Kinship and Foster Caregivers' Perspectives on the Need to Tailor Parenting Programs: A Qualitative Study

Elizabeth Freehling
Eastern Michigan University

Anne Berset
University of Connecticut

Katie Fox, CCRP
Cincinnati Children's Hospital

Mary V. Greiner, MD
Cincinnati Children's Hospital Medical Center
Cincinnati Children's Hospital

Sarah J. Beal, PhD
Cincinnati Children's Hospital Medical Center
University of Cincinnati College of Medicine

Abstract

Children in foster and kinship care are more likely than children in the general population to express behavior problems that disrupt their relationships with caregivers and impact their ability to successfully engage in social interactions. Simultaneously, services designed to address behavior problems are often not delivered until problems emerge, contributing to increased risk for placement disruptions and more behavior challenges. Prevention programs designed to reduce behavior problems through enhanced parent-child relationships have robust evidence to support effectiveness, but many are not tailored for foster and kinship care. The purpose of this study was to describe the perspectives of foster and kinship caregivers about their experience receiving a prevention program designed for traditional parent-child dyads, The Chicago Parent Program. Five caregivers (3 females, 2 males), including 3 kinship and 2 licensed foster caregivers, completed 11 sessions prior to an interview to discuss their perspectives and how the intervention influenced their perceptions, skills, stress, and observations of disruptive and problematic behaviors with the children in their care. Caregivers reported perspectives that aligned with three general themes: aspects of content generalizable to foster and kinship care, implementation and structure improvements, and content that required tailoring for foster and kinship care contexts. These findings point to the important need to tailor parenting programs for specific sub-groups of caregivers to ensure services are inclusive, available, and accessible to families of children who are most likely to benefit from these programs and services.

Keywords: Chicago Parent Program; parenting programs; foster care; kinship care; out-of-home care; behavior problems

Introduction

There are more than 400,000 children in the United States foster care system (i.e., in the custody of a county or state's child services agency and placed with licensed or kinship caregivers) with one in five youth in foster care (~99,000) between the ages of 2 and 5 years old (U.S. Department of Health and Human Services, 2022). Children in foster care typically experience increased challenging behavior problems (e.g., aggression, noncompliance, withdrawal, attention-seeking behaviors; Hunt et al., 2017), which have been attributed to maltreatment and early childhood adversities (Jee et al., 2010; Schroeder et al., 2020). Often, services to address these challenging behaviors are difficult to deliver when children are placed with foster or kinship caregivers (Leslie et al., 2006; Jee et al., 2015; Leslie et al., 2005), leaving caregivers to manage

these behaviors on their own with little support (Barnett et al., 2018; Greiner et al., 2015). Some trainings for foster and kinship caregivers provide strategies for behavior management by highlighting the child's history and preparing caregivers to establish healthy interactions through behavioral modeling (Mersky et al., 2020); however, many trainings lack empirical support and focus more on the rules and regulations caregivers need to follow (Festinger & Baker, 2013), which are not clearly tied to therapeutic benefits. While these trainings can be helpful, they do not adequately prepare foster caregivers to manage behavior problems for the children in their care. Additionally, children from families experiencing poverty and families of color are overrepresented in foster care (Maloney et al., 2017), but most parenting programs have been developed and evaluated with families who are middle-income and white (Breitenstein et al., 2012). As a result, there are limited parenting programs available to support foster and kinship caregivers in managing children's behaviors.

Adding to the challenge of behavior management, children in foster and kinship care are less likely to access therapeutic services that would prevent behavior problems. Oftentimes, behavioral interventions are too time intensive, caregivers face challenges locating trained professionals who accept Medicaid (Mersky, 2016), or services are not put into place until a child has experienced multiple poor outcomes, such as psychiatric hospitalization or multiple placement disruptions. Further, foster and kinship caregivers, as well as youth in foster care, often do not seek services until after behavior problems have emerged (Swanke et al., 2016) and then face long wait times before services are initiated. Some evidenced-based programs have been developed for this population, including Treatment Foster Care Oregon (TFCO; Chamberlain, 2003), while others have been adapted for foster and kinship care (e.g., Parent-Child Interactive Therapy [PCIT]; Mersky, 2016). Unfortunately, both require extensive implementation resources that limit the availability of services to caregivers.

