

RESEARCH REPORT

Evidence-Based Parenting Intervention for Youth Aging Out of the Child Welfare System

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Abstract

Foster youth and youth aging out get pregnant and become parents at significantly higher rates than their non-foster youth peers.^{1,2,3,4} Children of youth aging out have an increased risk for maltreatment. Thus, parenting interventions may offer a promising approach for providing much-needed services to parents aging out.⁵ This project adapted an evidence-based parenting intervention, The Incredible Years (IY)^{6,7} for parents aging out using the ADAPT-ITT model.⁸ In Phase 1, small group interviews were conducted with parents aging out and service providers to gather information about the needs of parents aging out. In Phase 2, the information collected in Phase 1 was used to adapt IY and provide a pilot of the intervention.

The project sought to answer the following questions:

Phase 1. 1) What are the experiences of parents aging out of care? 2) What do parents aging out and service providers perceive as the needs of parents aging out? and 3) What do parents aging out and service providers perceive to be important topics and learning activities that would be helpful to include in a parenting group targeted specifically for parents aging out?

Phase 2. 1) How should IY be adapted to meet the needs of parents aging out? 2) To what extent does the adapted IY a) increase parenting skills, b) decrease parental stress, and c) increase parental sense of agency and support? and 3) to what extent are participants satisfied with the adapted IY?

Qualitative data were analyzed with a thematic analysis. Basic descriptive statistics were conducted with the quantitative data.

Parents aging out face overwhelming adversity and stress and lacked beneficial social relationships and consequently, support. Yet, parents also demonstrated resilience. Parents were interested and receptive to participating in a weekly IY intervention. However, due to the demands of their lives, parents were largely unable to consistently attend the intervention despite the resources invested into the program (e.g., access to transportation, child care, incentives). Given the linear and sequential nature of the parenting curriculum, even with targeted adaptations and substantial resources, it was concluded that there are significant barriers to delivering a 12-week parenting intervention in a community setting with parents aging out, and it is therefore essential to minimize these obstacles if interventions aimed toward helping this high-risk, high-need population are to be successful. These barriers threaten the feasibility of providing a weekly parenting intervention in the community setting to parents aging out.

Research Design

The purpose of this project was to adapt an evidence-based parenting intervention, The Incredible Years (IY),^{9,10} to meet the needs of parents aging out of the child welfare system. This research was conducted according to the 8-step adaptation process outlined in the ADAPT-ITT model¹¹ and was carried out in two phases of research described below.

Phase 1: Needs Assessment

Step 1: Assessment Semi-structured, small group interviews were conducted with parents aging out and service providers working with this population to gain a better understanding of the day-to-day experiences, strengths, and needs of the target population. Participants were recruited through the community partner, Children's Home Society. Additional service providers were recruited through local contacts of the research team.

Parents participated in small group interviews separate from those conducted with service providers. Parents aging out were compensated \$25 to participate in the small group interview and also completed a survey providing basic demographic information (See Appendix A). A semi-structured interview guide was utilized to help focus the qualitative data collection process with each participant group. Example questions included: *"What is it like to be a parent who is also aging out of the child welfare system?"* and *"What would be helpful for aging out parents to be more successful?"* All small group interviews were audio recorded and transcribed verbatim.

The research team conducted a thematic analysis of the transcriptions of the small group interviews to determine the strengths and needs of parents aging out as well as ways that a parenting intervention could be adapted to meet their needs

Step 2: Decision Using data from the Assessment Phase, knowledge of the target population, and information on existing evidence-based parenting interventions, the research team determined to proceed to adapt IY.

Phase 2: Adaptation of Intervention

Step 3: Administration Parents aging out and service providers were recruited through the community partner, Children's Home Society as well as participants who were involved in Phase 1 of the study. Those recruited were invited to preview selected portions of the IY program and provide feedback (a process known as theater testing). The theater test presented portions of IY content and included video vignettes, group discussion, and a role play. Participants were compensated \$25 for attending the theater testing session. After previewing the program, participants were asked to complete feedback surveys to capture their responses to the program material. The feedback surveys included seven items (e.g., *"The material on child-directed play is useful to me."*) rated on a 4-point Likert scale ranging from *strongly disagree* to *strongly agree*. The feedback surveys were then collected and used to guide brief small group interviews based on the participant responses provided.

