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INTERVENTIONS IN GROUP HOMES

Nicole Prytherch

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INTERVENTIONS IN GROUP HOMES

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Nicole Prytherch

June 2020

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ABSTRACT

Understanding difficult behaviors that contribute to placement loss for foster children could aid in developing interventions to stabilize placement and increase progress moves. Thus, this research project explores the behaviors exhibited by adolescents in a group home through interviews with direct care staff to provide insight into the behaviors that contribute to placement disruption and possible interventions to address traumatic symptoms in foster children.

This was a post-positivist study, utilizing qualitative methods to gather information through face-to-face interviews with group home staff. Eight group home staff were asked questions about their experiences with difficult behaviors and the interventions they have used to assist foster children, and these interviews were recorded electronically and transcribed using open coding. Using conventional content analysis, the following themes were identified: relationship building as an intervention, support for staff, and the difficult behaviors of foster youth.

Relationship building was commonly mentioned by most participants as a way to help youth cope with group home placement. This aligns with previous research and highlights the need for interventions to be aimed at building and maintaining positive relationships for foster youth. The difficult behaviors commonly mentioned by residential counselors included running away, aggression, drug use, and property damage. Additional support in the form of training, management support, and value for the field was identified by

participants as was the need for interventions aimed at reducing these difficult behaviors and increasing support for residential counselors.

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CHAPTER ONE

ASSESSMENT

Introduction

Chapter one of this study goes over the rationale for the chosen paradigm, which includes a brief description of the research site and the population served. The chapter then goes on to include a literature review covering the Adoptions and Safe Families Act, behaviors that contribute to placement loss, complex trauma, and intervention methods.

Research Focus

The primary focus of this research project was the impact of trauma on behaviors that contribute to placement loss and the interventions that were used in group home placements. The types of behaviors that contribute to placement loss for foster youth is explored through recorded interviews with group home workers. Information regarding the types of behaviors displayed and the interventions needed to assist with the management of difficult behaviors, is explored through the perspective of direct care staff working in a group home. All participants have experience working with foster youth between the ages of 12 to 19 in a group home setting.

Paradigm and Rationale for Chosen Paradigm

This study was carried out through the lens of a post positivist paradigm. From the vantage point of a post positivist, research is carried out in a natural setting and through the use of qualitative data (Morris, 2014). Through the eyes of a post-positivist, the researcher's personal biases are taken into account to preserve objective reality. Open exploration and creativity assist the post- positivist in better understanding human experience. This paradigm was chosen due to the nature of the study and the wealth of information direct care staff can provide on the day to day behaviors of foster youth in group homes.

Literature Review

This literature review covers the purpose of the Adoptions and Safe Families Act of 1997, as it has had a major impact on the child welfare system, permanency, and placement for foster youth. The literature reviewed placement changes and symptoms of trauma in children.

The Adoption and Safe Families Act of 1997

The Adoption and Safe Families Act of 1997 was passed to ensure children are placed in the most family like environment whenever possible (Allen & Bissell, 2004). ASFA was put in place to protect the family and ensure that reunification services are explored in a timely manner (M. Allen & M. Bissell, 2004). However, not all children are finding placement in the least

restrictive environments or reunifying with their families. Madden, Maher, McRoy, Ward & Stanley (2012) found that aggressive behavior and defiant behavior served as a barrier to family reunification for foster youth in group placements. Since group homes are caring for a population with more behavioral and emotional needs, at risk to experience more placements changes, exploring interventions aimed at reducing the difficult behaviors that lead to placement loss would be beneficial to children who are placed in a congregate care setting.

Symptoms of Trauma

In some cases, behavioral problems such as aggression, have been linked to loss of placement for foster children (Font, Gershoff & Sattler 2018) (Beeman, Kim, & Bullerdick, 2000). This highlights the need for interventions aimed at addressing symptoms of trauma in foster children, especially children who are placed in group homes and need more intensive services to address trauma.

The experience of abuse, neglect, and the stress of being removed from the home can lead to something Ko et. al (2008) refers to as complex trauma or multiplicity of trauma. Symptoms of trauma such as aggression, are part of the fight or flight response in traumatized individuals and when repeatedly activated can lead to a state of hyper vigilance. The child may go into fight, freeze or flight mode in response to either real or imagined danger (Guarino & Bassuk, 2010). A child in fight mode may become aggressive,

while a child in flight mode may attempt to run away from caregivers. In 28% of cases, foster parents mentioned difficult behaviors as the primary reason for being unable to care for a foster child (Ryan, Marshall, Hers & Hernandez, 2008). Childcare workers utilizing interventions aimed at addressing difficult behaviors, could be instrumental in helping the child decrease negative behaviors that contribute to placement loss.

When traumatic symptoms are not addressed, this could contribute to loss of placement, further exacerbating the symptoms of traumatic stress. A higher number of group home placements and non –relative placements was found to be connected to aggressive behaviors of the child (Perry & Price, 2017). Group home staff have the opportunity to intervene and teach the youth to manage uncomfortable emotions in a healthy way, facilitating the transition to a foster home or assist with reunifying the child with family members. High risk behavior is a symptom of traumatic stress for children in the child welfare system and early intervention is needed to assist with minimizing the impact of trauma on the child’s behavior long term (Ko et al., 2008). What specific high-risk behavior the foster youth is engaging in could provide insight in to which intervention should be used.

Prevalence

As of 2016, it has been estimated that 437, 465 children were in foster care (Child Welfare Information Gateway, 2019). Out of the 437,465 children in foster care only 5% were estimated to be in group homes or congregate

care. 32% were living with a relative and 45% were in nonrelative foster homes (Child Welfare Information Gateway, 2019). The goal to have most children placed in a family like environment is slowly being achieved. To assist with the aim of achieving permanency for families, assembly bill 403 set the standard and policies for group homes to convert to a short-term therapeutic residential program, providing services more focused on achieving permanency goals (CDSS, 2020). Group homes are still playing an active role more focused on assisting families with achieving permanency and helping youth transition to a more family like environment. Knowing how difficult behaviors are being addressed to help the youth process their trauma, can assist with matching interventions to challenging behaviors and assist with continuity of care across different providers.

