadequate preparation and their struggle to meet the many parenting demands of foster youth

Caregivers expressed being in need of additional parenting tools and supports. As one caregiver stated: “I think the information is very valuable and it would be helpful... there’s not a lot of help with parenting teens.” While some foster parents were perceived to “have a fear of their teens” others were seen as ill equipped. As one child welfare worker stated: “I think some of our caregivers just put it right out there that they don’t feel like they have the skills to be able to take care of our kids,” even though caregivers may have cared for biological children. Some child welfare staff noted that foster parents do not have the resources to meet the multifaceted needs of foster youth. As one caregiver expressed: “I think mental health access has been one of the biggest issues for us and not being able to provide them with really what they do need.” Further, as a child welfare worker stated: “I think, uh, a lot of the foster parents, too, don’t – aren’t, um, educated or understand, um, parenting styles that work with kids in our care.’ Cause sometimes traditional parenting – you have to use different parenting styles with these kids.”

Additionally, foster families were described as often “chaotic” in which caregivers need strategies for being less “reactive.” As one CA staff person illustrated when asked to reflect on skills and tools foster parents need: “Oh, maybe not being so reactive. Typically teenagers pushing buttons all the time and you see that in any home, but seeing the challenges of the caregiver where it’s not reacting and escalating the situation but being able to kind of maintain a calm environment and deal with it.” In a similar vein, another child welfare staff stated:

I think the challenge in that would be, they don’t know how to relax, how to just let this child unfold in the midst of their family. If they would just kind of sit back and kind of let the child be a child or be a kid, and not worry so much I think it would go a lot smoother.

Another dominant theme that emerged regarding the preparedness of foster parents was their challenge differentiating foster youth-specific behaviors and developmentally appropriate youth behaviors. As one CA staff person articulated:

I think foster parents...struggle to understand the development stages of teenagers. And a lot of the behavior that they see in foster kids is the same type of stuff that any typical teen that you pluck off anywhere would be doing... so I think that that’s one of the biggest struggles to really differentiate what is because of their trauma

and what is regular teen stuff and just being able to put that into perspective, and not demonizing the teenager to their face.

A youth corroborated this parenting deficit by stating: “I know in my experience with my foster mom it was she didn’t kind of adapt to the fact that I was also a normal teenager, so I was gonna do normal teenager things like talk back and stuff like that.”

3.4. Challenges foster youth face when transitioning out of the foster care system

Lastly, it became apparent that system-involved youth were in need of more support because they face considerable odds when they exit foster care. One caregiver expressed, “So many of these kids have such a challenging time just dealing day-to-day. Like this one particular girl I was thinking of, I mean she couldn’t even make it through a week of school and um what she will do after she is 18 and on her own I have no idea.” Furthermore, another young woman asserted that being in the foster care system in some ways could limit a young adult’s autonomy and ability to navigate community systems. She goes on to state:

Because [when you] live in foster homes a lot of stuff is kind of done for you or the decision is made for you, you don’t really make it yourself, so when you turn 18 you’re not too sure what to do for yourself because you’ve been crippled for so long by the system because the system does it for you.

To summarize, the findings from the focus groups confirmed the need for this type of parenting program because of foster youth’s high-risk behavior, their need for practical skills to assist them in their transition to adulthood, and caregivers’ need to develop further parenting skills matched to the needs of foster youth. The following section identifies some of the barriers that would need to be addressed in order for this program to be salient for families involved in the child welfare system.

3.5. The lack of connection between foster parents and youth

The lack of connection between caregivers and their foster youth was a pronounced theme from our focus groups and represents a significant barrier to implementing prevention-based parenting programs in child welfare settings. This section first explores the dominant theme of connection and then discusses the various sub-themes that contribute to this distance between caregivers and foster youth. These subthemes include: (1) conditions inherent within the foster care system that interfere with the development of trusted connections between youth and their caregivers, including frequent placement changes, (2) youth “living in survival mode,” (3) caregivers’ stigmatized perceptions of foster youth, and (4) complicated foster family systems which often include a combination of biological and foster children/youth.