The small group interviews were audio recorded and transcribed verbatim. Parents also completed a survey providing basic demographic information (See Appendix B). Research team members wrote extensive field notes and documented their observations about the theater group.

Step 4: Production Using data from steps 1-3, researchers began the process of adapting the IY intervention for parents aging out of the child welfare system. An adaptation guide was created to structure the adaptation process. Initial adaptation efforts were open to the following activities: adding, deleting, or modifying content; changing factors associated with IY delivery; modifying the intervention to fit the local context; and addressing practical details (e.g., intervention meeting location, meeting times, technology, transportation, child care).

Step 5: Topical Experts During the preliminary adaptation process, input from researchers and practitioners with expert knowledge regarding parents aging out was used to inform the intervention adaptations being made. The research team consulted experienced practitioners who were unable to able to participate in the small group interviews and specifically queried local practitioners about their experiences with the education, reading comprehension, and the logistics of providing services to parents aging out. The research team also consulted with scholars on youth and parents aging out and integrated knowledge from relevant academic literature.

Step 6: Integration At this step in the adaptation process, data from all previous steps were integrated resulting in a preliminary adapted curriculum, which included overarching adaptations to intervention delivery (e.g., recruiting community partners to provide meals, texting-based recruitment/retention strategies) and session-by-session content adaptations (e.g., integrating life experiences data on parents aging out, selecting videos relevant to target population). This process of integration was ongoing and iterative, so the adapted curriculum was responsive to the emerging needs of the target population, community partners, and intervention co-leaders.

Step 7: Training Formal training in the IY intervention was completed prior to intervention delivery. To help ensure IY intervention fidelity, an official trainer was contracted through Incredible Years, Inc. to provide a three-day certified training to the research team. The training included thorough exposure to the IY curriculum and opportunities to develop skills at leading the parenting groups. The IY trainer provided consultation to the research team about delivering the IY content to a vulnerable population and shared insights about potential appropriate adaptations. This training was completed by all research personnel and intervention co-leaders.

Step 8: Testing The final step in the adaptation process was to pilot test the preliminary adapted curriculum among the target population. The goal of pilot testing was to assess the feasibility and acceptability of the adapted IY intervention.

Pilot Intervention

Participants were recruited by study personnel, agency service providers, and word-of-mouth referrals. Prior to the initiation of the pilot study, all participants completed the consent process and pre-test assessments.

The adapted IY curriculum was delivered during 12 weekly group sessions taking place at one of the Children’s Home Society’s locations. Each session lasted approximately 90 minutes and included a lunch provided by a local community group followed by facilitation of the weekly curriculum. Session activities included viewing video vignettes, group discussion, role plays, and practice assignments. As part of the program curriculum, participants received incentives for their participation. They were compensated \$10 a week for their participation in the research study and were provided with bus passes and child care to address identified barriers to intervention attendance. Additionally, a local community group provided donations that were offered as incentives (e.g., diapers, baby wipes, \$5 gift cards, small toys for children). As noted in Table 1, over 30 hours were spent each week on the pilot intervention. A minimum of six people worked collaboratively weekly to deliver the adapted IY program.