Interventions

In general, foster care has been found to increase negative behavioral outcome in children (Allen & Bissell, 2004). Negative outcomes in the child welfare system can be minimized with increased family visits. (Hindt, Bai, Huguenel, Fuller, & Leon 2018). Hindt, Bai, Huguenel, Fuller, & Leon (2018), conducted a study on the behavioral outcomes of children in Emergency Shelter Care and found that children who had less kin involvement were more likely to have symptoms of anxiety or depression. Interventions aimed at increasing family visits, when possible could serve as a buffer to the experience of being placed in a group home.

Interventions for foster youth also include additional training on evidenced based practices, such as trauma informed care. Ko et al. (2008) discussed the importance of providing cross training with frontline workers as well as mental health professionals, to ensure continuity of care across different service sectors assisting families. Sullivan, Muray, & Ake (2016), describe trauma informed care as an approach that provides caregivers with the support and education on traumatic stress to better serve children in the welfare system. Bent-Goodley (2019) points out that trauma informed care requires that leadership extend this way of thinking to employees and the agency, by taking an organizational approach. This may mean providing self-care days for staff and educational training regarding trauma informed care (Bent-Goodley, 2019). By providing training and creating an environment that lessens the stigma of vicarious trauma, workers will be better equipped to meet the needs of their clients (Bent-Goodley, 2019). Training for staff regarding the impact of trauma on children can help improve the care provided to them. Staff may be better equipped to teach children coping skills to reduce maladaptive behaviors.

Interventions could come from the direct care staff, as well as the community to assist the staff with providing care to vulnerable population.

Level of Functioning

The impact of growing up in a group home on youth versus foster care is mixed. Several studies have shown a connection between negative

outcomes and group home care (Bederian Gardner, Hobbs, Ogle, Goodman, Cordon, Bakanosky, Narr, Chae & Chong, 2018). However, others have found there to be little to no difference on the child's level of functioning. Portwood, Boyd, Nelson, Murdock, and Hamilton (2018) found that children placed in foster homes had higher levels of functioning than children placed in group homes. The placement in a group home versus a foster home had little impact on the child's continued mental health growth or cognitive improvement (Portwood, Boyd, Nelson, Murdock, & Hamilton, 2018). Levels of anxiety have been found to be impacted by placement in a group home setting. The children who were placed in group home care experienced increased and continued anxiety compared to children placed in foster care (Portwood, Boyd, Nelson, Murdock, & Hamilton 2018).

Characteristics of Children/Risk factors

Certain characteristics place children at an increased risk to experience placement in a group home. Ryan, Marshall, Hers and Hernandez (2008) found that children who are placed in a group home have the following characteristics: they are male, part of a minority, have behavioral problems, and have had been involved in the juvenile justice system. Children placed in group homes have higher rates of delinquent behavior and emotional disturbance (Ryan, Marshall, Herz, & Hernandez, 2008). Not all teenagers are able to reunify with their family members or foster homes, and in some cases,

delinquent behaviors are a contributing factor for teens to be placed in a group home.

Placement instability

Not all children are able to immediately reunite with their families or find placement in a foster home. Font, Gershoff, & Sattler (2018) found that out of a sample of 23,760 children and 66, 585 placements, 57-71% ended with a non-progress move. A non- progress move is defined as a change in placement that does not bring the child closer to achieving permanency goals or being placed in a more family like environment (Font, Gershoff, & Sattler 2018). Exploring the difficult behaviors of foster children could provide insight into non-progress moves within the child welfare system and the interventions needed to assist caregivers with managing difficult behaviors.

Fisher et al. (2011) found a connection between negative behaviors and an increased risk to experience a placement loss. Having more than five behavior problems placed the child at a 10% increased risk to experience a placement loss for each behavior problem (Fisher, Mannering, Chamberlain, Stoolmiller, Takahashi & Chamberlain, 2011). Interventions that involved training the foster parents was found to be an effective way to minimize the risk of placement loss for foster parents that received additional training (Fisher, Mannering, Chamberlain, Stoolmiller, Takahashi & Chamberlain, 2011). Knowing what behaviors direct care staff in group homes experience could guide intervention methods to assist children placed in group homes.

A lack of foster care placement and foster parents willing to work with a particular youth has been found to be one of the most common causes for a child to be placed in a group home (Ryan, Marshall, Herz, & Hernandez, 2008). Although placement in foster homes have increased over the past few years and there has been a decrease in the use of congregate care settings. Reasons children lost placement in a foster home was attributed to the child's behavior 28% of the time (Ryan, Marshall, Herz, & Hernandez, 2008). Children with severe behavior problems tend to be placed in group home settings (Ryan, Marshall, Herz, & Hernandez, 2008). Bederian-Gardner et al. (2018), found that rather than group homes resulting an increased risk of stress, the frequent placement changes and changes in schools put children at an increased risk to experience PTSD. Foster children with more behavioral needs are at risk to experience placement loss that further contributes additional trauma.

Frequent placement moves appear to be connected to symptoms of trauma in the child and adolescent. Information regarding Interventions methods are needed to assist direct care staff in group homes. With appropriate interventions that address trauma, the transition to a more long-term placement may ensure the child can form a healthy attachment in a long-term placement or successfully return to their family when safely possible.

Theoretical Orientation

This study was approached from the theoretical orientation of trauma theory as it relates difficult behaviors in foster children and loss of placement. Zastrow & Kirst-Ashman defined traumatic stress as a subjective experience that depends on individual perceptions (2016). However, certain situations will increase the chances an individual will perceive an event to be traumatic stress. According to Zastrow and Kirst-Ashman (2016), “A stressful event is more likely to be perceived as traumatic if: It happened unexpectedly. One is unprepared for it. It happened repeatedly, one felt powerless to prevent it. Someone was intentionally cruel” (p. 678). Sudden removal from a caregiver is a jarring and traumatizing experience. Children are often unprepared for it, and frequent placement moves is not uncommon for foster children in general. Moving from placement to placement, sometimes due to trauma related symptoms, can make forming attachment to an adult figure even more difficult.