3.6. Lack of connection or relationship

As previously mentioned, the caregivers, young adults and CA staff identified a limited connection between caregivers and youth. Many youth enter the child welfare system having experienced considerable trauma and some have developed unhealthy protective strategies that hinder positive relationship building. Youth and caregivers alike expressed that a lack of understanding of the foster youth’s personal history presents a barrier to relationship building. As described by one young adult in reference to foster parents, “they just have to... not take it personally and not get upset realizing [we have] been through a lot.” A lack of common understanding was also aptly expressed by one caregiver: “some of the situations that the kids are – have been in... it’s really hard to really get a grasp on what they feel and how they think because of their life experiences when you’ve not even come close to having those same experiences.” One caregiver asserted: “there’s no bond when they come to you. So, how do you explain or teach or direct and they just tell you it’s none of your business.”

Without having at least some sort of foundational relationship, a parenting program that involves youth participation could be met with resistance and perceptions that the caregiver is only doing it because they are required to by the state, not out of a sincere desire to develop a relationship with the foster youth. As the following two young adults stated:

I wouldn't want to do it because I would feel like it's not real, it's just fake. Like we're just doing this now because it's mandatory by the state and so we have to do it. So we have to act like we're a family now even though before I wasn't hers so why should I be hers now. What I say now is gonna be the truth, and when I say it it ain't gonna be heard. you just kind of get paid to watch me and it just feels like you're just getting paid to pretend to like me, [but] like you really don't care. It's what it feels like.

3.7. Barrier to connection: Conditions present in the foster care system

One of the immediate barriers identified by focus group participants was the unfortunate reality that foster youth often cycle through multiple foster homes. As one caregiver stated: "when they're coming in as teenagers... they've had a bad, terrible experience being bounced from home to home." These placement disruptions create logistical challenges for program implementation and can impact young people emotionally because with every move they are uprooted from their sources of support. As one youth participant shared:

A lot of people, when they're in foster care, they move around a lot so it's kind of tough because you have to make new friends like meeting teachers, getting school supplies again ... a normal kid does not want to bounce around from house to house, like I know when I was in foster care... I moved around five times.

Placement disruptions were also seen as threatening youth's ability to connect to new caregivers. As one child welfare worker shared:

A lot of our teens don't have that general bond and connection. You know, this foster parent could be their fifteenth foster parent... [to get] them to sit down and talk to them about something like this... some of them may get it. But I think a lot of them are going to be like, "Whatever. You're just another one of my foster parents who are trying to tell me what to do.

In addition, to dealing with multiple moves, young adults and families reported feeling "restrained" by the many administrative restrictions of the child welfare system. Although there was an understanding that these policies are necessary for the child/adolescent's safety, they impacted the youth's ability to feel "normal" and were sometimes points of conflict between the caregiver and adolescent since the caregiver is put in the position of enforcing these regulations. One young adult shared:

Just wanting to be able to spend the night just like any other teen would, like going out, having fun. Like going with your best friend to an activity, or an after school activity that you can't go to because the system doesn't really know them... when you've been friends with them for like 13 years or so.

3.8. Barrier to connection: Youth living in survival mode

One participant described living in "survival mode" with no established foundation of trust of their foster parent as s/he illustrates:

We've also been through so much... I think that foster parents need to realize that most foster kids live in survivor mode... we want to trust you, but if you do something to us that maybe triggers us to think that it's something that another

foster parent does... We're gonna throw our guard back up and then you gotta try to climb over that wall.

Due to living in "survival mode," youth may create barriers to relationship building between foster parents and children/youth. One child welfare worker underscored this finding:

I've seen with my teens in particular... they've been in care for a long, long time so there's attachment related issues and so finding, like the caregivers sometimes struggle because of their behaviors, to find something to...hold onto to make that child likeable to them... because their behavior is so aggressive... I mean that's a huge challenge and that's where our teens end up moving from home to home to home because they self sabotage their placement and caregivers don't really know how to react to that.