Table 1: Time Spent Delivering Pilot Intervention

Person(s)	Number of People	Description	Time (per person)	Total
Facilitators	2	Providing intervention; data collection	3 hours	6 hours
Facilitators	2	Practicing/ preparing for intervention	2 hours	4 hours
Child care student volunteers	4	Providing child care during intervention	3 hours	12 hours
Research team member	1	Creating weekly guide, prepped handouts and videos	2 hours	2 hours
Research team member	1	Coordinating day of intervention logistics	4 hours	4 hours
Research team member	1	Coordinating logistics throughout week	3 hours	3 hours
Total number of hours per week				31 hours

Participants

Phase 1: Needs Assessment

A total of 15 parents aging out and 14 service providers participated in the small group interviews. Parents were between 18-26 years old ($M = 22$) and most reported identifying as Black ($n = 11$) or White ($n = 3$). There were 13 young women and 2 young men in the small group interviews. Five parents reported currently being in foster care or independent living; the rest had previously left care. Almost one-half (43%) spent five years or more in foster care. Parents reported

spending between one and ten or more placements, with five parents reporting having five or more placements. Of those who reported the number of children they had, the number of children ranged from one to three and were between the ages of two months and five years. Most of the parents were currently students and described the level of education that they were pursuing as high school ($n = 2$), trade/vocational ($n = 5$), or community college ($n = 4$). Only four parents were not currently students. Six of the parents reported being employed while five parents reported not currently being employed. Only one parent reported having been reported to child protection services, and no parents reported having their children removed from their care. The service providers were mostly female ($n = 11$) and ethnic distribution was nearly equal between those who identified as Black ($n = 7$) and White ($n = 6$); one provider self-identified as biracial.

Phase 2: Adaptation of Intervention

Theater Group Theater test participants included a total of eight parents aging out and two service providers. Some of the participants in the theater group had previously participated in the needs assessment phase of the project. Parents were all young women between 22-26 years old ($M = 24.5$) and most reported an African American ($n = 7$) identity with one parent identifying as Hispanic/Latina ($n = 1$). All had aged out of foster care. The number of children ranged from one and five and were between the ages of three months and nine years. The service providers were all white females.

Pilot of Intervention A total of 10 parents aging out were enrolled in the pilot testing of the intervention. Some of the parents who participated in the pilot intervention had also participated in the needs assessment and/or theater group phases of the project. All were African American mothers between 20-26 years old ($M = 23.7$) with between one and five children. Their children ranged in age from four months to nine years. One mother, who had other children, gave birth during the study period. Three of the parents said they had been reported to child protection services with their children, with two of the parents reporting their children had been removed from their care at one time.

All of the mothers reported being in foster care. Two of the participants spent more than five years in foster care. Mothers reported having between one and four placements while in care. All of the participants had left care. Currently, most of the parents ($n = 6$) were living in their own apartment/home/dorm. The other four parents were living with relatives or had other living arrangements. Three of the parents were currently students. Five of the parents were employed at the beginning of the intervention. All of the parents reported receiving some form of government assistance (e.g., food stamps, Section 8 housing, utility assistance, WIC, TANF). Only three of the parents reported being in a romantic relationship, and most were single parents.

Attendance for most participants was not consistent. Of all of the parents, three attended one week, four attended two to four weeks, two attended five to eight weeks, and one attended nine weeks. None attended all 12 weeks of the intervention.

Measures and Data Collection

Phase 1: Needs Assessment

Semi-structured, small group interviews were conducted with parents aging out and service providers working with this population to gain a better understanding of the day-to-day experiences, strengths, and needs of the target population. All small group interviews were audio recorded and transcribed verbatim. Parents aging out also completed a survey providing basic demographic information (See Appendix A).

The research team conducted a thematic analysis of the transcriptions of the small group interviews to determine the strengths and needs of parents aging out as well as ways that a parenting intervention could be adapted to meet their needs. Thematic analysis is an approach useful for “identifying and analyzing patterns in qualitative data” (Clarke & Braun, 2013, p. 120), yet it does not report the frequency in which the patterns or themes occur.¹² The thematic analysis was guided by the six phases set forth by Braun and Clarke (2006):¹³ 1) becoming familiar with the data; 2) generating initial codes; 3) searching for themes; 4) reviewing themes; 5) defining and naming themes; and 6) producing the report. For details about the analytic process see Radey, Schelbe, McWey, Holtrop, and Canto (2016)¹⁴ and Radey, Schelbe, McWey, & Holtrop (in press).¹⁵