It is common for children in congregate care settings such as group homes to have experienced abuse prior to placement. Children who have experienced abuse have been exposed to trauma. Strand, Hansen, & Courtney (2013), suggest that left untreated, the experience of trauma can lead to behavioral and emotional problems throughout the life span. This is especially apparent in children who have experienced complex trauma. Guarino and Bassuk (2010), described complex trauma as the “persistent traumatic stress that often originates within the caregiver system during critical

developmental stages and leads to immediate and long-term difficulties in many areas of functioning”. By this definition, foster children who experienced abuse or neglect and removal from the home are at risk to experience complex trauma.

One of the areas of functioning relates to the child’s ability to self-regulate behaviors or emotions (Guarino & Bassuk, 2010). These behavior problems can lead to difficult relationships with others and the inability to form relationships. Any traumatic stress has the potential to have a lasting impact on the child.

Left untreated, traumatic stress can contribute to further behavioral problems in adolescence (Ko et al., 2008). Symptoms of traumatic stress, such as aggression can lead to future instability and open the youth to experience a change in placement that does not bring the child closer to achieving permanency goals.

Contribution of Study to Micro and/or Macro Social Work Practice

The experiences of direct care staff in a group home could provide insight into the practical applications of interventions currently being used in congregate care and the management of difficult behaviors. Group home staff can provide unique insight into the interventions needed to assist children. Proper interventions at a delicate time for the child could assist with securing a more long- term placement for a child with difficult behaviors. Interviewing

direct care staff will help explore interventions needed to reduce trauma and provide additional research on congregate care. Interviewing either group home staff will provide insight on the trauma related behaviors of foster youth, and could possibly help with the practical application of evidence-based treatments for adolescents. Knowing the impact of trauma on a child's behavior could help create more in-depth screening assessments and assist with continuity of care.

Group home staff spend a significant portion of their time with a population that has experienced one or more traumas. Evidence-based interventions have been disseminated through the federally funded National and Traumatic Stress Network, however, there is a need for the available information to be combined into a coherent whole, and for the development of a system to match interventions to individual clients (Strand, Hansen, & Courtney 2008). Knowing the behaviors that both children and adolescents in foster care exhibit, could assist with continuity of care between agencies serving families.

Summary

The theoretical orientation and rationale for a post positivist study was explained. Trauma theory was explored as it relates to foster youth placed in group. Frequent placement moves can have a negative impact on children in the child welfare system. In some cases, children lose placement when behaviors are difficult to manage. This study contributed to the existing

information on trauma informed care and the interventions frequently used by group home staff.

CHAPTER TWO

ENGAGEMENT

Introduction

This chapter describes the research site, and the methods of recruiting possible research participants. In addition, tools for obtaining information and the qualitative data are discussed. Issues of ethics, human diversity, and political issues are reviewed in this section.

Research Site

The research site included direct care staff that have experience working in a group home. Participants were interviewed to provide input about their experiences working with children and adolescents and the interventions they have found to be effective. At least eight direct care staff were interviewed to provide input about their experiences working in a group home, and the types of difficult behaviors they encountered. The intervention services explored included case management, crisis intervention, self-care for staff, family visits, and any other interventions the participants felt were relevant to trauma informed care. The population served by direct care staff were youth between the ages of 12 to 18. The majority of children served at the agency are part of an ethnic minority, part of both DCFS and probation, with diverse behavioral and emotional needs.

There are several positives to the chosen participants and the location for the research site. Permission to recruit individuals for interviewing was granted by the participating agency. Individual consent was also obtained from each participating staff. Staff were chosen through the researcher's existing contacts. The research took place at a location that was convenient for both the participant and the researcher. Due to time constraints, the research site varied, and included discrete settings such as libraries, parks, and the participant's homes.

Engagement Strategies for Gatekeepers at Research Site

Engagement strategies included reaching out to the researcher's existing contacts to recruit participants who have experience working in a group home. The purpose of the study and the potential this study has to contribute to the existing knowledge on childcare within the child welfare system was explored. The value of participant's knowledge in areas regarding intervention methods and its potential to improve childcare within the child welfare system, was discussed with participants. Participants were informed of the potential they have to contribute to the existing knowledge on intervention methods for foster youth.

Self-Preparation

The researcher explored the existing literature on children in group home care and evidence-based interventions. Research regarding the

appropriate gatekeepers was made prior to engaging with the research site. Appropriate strategies for engaging gatekeepers was explored prior to contact with the gatekeeper. To prepare for data gathering, the researcher used reflective journaling to become more self-aware of personal biases and how these biases could impact the study. Before the interview, the Researcher reviewed biases personal biases that could influence the study. To prepare the interviewee, the researcher educated participants about the role of the researcher. Informed consent was obtained prior to any data collection. Forms for informed consent was prepared in advance and participants will be instructed to sign with an X if they wish to participate.

Diversity Issues

The stories of research participants are important and were acknowledged in this study. The research participant was asked to provide information about their personal history working with children in a group home and how their knowledge has impacted the clients they serve. The majority of research participants were a part of a culturally oppressed population, had a bachelor's degree, and years of experience working with foster youth in a group home. Additional research was be conducted to gain greater understanding of research participants and increase the researcher's cultural awareness and sensitivity to the participants. The power difference between the researcher and research participants was also be explored.

Ethical Issues

Each participant was made aware that their name and the agency name will be kept confidential, and neutral language will be used to describe the research site to avoid negatively impact funding for group homes. A neutral approach will be taken when describing the behaviors of foster children in group care, and the interventions being used by staff to avoid a negative impact on foster children.

Prior to beginning the interview, written consent was obtained and an overview of the content of the interview questions was reviewed. Participants were made aware of their right to refuse to answer questions, skip questions or withdraw from the study at any time. Extensive research was done prior to conducting research to maintain standards of competency. No use of deception was needed or used for the interview and the research participant was encouraged to ask questions or voice their concerns at any time during the interview. Identifying information of participants was not collected for this study. Participant's responses were coded to ensure confidentiality. Audio recordings of the participants will be destroyed within 2 years of completion of the study.