In addition to "living in survival mode," some of the youth participants have given up hope that their foster families could serve a parenting role. For instance, one young adult plainly stated: "And not all kids, once they've been in foster care and they've got to a certain age, want to be parented anymore, because they're more or less like, 'You guys haven't done nothing, you haven't done nothing till this point so why start now?'" Coming from a different angle, a caregiver shares: "it's hard when a child comes in to your home when this child has had a lot of mistrust or rejection or adoption failures... It's tough." This emotional shutting down creates a wall that foster parents would need to scale in order to forge a meaningful connection.

3.9. Barrier to connection: Caregiver's stigmatized perceptions of foster youth

Another interrelated theme within the larger domain of connection is the negative perceptions, or "othering" many of the caregivers expressed or were perceived to have about youth in their care. Examples of "othering" by caregivers included comments such as: "Well I think when a child is in foster care anyway they're different and they're selected out and even if they're adopted, they're still a little different" or: "[foster youth] bring all their baggage with them, and they're not willing to listen. They haven't been taught how to respect." There is the perceived fear that foster youth will bring their "negative behaviors" with them and "taint" the home environment. As one case worker shared: "I think I hear a lot that they're worried about behaviors that this child coming into their home [has] and how that will affect their own kids." Although some of these comments may seem subtle, this kind of "othering" can create a wedge in the fostering of a genuine relationship between the caregiver and foster youth. Youth expressed a belief that they are being "judged all the time" or that there is something genuinely wrong with them. As two young adults shared:

I feel that when you're in foster care, it's like you're not looked at so much as...a human being. That's what I would say. And I know that kinda sounds, like, exaggerated; but it's really not. You always feel, like, they have to keep, um, their eyes on you. And sometimes you feel, like, you're in a juvenile detention hall. that's one of the reasons why I ran away from the home is because of the fact, you know, I was being judged by...how I did my hair or how, you know, whatever. Like, it was just bad.

3.10. Multidimensional family systems

Child welfare-involved families have the tendency to be complicated family systems. They are often composed of foster youth from diverse cultural, religious, racial, and ethnic backgrounds, and there are sometimes biological children present in the same home. Many of the youth shared experiences of being treated differently because of these differences and in comparison to biological children. As one youth shared:

I think it's important for foster parents to kind of be aware of like different cultures and be open to differences. Because I think that was like a big thing that I struggled with... We had very different lifestyle views or like ideas on different things, and it was just like their way and no... openness to hearing about what I thought.

In terms of being treated differently than biological children, youth felt there was a double standard or that they were being perceived as outsiders:

I don't want to feel like the outside kid...I want to know that you'll love me just the same and, you'll treat me the same as your kids and it's not all my fault if I do something wrong but when your kid does the same thing, it's like, "don't do it again".

So you're being judged by them, and you don't quite fit in there. They're just thrown into a family that you're supposed to love and they're supposed to love you back. But you're not theirs so they're not gonna treat you the same as they treat their own.

This perception of being regarded as outsiders or being treated differently than their caregivers' biological children, whether accurate or not, made it difficult for the teen to trust their caregivers or feel like they were a part of the family unit.

In short, this section presented findings regarding the lack of connection that exists between caregivers and their adolescent foster children. Systemic issues within the child welfare system such as frequent moves and restrictive child welfare policies, youth's traumatic experiences and their perception of an absence of meaningful family involvement contribute to this lack of connection. Youth are also perceptive of caregivers' "othering" behavior and being regarded as "outsiders in the family." These factors can prevent the formation of a strong connection. The following section will discuss the implications of these findings and provide suggestions for program adaptations to overcome these barriers.

