Change in Hope: Foster Care Coordinators' Conference Coalition for Children, Youth, and Family
Wisconsin Dells, WI

Empowering Foster Parents

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Dimitri Topitzes, PhD, LCSW
Professor, University of Wisconsin-Milwaukee
Clinical Director, Institute for Child & Family Well-Being

Agenda

- Foster care wins

- Effective programming

- Burnout

- Future visions

Foster Care Outcomes: Vs Public

- Higher rates of mental illness (Engler et al., 2020)

- Poorer health (Sariaslan et al., 2022)

- More crime involvement (Sariaslan et al.,2022)

Foster Care Outcomes in context

- Illinois sample: children in foster care had better outcomes to children with maltreatment records who stayed in their family households:
  - educational attainment
  - public aid receipt
  - income
  - crime (Mersky & Janczewski, 2013)

- Wisconsin sample: foster kids reunified with families were imprisoned in adulthood at sig higher rates (62% vs 19%) versus foster kids who aged out. (Font el al., 2021).

Foster care does right!

- External referral supports for foster children (health-home)
- Kinship placement
- Relational and residential permanency planning (Ball et al., 2021)
- Evidence-based supports for foster parents (Shlarski et al., 2024)

Project Connect

Parent Training Interventions (PTI)

❑ PTIs are among the most successful treatments for child behavioral or mental problems

❑ PTIs also enhance parenting attitudes and practices as well as parent-child interactions

❑ Models that include experiential activities and live parent coaching are highly efficacious (e.g., Parent Management Training)

Common Elements of PTIs

❑Targeted (i.e., focused) interventions

❑Parent mediated

❑Skill focused

❑Emphasis on providing consistent contingencies & promoting positive parent-child interactions

http://www.protectchildren.psu.edu/sites/network/files/Chaffin.mp3

PCIT

Balances Two Factors…

1. Positive Interaction with the Child
   Increase positive attention
   Decrease negative attention

2. Consistent Limit Setting
   Consistency
   Predictability
   Follow-through

PCIT: Core Features

- Active coaching of parent with their child
- Emphasis on restructuring interactions
- Home practice to generalize and overlearn
- Assessment-driven
- Qualified clinicians
- Empirically supported

PCIT: Description Continued

❑ Has been integrated into many systems including CW with positive effects.

❑ Works with children ages 2-7 and their families.

❑ Addresses multiple problems including child abuse, child externalizing behaviors, and child internalizing behaviors.

❑ Delivered by a therapist over an average course of 12-14 weekly sessions.

PCIT: Stage One

Child-Directed Interaction

- Parent follows the child's lead in play while providing consistent attention, affection, & guidance

- Clinician facilitates parent-child interactions with instruction, modeling, role play, & coaching.

- Aim is to strengthen the bond between the parent and child in part through nurturance of prosocial child bx.

- Drawing on attachment and play therapy principles.

CDI Don't Skills

- Avoid commands

- Avoid questions

- Avoid criticisms (no, don't stop, quit, not)

CDI Do Skills: Pride

- Labeled <u>P</u>raise

- <u>R</u>eflection

- <u>I</u>mitation

- Behavioral <u>D</u>escription

- <u>E</u>nthusiasm

Selective attention or active ignore of negative attention seeking behavior

PCIT: Stage Two

Parent-Directed Interaction (PDI)

- Builds on mastery of skills learned through CDI

- Clinicians help parents develop effective discipline and behavior management skills

- PDI minimizes **coercive processes** by establishing **consistent contingencies** for the child's behavior

- Draws on behavioral principles

PDI Skills: Effective Commands

- Direct
- Positively stated
- One at a time
- Specific
- Age-appropriate
- Respectful
- Explained
- Only necessary

PDI Skills: Command Follow-Up

- Compliance reinforced with labeled praise

- Non-compliance extinguished through time-out
  - Time-out warning
  - Time-out chair
  - Back-up time-out room

- Time-out principles
  - Consistency
  - Non-reactivity
  - Non-punishment (removal of positive reinforcement)

  http://www.wbaltv.com/news/PCIT-helps-parents-struggling-to-discipline-children/25654730

The PCIT Evidence Base: Randomized Controlled Trials

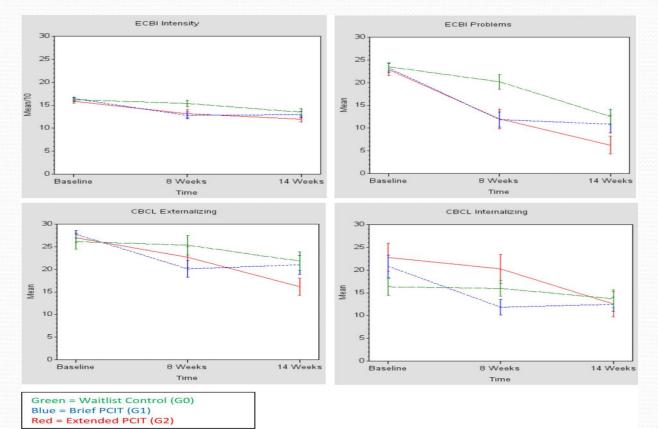|		
1998	Florida	**Disruptive Behavior Disorders (DBD)** Schuhmann, Foote, Eyberg, Boggs, & Algina
2003	Australia	**Disruptive Behavior Disorders** Nixon, Sweeney, Erickson, & Touyz
2004	Oklahoma	**Parents with Physical Abuse Histories** Chaffin, Silovsky, Funderburk, et al.
2006	Puerto Rico	**Attention Deficit Hyperactivity Disorder** Matos, Torres, Santiago et al.
2007	Florida	**Comorbid Mental Retardation and DBD** Bagner & Eyberg
2010	San Diego	**Mexican-American Children with DBD** McCabe & Yeh
2010	Rhode Island	**Toddlers Born Premature with DBD** Bagner, Sheinkopf, Vohr, & Lester
2010	Oklahoma	**Parents with Abuse and Neglect Histories** Chaffin, Funderburk, et al.
2015	Wisconsin	**Foster Children and Parents** Mersky, J. P., Topitzes, J., Janczewski, C. E., & McNeil, C. B.