Political Issues

Since group homes could easily be impacted financially by negative information, results of the study were summarized in a neutral tone. Formative results would highlight areas that could be improved by offering suggestions

(Morris, 2014), and may lessen the potential negative impact the findings may have on the service providers. Offering suggestions and utilizing language that will remain neutral to the results of the study, could avoid impacting the funding group homes with negative language. During the research process, the role of the researcher and participant was explained to avoid any confusion and blurring of boundaries. In a post positivist study, the researcher is aware they may have an impact on the study and attempts to limit this influence. The researcher increased self-awareness through reflective journaling to minimize the influence of personal biases.

The Role of Technology in Engagement

The use of technology was minimal with this study. Participant interviews were recorded electronically in order to be transcribed. Information was stored in a safe location to ensure the confidentiality of participants. Information was stored on a secured electronic device and used for the purpose of the study only. Potential research participants were contacted via telephone, face to face recruiting by the researcher, and email.

Summary

Participants with experience working in a group home were asked to participate in this study. Snowball sampling will be utilized to recruit participants and locate additional participants. The researcher developed rapport with key players and service providers, explaining the potential

benefits of the study to participants. Information was obtained in the form of interviews with group home staff. Values of diversity were addressed with research and careful consideration of research participant's personal values and beliefs. Also, the political impact the study could have on future funding towards group homes. A neutral and factual reporting of the results of the study was used. The group home and the participants of the study were kept confidential and recordings of interviews were stored in a secure location. Technology was utilized in the form of emails, phone calls, and through recordings of interviews for documentation purposes.

CHAPTER THREE

IMPLEMENTATION

Introduction

This chapter addresses how implementation took place in the research study. This chapter includes a description of research participants, a description of how the participants were chosen for the study, and a description of data gathering methods. Lastly, the section addresses data analysis.

Study Participants

Study participant samples were selected from one or more group homes across California. The majority of participants had at least 1-year experience working with foster youth between the ages of 12 to 18 in a group home. One participant had only one-month experience working in a group home with foster children, but had prior experience working with children diagnosed with autism. All participants were over 18 years old. In total, eight participants were interviewed. Participants varied in age, educational background and experience. Most participants identified as being African American. The interview process provided a clear picture of the experiences of direct care staff and took into consideration the time constraints of the study.

Since participants were recruited through the use of purposive sampling, participants level of experience, and knowledge was diverse. Educational attainment varied. In addition to varied educational backgrounds, participants were of different ages. More male participants were recruited, as female participants appeared more reluctant to participate.

Selection of Participants

For a post positivist, research uncovers objective reality in a naturalistic setting combined with qualitative examination (Morris, 2014). For this reason, purposive sampling was used to uncover this objective reality through the use of snowball sampling. Participants were recruited from the researcher's existing contacts at one group home location. Approximately three participants worked more than one group home location, but were only recruited from one site. Direct care staff were recruited by the researcher via phone communication or face to face recruitment at the research site by the researcher. Morris (2014) reviews Patton's approach to purposive sampling and provides an explanation for a technique known as snowball sampling, which utilizes current social networks to lead to additional participants. After interviewing an individual, the researcher will ask the participant if they know anyone who may want to share their personal experience as it relates to the focus of the study on traumatized foster children.

Data Gathering

Information was gathered from face to face interviews with group home staff. The researcher used set of pre-planned questions as a guide to capture participants answers. Prior to beginning the interview, the Researcher reviewed a consent form with the participant, explaining the purpose of the consent form and instructed the participant to sign with an X, if they wish to participate in the interview. The participant was asked to confirm their participation in the study and verbalize that they understand they can choose to exit the study without any repercussions at any time. The Researcher used techniques such as qualitative data gathering, such as active listening. Most questions on the guide were open-ended and changed as the study evolved.

The first set of questions included demographic information such as age, sex, years of experience, and educational level. The next set of questions involved open ended questions to explore the challenging behaviors encountered daily with different clients. Participants were then be asked to describe intervention methods that they believe to be useful and have personally found to be effective. As the interview progressed, questions were added or removed based off the information provided and the natural flow of the conversation. Inclusion questions were to expand the topic and gain a greater understanding of the experiences of direct care staff. Morris (2014) describes an inclusion question as one that will help expand the information in

the study. Other questions involved difficult behaviors, intervention techniques, and placement stability.

Phases of Data Collection

During the first phase, the researcher contacted the participant via phone to set up a meeting location and time. Prior to the start of the second phase, informed consent was provided to the participant. Participants were reminded that they can choose to leave the study at any time or decline to answer questions. The participant was reassured that no identifying confidential information would be recorded. During the second phase of data collection, audio recordings of interviews were conducted for all sample groups. During the final phase of data gathering, the audio recordings were coded to uncover themes and attach meanings to the emerging information. Upon completion of the interview, participants were thanked for their time and directed where to locate the outcome of the study.

Data Recording

Data gathering was recorded using audio recording through the use of an electronic device. Written consent was obtained from individual participants and the purpose of the study was explained prior to gathering data. Participants were reminded that they can withdraw from the study at any time, decline to answer questions, decline to have observational data gathered or decline audio recording at any time. Thoughts regarding researchers'

impressions will also be analyzed immediately after the interview has taken place through the use of reflective journaling. The reflective journals allowed the researcher to track and analyze the direction of the study. Research journals were used immediately following the interviews to help the researcher reflect on the information. The participants responses were coded to identify emerging themes relating to trauma, difficult behaviors, and intervention methods.

Data Analysis Procedures

Data was analyzed qualitatively. A journal regarding the reaction of the participant and what was physically observed in the environment, was recorded in a journal for analysis. The researcher approached the study from the standpoint of a “bottom up” approach to formulate a theory based off of the research data. Axial coding, open coding, and selective coding was used to analyze data. Morris (2014) describes open coding as a data analysis method that breaks down information to discover underlying themes and categories among the gathered data. Open coding opens the door for axial coding, a method Morris (2014) describes as the next stage in the research process that allows the researcher to then link the connections between the themes or categories. This assisted with identifying themes and led to additional research questions. The researcher then develops a theoretical statement through the use of selective coding. After completing open coding, axial coding, and selective coding, the researcher used the last stage of synthesis known as the

conditional matrix. Morris (2014) describes the conditional matrix as the last step where the researcher will take the proposed theory and apply it to the current body of information known about the research focus. The researcher in this study used the common themes and categories discovered from interviews to formulate a theory that added to what we currently know about the experience of staff working with traumatized children in group home settings. Words were coded to identify common themes relating to difficulties providing care, service strengths provided by the staff, trauma, and resiliency within the child.