4. Discussion

The results presented confirm previous research that foster youth face considerable behavioral risk (Collins, Spencer, & Ward, 2010; Courtney & Dworsky, 2006; Courtney, Terao, & Bost, 2004), and corroborates Dorsey et al.'s (2008) conjecture that the current training that foster parents receive does not adequately prepare them to address the complex trauma histories and developmental needs of foster youth. The findings also support Rubin & Noonan's (2010) emphasis on the need for intervention programs with this population to focus on strengthening relationships with caregivers. A significant lack of connection and relationship building, frequent placement interruptions, and youth's traumatic backgrounds emerged as primary barriers in the introduction of this program to a child welfare-involved audience.

In terms of our research goal to determine how to adapt Staying Connected for families involved in the child welfare system, we learned that in addition to making important cosmetic changes (e.g. changing the name of the program, updating the curriculum cover, etc.), we needed to make more nuanced adaptations in order to penetrate the deep structure of the original program (see Kreuter, Lukwago, Bucholtz, Clark, & Sanders-Thompson, 2003) to make it relevant for child welfare-involved families. The following section explores these findings in more detail and presents proposed adaptations to overcome the most prominent barriers. The proposed adaptations are summarized in Table 1.

4.1. The high needs of foster youth and caregivers

Findings from this study reveal that there is indeed a need for prevention-based and strengths-based parenting programs. This study reinforces the evidence that foster youth are a high-needs population with apparently “amplified” high-risk behaviors starting at an earlier age. Therefore, the first recommended adaptations include starting prevention programming at an earlier age for child welfare-involved teens and equipping foster parents with tools to build connections and help their foster children access community resources and navigate social service and educational supports.

While the high-risk behavior and vulnerability of foster youth has been thoroughly documented, this study also revealed that foster parents experience significant challenges in meeting the psychosocial and developmental needs of the youth in their care. The participants in the focus groups painted images of chaotic homes where the foster youth are a source of family conflict. Caregivers both explicitly and implicitly made it clear that they were in need of additional tools and supports. Explicitly, both caregivers and CA staff noted that many foster parents feel overwhelmed and lack the skills and tools to handle the complex needs of foster youth.

Furthermore, many caregivers displayed or were perceived to portray stigmatizing attitudes towards youth in their care. In some instances, for example, when the youth displayed developmentally appropriate behavior such as impulsiveness or defiance, it was assumed that this oppositional behavior was associated with “being in foster care,” rather than behavior characteristic of adolescence. Therefore, foster families may need many of the same tools that biological families do, such as positive communication, consistency, clear expectations, and non-authoritarian discipline strategies. In addition, parenting programs targeted to this population need to provide programmatic content on caring for youth from different cultural backgrounds, including cultural humility and competency training. Providing foster parents with curriculum regarding “typical” adolescent developmental milestones could help cultivate empathy and understanding for why their foster child is displaying oppositional behavior or challenging boundaries. Although foster youth often experience more amplified high-risk behaviors, in order for foster parents to promote healthy development they need tools to help them differentiate between developmentally appropriate “acting out” and behavior related to their foster care experience.

4.2. Facilitating family connectedness and relationship building

Parenting programs, including Staying Connected, are founded on the assumption that families have an intimate knowledge of one another’s backgrounds and a shared connection to the family. Given our findings regarding a lack of a trusted connection between youth and their caregivers, we have identified a substantial need for intentional adaptations around relationship building between foster families and youth. Table 1 proposes several adaptations to nurture greater relationship building and connection. Some examples of these activities include: sharing with one another about their likes, dislikes, strengths, and hobbies by creating “brag boards,” depicting their important relationships in a mapping activity, and spending time each week doing a family activity together. All of these activities, as well as numerous others included in the adapted curriculum, are designed to assist foster youth and their caregivers in building a relationship with one another, or continuing to nurture the relationship that they already have.

