



Understanding Wraparound

Professional Foster Parent Program

December 2006 – October 2009

Program Description:

The Professional Foster Care Program is a pilot program designed to provide care and support to female youth, 13-17 with serious emotional and mental health needs through matching them with a foster care parent who is a paid professional employed by the foster care agency. The foster care parent, through undergoing specialized training also becomes the care coordinator for the youth. The foster parent then assures that the Plan of Care that is designed by the Care Coordination Teams is developed and executed and the Professional Foster Parent becomes the youth's primary support person and advocate.

Rationale:

The characteristics of girls who enter the juvenile justice system reveals that they present a different profile than their male counterparts, exhibiting histories of physical and sexual abuse, exposure to domestic violence or other family trauma, has experienced unhealthy interpersonal relationships with family members, has serious mental health needs, has committed a high percentage of status offenses and may have engaged in involvement with men who are criminally deviant and are substance abuse users (Cooney, et. al. 2008).

While the research for a number of years has strongly suggested that there is a need for unique and different strategies for girls than

boys (American Bar Association, 2001), most institutional and community based programs are not responsive to the special needs of girls. For example, many programs have focused on controlling girl runaway behavior through institutionalizing girls in residential treatment centers or correctional facilities rather than providing effective community supports to help them move beyond the trauma that fuels running. In spite of the fact that most recommendations for females in the juvenile justice system include a focus on building healthy interpersonal relationships and supportive family connections (NDAS, 2005) intensive family-based programs tailored to girls' needs are particularly scarce. (Acoca, 1999).

According to research reported in Cooney, et al in *What Works, Wisconsin – Research to Practice Series, 2008*, there are some promising strategies for creating gender-responsive programs. They include instituting a comprehensive approach, addressing physical and mental health needs, focusing on strengths rather than deficits, training caregivers to be responsive to the interpersonal nature of girls, serving as role models and meeting their physical, psychological and emotional safety needs.

The underlying theory of change for the Professional Foster Care Program is supported by this research and has many of the elements delineated by the Research to Practice Series (January, 2008). The centerpiece of this model is a professional foster care parent who provides intensive physical and psychological support and



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serves as a role model for these girls and reaches out to the natural families. The Professional foster parent uses the comprehensive strength based model of Wraparound to assure that the child's needs are being met. This model permits stabilizing a youth in a less restrictive environment resulting in an easier transition to a permanent placement in the more natural home environment.

Outcomes:

The primary targeted outcome of the program is for the girls to receive the mental health and supportive services they need in the least restrictive living environment and to achieve their permanency plan preferably which is to return the youth to the parental home or relative placement.

Specific outcome indicators established for this model includes:

- Reduction in the number of days in more restrictive placement settings (e.g., residential treatment, psychiatric hospital, detention)
- Reduction in number and frequency of runaway episodes
- Improved school attendance
- Clinical improvement in overall functioning based on the Child Behavior Check List (CBCL)

Population:

A total of eighteen girls have been enrolled in the program since its inception. Four girls were disenrolled during the trial period within thirty days of placement, as they were not a good fit for the program. Nine girls have been disenrolled from the program through October 2009. One has permanently transitioned to another foster home. Four girls are presently in the program with four new pending referrals.

The age range for the girls has been 13 to 16 years old and the average age upon entering the program is 15.1. The length of stay in the

professional foster homes has reached from 2 to 25 months.

All of the following results have been based on the data of the ten girls that were disenrolled including one girl who is in the process of being adopted by the foster care parent.

Results:

Achievement of Primary Outcome:

Fifty percent of 5 out of 10 youth have achieved permanency at discharge from the pilot. Four returned to their family home. One is in process of being adopted by her professional foster care family, establishing home permanency.

Of the remaining 5 youth:

- One will return to Professional Foster Care after residential treatment.
- One continued to run to her dad who could not take care of her and was subsequently placed by the Court in a Treatment Foster Care home with her sister.
- One was transitioned to Treatment Foster Care in a home of a family friend.
- Two have not been stabilized and continue to engage in running behavior. One was finally placed in Residential Treatment and the other was disenrolled from Wraparound.