Summary

Participant selection involved individuals working in group homes within California. These participants were gathered utilizing snowball sampling. Data was collected through the use of interviews utilizing an audio recording device. Information was analyzed using open coding.

CHAPTER FOUR

EVALUATION

Introduction

This chapter discusses the findings of interviews held with residential counselors. An overview of demographic information for participants is discussed and themes relating to relationship building, frequent placement moves, support, and difficult behaviors are identified. Each identified theme is further described by residential counselors.

Data Analysis

Participant Demographics

A total of eight participants that work in a residential group home for foster youth within Southern California were interviewed. These interviews took place from October 2019 and concluded with the last interview occurring in February of 2020. Each participant provided demographic information such as age, experience, gender, ethnicity, and educational level, which are displayed in Table 1 below. The majority of participants had over one year of experience working with foster youth. Experience level ranged from one month working with foster youth to thirty years of experience working in a group home. Only one participant reported she only had one-month experience working with youth. Participant age ranged from age 22 to 56. Only one participant had an associate degree, while all other participants reported they had a Bachelor's degree.

Table 1

Demographic Characteristics of Study Sample

	n=8
Age	
22-35	5
36-56	3
Sex	
Male	4
Female	4
Race/Ethnicity	
African-American/Black	4
Caucasian/White	1
Hispanic/Latino	3
Education	
BA	7
Associates	1
Experience	
1month	1
1-5 years	1
Over 5 years	6

All participants were asked to share demographic information, followed by open ended questions. Participants were asked seven open ended questions related to the behaviors of foster youth in their care. An additional eleven open ended questions focused on the interventions utilized by the residential counselors to address difficult behaviors and the support they need to successfully do their job.

Qualitative Themes

This study aimed to examine the difficult behaviors of foster youth and the interventions used to address difficult behaviors through the experiences of group home staff. The support group home staff and foster youth need was also explored. Through the use of conventional content analysis, several themes and subthemes emerged, which are summarized in Table 2. The first theme includes common difficult behaviors residential counselors frequently encounter in the group home setting. Counselors described the difficult behavior as physical aggression, drug use, and property damage. Next, the topic of relationship building is discussed as a common intervention. The connection between difficult behavior and placement loss is explored. Lastly, support for residential counselors is reviewed. In total, four themes were identified. Direct quotes from participants were used to support each theme. The confidentiality of participants was maintained.

Table 2

Themes Related to Findings

Themes/Subthemes	Description
Difficult behaviors: physical aggression, AWOL behavior, property damage, drug use.	This theme reflects on the common difficult behaviors that residential counselors face in the group home setting. Physical aggression, AWOL behavior, drug use, and property damage were listed as common behaviors exhibited by foster youth in group home placement.
Relationship Building: Teaching coping techniques, structured environment, and genuinely caring.	Relationship building was a common intervention identified by residential counselors as an effective tool to address difficult behaviors.

Support: Management support, valuing the field, and additional training	This theme reviews the needed support identified by residential counselors to do their job effectively.
Frequent Placement moves	This theme reflects on the common issues connected to frequent placement moves identified by residential counselors.

Difficult Behaviors. Physical aggression and verbal aggression were frequently identified as some of the most difficult behaviors to deal with.

Counselors mentioned being hit, kicked, cursed at, and having to physically intervene to maintain the safety of the youth. As stated by one participant:

I would say the physically acting out, the violent behavior. Those are the, hitting the kicking the throwing of things, the breaking of property, the cussing and yelling. Those are the tantrums; those are the things that are the most difficult to deal with (Interview #1, personal Interview, October, 2019).

Participant #6 described times when some youth would become so angry, they would not recognize the staff. The participant stated the following:

When they get like super angry, they black out it's called black out where the kid even the kid respects you so much, he will not recognize you and he may be able to harm you. I had some cases in the past like that and where we had to call the police and the police will come over in restrained him because they won't even be listening or anything" (Participant #6, personal communication, January 2020).

Police may need to get involved when the situation becomes unsafe for staff and other kids.

From the perspective of staff working with foster youth in the placement, aggressive behaviors such as property damage were also commonly reported as a reason for returning a youth to the group home. Participant # 1 stated:

Foster families care about their possessions and so they um really have a hard time if someone's breaking things in their house. That's a pretty standard tantrum move is to break stuff and so these are my things and he's destroyed them. He has to go kind of a thing without the idea that one, I'm taking a kid that could be potentially violent and break stuff and two, I need to put away the things I care about and three I need sort of a house that's safe kind of a thing, but I think that contributes to it a lot. I got that a lot from kids that were being replaced. He broke my stuff like that's it (Interview #1, personal communication, October 2019).

This participant felt the property damage contributed to the youth losing placement in the foster home.

Frequent Placement Moves. AWOL behavior was also identified by another participant as a contributing factor to placement loss. One participant stated:

Now if it's kids that lose placement because of their behaviors because they AWOL that's a higher percentage. You would probably put that in 35, 40% that probably wind up losing placement due to AWOLs and it's not because we won't keep the bed open, but other entities play in to that (Interview #2, personal communication, October, 2019).

This participant went on to further explain that probation youth would often lose placement after they ran away from the facility and due to rules in regards to probation, could not allow the youth to return to the group home.

Another staff agreed, placement loss due to difficult behaviors is a common experience stating, “it common it's pretty common and a lot of kids move around a lot a lot of times. And some placements even, the behavior is pretty challenging” (Interview #3, Personal Communication, February, 2013). Difficult behaviors and placement moves were reported by residential counselors to be connected.