Beyond just providing activities to nurture greater relationship building, there also needs to be an acknowledgement of the various barriers to connectedness, including youth’s behavioral issues, placement disruptions, and foster parents “othering” behavior that contributes to youths’ feelings of invisibility. As long as youth are perceived as outsiders,

“damaged goods,” and less important than biological children, it will be very challenging for youth to believe that they are valuable contributors to the family. Youth noted that a foundation of trust would be needed in order to participate in this type of program. One young adult explained the lack of communication, trust, and understanding between caregiver and teen as a barrier to the implementation of this program, “So you need to communicate with them. You need to have opened up some sort of trust, like you have to be aware of that child’s life already or like have established like what they’ve maybe been going through already.” Another proposed adaptation is to include digital stories of general foster youths’ experiences. These stories range in their content and include the experiences of youth who feel strongly connected to their foster parents and families, as well as the stories of youth who had negative experiences in their foster placements. The digital stories address a number of common foster youth experiences, including placement instability, anger toward the child welfare system and foster caregivers, and the challenge of being separated from loved ones.

Foster parents need additional training around demonstrating appropriate empathy about youths’ personal histories without resorting to stigmatizing them. For instance, it’s important for foster parents to understand why their foster child might seem closed off or aggressive without jumping to the conclusion that their foster child is “damaged” or is necessarily engaging in criminal or delinquent behavior. In a similar vein, foster youth in our study were very aware of perceived differences between biological children and themselves. Therefore, foster parents may need additional support and training on how to address this concern with their foster children and be aware of how they may unintentionally reinforce this perception.

In short, in many ways the child welfare system, with its restrictive procedures, shortage of qualified foster families, and placement instability, can inadvertently thwart connections between foster parents and the youth in their care. While Staying Connected cannot remedy these larger systemic issues, it does provide an opportunity for greater relationship building and positive youth/adult connection that research has shown can help support youth’s positive development.

5. Limitations

There are a few limitations worth noting. First, focus group participants were only briefly exposed to the Staying Connected program. They provided very limited content-specific recommendations for program improvement, but rather, shared their experiences, frustrations, and supports with the child welfare system which the research translated into needed program adaptations. While general comments about the cosmetic aspects of the program (e.g., name of the program, quality of the video, etc.) were integrated, many of the more substantive adaptations presented in this paper came from the participants’ personal and/or professional experiences with the foster care system. Additionally, despite providing financial incentives and collaborating closely with our community partners, the research team had a challenging time recruiting caregivers to participate. The majority of our caregiver participants came from a more urban locale and therefore the themes presented in this paper may be more representative of issues present there.

6. Conclusion

In the words of well-renowned youth development theorist Karen Pitman, rather than being seen “as problems to be solved,” youth are seen as family and community assets. Beyond just valuing the positive contributions of youth, the adapted tools presented in the augmented Staying Connected program have the potential to create an opening for foster youth to develop prosocial connections with a supportive adult, as well as build the scaffolding for a long-term trusting and caring relationship. In terms of concrete

implications for this research, it's important for those interested in implementing evidence-based parenting programs for families involved in the child welfare system to acknowledge the importance of meaningful relationship building and not presume a preexisting foundation as is found in many biological families. The needs of foster youth are not complicated. Like all youth they want a sense of belonging, parental support, love, and someone that shows a genuine interest in their lives. As one participant shared:

Just get to know the person as that person is, like I mean, act – fall in love with the child like it was your own. Get to know him. Come in every day sharing life experiences that you had when – you were 17 once, you were 16. 'Aw, you're going through a similar thing I went through. Here's what I tried to do.' Be that person's friend. Be reliable, be dependable, be like – get to know the person.

Acknowledgments

Funded in part by NIMH Grant T32MH20010.

This research was also supported by research grant # 1R34DA029722-01 from the National Institute on Drug Abuse. The content of this paper is solely the responsibility of the authors and does not necessarily represent the official views of the funding agency.

The research team would like to acknowledge the valuable research assistance provided by Kara Estep, Patricia Helgren and Lindsay Lanham, and our community partners at Washington State DSHS, Children's Administration, the Pierce County Alliance and the "The Center" a program of the King County YMCA.