Review of Outcome Indicators

❖ Restrictiveness of Living Environment

Given the severity of clinical issues and environmental barriers of these girls, including histories of multiple failed placements in other foster care, group or residential treatment settings, achievement of placements in less restrictive settings is an indicator that suggests movement toward permanency in a natural, community setting. *The Restrictiveness of Living Environment Scale* (ROLES) was used to determine the level of restrictiveness prior to enrollment in the program and after disenrollment.

Comparative data of the level of restrictiveness for a period of time prior to placement with a professional foster caregiver compared to the level of restrictiveness for the same length of time after disenrollment from the program was collected. Analysis of the data reveals that:

- Fifty percent, or five out of ten girls, reduced their overall level of restrictiveness of placement with a reduction of the number of placements from twenty-eight prior to the program to fourteen after the program. Although the overall total of placements increased from 30 to 39, the overall number of days in more restrictive placements decreased significantly from an average of 105 days to an average of 33 days ($p < 0.001$).
- **Of the five girls that achieved permanency**, two out of five or 40% reduced their level of restrictiveness. The number of placements was reduced by thirty-three percent, from a total of 21 to 14. And, the overall number of days in more restrictive environments was reduced by nearly sixty percent, from an average of 34 days prior to being involved in the Professional Foster Care Program to 14 days ($p < 0.001$).

❖ Runaway Episodes

According to the criminal justice literature (Bloom & Covington, 2001), girls in the juvenile justice system have a higher rate of status offenses, especially running away. Reduction of run away behavior is an essential element to establishing permanency.

- Comparing the pattern and frequency of run away behavior prior to enrollment into the Professional Foster Care Program to such behavior after leaving the program yields the following results:
 - For the “**Success**” group (the five girls that established permanency) the data revealed no change in the

number of runaway episodes and an increase of the number of runaway days by twenty-seven percent, but

- For the group that **did not achieve permanency** (five girls), the number of total runaways increased fifty-seven percent and the number of runaway days increased by sixty-eight percent.

❖ School Attendance

The literature identifies poor functioning in school as a major characteristic of girls involved with the juvenile justice system (NDAS, 2005). They exhibit both academic and social relationship problems. There is also prima facie evidence that running away behavior does influence school attendance behavior. Regular school attendance can be viewed as a strong indicator of stability.

The school data for the entire group of nine out of the ten girls was analyzed (One was hospitalized and therefore does not have post enrollment data.) The results indicated that:

- For the **entire population**, twenty-two percent (2/9 girls) exhibited no change in school attendance from pre enrollment through disenrollment from the program. Forty-four percent (4/9 girls) increased their attendance in school and one-third (3/9 girls) decreased attendance from pre to post program involvement.
- Of the **group that established permanency**, forty percent (2/5 girls) exhibited no change in school attendance behavior, forty percent (2/5 girls) increased attendance and only twenty percent (1/5 girls) decreased their attendance in school.
- Analyzing the **data of the permanency group** further, the variation in attendance level across time, was very small irrespective of the directionality of the data (i.e. increase or decrease). For the **group that did not establish permanency**, the variability of attendance levels was more extreme (percentage differences that ranged

from twenty-seven percent to sixty-six percent).

❖ **Clinical Profile**

Although there are many factors that contribute to mental health, improvement of mental health within the context of this program is an outcome indicator that would contribute to achieving permanency in the home/community environment. The Child Behavior Checklist (CBCL) is used to assess mental health status. The CBCL was used as a pre/post measure prior to entering the program and upon leaving the foster home. Data was collected on eight girls (portions of the data were missing for three of the girls). Results include:

- Fifty seven percent (4/7 girls) revealed no change in their overall clinical profile. One girl out of seven or fourteen percent revealed significant improvement while twenty-nine percent (2/7 girls) exhibited a worsening of the clinical profile.
- There was no change in the clinical picture for two out of three or 66% of those girls that achieved permanency. One girl's clinical profile increased in severity (33%). There was incomplete data for the remaining two girls in this group.

Parent Interview Results:

Four professional foster mothers were interviewed, two that had children that established permanency and two that had children that had not reached the overall outcome of obtaining permanency in the community, preferably their home or home of a relative.

These structured interviews were designed to gather information about the program as a whole and how their particular child benefited from the program. Below are the questions and the aggregate responses from the foster moms.

How did you come to learn about being a professional foster parent?

