



Northern California Training Academy

Alternative Interventions to Group Home Care: Keeping Youth in Out-of-Home Care in the Least Restrictive Placement

A Literature Review

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Alternative Interventions to Group Home Care:
Keeping Youth in Out-of-Home Care in the Least
Restrictive Placement

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Funded by the
California Department of Social Services

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Executive Summary

Purpose of Review

The purpose of this literature review is to examine the literature on alternatives to group homes for children in out-of-home care. Issues around the use of group homes as out-of-home placements for children and alternative interventions with the goal of keeping children in least restrictive placements are described. The following will be discussed: Why and for what purposes are group homes currently used? What are the concerns with group home use? What are some alternative interventions to group homes for children in out-of-home placements? Findings include foster parent training, treatment foster care, and behavior analysis. Finally, areas of research that could improve practice in this area are discussed.

Methods

Literature was retrieved and reviewed using the following databases: Academic Search Premier, ERIC, PsychINFO, Social Services Abstracts, Child and Adolescent Studies, Child Welfare Information Gateway, and Child Welfare Research Center. The following search terms were used: *group home*, *treatment foster care*, *placement stability*, *least restrictive placement*, *foster care*, and *placement disruption + foster child*. References from results were also used for further searches.

Conclusion

Current research does not support the broad use of group homes as an effective intervention for foster children. Studies have shown that the more expensive and restrictive placement in group homes is not any more effective than other placement options. Several studies found that outcomes for children in treatment foster care and family foster care were similar to the outcomes for children in group homes. There are also concerns about the quality of

education for children with special needs in group homes and peer contagion. However, if children are placed in group homes due to previous failed placements and problem behaviors that foster families cannot manage, it makes sense to find alternatives that address these issues. Improved foster parent training in managing child behaviors, treatment foster care and family foster care programs that use social learning, and behavior analysis are all effective ways to keep children in the least restrictive environment and out of group homes. Wrap-around also has potential to be an alternative, although more research is needed.

Introduction

The placement of children in out-of-home care spans across a continuum in which the least restrictive is placement with a relative or kinship home. Non-kin family foster care is the next least restrictive followed by treatment foster care, group homes, residential treatment facilities and correctional facilities. In California, all residential campus based facilities and community based facilities are classified as group homes, making them the most restrictive out-of-home placement. A goal of Child Welfare Services (CWS) is placement of children in the least restrictive environment (Adoption Assistance and Child Welfare Act, 1980).

The least restrictive environment is closely linked to placement stability and permanency. As children disrupt from their placements, they tend to move into more restrictive and more expensive placements, away from homes that could create permanency (Redding, Fried & Britner, 2000; Usher, Randolph, & Gogan, 1999). Permanency, safety and wellbeing are outcomes for foster children that the U.S. Department of Health and Human Services (USDHHS) measures and tracks, and goals of the 1997 Adoption and Safe Families Act (ASFA). ASFA requires social workers to create a concurrent plan for each child in out-of-home care, one plan for re-unification and another if the child is unable to return home, to achieve permanency (ASFA, 1997). Group homes cannot provide permanency; however, family foster and kinship homes can.

Barriers to placement stability were examined in a survey conducted by the National Resource Center for Foster Care and Permanency Planning at Hunter College School of Social Work. The barriers they found were 1. Lack of resources for assessment of children, 2. Insufficient skill level of foster families, and 3. Inadequate services (Lutz, 2003). These same three conditions can also contribute to placement in group homes. If these conditions are

addressed by assessing the behaviors of children and training foster and kinship parents to manage problem behaviors, children may be able to remain in family foster care and obtain permanency.

The use of group homes as an effective way to address problem behaviors is not supported by the research. Children cared for in other placement types have better outcomes in placement stability, legal involvement, academics, and affect, than children in group homes (Barth, 2002). Finding alternatives to group home care is not only important to child wellbeing, it has become a necessity with current budget cuts and increasing costs of group homes.