References

- Aarons GA, Palinkas LA. Implementation of evidence-based practice in child welfare: service provider perspectives. *Administration and Policy in Mental Health and Health Services Research*. 2007; 34:411–419.
- Ahrens KR, Richardson LP, Lozano P, Fan MY, DuBois DL. Youth in foster care with adult mentors during adolescence have improved adult outcomes. *Pediatrics*. 2008; 121:e246–e252. [PubMed: 18182469]
- Alexander, J.; Barton, C.; Gordon, D.; Grotmeter, J.; Hansson, K.; Harrison, R., et al. *Functional Family Therapy: Blueprints for Violence Prevention, Book Three*. Boulder: Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado; 1998.
- Aos, S.; Lieb, R.; Mayfield, J.; Miller, M.; Pennucci, A. *Benefits and costs of prevention and early intervention programs for youth*. Olympia, WA: Washington State Institute for Public Policy; 2004.
- Bandura A. Human agency in social cognitive theory. *American Psychologist*. 1989; 44:1175–1184. [PubMed: 2782727]
- Barth RP, Landsverk J, Chamberlain P, Reid JB, Rolls JA, Hurlburt MS, et al. Parent-training programs in child welfare services: Planning for a more evidence-based approach to serving biological parents. *Research on Social Work Practice*. 2005; 15:353–371.
- Berrick JD, Barth RP. Research on kinship foster care: What do we know? Where do we go from here? *Children and Youth Services Review*. 1994; 16:1–5.
- Brown JD, Arnault DS, George N, Sintzel J. Challenges of transcultural placements: Foster parent perspectives. *Child Welfare: Journal of Policy, Practice, and Program*. 2009; 88:103–126.
- Casey Family Services. *It's My Life: A framework for youth transitioning from foster care to successful adulthood*. Seattle, WA: Casey Family Services; 2001.
- Castro FG, Barrera M Jr, Martinez CR Jr. The cultural adaptation of prevention interventions: Resolving tensions between fidelity and fit. *Prevention Science*. 2004; 5:41–45. [PubMed: 15058911]
- Catalano, RF.; Hawkins, JD. The social development model: A theory of antisocial behavior. In: Hawkins, JD., editor. *Delinquency and Crime: Current theories*. New York: Cambridge University Press; 1996. p. 149-197.