In all cases the network providers approached the mothers because of their experience in treatment foster care or group home. In all cases, they shared that it was their clinical knowledge and experience that brought them to the attention of the agency.

What is a typical day as a professional foster care parent look like?

The description, in all cases, included a morning routine and getting the child off to school followed by much activity related to managing the Care Coordination team such as setting up meetings, writing progress notes and managing the overall health of the child (e.g. doctor appointment, therapists, and psychiatrist). In addition, they are available for school issues that arise: *"I get called by the school. My girl gets suspended from school frequently...Then as care coordinator, I get to work with the parents. If parents don't know how to parent, I can work with them."* After school and evenings are very important as it is:

- *"Time for catching up, discussing errors in thinking"*
- *"Clinical time and management of mood"*
- *"Overseeing chores and homework to be done"*
- *"Follow through on home rituals"*

Tell me about your training to be a Professional Foster Care Mom.

There are 2 levels of training, one provided by Wraparound for 40 hours to train to be a care coordinator and the second by the individual agencies related to treatment foster care. They all agreed that the training was excellent. However, they all had recommendations for more training to include: information about and best practice with a variety of disorders, training on how to gain trust and work with families and discriminating and maintaining boundaries between the role as foster parent and care coordinator. Two people suggested that the professional foster parents get together

periodically to discuss common areas of operation and concern.

What is your understanding of why the Professional Foster Care Parent approach was established?

There was consensus that the target population was girls who have a history of serious mental health issues and who exhibit run away behaviors. They alluded to the fact that more conventional methods had not worked and that they were more difficult to place. One parent describes the approach as follows: *“The system does not want to give up on these girls. Treatment Foster Care hasn’t worked. It hasn’t worked with the issues of the seriously emotionally disturbed. They are not equipped enough or available enough at a higher level and do not have the understanding at a deeper level.”* Additionally, all parents felt that a major part of their role was to help build a relationship between the child and the parent.

Based on your experience, what are the strengths of this foster care approach?

The responses to this question seemed to address the broad spectrum of underlying principles to operational integrity. Direct answers are:

- Training;
- Ongoing support provided by Wraparound staff;
- Individualized program;
- Normalizes the stigma of mental health care;
- Opens up a closed system;
- Freedom to be creative;
- Has Wrap integrity;
- Its honest, gives actual time it takes to care for kids as they need to be cared for, emotionally and physically;
- Terrific crisis support; and
- Allows families to become more self-sufficient, aware of needs, practice parenting strategies and mend the relationship with their child.

What are the weaknesses?

The responses can be summed up by the following quote, “Personal weaknesses become the weaknesses of the program.” With consensus by interviewees, the greatest needs are: (i) clinical consultation...diagnosis to treatment; (ii) communication with other professional foster care parents (e.g. power in shared experiences); (iii) periodic opportunities for evaluation; (iv) a model for behavior management training to help train parents and (v) acting as the true team leader (“Do not always feel like the real POC team leader. Decisions are not led by me.”)

What were the successes you experienced with the child?

The responses about the girls that established permanency are as follows:

- “K” had no identity and had lots of trauma in family.”
- “She acquired a sense of belonging in the world and developed respect and some acceptance of herself.”
- “She is ready for high school”.
- “Taught parent to provide unconditional regard”.
- “Both parent and child overcame their fears.”
- “She is stable, happier, and verbal.”
- “She has life that she owns.”
- She is reconciling with mom.”
- “She can give to others.”

The responses about the girls that did not achieve the permanency plan:

- “S” was so very angry, kicked in walls, was disrespectful and a runner.”
- “In our home all these behaviors stopped”.
- “Reduction of disrespect to parents”.
- “Continues to be a runner but is more respectful.”
- “Her spirit did change.”
- “She wants to come back to my home”. “She wants her whole team back.”
- “She will listen to me and would do what ever I ask her, if she was emotionally able to do it.”

What were the disappointments you felt with the child?

"Needed more time. Then family would have been ready to receive her."

"Tried to work toward permanency but family didn't really want her."

"Child needed counseling day by day, incident by incident."

"Can't control her running. When she got to go, she got to go."

"She will have hardship all of her life."

"The system needs to accept that sometimes the mom can't do it."