Relationship Building. Developing a caring relationship was mentioned by several participant as a type of intervention that can help the youth in group home placements. As stated by one participant:

It's the relationship. It's always going come back to that. There's no magic, no I get that, I get that, but a , but it's a good point because third it's a good question about how do you approach something a different way it is like well there's no magic to anything that we do beyond the relationship you build with a kid. There's no secret techniques or things that you can do if you don't have a relationship. So genuinely caring, being willing to weather the storm of their behaviors, and still be with them on the other side is like that that deal that gives them like a lot of like respect and hope and like this person cares. It's just going to toss me off to the side because I broke some stuff or because I tried to hit him (Interview #1, personal communication, October 2019).

Building a relationship also entails getting to know the youth and being able to identify triggers. Another participant mentioned, “oh it's not necessarily an

intervention it's more of a overall, the best practices strategy, which is to actually really know the kids, which takes time, and you have to be willing to do it (Interview # 2, personal communication, October 2019).

Several participants mentioned building rapport or a caring relationship as a way to help the youth cope with being in a group home.

Structured Environment. Controlling the environment and staying in control emotionally was mentioned as an important tool to assisting escalated youth in the group home. As one participant stated, "I think it's controlling their environment. One of the things that staff struggle with is being in control in the moment with the with the youth." (Interview #2, October, 2019). Maintaining a safe and structured environment in one form or another was mentioned as a way to care for the youth. This included the staff maintaining a calm demeanor and avoiding showing frustration with the youth. In addition, setting clear expectations was also mentioned by one participant as a necessary part of relationship building. One staff stated, "The better I know the child, the more they can understand what expectations might be coming from me or the expectations I set are clear to them" (Interview #5, personal communication, January 2020). Setting clear expectations for the youth may contribute towards building a positive relationship and assist with keeping youth calm. Part of building a structured, safe environment included providing drug and alcohol groups to probation youth and mental health services. Another participant mentioned:

We have a lot of support from our CFS and the therapist and as well from the drug and alcohol groups that we have once a week and of course from the staff who are been trained to deal with the kids with the difference drugs are drugs abuser and things like that and that's one of the biggest interventions that we have (Interview #4, Personal Communication, January 2020).

Coping techniques. Reminding the youth of coping techniques or simply trying to engage the youth in a separate activity was mentioned as an intervention that one staff used to help de-escalate youth or build a relationship with them. Interventions with youth can be simply showing the youth how to respond in different situations. As stated by one staff:

Some of the interventions that I used is um, reminding the child of their coping skill, taking a walk, um moving the child away from the situation, just kind of maybe um guiding them to a separate location, time away (Interview # 3, personal communication, February 2020).

Some youth found comfort in going for a walk with staff or being away from another youth that may have upset them. Another participant mentioned teaching appropriate coping techniques and generally modeling the appropriate behavior on a day to day basis. "I teach them coping techniques like deep breathing or ask if they want to go for a walk. I also try to model the appropriate behavior by not getting aggressive myself when something bad happens" (Interview # 6, personal communication, December 2019).

Another participant identified groups in which coping strategies are taught, as an effective intervention for physical aggression. This participant stated," over all strategies would be like to get them into like ART or Anger Management group" (Interview #2, personal

communication, October 2019). These groups are commonly held within the group home to help youth process their thoughts and learn to express their anger in appropriate ways.

Support for Staff/Additional Training. Results from this study suggest that most participants felt additional support is needed for residential staff to effectively provide care to youth in a group home setting. Two participants identified additional training regarding childcare or mental health issues. Training was also mentioned as an important tool both to train potential foster parents and to train the staff currently caring for the kids in a group home placement. One staff felt foster parents do not always have an accurate idea of what type of behaviors they will have to deal with. One participant identified a need for increased awareness about foster youth left in the system, stating:

I would say more awareness of kids needs typically I don't want to say fall through the cracks, but kids needs that we know they're abused we know they were neglect we know they have abandonment issues, but unless they're actively acting out and those kids tend to just survive in the system (Interview #2, Personal Communication, October, 2019).

Participant # 8 also identified training as an important need for caregivers of foster youth by stating:

I feel like they just need more training because of the more that we are learning about different mental health what is it no I don't like say sicknesses but like just different mental health concerns they were ago we need more training on it more people need to be aware of certain things because how we respond to it is going to affect the child and if we're not properly trained in it then we could be affecting the child's mental growth (participant #8, personal communication, April 2020).

Additional information on mental health issues was identified as a need in the group home.

Valuing the Field. Although only one participant mentioned a lack of value felt within the field, this draws attention to a well-known issue within childcare and social work in general. A lack of value for childcare workers may directly impact the care provided to children in group homes. For example, Participant #2 stated”

I would also like to see the field valued more from the perspective and this isn't necessarily an agency issue, this might be federal government? Social work issue where social work issue? There is a higher emphasis placed on the quality of care that youth receive in care um and some of that would be compensated with salary. Do you understand what I'm saying? So, if you're paying people 14 dollars an hour to work with this population, and minimum wage is 14.25. So, you are paying them minimum wage to work with this population. The quality of that staff is not

going to be the quality of the staff that per say had rose through the ranks and was making 20 an hour (participant #2, personal communication, 2020).

Teamwork and Management Support. Other forms of support identified by one participant included support from team members. One participant mentioned that sometimes they felt other staff were not being consistent and working well with other team members. The result of these interviews suggest lack of teamwork may be a barrier for some residential staff working in a group home. Support from management was mentioned as a need in the group home setting.

Two participants felt they were sometimes blamed for the behavior of the foster youth and felt a lack of support and empathy from management when intervening with the youth and after dealing with an outburst from a youth. As one participant mentioned:

But also just also as a staff not feeling not feeling like it was my fault or not feeling like I was blamed for this incident for not being able to stop it or have the managers listen to me and listen and hear my side of whatever happened and not been looking at me like oh you messed up or you should've done this more (Participant #3, personal communication, February, 2020).

The second participant mentioned, "Sometimes I feel I am blamed for how the kids act or if we can't get them to calm down" (Participant # 8, personal communication, October, 2020). This participant felt increased understanding

from management and less blame on the residential counselors was needed to better support staff in this role.

Resources. One staff mentioned the importance of basic resources to provide services for the foster youth and mentioned a lack of necessities. As stated by one participant, "Support from administration. To give me the tools to do my job. Those tools I think are resources to provide um what the kid needs in terms of services um vehicles to take kids places" (Participant #4, December, 2019). Basic necessities like vehicles are needed to get youth to and from important services or activities within the community. This participant feels that additional resources are needed for him or her to do their job effectively.