- Chamberlain, P.; Mihalic, SF. Multidimensional Treatment Foster Care: Blueprints for Violence Prevention, Book Eight. In: Elliott, DS., editor. Blueprints for Violence Prevention Series. Boulder, CO: Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado; 1998.
- Chamberlain P, Price J, Leve LD, Laurent H, Landsverk JA, Reid JB. Prevention of behavior problems for children in foster care: outcomes and mediation effects. *Prevention Science*. 2008; 9:17–27. [PubMed: 18185995]
- Child Welfare Information Gateway. Foster care: Number and trends. 2009. Retrieved from <http://www.childwelfare.gov/pubs/factsheets/foster.cfm>
- Coakley TM, Cuddeback G, Buehler C, Cox ME. Kinship foster parents' perceptions of factors that promote or inhibit successful fostering. *Children and Youth Services Review*. 2007; 29:92–109.
- Cole SA, Eamon MK. Predictors of depressive symptoms among foster caregivers. *Child Abuse & Neglect*. 2007; 31:295–310. [PubMed: 17442391]
- Collins ME, Spencer R, Ward R. Supporting youth in the transition from foster care: Formal and informal connections. *Child Welfare: Journal of Policy, Practice, and Program*. 2010; 89:125–143.
- Cooley ME, Petren RE. Foster parent perceptions of competency: Implications for foster parent training. *Children and Youth Services Review*. 2011; 33:1968–1974.
- Courtney ME, Dworsky A. Early outcomes for young adults transitioning from out-of-home care in the USA. *Child & Family Social Work*. 2006; 11:209–219.
- Courtney, ME.; Dworsky, A.; Ruth, G.; Keller, T.; Havlicek, J.; Bost, N. Midwest evaluation of the adult functioning of former foster youth: outcomes at age 19. Chicago, Ill: Chapin Hall Center for Children at the University of Chicago; 2005.
- Courtney, ME.; Terao, S.; Bost, N. Midwest evaluation of the adult functioning of former foster youth: conditions of youth preparing to leave state care. Chicago, IL: Chapin Hall Center for Children at the University of Chicago; 2004.
- Denby R, Rindfleisch N. African Americans' foster parenting experiences: Research findings and implications for policy and practice. *Children and Youth Services Review*. 1996; 18:523–552.
- Dorsey S, Farmer EMZ, Barth RP, Greene KM, Reid J, Landsverk J. Current status and evidence base of training for foster and treatment foster parents. *Children and Youth Services Review*. 2008; 30:1403–1416. [PubMed: 21647272]
- Farmer E, Lipscombe J, Moyers S. Foster carer strain and its impact on parenting and placement outcomes for adolescents. *British Journal of Social Work*. 2005; 35:237–253.
- Fuller-Thomson E, Minkler M. African American grandparents raising grandchildren: a national profile of demographic and health characteristics. *Health and Social Work*. 2000; 25:109–118. [PubMed: 10845145]
- Haggerty KP, Skinner ML, MacKenzie EP, Catalano RF. A randomized trial of Parents Who Care: Effects on key outcomes at 24-month follow-up. *Prevention Science*. 2007; 8:249–260. [PubMed: 17987388]
- Haggerty KP, MacKenzie EP, Skinner ML, Harachi TW, Catalano RF. Participation in "Parents Who Care": Predicting program initiation and exposure in two different program formats. *Journal of Primary Prevention*. 2006; 27:47–65. [PubMed: 16421658]
- Hawkins JD, Catalano RF, Arthur MW, Egan E, Brown EC, Abbott RD, et al. Testing Communities That Care: The rationale, design and behavioral baseline equivalence of the Community Youth Development Study. *Prevention Science*. 2008; 9:178–190. [PubMed: 18516681]
- Henggler, SW.; Mihalic, SF.; Rone, L.; Thomas, C.; Timmons-Mitchell, J. Multisystemic therapy. In: Elliott, DS., editor. Blueprints for Violence Prevention (Book 6). Boulder: Center for the Study and Prevention of Violence, Institute of Behavioral Science, University of Colorado; 1998.
- Hirschi, T. Causes of delinquency. Berkeley, CA: University of California Press; 1969.
- Hsieh HF, Shannon SE. Three Approaches to Qualitative Content Analysis. *Qualitative Health Research*. 2005; 15:1277–1288. [PubMed: 16204405]
- Kreuter MW, Lukwago SN, Bucholtz DC, Clark EM, Sanders-Thompson V. Achieving cultural appropriateness in health promotion programs: Targeted and tailored approaches. *Health Education & Behavior*. 2003; 30:133–146. [PubMed: 12693519]