Parenting programs are generally designed to help reduce behavior problems by working to improve the parent-child relationship (Temcheff et al., 2018). These programs, including PCIT, have a strong evidence base to support their effectiveness (Thomas et al., 2017). The Chicago Parent Program (CPP) exemplifies a prevention program that efficaciously addresses some of these behavior challenges common among children while promoting the parent-child relationship. CPP is an evidenced-based 12-session program designed to support families with young children in low-income settings (Breitenstein et al., 2012; Gross et al., 2009) and was developed in collaboration with a council of parents who were African American and Latinx experiencing poverty, which makes CPP unique compared to other prevention programs. CPP has rigorously demonstrated significant and sustained improvements in consistent discipline, parenting self-efficacy, and child behavior one year following training (Breitenstein et al., 2012; Gross et al., 2009). Importantly, unlike other programs (e.g., PCIT, Incredible Years, TFCO), CPP can be delivered by trained group leaders in a variety of community contexts, and group leaders are not required to hold college degrees. CPP is also notably less time-intensive than other programs and has the functionality to be delivered virtually or in person. These benefits provide an opportunity to help with dissemination, particularly in child welfare contexts.

Tailoring CPP for foster and kinship caregivers could fill a gap in the available services for prevention of child behavior problems after children enter foster care. While the core CPP is promising, some of its components may need to be contextualized to ensure foster and kinship caregivers remain engaged in the program and apply what they learn to the unique experiences of foster and kinship care. The purpose of this study was to describe the perspectives of caregivers about their experience receiving CPP. Using semi-structured interviews coded thematically, these descriptions will allow us to understand what aspects of CPP should be enhanced to address the experiences that are unique to foster and kinship caregivers.

Methods

Setting, Participants, and Procedures

This study occurred at a pediatric medical center in a Midwestern state in the United States that hosts a large urban metro area surrounded by suburban communities. Participants were foster and kinship caregivers recruited from the pediatric medical center's foster care clinic during mandated health examinations. Caregivers were potentially eligible if they had a child placed with them who was between the ages of 2 and 7 and were either a licensed foster parent or a kinship caregiver. Of six participants invited to participate and receive CPP, five completed all study activities and were eligible to complete the qualitative interview.

CPP sessions took place virtually via Microsoft Teams and were facilitated by a local non-profit community

agency that provides services such as child development and kindergarten readiness programs, education advancement, employment and housing assistance, and basic healthcare services for families in the area. The study received IRB approval, and all participating caregivers agreed to participate in the CPP program and in the qualitative interviews.

Data Collection and Measures

An open-ended, semi-structured question guide was used for the individual interviews to ensure the same topics were discussed while allowing caregivers to elaborate on their experiences with the program. The questions were developed by the study team, including a child abuse pediatrician (MVG) and a child welfare researcher (SJB) who both had lived experience as caregivers of foster children between the ages of 2 and 5. Content discussed in the interviews included prior childcare training, changes to child behavior, content and training that was most beneficial or least helpful, and specific changes suggested to CPP. A trained member of the study team (KN) and the child welfare researcher (SJB) conducted interviews together to minimize variation between the interviews. The open-ended questions and structure of the interviews allowed the participants to answer in their own words and avoid bias from the team members conducting the interview. Interviews took approximately 30 to 60 minutes to complete and were conducted via Microsoft Teams. All interviews were recorded and transcribed. Transcripts were validated against the audio recordings by the first two authors.

Analysis

Two members of the team (EH, AB) independently reviewed the transcripts to identify overarching themes using a grounded theory approach. Reviewers then met to compare the themes identified and create a unified codebook. The codebook was reviewed by the remaining members of the study team. The multidisciplinary team supported discussion and dialog about the organization and labeling of the primary and subthemes, with the goal of being comprehensive and representative of individuals who participated. The final coding scheme and organization of themes and sub-themes were determined via consensus by the research team.

<div align="center">

Results

</div>

Baseline Characteristics

Participants included five caregivers (licensed, n = 2; kinship, n = 3) aged 27-61 years (M_{age} = 41, SD = 13) who completed one or more CPP sessions (11 concurrent weekly sessions offered). All caregivers identified as African American (three mothers, two fathers). Caregivers completed between nine and eleven sessions, and all graduated from the program.