Describe how this special foster care arrangement made a difference for the child.

Although there were a number of responses the following statement sums up the collective sentiment: *"When they leave they know they are loved. That's why they stay in touch."*

How effective do you think this approach is?

The consensus was that it is a brilliant model and better than anything out there right now. *"It is effective. You touch a child and make a change in them. Or you get parents to think about changing their lives...get them to think better of themselves then there is success."*

What are the things you really liked about being a Professional Foster Care mom?

"Get to use my education and be a mom."

"Individualized work."

"Able to work with both parent & child."

"Really get to know and understand the child."

What are the things you don't like about this approach?

"Never feel totally accomplished...no rewards."

"Never know what could happen."

"Sometimes hard to get a hold of people during crises."

What are your recommendations?

1. More education about mental health disorders and techniques/intervention strategies.
2. Not limit the program to just girls with runaway behaviors. Allow other children in that are also generally hard to place.
3. There is benefit in taking more than one high-risk child at a time.
4. Introduce a training model to work with parents and families (e.g. Boys Town Model).
5. Develop Professional Foster Care Program support group

Conclusions:

Supported by the literature, girls with significant SED profiles and a pattern of runaway behavior have been difficult to maintain in the community. Although no discrete data has been gathered prior to this pilot to measure the percentage of permanent placements among this specific sub group, it was felt that they fell well below the seventy-four percent who achieve permanency in the overall population of Wraparound (Annual Report 2008.) Therefore, the fifty percent achievement of permanency for this group of girls involved in the professional foster care program can be considered a modest success.

The 4 outcome indicators also provide some insight into the nature of the problems areas and the progress of the girls. However, the data is not clear and crisp but rather reflects movement and general trends in behavioral change. There are no straight lines of improvement without crises or incidences for this severely emotionally disturbed population with a history of long-term issues that incorporate not only the child characteristics but also the family and their broader functioning environment.

A comparison of the pre/post settings of the girls reveals that fifty percent of the entire population of girls reduced their overall restrictiveness in their placement environments. However, the data also revealed that even the establishment of permanency does not preclude some continued placement in more restrictive settings. The

reduction of the number of days in alternative placements and the tendency to reduce the amount of time in these more restrictive placements does suggest subtle changes in chronicity.

Results from the “running away” indicator revealed that in general the runaway patterns did not decrease. However, the data does reveal that the chronicity and severity levels appeared more contained with the group that achieved permanency (no change in the number of runaway incidences but a lesser increase, 27% in the number runaway days than with the group that did not achieve permanency, 57% and 68%).

Given that the literature speaks to running behavior as a symptom of the underlying original traumas, from a clinical perspective one might conjecture that the closer these girls are to returning home wherein lies the possible root of such traumas, the runaway response may indeed increase.

Based on the data available, school attendance patterns either revealed no change or some improvement from prior to program placement to after the program. With this indicator, there are many confounding variables that also contribute to school attendance. These include such possibilities as their history of overall success in school performance, social issues and/or feelings of safety within the school environment. The fact that across the board, school attendance was excellent when the girls were in the care of the professional foster care mothers implies that it does take a considerable amount of effort to attend to the complexities of school participation and performance. And this model of treatment allows for careful, deliberate attention, which results in success even if it is only for the time that the child is in the program. Habituation to going to school is what one strives for. The fact that forty percent of both groups, the ones that achieved permanency and ones that did not, increased attendance after disenrollment suggests that habituation was beginning to have an affect. Also, one cannot forget that runaway behavior is inextricably tied to the opportunity or lack of opportunity to go to school.

Serious emotional disturbance is, in fact, at the core of the problem for these girls. Therefore, mental health improvement would be the most difficult to impact in such a short period of time (median time 4.4 months.) The fact that fifty-seven percent of the entire population of girls showed a stable clinical picture with a significantly smaller percentage (29%) worsening suggests that the program appears to have, at the very least, a stabilizing affect on the girls during this critical developmental period.

In summary, taking a bird’s eye view of all the collected quantitative data, some across the board improvement was achieved. This was true even for those that did not achieve permanency (e.g. reduction in the number of days in more restrictive settings). For the one-half of the girls that achieved permanency, the amount of positive change in all the indicators was as varied as for those that did not achieve permanency. In general, the “success” group seemed to show improvements across all indicators even if it was simply a decrease of intensity or frequency of a negative behavior (e.g. lesser increase in runaway days than the “non-permanency” group).