Findings

Why and for What Purpose Group Homes are Used

In California group homes are the most restrictive placement on the out-of-home continuum of care. Group homes are defined as “a facility of any capacity which provides 24-hour nonmedical care and supervision to children in a structured environment, with such services provided in part by staff employed by the licensee” (California Department of Social Services, 2007). Group homes in California are categorized into 14 different rate classification levels according to their level of care, supervision, and services provided, with higher numbers providing a greater level of care (WIC11462). These group homes range from small family models up to residential treatment facilities. In November 2010, there were 8,729 children in group homes in the state of California (CWS/CMS, 2010).

The group home is designed for children who have behavioral and/or emotional problems that prevent them from living in a family foster home setting. Children who live in group homes are foster children and children who have been removed from their home due to delinquency. Children who have an emotionally disturbed diagnosis are also placed in group homes for their educational plans. The preferred goal is for the children to move to less restrictive placements in a short period of time (California Alliance of Child and Family Services, n.d.).

Two special groups of children have been identified as benefiting from group homes: children who have runaway histories and children who have self-destructive behaviors. The high levels of supervision and structure a group home provides can reduce these behaviors (Barth, 2002).

Children placed in group home care are more likely to be male and older (James et al., 2006; Barth, et al., 2007), and have mental health issues including clinical depression, self-

harming behaviors, serious emotional disturbances and other mental illness (Frensch & Cameron, 2002; McCrae, Lee, Barth, Rauktis, 2010; Whitaker, Archer, & Hicks 1998). As many as 61% of children living in group homes receive mental health services (Barth, 2002).

A study by James et al. (2003) found that children with significant behavior problems are four times more likely to be placed in group homes. Behavior problems include poor impulse control, destroying property, criminal activity and chaotic behavior, among others (Haugaard, 2003; Whitaker et al., 1998). Children in group care also have a history of previous disrupted placements which is often seen in children with behavior problems (Burns et al., 2004; McCrae et al., 2010). Another study by The American Institute for Research (AIR) (2001) found that 47% of children in group homes in California were in special education.

Concerns with Group Home Use

One of the concerns with group home care is that studies of outcomes for children after discharge have mixed results and have not always been significantly different from outcomes for children in other living situations. A recent study found that children who had no behavior problems in group care fared much better after discharge than children who presented with behavior issues in group care. This is not surprising; however, another finding of this study was that it did not matter if youth decreased their behaviors during group care or increased behaviors. Both groups had an increase in subsequent placements and legal involvement (Lee, Chmelka, & Thompson, 2010). This suggests that any improvement in behavior gained during group care is not translated into improvements after leaving group care, making the improvements only temporary.

McCrae et al. (2010) found that children in family foster care had similar levels of improvement as the children in group home care had. Both groups had similar decreases in

problem behaviors over a period of 36 months in care. They also found that improvements in children's affect, which included depression and posttraumatic stress, was similar. This study suggests that the more expensive placement in a group home may not improve child wellbeing over placement in family foster homes.

Another study by Lee and Thompson (2008) found mixed results when comparing treatment foster care to group home care. Children who were in group homes had no significant differences from those in therapeutic foster care when comparing legal involvement six months after discharge. However, the study did find differences in that the children in treatment foster care were less likely to return home and had more subsequent placements than those in group care.

When outcomes for children in residential care were compared to children who participated in intensive in-home treatment, there were not significant differences either. One year after discharge, children involved in the intensive in-home treatment had slightly more progress in school and less trouble with the law than those in group care, however; the difference was small (Barth et al., 2007). If outcomes for children in group care are similar to outcomes for children in other out-of-home placement types and improvements that occur during group care are not maintained after discharge, then the use of high cost, more restrictive group placement is called into question.