Inductive Analysis

Three primary themes with eleven subthemes were identified in the transcripts: aspects of content generalizable to foster and kinship care, implementation and structure improvements, and content that required tailoring for foster and kinship care contexts.

Theme 1: Aspects of content generalizable to foster and kinship care

There was a consensus that the Chicago Parent Program content benefited foster and kinship caregivers. All caregivers reported decreased stress in managing behaviors from their children, with a licensed foster mother stating "It was helpful because it helped me realize I wasn't the only… 'cause sometimes you know when you parent and you're like, 'Am I the only one going through this thing?'" Caregivers reported reduced behavior problems and improved healthy attachment with the child in their home. One parent (licensed foster father) noted, "Me and [child] is like the best of buddies. Everything has to be 'I gotta tell my dad.'" Indeed, there were four components of CPP that caregivers universally identified as being beneficial and applicable to foster and kinship care, including child-centered time, using if/then statements, ignoring negative behavior, and supporting positive attachment.

Child-Centered Time. Child-centered time refers to parent-child time spent with the child's interests being the focus of the activity. During this time, the parent follows the child's lead during the activity (Gross et al., 2010). Participants noted that child-centered time was beneficial in promoting healthy attachments with the child in their home by creating dedicated time focused on the child's interests. One caregiver (licensed foster

mother) stated:

> So, I want to say for sure, incorporating the… the child center play. And I can take [the children in my home] separately, so now they kind of expect it, and so they know, you know, after dinner I can help Mommy, it's just me and Mommy so. But they also know like what the expectations are, so you know if you, if you don't sit at dinner and eat your food then we can't, you know, have counter play so they know like what they need to do in order to have that time with Mommy.

If/Then Statements. If/then statements are used in logical or natural settings and inform the child of what will happen if a child does not comply with a command. Logical if/then statements refer to an age-appropriate, caregiver-initiated consequence that occurs immediately after the undesired behavior and is consistent with the behavior. Natural if/then statements refer to what will naturally occur if the caregiver does not intervene (Gross et al., 2010). Caregivers highlighted the generalizability of using if/then statements in managing expectations and enforcing consequences. They discussed the importance of if/then statements when communicating upcoming situations or new activities by confirming that the child understands expectations and providing opportunities to reward behavior that meets the caregiver's expectations. For example, when asked about what was helpful in CPP, one caregiver (licensed foster mother) said,

> I guess if/then statements. You know, before, I never used if/then statements, but now my kids are like they kind of understand now, like what I expect of them. So now if I say, "If you do this, then we can do that," so they're more, they're more familiar with the language, and they are more familiar of what's expected.

Ignoring Negative Behaviors. Ignoring negative behaviors was identified by caregivers as helpful because it gave caregivers an effective coping strategy to help them succeed with behavior management. Ignoring negative behaviors is when caregivers intentionally do not respond to undesired behaviors. This can include not talking to, looking at, or interacting with the child while the behavior is occurring. A kinship grandfather summarized how he reflected on these principles and controlled his reactions when he said:

> Whenever there was a negative behavior that I wanted to react to, not to be, or that I wanted to correct, is how to make it 1) center focus, 2) staying calm, and 3) ignoring outbursts whenever he was acting up.

Effective Strategies for Positive Attachment. CPP also emphasizes positive attachments to build connections with parents and children, and caregivers who participated noted that this was very beneficial for all the children in their care. One caregiver (licensed foster mother) identified components of CPP that strengthen attachment, including child-centered time and if/then statements, as different from the training she received when becoming licensed. When referring to strategies recommended in her other trainings, she shared:

> I would never use, like, that's not even how I would approach my own child. Like, no, this [referring to the behavior modification strategy] is, this is unrealistic. Like you're setting them up for failure. 'Cause I do believe there's a positive way to punish and then I do believe that there is a way that we learned in the [foster caregiver training] course where you're begging. You know you should never be begging their children, and that's kind of how foster care sets it up.

