



REL Appalachia Ask-A-REL Response

Behavior and Mental Health

August 2017

Question:

What is the evidence on interventions for supporting the social-emotional and educational progress of foster children, particularly those who are justice-involved or who have experienced trauma?

Response:

Thank you for your request to our REL Reference Desk regarding evidence-based information about foster children, particularly those who are justice-involved and who have experienced trauma. Ask-A-REL is a collaborative reference desk service provided by the 10 Regional Educational Laboratories (RELs) that, by design, functions much in the same way as a technical reference library. Ask-A-REL provides references, referrals, and brief responses in the form of citations in response to questions about available education research.

Following an established REL Appalachia research protocol, we searched for research reports and descriptive study articles on interventions that support the social-emotional and educational progress of foster children. We focused on identifying resources that specifically addressed foster children who have been involved in the justice system or have experienced trauma. The sources included ERIC and other federally funded databases and organizations, research institutions, academic research databases, and general Internet search engines. For more details, please see the methods section at the end of this document.

The research team did not evaluate the quality of the resources provided in this response; we offer them only for your reference. Also, the search included the most commonly used research databases and search engines to produce the references presented here, but the references are not necessarily comprehensive, and other relevant references and resources may exist.

References

Henggeler, S. W., & Schoenwald, S. K. (2011). Evidence-based interventions for juvenile offenders and juvenile justice policies that support them. *Social Policy Report*, 25(1), 3–20. Retrieved from <http://eric.ed.gov/?id=ED519241>

From the abstract: "In a context where more than 1,000,000 American adolescents are processed by juvenile courts annually and approximately 160,000 are sent to residential

placements, this paper examines “what works” and “what doesn’t work” in reducing the criminal behavior of juvenile offenders and presents examples of government initiatives that have successfully promoted the adoption, implementation, and sustainability of evidence-based interventions for juvenile offenders. In general, the vast majority of current juvenile justice services have little empirical support or exacerbate antisocial behavior. These include processing by the juvenile justice system (e.g., probation), juvenile transfer laws, surveillance, shock incarceration, and residential placements (e.g., boot camps, group homes, incarceration). On the other hand, several effective treatment programs have been validated in rigorous research. Effective programs address key risk factors (e.g., improving family functioning, decreasing association with deviant peers), are rehabilitative in nature, use behavioral interventions within the youth’s natural environment, are well specified, and include intensive support for intervention fidelity. Although only 5% of eligible high-risk offenders are treated with an evidence-based intervention annually, inroads to the larger scale use of evidence-based treatments have been made in recent years through federal (e.g., Office of Juvenile Justice and Delinquency Prevention, Substance Abuse and Mental Health Services Administration) and state (e.g., Washington, Ohio, Connecticut, Florida) policy initiatives. Based on our experience transporting an evidence-based treatment within the context of these initiatives, recommendations are made to facilitate stakeholder efforts to improve the quality and effectiveness of rehabilitative services available to juvenile offenders.”

Johnson, S., B., & Pryce, J. M. (2013). Therapeutic mentoring: Reducing the impact of trauma for foster youth. *Child Welfare, 92*(3), 9–25. Retrieved from https://www.researchgate.net/profile/Julia_Pryce/publication/262264001_Therapeutic_Mentoring_Reducing_the_Impact_of_Trauma_for_Foster_Youth/links/55f07be608ae0af8ee1d20e8/Therapeutic-Mentoring-Reducing-the-Impact-of-Trauma-for-Foster-Youth.pdf

From the abstract: “This study utilized secondary data analysis to examine therapeutic mentoring (TM) as a service intervention in helping to reduce trauma symptoms in foster youth. Outcomes were compared for mentored ($n = 106$) and non-mentored ($n = 156$) foster youth related to experience and symptoms of trauma. Results showed that mentored youth improved significantly in the reduction of trauma symptoms relative to non-mentored youth, suggesting that TM shows promise as an important treatment intervention for foster youth with trauma experiences.”