- Linares LO, Montalto D, Li M, Oza VS. A promising parenting intervention in foster care. *Journal of Consulting and Clinical Psychology*. 2006; 74:32–41. [PubMed: 16551141]
- Linares LO, Montalto D, Rosbruch N, Li M. Discipline Practices Among Biological and Foster Parents. *Child Maltreatment*. 2006; 11:157–167. [PubMed: 16595849]
- Matsueda RL. Testing control theory and differential association: A causal modeling approach. *American Sociological Review*. 1982; 47:489–504.
- Matsueda RL. The current state of differential association theory. *Crime & Delinquency*. 1988; 34:277–306.
- Osgood DW, Foster EM, Courtney ME. Vulnerable populations and the transition to adulthood. *The Future of Children*. 2010; 20:209–229. [PubMed: 20364628]
- Pecora PJ, White CR, Jackson LJ, Wiggins T. Mental health of current and former recipients of foster care: A review of recent studies in the USA. *Child & Family Social Work*. 2009; 14:132–146.
- Pilowsky DJ, Wu LT. Psychiatric symptoms and substance use disorders in a nationally representative sample of American adolescents involved with foster care. *Journal of Adolescent Health*. 2006; 38:351–358. [PubMed: 16549295]
- Price JM, Chamberlain P, Landsverk J, Reid JB, 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]
- Rauktis ME, Vides de Andrade AR, Doucette A, McDonough L, Reinhart S. Treatment foster care and relationships: Understanding the role of therapeutic alliance between youth and treatment parent. *International Journal of Child & Family Welfare*. 2005; 8(4):1460163.
- Rauktis ME, Fusco RA, Cahalane H, Kierston Bennet I, Reinhert SA. Youth perceptions of restrictiveness in out-of-home care. *Children and Youth Services Review*. 2011; 33:1224–1233.
- Rubin D, Noonan K. What do Romanian children living in orphanages manifesting repetitive behaviors and American children in foster care with abnormal cortisol levels have in common? More than you would think. *Archives of Pediatrics & Adolescent Medicine*. 2010; 164:492–3. [PubMed: 20439804]
- Saldana, J. *The coding manual for qualitative researchers*. Thousand Oaks, CA: Sage Publications Ltd; 2009.
- Southerland DG, Mustillo SA, Farmer EMZ, Stambaugh LF, Murray M. What's the relationship got to do with it? Understanding the therapeutic relationship in therapeutic foster care. *Child and Adolescent Social Work*. 2009; 26(1):49–63.
- Sutherland, EH. Development of theory [Private paper published posthumously]. In: Schuessler, K., editor. *Edwin Sutherland on analyzing crime*. Chicago: University of Chicago Press; 1973. p. 13-29.
- Whenan R, Oxlad M, Lushington K. Factors associated with foster carer well-being, satisfaction and intention to continue providing out-of-home care. *Children and Youth Services Review*. 2009; 31:752–760.
- Wilson K, Sinclair I, Gibbs I. The trouble with foster care: The impact of stressful 'events' on foster carers. *British Journal of Social Work*. 2000; 30:193–209.
- Wingood GM, DiClemente RJ. The ADAPT-ITT model: A novel method of adapting evidence-based HIV interventions. *JAIDS Journal of Acquired Immune Deficiency Syndromes*. 2008; 47:S40–S46.

Table 1**Proposed adaptations and augmentations to facilitate program implementation**

Identified barrier	Proposed general adaptation
High-risk behavior of foster youth is “more amplified” and age of onset is earlier than non-system-involved youth.	Program adaptations include implementing the program with foster youth as young as 11 years old.
Lack of connection between foster parents and youth.	Adaptations include the addition of content and activities aimed at creating a connection between foster youth and caregivers. Activities focus on mutual sharing about one another’s backgrounds and favorite pastimes, planning for weekly activities to promote spending time together, and others incorporated throughout the curriculum.
Foster families that are not prepared for the needs of foster youth: foster parents ill equipped to meet the diverse needs of youth from different cultural and religious backgrounds.	Adaptations to the program focus on guiding caregivers and foster teens in discussions on topics such as family values, similarities and differences in these values, and important traditions.
Foster families that are not prepared for the needs of foster youth: inability to differentiate developmentally appropriate behavior and challenges.	Adaptations focus on providing caregivers with information on typical adolescent behavior and challenges including information on adolescent brain development and how this impacts teen behavior.
Challenges are particularly amplified during the transition to adulthood.	Adaptations to the program include the addition of activities that assist youth in identifying necessary skills for their future, as well as resources available in their community.
Systemic challenges that are endemic to the child welfare system: placement instability, restrictive rules, etc.	Adaptation is designed for implementation with an explicitly defined group of foster youth and caregivers. Appropriate foster families will be those that have a long-term interest in the child in their care.