Theme 2: Implementation and Structure Improvements

Foster and kinship caregivers identified multiple aspects of the CPP that would be advantageous to tailor for this population. Although caregivers expressed that the content was beneficial, they did encounter aspects that did not align with their lived experience within the child welfare system. For example, one kinship caregiver mentioned,

> We're dealing with different… we're dealing with more extreme reaction(s). You have a [biological] parent, and they're having a child that is just really, really hard to deal with. It's not like [what my child] had to go through 'cause it was abuse. It's, ah, totally different.

Overall, when discussing implementation and structure improvements, specialized leader training, accessible

class times, and increased accessibility of materials for foster and kinship caregivers would be the most beneficial.

Specialized Leader Training. The first improvement recommendation was to include additional trauma-focused training for the CPP Group Leader and add specialized training in child welfare. For example, there were instances noted by caregivers where the Group Leader may not have understood their current situation, and as a result the discussion within the group did not align with the caregiver's lived experiences. A licensed foster mother expressed this when she reflected on the Chicago Parent Program's core principle of parents as experts on their children, and said:

> But then [the instructor] said, so you are [the expert]. But at the end you, you know your kids. You know what works best for your kids… Like we all know, you know we know our kids but we're needing, we're, we're needing help, you know, for kids that we don't know necessarily.

Accessible Class Times. Foster and kinship caregivers expressed the importance of providing accessible class times and delivery of the intervention for continued participation in the program. Many foster caregivers, youth, and other related individuals have other demands (i.e., supervised visitations, appointments, etc.) that are essential aspects of their involvement in the child welfare system. Thus, varied class times would be helpful in accommodating those responsibilities. A kinship grandfather added, "I think on the weekend would actually be a good time to do it. Yeah, or evenings. You know the way people are working nowadays."

Supplemental Materials of Key Concepts. Caregivers also highlighted the need for supplemental materials with key concepts from the program to enable easy access to resources. A licensed foster father suggested the following resource to increase accessibility of the information:

> So, after doing a course you could get, send out your magnets. So, really, what was the core takeaway from each subject matter? And have your, you know, magnets and different things just for you to turn to as like a little handbook, a reminder. I just need tangible things.

Audio Recordings. Many foster and kinship caregivers have multiple placements over multiple years and could potentially need to revisit training information. A licensed foster mother (LFM) and father (LFF) stated that providing audio recordings of the sessions could increase the accessibility of the information shared. Indeed, audio recording could also increase equitability in how individuals are able to access information. As mentioned by a licensed foster mother, "Maybe they should have something where they have, like, a audio where we can kinda like listen back." Similarly, a licensed foster father stated, "It's like if you guys could get some type of audio to just play. That's me; I'm like, I literally rehearse things like 20 different times."

Theme 3: Content that required tailoring for foster and kinship care contexts

Caregivers also provided suggestions on aspects of the program's content and implementation that could be tailored for foster and kinship care. Foster and kinship caregivers provided multiple examples demonstrating why it is important for this information to be contextualized. A licensed foster mother summarized the importance of tailoring the content when she stated, "If/then statements wouldn't be so effective, you know, because [an undesired behavior] comes from trauma… you get a lot of kiddos who come from traumatic backgrounds, and some of those, those [concepts] won't be beneficial." Feedback on these alterations included recommendations that would make the information presented more accessible and distinct.

Customized Content. Foster and kinship caregivers recognized the importance of modifying content to be customized for licensed and kinship caregivers. This is especially important for ensuring that rules and regulations in place by the welfare system are reflected within the Chicago Parent Program. In addition, providing customized content could account for the unique transitions, periods of stress, and unknown histories of the child. A kinship grandfather noted:

> Just it doesn't have to be a whole entire session, but maybe every now and again adding a footnote for those people who are in kinship care and understand that there's a transition period that they have to go through, a honeymoon period that they would have to go through. And how, for example a technique that a child in the house would be different from a child coming into the house may react 'cause you're dealing often, sometimes with foster care you're dealing with children who have experienced trauma.