A second concern with group homes is that of peer contagion. There is concern that children placed in group care with other children will pick up the deviant behavior of their peers, therefore increasing problem behaviors. It is suggested by Haynie and Osgood (2005) that due to methodological issues with past studies such as self reports, and adolescent reporting behaviors of their friends, peer contagion has been overestimated. When correcting for these issues, they did,

however, find that socialization with delinquent peers did have a modest effect on delinquency. Leve & Chamberlain's (2005) study of delinquent boys and girls found that overall behaviors declined but that those who had more association with delinquent peers also had more association with delinquent peers 12 months after discharge. One study of boys at the Boys Town group home has found that only ten percent of children had an increase in behaviors when in group care. During the study, care givers recorded daily observed behaviors into a record, allowing for more accuracy. (Lee & Thompson, 2009). Another study (Huefner, Handwerk, Ringle, & Field, 2009) has found no evidence of increased behaviors in group care. More research is needed in the area of peer contagion to determine the actual predictors.

A third concern with group homes is that as a result of the structure they provide, children are not given opportunities to develop skills necessary to transition into adulthood. Developmentally, a goal for adolescents is to gradually assume more personal responsibility. Whereas adolescents in less restrictive foster placements express that they do not have enough opportunity to practice life skills (Geenen, and Powers, 2007) due to the restrictive nature, children in group homes have even less opportunity. They miss out on daily activities of shopping and preparing food and other important life skills (Barth, 2002). They also are not given the opportunity to have outside work, which can help prepare them for fulltime employment later (Courtney & Heuring, 2005). Children in group homes also miss out on extracurricular activities that allow for more personal development (Barth, 2002).

Education of children in group homes is also of concern. Two studies in 2001 surveyed education in group homes: Choice et al. and AIR. Both found that almost half of the student files were missing important information such as transcripts and assessments. AIR found that 47 % of children in group homes were in special education. Most, or 59%, of the group homes surveyed

had nonpublic schools associated with them; however, because files were missing, educational placements were delayed. Without adequate information, the appropriateness of the educational placement is unclear. Both studies are ten years old indicating that more research is needed to determine if these educational challenges are still prominent.

Current research does not support the idea that group homes are a better environment for children than other placements, even for those with numerous placements and problem behaviors. There are several concerns about the outcomes of children who have been placed in group homes.

Alternatives to Group Homes for Children in Out-of-Home Placement

Given that placement in group homes is commonly a result of placement disruption and problem behaviors, it makes sense to address these two areas. Alternatives to group homes focus on reducing moves, reducing child behaviors, and increasing skills and commitment of foster families.

Child behavior problems and placement stability. Children develop problem behaviors as a way to adapt to maltreatment. These adaptations can be external in the form of aggression and disruption or internal in the form of compliance and withdrawal (Haugaard, 2003). In a study by Ellermann (2007), foster children were interviewed and reported that deliberately misbehaving was a coping skill they sometimes used in hope of moving back with their biological family or as a response to confusion from being placed with a caring family who made them uncomfortable.

Understanding and correctly assessing a foster child's behavior is an important first step to addressing these behaviors. There are several tools designed to determine the type and severity of children's behaviors. The Child Behavior Checklist (CBLC) is perhaps the most well known

and used. The CBCL is given to children age four through eighteen. There are 113 questions on the CBCL that measure eight syndromes: withdrawn, somatic complaints, anxious/depressed, social problems, thought problems, attention problems, delinquent behavior and aggressive behavior. Questions ask caregivers to rate the presence of behavior and emotional problems and responses are a 3 point Likert scale, (0= *not true*, 1= *sometimes true*, 2= *often true*). Sample questions are, now or in the past 6 months is the item very true, somewhat true or not true. Items include cruelty to animals, meanness to others, and destroys things belonging to his/her family. Three scores are computed for the CBCL including internalizing, externalizing and total score. There are two drawbacks to using the CBCL. The first is that it is very lengthy and takes some time to complete. The second is that there is a cost to use the tool.