Kirk, R., & Day, A. (2011). Increasing college access for youth aging out of foster care: Evaluation of a summer camp program for foster youth transitioning from high school to college. *Children and Youth Services Review, 33*, 1173–1180. Retrieved from http://www.tipwaynestate.org/uploads/1/3/8/9/13898085/increasing_college_access_for_youth_aging_out_of_foster_care.pdf

From the abstract: “Young people who transition from the foster care system face many challenges including lack of support and other educational barriers. They are less likely to graduate from high school than their counterparts and go on to college yet despite challenges, many succeed and take advantage of higher education programs. In Michigan, a

state with one of the highest percentages of youth in foster care, Michigan State University developed a small scale, targeted intervention to help transitioning foster youth achieve their goals of pursuing higher education. Led by the School of Social Work in collaboration with other colleges and disciplines, it was demonstrated that a campus based learning program for transitioning foster youth can help contribute toward a perceived increase in knowledge and information about college life, funding and admissions procedures. The educational process involved peer support, role modeling, mentoring and active learning sessions led by the faculty and students who were often foster care alumni themselves. Leaders and speakers came from a range of disciplines, institutions and organizations. This approach and curriculum contributed to perceptions of the camp as enhancing life skills, self-concept, empowerment and sense of purpose. Consequently, this program contributed to the resilience of those who attended and potentially helped build steps from care to higher education.”

Ko, S. J., Ford, J. D., Kassam-Adams, N., Berkowitz, S. J., Wilson, C., Wong, M., ... Layne, C. M. (2008). Creating trauma-informed systems: Child welfare, education, first responders, health care, juvenile justice. *Professional Psychology: Research and Practice*, 39(4), 396–404. Retrieved from <http://www.mhcc.org.au/media/25289/berkowitz-ford-ko-2008.pdf>

From the abstract: “Children and adolescents who are exposed to traumatic events are helped by numerous child-serving agencies, including health, mental health, education, child welfare, first responder, and criminal justice systems to assist them in their recovery. Service providers need to incorporate a trauma-informed perspective in their practices to enhance the quality of care for these children. This includes making sure that children and adolescents are screened for trauma exposure; that service providers use evidence-informed practices; that resources on trauma are available to providers, survivors, and their families; and that there is a continuity of care across service systems. This article reviews how traumatic stress impacts children and adolescents’ daily functioning and how various service systems approach trauma services differently. It also provides recommendations for how to make each of these service systems more trauma informed and an appendix detailing resources in the National Child Traumatic Stress Network that have been produced to meet this objective.”

Kramer, T. L., Sigel, B. A., Conners-Burrow, N. A., Savary, P. E., & Tempel, A. (2013). A statewide introduction of trauma-informed care in a child welfare system. *Children and Youth Services Review*, 35, 19–24. Retrieved from https://www.researchgate.net/profile/Ashley_Tempel/publication/257042865_A_statewide_introduction_of_trauma-informed_care_in_a_child_welfare_system/links/02e7e530fbe73c7852000000.pdf

From the abstract: “Most children in the care of the child welfare system have been exposed to multiple traumas in addition to the stressor of being removed from their home. Because the risk for mental health problems following exposure to trauma is high, a critical need exists to introduce trauma-informed practices into the child welfare system. The purpose of this study is to evaluate initial stages of a trauma-informed training program for

the Arkansas Division of Child and Family Services (DCFS). In Phase 1, 102 (75%) of DCFS area directors and supervisors participated in 10 regional, two-day workshops modeled after the National Child and Traumatic Stress Network (NCTSN) trauma-informed training for child welfare. Pre- and post-training evaluations demonstrated significant improvements in participants' knowledge of trauma-informed practices. A three-month follow-up with directors and supervisors indicated that use of trauma-informed practices increased significantly and that such changes were correlated with pre- versus post-training improvement in knowledge. Most participants were able to partially implement action steps established at the time of training; however, a number of barriers were cited as preventing full implementation, including time constraints, heavy caseloads, lack of staff, and limited resources. Results are discussed in light of plans underway for Phase II training for all DCFS front-line staff."