Examples that resonate with foster and kinship care. The CPP was developed for youth ages 2 – 8, with

examples aligning with those developmental behaviors and milestones. The foster and kinship caregivers noted the potential for youth coming into the home with a history and background unknown to the caregiver and wanted broader examples of situations unique to the foster and kinship care context. When reflecting on the CPP session on routines and traditions, a licensed foster mother expressed:

> *Those kids come into care, and they don't have routines. So, the biggest thing is being mindful that they, nine times out of ten, won't come with the routine. And if they do have a routine, sometimes it's negative. And the biggest thing that you just need to, I guess, implement is make it your own. So, whatever your family routine is, don't try to adapt to whatever they are, especially if they're staying a long time at your home. Have them adapt to your routine 'cause your routine nine times out of ten is gonna be more healthy, healthier than… what they're coming from… you might wanna do home-cooked meals for the first six months or so, just so they see like, OK, this is what a family looks like. This is what we do. We eat dinner. We cook dinner, you know all of those good things.*

Distinguishing Content between Foster Caregivers and Families of Origin. All caregivers noted that it would be helpful to distinguish between groups or content depending on the relevance for families of origin, foster or kinship caregivers, or both. The Chicago Parent Program is designed for families of origin and is not tailored to the regulations of the child welfare system, which potentially creates confusing scenarios for foster caregivers. A licensed foster mother explained this discrepancy with the following comparison:

> *If it was a situation where I was on there and all I had was foster kids and I'm over dialoguing with these people that have their own children… It don't merge, it don't click. So, when they're being open about what they're doing their household, it's not gonna mix with if I only have foster kids because the rules are not the same, you know things that you can do are not the same. So, these people are talking like yeah, do this with my kids blahdy blah, and it's like, oh, I can't do that 'cause these are foster kids, or you know whatever. So, I think it would be more helpful if you did… If it was only foster parents.*

Discussion

Foster and kinship caregivers historically have had training that focuses primarily on rules and regulations in the child welfare system, yet have lacked evidenced-based practices to manage the behaviors of the children in their care (Festinger & Baker, 2013). This study gathered foster and kinship caregivers' perspectives after receiving an evidence-based parenting prevention program that was not designed for foster and kinship caregivers. Through qualitative interviews, findings highlighted aspects of parenting programs that were beneficial and where content could be tailored to address the unique challenges of youth in the foster care system.

Caregivers completed between nine and eleven sessions (higher than the published average of 6.7-7.5; Gross et al., 2009; Gross et al., 2019). Three primary themes were identified in caregiver interviews: (1) aspects of content that are generalizable to foster and kinship care, (2) implementation and structure improvements, and (3) content that required tailoring for foster and kinship care contexts. These feedback areas highlight how CPP, and potentially other parenting programs, can be useful for foster and kinship caregivers. Subthemes revealed that many core components of CPP that foster and kinship caregivers found beneficial. These foster and kinship caregivers expressed that many of these evidenced-based strategies taught in CPP (Gross et al., 2010), such as Child Centered Time, If/Then Statements, Ignoring Negative Behavior, and Effective Strategies for Positive Attachments, were beneficial in caring for the diverse population of children in their home.

Despite the strong support for the CPP strategies, foster and kinship caregivers identified gaps in the overall structure and implementation of CPP and expressed ways in which the intervention could be improved for the child welfare population. As a result, caregivers highlighted the need for CPP group leaders to have specialized training in child welfare and trauma-informed care. This specialized training is important as there are many aspects of the child welfare system where experienced individuals leading the program could help address the challenges caregivers face when implementing CPP strategies, with solutions that align with caregiver experiences. Caregivers also emphasized that it is important to make sure the groups are accommodating to their schedules and expressed that having more ways to create easy and diverse access

to the information would offer additional support for families.

Most notably, a theme mentioned by all caregivers was the need to distinguish content relevant to families of origin from content relevant to foster and kinship caregivers. CPP was originally developed for families of origin, and discrepancies in content delivery for foster and kinship caregivers caused some challenges for foster and kinship caregivers participating in CPP because of the lack of translation in content. Including specific content and specialized training for foster and kinship caregivers could reduce stigma, normalize experiences, and enhance the program's utility for foster and kinship caregivers by addressing the unique challenges experienced by this population. By tailoring the CPP content to create examples and activities that resonate with caregivers while customizing the content to mirror their day-to-day experiences, a parenting prevention program that gives foster and kinship caregivers the tools they need to support the children in their home could be more widely available, aligning with the dissemination strategy for CPP and similar evidence-based parenting programs.