The Strengths and Difficulties Questionnaire (SDQ) is a 25 item behavioral assessment for children 3-17. Parents, foster parents, teachers and older youth themselves can complete the assessment. The SDQ measures five subscales: emotional symptoms, conduct problems, hyperactivity/inattention, peer relationships, and prosocial behavior. Questions ask caregivers and teachers to rate a statement about the child in the last six months and responses are on a Likert scale, (*not true*, *somewhat true*, *certainly true*). A sample question is, "Considerate of other people's feelings." It is used in child welfare as a screening tool to determine further referrals. Several studies have compared the SDQ to the well known CBCL and found the scores to correlate highly (Goodman, & Scott, 1999; Klasen, et al., 2000). An advantage of the SDQ is that it only 25 questions and takes only 5 minutes to complete. The SDQ can also be downloaded for free from the website and scoring directions are included.

Several studies have been performed to determine what triggers foster parents to request the removal of a child. The most frequently reported reason for asking for a child to be removed

was behavioral problems. Consistently, research has found a strong association between placement disruption and problem behaviors of children (Newton, Litrownick and Landsverk, 2000; Rubin, O'Reilly, Luan, & Localio, 2007). Foster parents reported they were not likely to foster a child who becomes dangerous, sets fires, acts out sexually or destroys property (Brown & Bednar, 2006; Rhodes, Orme & Buehler, 2001). Another study determined that foster parents of 5-12 year olds are willing to tolerate up to six behaviors a day. Any more created a risk for removal (Chamberlain, et al., 2006). Clearly, addressing behaviors will reduce placement moves.

Many foster parents believed that placement disruptions due to behavioral problems could have been prevented if they had had access to crisis counseling and adolescent management (Gilbertson & Barber, 2003). Community support (Brown, 2008) and a willingness to tolerate a child with behavioral and emotional problems were also considered important by foster parents to be successful (Cox, Orme, & Rhodes, 2003). Attitude, training, and community support are the three common factors that foster parents report they need to successfully foster a child.

Foster parent training. Several studies have discovered that foster parents would like more training than they have received (Chang & Liles, 2007). The most frequently reported training interests were in how to get children involved in healthy behaviors, improved foster parent skills, and effective discipline (King, Kraemer, Bernard, & Vidourek, 2007). Foster parents recognize a need to be trained in behavior management. Foster parents also state they would like to be considered a member of the child's team (Brown, 2008; MacGregor, Rodgers, Cummings, & Leschied, 2009).

Although most states require foster parent training of some sort, little research has been performed to determine training effectiveness. Effectiveness is dependant on how the goals of

the curriculum have been defined. It appears that behavior management is not a primary goal of foster parent training. The most common training programs are Foster Parent Resources for Information, Development, and Education (PRIDE), and Model Approach to Partnerships in Parenting (MAPP) (Dorsey et al., 2008). Dorsey et al. reviewed the current literature on foster parent training and found that there were only a few studies on training effectiveness and found that neither of these programs was effective. They also criticized both of these training programs because they focus on helping parents understand what is involved, and deciding if they want to be foster parents, instead of training them in the skills necessary to manage the behaviors of foster children. Again, if a predominant factor in placing children in group homes is behavior problems, and these same children are placed in family foster homes, then it is necessary to train foster parents in behavior management.

The PRIDE program has been extensively used in 23 different states (Christenson & McMurtry, 2009). The training program covers important issues in child welfare. According to the College of the Redwoods description, topics covered in the 24-hour training are appreciation for special needs of foster and kinship children, how to access health services and community resources, how foster care fits into the child welfare system, and techniques for building your foster children's self-esteem (College of the Redwoods, n.d.). Christenson and McMurtry (2009) surveyed foster parents and found at one and half years after training, 88 % were able to accurately answer questions about the knowledge gained in training. One example of the survey questions is, "What is the primary goal of foster care." Topics and questions addressed information about childcare, relationships, attachment and separation, and loss. All are important topics (Christenson, & McMurtry, 2009); however, they do not address behavior management.