When taking the qualitative data into account that was provided through the interviews, the true impact of this program is revealed. First, the severity of the emotional disturbance that is exhibited by these girls and the upheaval and history of instability that they have experienced is immediately apparent. Second, one can feel the personal effort and commitment of the professional foster mothers. Third, one can also visualize the program in action on a daily basis. Finally, one can easily recognize that this program provides a stable home environment that ultimately contributes to positive effects/changes in the lives of these girls irrespective of anyone of them reaching the goal of permanency.

Lessons Learned and Recommendations:

1. To be successful, it is important to clearly identify the characteristics of the target population that would benefit from the program. The primary goal of this initiative is for the girls to achieve permanency in their natural home environment. Through a review of the case notes and from the foster parent interviews it became apparent that it is equally as important to consider the second half of the equation, which is the parents/relatives and their living situation. In order to identify girls that are "good fit" and have the greatest possibility for success in the program, the parental situation also must be assessed. Parents must have a clear understanding of the purpose of the program; have a commitment to trying and motivation to learn new parenting strategies. In other words, when choosing who should enter the program, the parents must also be considered in order to identify viable girls for the program. **The foster parents have intuitively regarded the natural parent as an important variable as they proceed to teach and model parenting skills and how to work with the specific issues related to their child.**
2. The underlying assumption is that improvement with the 4 outcome indicators (least restrictive environments, AWOL, School Attendance and Clinical profile) contribute to and are equal to the overall outcome, placement permanency in the home. The data suggests that achievement of all outcome indicators is not necessary to achieve permanency. Additionally, improvement with any of the indicators can be seen in both groups; the group that achieved permanency and the group that did not. Although the data reveals less severity with regard to these indicators for the permanency group, there may indeed be other indicators that may be more critical to achieving permanency success. The parent receptivity and stability factor may be a strong indicator that should be measured in the future. It is also possible that not all the indicators are necessary. For example, a causal relationship between clinical improvement and this program alone is unlikely given the short length of time that the child is involved in the program. It is recommended that the indicators be reviewed to determine their contribution to the ultimate desired results and to decide if others criteria may be helpful. Measurement approaches should be identified clearly for the next round of the program.
3. Collection of the data was challenging. In part due to the real life limitations that affect the gathering of "clean" data. For example:
 - A child's official entrance date into the program was sometimes different than the date in which the child actually began due to child/family issues that arose. This then makes it more difficult to analyze the data for the program benefits. Understanding the potential gaps in accurate data collection should lead to more finite definitions that would allow for tighter data collection.
 - The management of school attendance should be looked at closely to assure that it is being entered accurately and consistently across care coordinator-foster parents.
 - There must be careful consideration of how each outcome indicator will be tracked and measured and the methodology to do so outlined clearly.
 - The 4 girls that were not a "good fit" for the program from the onset suggests that a more discrete description of what type of child has potential for success in this program needs to be explored.
4. The interviews with the foster parents allowed insight to the true functionality of the program. All 4 parents viewed themselves as clinically skillful and yet they expressed a great need for specific additional training and support to enhance their overall effectiveness.

- Given the severity of the mental health issues of each one of these girls, there is a need for a greater base of training to acquire specific knowledge about mental health disorders and best practices when working with them. This would be best accomplished through regularly scheduled individual consultation with the foster parent in which the specific child issues and working strategies would be discussed.
 - Secondly the focus on the natural parents, places a modeling and teaching role in the hands of the foster parents. Additional training for the foster parents to increase their skill in communicating and modeling good parenting practices are indicated.
 - Lastly, given the uniqueness of this foster parent role and the severity of the disabilities of the girls, creating a support group for the foster parents to meet periodically would create additional personal strength and confidence in their work as foster parent and care coordinators.
5. This pilot program yielded a fifty percent permanency rate. This level of success should be considered as the baseline from which ongoing evaluation of future program success will be measured against. With the identification of more definitive outcome indicators and the improvements in training of foster care parents and working directly and more discretely with families, a reasonable overall outcome criterion would be sixty percent permanency acquisition.

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