There were limitations when conducting this study. This qualitative study was designed to identify aspects of the CPP content relevant to this population for future research. Using the qualitative and semi-structured interview format allowed foster and kinship caregivers to express their views on the content and what was most relevant to their experiences. However, these experiences may not be generalizable to a wider group of caregivers. To minimize bias, the study team developed the interview guide in a collaborative process, bringing in diverse experiences and expertise from collaborators with a broad range of experiences, with the goal of enhanced generalizability. There were also limitations in terms of the small participant size. Additional research with more foster and kinship caregivers would allow for more feedback and diverse experiences. Future studies are needed that examine a more diverse population of caregivers, solicit feedback from caregivers who are less engaged with program content, and consider a broader range of parenting programs to establish generalizability of the themes identified in this study and provide guidance for future programs that require tailoring to foster and kinship care contexts.

Conclusion

These findings provide preliminary data that the CPP is perceived as beneficial for foster and kinship caregivers, with opportunities for tailoring content and delivery to enhance impact. Further research is needed to address two gaps in research. First, the field should examine how best to adapt parenting prevention programs for foster and kinship caregivers. Second, it will be important for the field to evaluate whether implementing tailored programs increases the effectiveness of evidence-based prevention programs while addressing the specific needs of foster and kinship caregivers.

References

Barnett, E. R., Jankowski, M. K., Butcher, R. L., Meister, C., Parton, R. R., & Drake, R. E. (2018) Foster and adoptive parent perspectives on needs and services: A mixed methods study. *The Journal of Behavioral Health Services and Research*, *45*(1), 74-89. doi:10.1007/s11414-017-9569-4

Barth, R. P., Wildfire, J., & Green, R. L. (2006) Placement into foster care and the interplay of urbanicity, child behavior problems, and poverty. *The American journal of orthopsychiatry*, *76*(3), 358-366. doi:10.1037/0002-9432.76.3.358

Breitenstein, S. M., Gross, D., Fogg, L., Ridge, A., Garvey, C., Julion, W., & Tucker, S. (2012). The Chicago Parent Program: comparing 1-year outcomes for African American and Latino parents of young children. *Research in Nursing & Health*, *35*(5), 475–489. https://doi.org/10.1002/nur.21489

Chamberlain, P. (2003) The Oregon multidimensional treatment foster care model: Features, outcomes, and progress in dissemination. *Cognitive and Behavioral Practice*. *10*(4), 303-312. doi:10.1016/S1077-7229(03)80048-2

Festinger, T., & Baker, A. J. L. (2013). The quality of evaluations of foster parent training: An empirical review. *Children and Youth Services Review*, *35*(12), 2147–2153. https://doi.org/10.1016/j.childyouth.2013.10.009

Greiner, M. V., Ross, J., Brown, C. M., Beal, S. J., & Sherman, S. N. (2015). Foster caregivers' perspectives on the medical challenges of children placed in their care: Implications for pediatricians caring for children in foster care. *Clinical Pediatrics*, *54*(9), 853–861. https://doi.org/10.1177/0009922814563925

Gross, D., Garvey, C., Julion, W., Fogg, L., Tucker, S., & Mokros, H. (2009). Efficacy of the Chicago parent program with low-income African American and Latino parents of young children. *Prevention Science*, *10*(1), 54–65. https://doi.org/10.1007/s11121-008-0116-7

Gross, D., Julion, W., Garvey, C., & Breitenstein, S. (2010) The Chicago parent program: Group l   eader manual. Published online 2010.

Hunt, T. K. A., Slack, K. S., & Berger, L. M. (2017). Adverse childhood experiences and behavioral problems in middle childhood. *Child Abuse and Neglect*, *67*, 391–402. https://doi.org/10.1016/j.chiabu.2016.11.005

Jee, S. H., Conn, A. M., Szilagyi, P. G., Blumkin, A., Baldwin, C. D., & Szilagyi, M. A. (2010). Identification of social-emotional problems among young children in foster care. *Journal of Child Psychology and Psychiatry, and Allied Disciplines*, *51*(12), 1351–1358. https://doi.org/10.1111/j.1469-7610.2010.02315.x