The MAPP curriculum orients the foster parents to the child welfare system, why children are in the system, loss and attachment, and reunification. MAPP also includes one session of nonphysical discipline. A study by Lee and Holland (1991) compared foster parents in Georgia who were trained in MAPP to foster parents who were not trained at all. The two groups were compared in four areas: inappropriate developmental expectations of children, a lowered value of physical discipline, appropriate parent-child roles, and empathy. Unfortunately, the authors found no differences in the two groups of parents in any of the four areas. A later study found that foster parents trained in MAPP made improvements in only four of the program's 12 goals (Puddy & Jackson, 2003). Although MAPP is a very popular training for foster parents, it has not been shown to be effective.

The California Evidence-Based Clearinghouse (CEBC) is a website that provides child welfare workers with evidence-based reviews of several programs. CEBC reviews the research on programs and ranks them one through five based on the level of evidence supporting them. A rank of one has strong evidence to support the program, and a rank of five has a potential risk to families. A rating of NR, (not rated), is for programs that lack research. Not all programs have been reviewed, both MAPP and Pride fall into the NR category due to the lack of research on them (CEBC, n.d.).

Treatment foster care. Barth (2002) defines treatment foster care as “An adult-mediated treatment model in which community families are recruited and trained to provide placement and treatment to youth who might otherwise have difficulty maintaining placement in regular foster care” (p.32). Treatment foster care is often also called therapeutic foster care. The definition for treatment foster care is very broad and can include a variety of techniques. Comparing studies on treatment foster care is difficult due to the wide variation, and individual

programs have a variety of goals and services. Caution is advised when reviewing studies as many do not give program descriptions (Heussey, & Guo, 2005).

The only program Dorsey et al. (2008), who reviewed the literature on foster parent training, found to be effective in improving child behaviors was Multidimensional Treatment Foster Care (MTFC). MTFC was designed at the Oregon Social Learning Center as an intervention for children with severe emotional and behavioral problems. Each home has only one child, and the foster parents have extensive support in the form of daily phone contact with the agency, weekly support meetings, crisis management, and consultation. Behavior is managed with structured, positive reinforcement and clear consequences, using social learning theory (Price, Chamberlain, Lansverk, & Reid, 2009). The CEBC has ranked MDTF as a one, or “well supported by empirical evidence,” under the placement stabilization topic (CEBC, n.d.).

Several randomize, controlled studies have shown that MTFC can be effectively used with delinquent and foster children. A study of delinquent boys who were placed in MTFC had less reported drug and alcohol use 12 months after discharge than the control group (Smith, Chamberlain, & Eddy, 2010). Another found that girls in MTFC have better school attendance, home work completion, and fewer periods in locked settings following discharge (Leve, & Chamberlain, 2007). A recent study in Sweden using MTFC found that children with serious behavior problems had a 30% reduction in symptoms 24 months after discharge. Children in the MTFC group also had larger reductions in external and internalized behaviors than the control group and these differences were significant (Westemark, Hansson, & Olsson, 2011). MTFC has also increased permanency 24 months after discharge for preschoolers placed in the preschool version (Fisher, Kim, & Pears, 2009). Studies with MTFC consistently show reduced behavior problems and better outcomes for children.

A program that the CEBC has ranked a three, or “promising,” is Keeping Foster and Kin Parents Supported and Trained (KEEP) (CBEC, n.d.). KEEP is a modified version of MDTF, designed at the Oregon Social Learning Center, for family foster parents and kinship caregivers. KEEP involves 16 weekly 90 minute training session. The training focuses on behavior management techniques of positive reinforcement, close monitoring and non harsh discipline, and managing peer relationships. The foster parents receive two weekly calls from the agency and weekly support meetings (Price, et al., 2009). Several studies have shown that KEEP can be used with family foster and kinship homes and is effective in reducing behaviors, reducing placement disruption and retaining foster parents. These results were repeated when the original cohort of foster parents took over and trained a second cohort (Chamberlain, Price, Reid, & Landsverk, 2008; Price et al., 2008; Price, et al., 2009). KEEP has the potential to increase effectiveness of kinship and family foster care providers.