Leve, L. D., & Chamberlain, P. (2007). A randomized evaluation of Multidimensional Treatment Foster Care: Effects on school attendance and homework completion in juvenile justice girls. *Research on Social Work Practice, 17*(6), 657–663. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2151756/>

From the abstract: "Despite growing evidence that child welfare youth are at increased risk for juvenile delinquency, little is known about gender-specific processes and effective treatment programs for girls. Multidimensional Treatment Foster Care (MTFC), an empirically validated intervention for child welfare and juvenile justice populations, has demonstrated efficacy in reducing arrest rates in delinquent boys and girls. In this study, the efficacy of MTFC on school attendance and homework completion was examined in juvenile justice girls who were referred to out-of-home care ($N = 81$). Results from this randomized intervention trial suggest that MTFC was more effective than group care in increasing girls' school attendance and homework completion while in treatment and at 12 months post baseline. In addition, the previously reported effect of MTFC on reducing girls' days in locked settings was mediated by homework completion while girls were enrolled in the intervention setting. Implications for policy and practice are described."

Skemer, M. & Valentine, E. J. (2016). Striving for independence: Two-year impact findings from the Youth Villages Transitional Living evaluation. Retrieved from <http://eric.ed.gov/?id=ED572895>

From the executive summary: "Large numbers of young people in the United States were in foster care or in juvenile justice custody as teenagers, and many of them have a difficult time making a successful transition to independent adulthood as they leave these systems. Most of them faced a number of disadvantages during childhood and often have poor outcomes across several domains relative to their peers as they become adults. While government funding to help these groups has increased, few of the programs that have been rigorously evaluated have been found to improve outcomes. To advance knowledge in this area, the Youth Villages program sought an independent evaluation of its Transitional Living program—now known as "YVLifeSet"—which is one example of an "independent living" program. The Transitional Living program aims to help young men and women make

the transition to adulthood by providing intensive, individualized, and clinically focused case management, support, and counseling. The evaluation used a rigorous random assignment design in which study sample members were assigned at random to either a program group that was offered the Transitional Living program services or to a control group that was not offered those services...This third major report in the evaluation builds on the one-year findings and assesses the estimated two-year impacts of the Transitional Living program using administrative data for three outcome domains: education, employment and earnings, and criminal involvement. The report also presents information on the costs of operating the Transitional Living program.”

Weinberg, L. A., Oshiro, M., & Shea, N. (2014). Education liaisons work to improve educational outcomes of foster youth: A mixed methods case study. *Children and Youth Services Review*, 41, 45–52. Retrieved from https://s3.amazonaws.com/academia.edu.documents/33501159/CYSR_First_Published_Article.pdf?AWSAccessKeyId=AKIAIWOWYYGZ2Y53UL3A&Expires=1502806647&Signature=Pz3ZZ%2BzfkgpZCWQQdvlqwrWnGc%3D&response-content-disposition=inline%3B%20filename%3DEducation_liaisons_work_to_improve_educ.pdf

From the abstract: “Education liaisons have been used to address educational barriers of foster youth and improve their educational outcomes. This mixed methods case study tests three propositions related to the educational outcomes of 32 foster youth whose education was supported by four education liaisons. The propositions tested focus on positive changes occurring on measures of school stability, school achievement, and school engagement; relationships existing between variables (e.g., school moves and attendance); and practices engaged in by the education liaisons being consistent with the reduction of risk factors and the increase of educational success of foster youth. Results show that although there was no statistically significant change on measures studied over a three-year period, nevertheless, some of the quantitative results are important (e.g. low rates of yearly school moves, high rates of attendance at traditional versus alternative schools), since they run counter to some research findings. Significant correlations were found between some of the variables (e.g., the number of school moves and attendance rates). Using a priori themes interview data show that the education liaisons built relationships with the youth, provided positive support, and troubleshooted educational barriers, among other risk reducing and success building practices. Suggestions for further study are delineated.”

Williams, C. A. (2011). Mentoring and social skills training: Ensuring better outcomes for youth in foster care. *Child Welfare*, 90(1), 59–74. Abstract retrieved from <http://eric.ed.gov/?id=EJ966359>

From the abstract: “Youth in foster care face significant life challenges that make it more likely that they will face negative outcomes (i.e., school failure, homelessness, and incarceration). While the reason(s) for out-of-home placement (i.e., family violence, abuse, neglect and/or abandonment) provide some context for negative outcomes, such negative outcomes need not be a foregone conclusion. In fact, interventions created to serve at-risk youth could ostensibly address the needs of youth in foster care as well, given that they

often face similar social, emotional, and other challenges. Specifically, the author posits that supporting foster care youth through the use of mentoring and social skills training could reduce the negative outcomes far too common for many of these youth.”