Leslie, L. K., Gordon, J. N., Lambros, K., Premji, K., Peoples, J., & Gist, K. (2005). Addressing the developmental and mental health needs of young children in foster care. *Journal of developmental and behavioral pediatrics : JDBP*, *26*(2), 140–151. https://doi.org/10.1097/00004703-200504000-00011

Maloney, T., Jiang, N., Putnam-Hornstein, E., Dalton, E., & Vaithianathan, R. (2017). Black-White differences in child maltreatment reports and foster care placements: A statistical decomposition using linked administrative data. *Maternal and Child Health Journal*, *21*(3), 414–420. https://doi.org/10.1007/s10995-016-2242-3

McGuinness, T., M. & Schneider, K. (2007). Poverty, child maltreatment, and foster care. *The Journal of American Psychiatric Nurses Association*, *13*(5), 296-303. https://doi.org/10.1177/1078390307308421

Mersky, J. P., Topitzes, J., Grant-Savela, S. D., Brondino, M. J., & McNeil, C. B. (2016). Adapting parent–child interaction therapy to foster care: Outcomes from a randomized trial. *Research on Social Work Practice*, *26*(2), 157–167. https://doi.org/10.1177/1049731514543023

Mersky, J. P., Topitzes, J., Janczewski, C. E., Lee, C. P., McGaughey, G., & McNeil, C. B. (2020). Translating and implementing evidence-based mental health services in child welfare. *Administration and Policy in Mental Health*, *47*(5), 693–704. https://doi.org/10.1007/s10488-020-01011-8

Schoemaker, N. K., Wentholt, W. G. M., Goemans, A., Vermeer, H. J., Juffer, F., & Alink, L. R. A. (2020). A meta-analytic review of parenting interventions in foster care and adoption. *Development and Psychopathology*, *32*(3), 1149–1172. https://doi.org/10.1017/S0954579419000798

Swanke, J. R., Yampolskaya, S., Strozier, A., & Armstrong, M. I. (2016). Mental Health Service utilization and time to care: A comparison of children in traditional foster care and children in kinship care. *Children and Youth Services Review*, *68*, 154–158. https://doi.org/10.1016/j.childyouth.2016.06.029

Temcheff, C. E., Letarte, M.-J., Boutin, S., & Marcil, K. (2018). Common components of evidence-based parenting programs for preventing maltreatment of school-age children. *Child Abuse and Neglect*, *80*, 226–237. https://doi.org/10.1016/j.chiabu.2018.02.004

Thomas, R., Abell, B., Webb, H. J., Avdagic, E., & Zimmer-Gembeck, M. J. (2017). Parent-child interaction therapy: A meta-analysis. *Pediatrics*, *140*(3), e20170352. https://doi.org/10.1542/peds.2017-0352

U.S. Department of Health and Human Services. (2022). The AFCARS Report (p. 1) [29]. https://www.acf.hhs.gov/sites/default/files/documents/cb/afcars-report-29.pdf

About the Authors

Elizabeth Freehling, BS, is a Clinical Psychology PhD student in the Department of Psychology at Eastern Michigan University. Her research centers on early childhood trauma and the mental health and well-being of youth involved in the child welfare system.

Anne Berset, BA, is a PhD student in the department of Human Development and Family Sciences at the University of Connecticut. Their research explores the well-being of adversity-exposed, marginalized parents and adolescents, including youth involved with the child welfare system.

Katie Fox, BS, CCRP, is a senior research coordinator at Cincinnati Children's Hospital. She serves as the research manager for studies in the CHECK Center and contributes to research when young people are involved with the child welfare system, including with linked data between the child welfare system and the medical system.

Mary V. Greiner, MD, MS, is a child abuse pediatrician and Professor of Pediatrics at Cincinnati Children's Hospital Medical Center and the Cincinnati Children's Hospital. She also serves as Medical Director of the Comprehensive Health Evaluations for Cincinnati's Kids (CHECK) Foster Care Center. Her research focuses on generating evidence-based healthcare delivery practices to improve the health of young people involved in foster care.

Sarah J. Beal, PhD, is a developmental psychologist and Associate Professor of Pediatrics at Cincinnati Children's Hospital Medical Center and the University of Cincinnati College of Medicine. Her research focuses on the intersection of healthcare and child welfare involvement and the influences of both systems on the development and well-being of young people involved in foster care.