Data Interpretation

This section reviews the findings of this study as well as previous research relevant to foster youth in the system examining the difficult behaviors of foster youth and the interventions group home workers use to work with this population. Research regarding common behaviors of foster youth and effective interventions were compared to previous research on youth in group home placements, youth in the child welfare system, and dual status youth. In addition, research on foster youth with frequent failed placement was compared to the results of this study.

Difficult Behaviors. All participants mentioned aggressive behaviors as a common difficulty experienced when working with youth in a group home, which included drug use, AWOL behavior, and property damage. In addition, most

participants mentioned building a positive caring relationship as a way to address difficult behaviors and care for foster youth in group home placements. This is consistent with existing research regarding the behaviors of foster youth in the child welfare system that have experienced specific types of physical abuse, sexual abuse, and failed placements. For example, Baker, Schneiderman, & Licandro (2017) found in a sample of foster youth, a high level of trauma experienced by most foster youth and reported the average youth referred for mental health services in the child welfare system had experienced a diverse array of trauma and exhibited difficult behaviors. Similarly, youth placed in a group home have been found to have lower levels of functioning when compared to youth in foster care (Portwood, Boyd, Nelson, Murdock, Hamilton & Miller, 2018). The findings from this study are consistent with previous research indicating that group home placements are being utilized for some youth who cannot be placed in a foster home (Portwood, Boyd, Nelson, Murdock, Hamilton & Miller, 2018).

Youth placed in group home settings are more likely to be involved in the juvenile justice system and placed in a group home at a younger age (Kolivoski, Shook, Kim, & Goodkind, 2017), which may already suggest a need for intervention due to difficult behaviors. This finding may explain why the residential counselors in this study reported more difficult behaviors such as drug use, property damage, and aggression in general although it may simply be that they are more likely to encounter youth with problem behaviors, due to the

placement type. Kolivoski and colleagues (2017) suggest the reason juvenile justice involved youth are more likely to be placed in a group home may be due to a need to intervene with these youth at an earlier age. This also supports one counselor's report that a structured, safe environment in a group home may be appropriate for some youth. Regardless of the reason, this highlights the importance of assessing for juvenile justice involvement and the need to intervene earlier for youth with behavioral problems.

Relationship Building. Treatment suggestions for foster youth as reported by residential counselors, centered on building positive relationships, teaching appropriate coping techniques, and creating a safe and predictable environment for foster youth in the welfare system. This finding is consistent with Baker, Schneiderman & Licandro's (2017) suggestion that foster youth referred for mental health services should focus on building positive relationships and creating a stable environment. All youth within the group home at this study site receive mental health services on a daily basis and exhibit behaviors consistent with experiencing traumatic stress, as reported by residential counselors caring for the youth. Structure and consistency was found to be an important part of building a positive relationship with foster youth. Storer, Barkan, Stenhouse, Eichenlaub, Mallillin, & Haggerty (2014) found that foster youth identified guidance, consistency and structure as important contributing factors towards building a positive relationship with caregivers. The findings from this study are consistent with past studies, supporting the idea that consistency and a

structured environment are an important part of positive relationship building. Building a positive relationship involves providing guidance through the teaching of coping strategies and promoting feelings of safety by creating a structured environment.

Support for Staff. Several participants mentioned the need for additional training and support from management as an important tool to support them in providing direct care to foster youth. Participants also indicated that management support was needed for them to work with foster youth, which is similar to Davidson, Evans, Sicafuse (2011) who found that youth care workers commonly reported a need for quality supervision, management, and training. However, worker personality such as the ability to handle high stress and have a nurturing personality played a stronger role in producing a positive relationship with foster youth (Davidson, Evans & Sicafuse, 2011). Thus, it is likely that staff support combined with worker characteristics go hand in hand to help engage youth although very little research was available specifically on the support group home workers need to continue to provide quality services to foster youth. Eenshuistra, Harder, & Knorth (2019) conducted a literature review regarding training for youth workers and found the results to be mixed. Some of the results indicated that additional training can produce positive outcomes within the work environment and others did not produce a difference in the services delivered to youth. This points to a need for additional research regarding the factors needed to better support youth workers and the relationships they form with foster youth.

Limitations. Participants were recruited through snowball sampling and selected by the researcher based off their willingness to participate. This could have influenced the study and research results to some degree. In addition, research participants knew the researcher perhaps influencing the results of the study. In addition, research participants had worked with youth as young as seven years old and as old as 19. Some participants had experience working with dual status youth and youth with only one status. A comparison between both groups was not conducted to see if the behaviors of one was different than the other. Furthermore, this was a qualitative study that may not accurately represent the perceptions of all group home childcare staff. Last, foster youth were not included in this study and were therefore unable to confirm the common behaviors seen in the group home setting and whether the reported interventions were helpful.

Implication of Findings for Micro and/or Macro Practice

There is a lack of research regarding the difficult behaviors group home workers deal with and the supports staff need to continue to provide services to this vulnerable population. The results of the study align with what has been reported by previous research regarding the difficult behaviors youth workers in residential settings encounter on a daily basis. This study also explores what residential staff need to continue to provide quality positive relationships and highlights the need for additional training and resources for the staff working with this population. The residential counselor's insistence on building rapport or a

positive caring relationship was a consistent need identified for foster youth and was consistent with current research.

Research suggest foster youth in group home placements have a higher level of behavioral and mental health needs and that group home workers need to form a positive relationship with youth. To help support group home staff with providing service to this vulnerable population, additional resources should be explored to better support foster youth. Despite facing physical aggression, AWOL behavior, self-harm behavior, and property damage, residential counselors stressed the importance of attempting to build rapport with youth, teaching them appropriate coping techniques, and building a positive relationship with them. Additional resources should be directed towards understanding the specific workplace factors that would support a positive work environment and living environment for foster youth.