Additional Organizations to Consult

Child Welfare Information Gateway: <https://www.childwelfare.gov/topics/responding/trauma/>

From the website: “Child Welfare Information Gateway promotes the safety, permanency, and well-being of children, youth, and families by connecting child welfare, adoption, and related professionals as well as the public to information, resources, and tools covering topics on child welfare, child abuse and neglect, out-of-home care, adoption, and more. A service of the Children’s Bureau, Administration for Children and Families, U.S. Department of Health and Human Services, we provide access to print and electronic publications, websites, databases, and online learning tools for improving child welfare practice, including resources that can be shared with families.”

The National Center for Child Traumatic Stress (NCCTS): <http://www.nctsn.org/about-us/national-center>

From the website: “The National Center for Child Traumatic Stress (NCCTS) provides leadership, organizational structure, and coordination to the current grantees, Affiliates, and partners of the National Child Traumatic Stress Network (NCTSN). Working closely with the Network’s funding agency—the Substance Abuse and Mental Health Services Administration (SAMHSA)—the NCCTS leads the Network in its efforts to increase access to services and raise the standard of care for children and their families across the United States who have experienced trauma.

Since 2001, the NCCTS has had a unique, bicoastal structure, combining the resources of the UCLA Neuropsychiatric Institute and the Duke University Medical Center. Under the guidance of co-directors Robert Pynoos, MD, MPH (UCLA) and John Fairbank, PhD (Duke), the NCCTS has taken a leadership role in child trauma policy, practice, research, and training, specifically through public education, workforce development, improved access to quality treatment, policy analysis and education, development of effective trauma-informed evidence-based practices, and initiatives to address gaps in services for underserved children and special populations.”

Methods

Keywords and Search Strings

The following keywords and search strings were used to search the reference databases and other sources:

- (“foster child*” OR “foster youth”) AND (education OR juvenile justice OR trauma)
- (“foster child*” OR “foster youth”) AND (interven* OR program) AND (impact OR evaluation)

- trauma-informed AND foster

Databases and Resources

We searched ERIC, a free online library of more than 1.6 million citations of education research sponsored by the Institute of Education Sciences (IES), for relevant resources. Additionally, we searched the academic database ProQuest, Google Scholar, and the commercial search engine Google.

Reference Search and Selection Criteria

In reviewing resources, Reference Desk researchers consider—among other things—these four factors:

- **Date of the publication:** Searches cover the most current information (i.e., within the last ten years), except in the case of nationally known seminal resources.
- **Search priorities of reference sources:** Search priorities include IES, nationally funded, and certain other vetted sources known for strict attention to research protocols. Applicable resources must be publicly available online and in English.
- **Methodology:** The following methodological priorities/considerations guide the review and selection of the references: (a) study types—randomized controlled trials, quasi experiments, surveys, descriptive data analyses, literature reviews, policy briefs, etc., generally in this order; (b) target population, samples (representativeness of the target population, sample size, volunteered or randomly selected), study duration, etc.; (c) limitations, generalizability of the findings and conclusions, etc.
- **Existing knowledge base:** Vetted resources (e.g., peer-reviewed research journals) are the primary focus, but the research base is occasionally slim or nonexistent. In those cases, the best resources available may include, for example, reports, white papers, guides, reviews in non-peer-reviewed journals, newspaper articles, interviews with content specialists, and organization websites.

Resources included in this document were last accessed on August 14, 2017. URLs, descriptions, and content included here were current at that time.

This memorandum is one in a series of quick-turnaround responses to specific questions posed by education stakeholders in the Appalachia region (Kentucky, Tennessee, Virginia, and West Virginia), which is served by the Regional Educational Laboratory Appalachia (REL AP) at SRI International. This Ask-A-REL response was developed by REL AP under Contract ED-IES-17-C-0004 from the U.S. Department of Education, Institute of Education Sciences, administered by SRI International. The content does not necessarily reflect the views or policies of IES or the U.S. Department of Education, nor does mention of trade names, commercial products, or organizations imply endorsement by the U.S. government.