All treatment foster care programs have not been found to be as effective as MTFC and KEEP. One study (Farmer, Burns, Wagner, Murray, and Southerland, 2010) found that the treatment foster care homes in the study lacked the intense supervision, support, and training in dealing with problem behaviors offered by MTFC. In the study they used a hybrid approach by adding components of the MTFC such as building relationships, setting expectations, and implementing effective consequences, among other things. They also added access to trauma-based, cognitive-based therapy for those children that needed it. At six months and again at 12 months children in the hybrid model had significantly fewer behaviors; the control group’s behaviors remained fairly constant while the hybrid group reduced behaviors. Parent training in how to effectively address behavior problems does seem to make a difference in youth success.

The component that MTFC, KEEP, and the hybrid model have in common is the use of social learning and behavioral theory in parenting practices.

Behavior analysis. Applied behavior analysis is not a new concept. It has been used successfully with parents to change their children's problem behaviors such as vocalizing and misbehaving in shopping centers since the late 70s (Barnard, Christophersen, & Wolf, 1977; Miller & Sloane, 1976). In the late 70s applied behavior analysis was also introduced in preschools (Essa, E.L., 1978). Since then, it has been used successfully with children with developmental disabilities and other disabilities to improve the learning environment and reduce disruptive behaviors in the classroom (Winterling & Gast, 1992; Kern, Childs, Dunlap, Clark, & Falk, 1994). In children with autism spectrum disorder, early intensive behavior analysis has improved IQ scores by as much as 20 points (Vismara, & Rogers, 2010). Considering past successes, behavior analysis has the potential to be used to reduce behaviors with foster children.

Behavior analysis is essentially the "science of behavior change" (Chance, 1998, p. 4) and is very appropriate for use in social work. Just as social work has a focus on the person in the environment, behavior analysis examines the relationship between behavior and environmental events. There are two types of behavior: respondent and operant. Respondent behavior is behavior that occurs after an event and is reflexive in nature such as a startle reflex. Operant behavior is behavior that occurs because an event will follow, and is the behavior that can be changed. There are also two types of environmental events: antecedents and consequences. Antecedents are events that occur before a behavior, and consequences are events that occur after the behavior. A reinforcement is an antecedent or consequence that increases the frequency of a behavior. Behavior change occurs when the target behavior is reinforced or minimized by the environment (Chance, 1998).

Although many group homes administer programs that also use social learning and applied behavior analysis (Baker, 1989), foster parents have not regularly been trained in behavior analysis. Florida has a unique program that incorporates behavior analysis services with its child welfare program. In 1994, the State of Florida hired a behavior analyst with the goal of reducing placement disruptions due to problem behaviors and keeping children in the least restrictive placement. The program has since grown state-wide and includes 60 behavior analysts and the support of two universities for continued research. A foster parent curriculum entitled *Tools for Positive Behavior Change* was written for Florida. The curriculum involves 30 hours of classroom training on nine task-analyzed tools, or skills, for behavior change. There is also a shorter version of 15 hours on seven tools, or skills, for behavior change. Additionally, the Florida program includes an in-home follow up. After the program started, seven of fifteen children analyzed in residential treatment were stepped down successfully to less restrictive placements. As a result, the State saved approximately \$330,000 in placement costs in one year with these seven children and saw a 40% reduction in placement disruptions due to problem behaviors (Stoutimore, Williams, Neff, & Foster, 2008).