Project Connect Study Design

❑ Recruitment

❑ Randomization (N = 130)

1. Waitlist control group received services as usual (SAU)
2. Brief PCIT group received SAU + 8 weeks of PCIT
3. Extended PCIT group received SAU +14 weeks of PCIT

❑ Families assessed at 3 time points:

1. Baseline (i.e., before treatment)
2. 8 weeks post-baseline
3. 14 weeks post-baseline

Results: Child Outcomes

- Both brief and extended PCIT reduced child **externalizing symptoms**

- Scores for PCIT groups fell below the clinical threshold while control group scores remained clinically significant

- Brief and extended PCIT also reduced child **internalizing symptoms**

- Outcomes did not differ between the brief and extended PCIT groups

Results: Child Outcomes

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.

Results: Parent Outcomes

Mersky, J. P., Topitzes, J., Janczewski, C. E., & McNeil, C. B. (2015). Enhancing foster parent training with parent-child interaction therapy: Evidence from a randomized field experiment. *Journal of the Society for Social Work and Research*, *6*(4), 591-616.

❑ Brief & extended PCIT reduced overall parenting stress
- ✓ Perceived children as less difficult
- ✓ **Perceived improvement in parent-child interactions**
- X But, no perceived reduction in parental distress

❑ Observational data showed
- ✓ Significant improvement in verbal & non-verbal parenting
- X But not "negative talk" (e.g., "stop"; "no"; "don't do that")

Themes

- Foster parents developed specialized skills

- Intervention mediated through the parents

- Gains were maintained to some extent

- And we tried to reduce burden on foster parents

Trauma Informed Care: SaintA

- Implemented over the course of 2.5 years in an urban child welfare agency
- Based on four components:
  - Training
  - Assessment
  - Case planning
  - Consultation services
- a curriculum the agency developed, titled the Seven Essential Ingredients
- Introduced
  - definitions of complex trauma;
  - frameworks for understanding
  - the effects of trauma;
  - prevalence of individual, intergenerational, and historical trauma; and

Trauma Informed Care: Training

- Curriculum the agency developed, titled the Seven Essential Ingredients
- Introduced
- definitions of complex trauma
- frameworks for understanding
- the effects of trauma
- prevalence of individual, intergenerational, and historical trauma; and
- the principles and practices of TIC
- The primary purpose of the training was to:
  - Deepen service providers' insights trauma manifestations and effects
  - Strengthen providers' skills into TIC practices such as motivational interviewing and coping
  - The training was also made available to foster caregivers.

Trauma Informed Care: Assessment

- Program staff administered trauma exposure and symptom assessments.

- Assessments included the Trauma Symptom Checklist for Children (TSCC; Briere, 1996), and the NMT assessment protocol (Perry, 2009).

- Results inform case services and service referrals.

Trauma Informed Care: Case planning

- Apply TIC principles and practices to each case with the help of a staffing protocol

- Supervisors and case managers discussed information to share with the foster and birth families pertaining to trauma exposure and effects.

- They also reviewed activities to complete with children and families that could improve the self-regulation of child and caregiver (e.g., relaxation, trigger management, and positive discipline).

Trauma Informed Care: Consultation

- Specialized supervision and consultation

- A clinical supervisor, caregiver support specialist, and national expert (Dr. Bruce Perry) provided varying degrees of support

- Support took the form of didactic TIC discussions to reinforce the Seven Essential Ingredients training

- Along with specific case consultation to enrich staffing protocol processes.

Program Evaluation

- Mixed Methods Design (Explanatory Sequential Design)
- Assess:
  - Safety
  - Permanency
  - Staff Experiences
- Sample:
  - All out-of-home care cases in 3-year program period from two underperforming
  - Compared to cases from two other random units

Outcomes: Quant

Outcome	Program Group	Comparison	P-value
Safety (Cases with reports)	1.56%	1.08%	.446
Out-of-home placements	1.65	1.91	.015
Permanency	58%	30%	<.001
Days in care	488	437	.008

Topitzes, J., Grove, T., Meyer, E. E., Pangratz, S. M., & Sprague, C. M. (2019). Trauma-responsive child welfare services: A mixed methods study assessing safety, stability, and permanency. *Journal of Child Custody*, *16*(3), 291-312.

Outcomes: Qual

- Overall enthusiasm for the TIC initiative

- Everyone appreciated the specialized consultation

- Staffing protocol was helpful, forced TI case solutions

- Too much time involved

Themes

- Evidence-based and evidence-informed practices work

- Ways to improve outcomes for difficult systems/cases

- Requires resources (Families First)

- Can tax workers

Burnout

- High among CW workers (Bowman, 2022)
- State of physical, emotional, and mental exhaustion from long-erm involvement in difficult work situation,
  - frustrated sense of accomplishment/efficacy (Bowman, 2022)
  - Frustrated sense of achievement/autonomy (Font et al., 2012)

Solutions: Organizational Level*

- Supervision
- Opportunities for professional development and promotion
- Job control
- Effective practices
- Resources

Solutions: Individual Level

- Approach to cases, i.e., engaged detachment or exquisite empathy

- Case conceptualization and case notes

- Professional development, i.e., trauma

- Self-care and self-advocacy

Question and Answers

Dimitri Topitzes

topitzes@uwm.edu