The results of this study and lack of research on the experience of group home staff points to a need for additional research in this area. Quantitative empirical research should explore the specific behaviors experienced by group home staff and additional qualitative research would be beneficial to help understand the experiences of group home staff and the specific need of foster youth in group homes. Additional research comparing dual status youth to single status youth in group placements may be beneficial to understand the behaviors exhibited by each and the interventions needed to help support foster youth in these types of placements.

Summary

This study identified the difficult behaviors that residential counselors face on a day to day basis and the interventions they employ to help foster youth de-escalate. Residential counselors also identified the need for management support, additional training, increased wages, and a greater value placed on the field of childcare as important supports to providing care to foster youth in their care. Common behaviors included running away from placement, physical aggression, and property damage. Participants identified this behavior as potential barriers to successful placement moves and attributed this behavior to increased placement loss. This chapter examined the data collected during interviews with participants and an analysis of the themes that emerged during the interviews was conducted. This chapter looked at the implications this research has for micro and macro practice in Social Work.

CHAPTER FIVE

TERMINATION AND FOLLOW UP

Introduction

This study examined interventions in group homes through the lens of childcare staff. This chapter addressed how the researcher terminated with the study site. It also looks at how findings were communicated to participants as well as the dissemination plan for the study.

Termination of Study

Timelines were discussed with participants to prepare them for termination. Discussing the termination process at the beginning can help prepare participants (Morris, 2013). A way to contact the researcher was provided for participants to address any concerns they may have had regarding the study. Follow up was conducted with each participant to receive their feedback and thoughts regarding the study and to screen for any potential concerns or negative feelings/positive feelings.

Communication of Findings to Study Site and Study Participants

Participants were informed of where to locate the results of the study. Whether or not the participant wished to be contacted after the completion of the study was discussed with each participant prior to termination. No contact

information was provided to participants who declined to receive contact information.

Dissemination Plan

The findings of the study were submitted to the University to fulfill graduate studies requirements associated with the graduate research project. The final project will be displayed at the University's poster day in order to communicate the research process and findings.

Summary

This section addressed the termination of the research study. It talked about how the findings of the study were communicated to participants. Lastly, the dissemination plan was discussed.

APPENDIX A
INFORMED CONSENT

College of Social and Behavioral Sciences
School of Social Work

Informed Consent

The study in which you are asked to participate in aims to explore the behaviors in foster youth that may contribute to placement loss and the intervention methods being used to help care for them in the group home. This study is conducted by Nicole Prytherch, an MSW student under the supervision of Dr. James Simon, Assistant Professor in the School of Social Work, California State University, San Bernardino. The study has been approved by the Institutional Review Board Social Work Sub Committee, California State University, San Bernardino.

Purpose: The purpose of the study is to gather the experiences of former or current group home staff to explore the difficult behaviors exhibited in foster youth in group home placement and the interventions within the group home that have been found to be effective.

Description: Participants will be asked a set of questions regarding their experiences with service difficulties, intervention methods for foster youth, and will be asked to share any experience relevant to providing care to foster youth in a group home that may contribute to placement stability.

Participation: Your participation is completely voluntary. You can refuse to participate in the study or discontinue your participation at any time.

Confidentiality or Anonymity: Your responses will remain anonymous.

Duration: It will take approximately 20 to 30 minutes to complete the interview.

Risks: There are no foreseeable risks to the participants.

Benefits: There will not be any direct benefit to participants.

Contact: If you have any questions about this study, please feel free to contact Dr. James Simon at 909-537-7224 (email: James.Simon@csusb.edu).

Results: Results of the study can be obtained from the Pfau Library ScholarWorks (<http://scholarworks.lib.csusb.edu>) at California State University, San Bernardino after December 2020.

909.537.5501. 909.537.7029

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The California State University . Bakersfield . Channel Islands . Chico . Dominguez Hills . East Bay . Fresno . Fullerton . Humboldt . Long Beach . Los Angeles . Maritime Academy . Monterey Bay . Northridge . Pomona . Sacramento . San Bernardino . San Diego . San Francisco . San Jose . San Luis Obispo . San Marcos . Sonoma . Stanislaus



California State University, San Bernardino
Social Work Institutional Review Board Sub-Committee
APPROVED 7/23/17, VOID AFTER 7/22/20
IRB# SW 1972 CHAIR A. B.

College of Social and Behavioral Sciences
School of Social Work

This is to certify that I read the above and I am 18 years or older.

_____ Date _____
Place an X mark here
I agree to be audio recorded: _____ Yes _____ No

909.537.5501, 909.537.7029
5500 UNIVERSITY PARKWAY, SAN BERNARDINO, CA 92407-2393

The California State University - Bakersfield - Channel Islands - Chico - Dominguez Hills - East Bay - Fresno - Fullerton - Humboldt - Long Beach - Los Angeles Maritime Academy - Monterey Bay - Northridge - Pomona - Sacramento - San Bernardino - San Diego - San Francisco - San Jose - San Luis Obispo - San Marcos - Sonoma - Stanislaus

APPENDIX B
RESEARCH INTERVIEW GUIDE

Interview Questions

Demographic Questions

1. What is your age?
2. What is your ethnicity?
3. What is your highest level of education?
4. What is your gender?
5. How many years of experience do you have working with foster youth in a group home?

Behaviors

1. What behaviors present as the most challenging to address?
2. From your experience, why do some children act out aggressively or have a difficult time in placement?
3. What challenging behaviors are you good at addressing?
4. What do you think the children are feeling before, after, and during the behaviors?
5. What are some common triggers for the children?
6. Besides physical and verbal aggression, what other behaviors might prevent a child from moving to a more long-term placement?
7. How often do foster youth lose placement in the group home due to difficult behaviors?

Interventions

1. What interventions have you found to be effective to prevent children from running away?
2. What interventions do you use to address physical aggression?
3. What interventions do you use to address verbal aggression?
4. Which behaviors are more common in your experience?
5. How do you decide which interventions to use?
6. Describe a time when you used an intervention that worked well?
7. Describe a time when an intervention did not work well?
8. What kind of support do you feel the youth in group placements need to be successful once they find long term placement?
9. What could make the transition to another placement less stressful?
10. What support do you need to intervene with this population?
11. What community resources do the children receive while in placement?

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