The nine task-analyzed tools or skills are stay close, use positive consequences, ignore junk behavior, pivot, stop-redirect-give positive consequences, set expectations, use contracts, timeout, and ABCs. Stay close means the parent expresses empathy for the child and talks with him or her in calm, nonthreatening ways with the goal of creating a positive relationship. Use of positive consequences involves praise and activities to reinforce positive behavior. Ignore junk behavior involves minimizing attention to problem behaviors. Pivot is used when more than one child is in the room. It involves switching attention away from the child with problem behavior and toward the child with appropriate behavior. Stop-redirect-give positive consequences is used

when a problem behavior cannot be ignored. It involves telling the child to stop, directing him or her toward more appropriate behavior and then praising the child. Set expectations means explaining to the child what is expected and what will be earned. Using contracts is the expectation in writing. Timeout is designed to be used for severe problem behaviors that could not be redirected. The ABCs of behavior involves identifying what happened before the behavior, antecedent, and what happened after, consequence, to help identify behavior reinforcements (Van Camp et al., 2008). All of the skills are designed to reinforce appropriate behavior and redirect and minimize problem behavior.

In California, behavior analysts are not licensed by the State. Instead they are board certified by a national organization, the Behavior Analyst Certification Board (BABC). A master's degree is required as are specific courses, passing an exam, and practicing under supervision for a specified time similar to the requirements to become a licensed clinical social worker. There is also a certification for a Board certified assistant behavioral analyst at the bachelor's level (BABC, n.d). The BABC website has a directory of certified behavioral analysts.

Other interventions. The CEBC has reviewed other interventions for children. The Incredible Years has a rating of one, “well supported by empirical evidence,” by the CEBC. This program trains parents and teachers of children ages 3-10 in addressing problem behaviors with play, praise, reward, and limit setting. Research has found the Incredible Years effective in reducing behaviors; however, there has been minimal research with foster families (Linares, Montalto, Li, & Oza, 2006).

Wraparound is a team based intervention that includes family members, their social supports, and services providers to create an individualized plan for the family. Services are

usually intensive in the beginning and phase out within 14 months. Wraparound includes informal supports in the family's community, with the idea that they will eventually replace formal supports (Ferguson, 2007), and builds on the family's strengths. The CEBC has ranked wraparound a three, or "promising," under the placement stability topic area (CEBC, n.d.).

Recent research has supported the use of wraparound. Several studies concluded that the children using wraparound were more likely to move to less restrictive placements (Bruns, Rast, Peterson, Walker, & Boswell, 2006), less likely to run away, and less likely to be suspended from school; however, wraparound was not associated with fewer legal issues (Carney & Butell, 2003). A concern with wraparound is that there are various versions and definitions for what is termed wraparound.

Areas of Research Could Improve Practice

Continued research is needed on the intervention of wraparound because most studies performed were not randomized trials and reported conflicting results. Some studies found an increase in number of placements with the use of wraparound (Mears, Yaffe, and Harris, 2009). Furthermore, at this time, the standard definition of wraparound is still developing and therefore comparison and effectiveness can not be applied to other client populations. There is at this time a discussion over whether wraparound is a philosophy of care or a prescribed set of services. California adheres to the philosophy of care definition considering wraparound a process that is child centered (Ferguson, 2007). More empirical evidence would support the high rate of wraparound use in child welfare in California.

Conclusion

Current research does not support the broad use of group homes as an effective intervention for foster children. Studies have shown that the more expensive and restrictive placement in group homes is not any more effective than other placement types. Several studies found that outcomes for children in treatment foster care and family foster care were similar to outcomes for children in group homes. There are also concerns about the quality of education for children with special needs in group homes and peer contagion. If children are placed in group homes due to previous failed placements and problem behaviors that foster families cannot manage, it makes sense to find alternatives that address these issues. Improved foster parent training in managing child behaviors, treatment foster care and family foster care programs that use social learning, and behavior analysis are all effective ways to keep children in the least restrictive environment and out of group homes. Wraparound also has potential to be an alternative intervention, although more research is needed.

Additional Resources

Oregon Social Learning Center, <http://www.oslc.org/>

California Evidence Based Clearing House for Child Welfare, <http://www.cebc4cw.org/>

California Association of Behavior Analysis, <http://www.calaba.org/>

Behavior Analyst Certification Board, <http://www.bacb.com/>

Strengths & Difficulties Questionnaire (SDQ), <http://www.sdqinfo.org/>

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