Phase 2: Adaptation of Intervention

Theater Group Participants provided feedback on selected portions of the IY program including video vignettes, group discussion, and a role play. After previewing the program, participants were asked to complete feedback surveys to capture their responses to the program material. The feedback surveys included seven items (e.g., “*The material on child-directed play is useful to me.*”) rated on a 4-point Likert scale ranging from *strongly disagree* to *strongly agree*. The feedback surveys were then collected and used to guide brief small group interviews based on the participant responses provided. The small group interviews were audio recorded and transcribed verbatim. Parents aging out also completed a survey providing basic demographic information (See Appendix B). Research team members wrote extensive field notes and documented their observations about the theater group.

Pilot of Intervention During the initial session, participants completed a survey providing basic demographic information (See Appendix C) and the following standardized instruments:

The Parenting Practices Interview (PPI; Webster-Stratton, Reid, & Hammond, 2001). Recommended for use by the developers of the Incredible Years, the PPI has 2 positive parenting subscales: *Appropriate Discipline* (16 items) and *Positive Verbal Discipline* (15 items). Higher scores indicate higher levels of positive parenting practices. Among at-risk samples, normed averages for the *Appropriate Discipline* subscale are 3.9 and for the *Positive Verbal Discipline* subscale the normed average is 5.2. The measure and subscales demonstrate sound psychometric properties across diverse samples.

Parenting Stress Index-Short Form (PSI-SF; Abidin, 1995). The PSI-SF is comprised of 36 items and is a reliable indicator of parenting stress across families from various ethnic groups (Hutcheson & Black, 1996). The PSI-SF has three subscales (parental distress, parent-child dysfunctional interaction, and

difficult child) consisting of 12 items each. Overall PSI scores of 90 and above are indicative of clinically significant levels of parenting stress.

Center for Epidemiologic Studies Depression Scale-10 (CESD-10; Andresen, Malmgren, Carter, & Patrick, 1994). The CESD-10 is designed to assess current depressive symptomatology. Participants are asked to rate how frequently they experienced various symptoms during the past week on a four-point scale with higher scores reflecting greater levels of depressed mood. A score greater than or equal to 10 suggests clinically significant depressive symptoms.

Multidimensional Scale of Perceived Social Support (MSPSS; Zimet, Dahlem, Zimet, & Farley, 1988). The MSPSS is a brief (12 item) measure assessing perceived availability and adequacy of emotional and instrumental social support across family, friends and significant others. To assess levels of social support, scores ranging from 1 - 2.9 indicate low support; scores ranging from 3 - 5 indicate moderate support; and scores of 5.1 and above indicate high levels of support.

At the conclusion of each session, participants completed weekly evaluation forms that documented their degree of satisfaction with the adapted intervention. The evaluation forms asked participants’ thoughts about the content of the session, video examples, group leaders’ teaching, and group discussions. Each question had four options to indicate the extent to which the item was helpful (i.e., not helpful, neutral, helpful, and very helpful). There was also a section on the evaluation form for additional comments.

Additionally, at the conclusion of each session, the facilitators recorded detailed process notes, as did the research team members who managed logistics and the child care workers. At the conclusion of the pilot intervention, a small group interview was conducted with all participants. The small group interviews were audio recorded and transcribed verbatim.

Child and Family Services Review Outcomes

The project aligns with the Child and Family Services Review (CFSR) Outcomes as the study sought to promote the safety, permanency, and well-being of children and families involved in the child welfare system. Table 2 lists the well-being outcomes of the CFSR that are addressed in this study. Significantly, in addition to the federally stipulated child outcomes, this study sought to address an important outcome specifically identified by the Florida Legislature: *Children develop the capacity for independent living and competence as an adult*. Table 3 connects the project objectives to the CFSR outcomes and project activities.

Table 2: CFSR Outcomes Addressed by the Study

Child and Family Services Review Outcomes	
Well-Being Outcomes	1. Families have enhanced capacity to provide for their children's needs.
	2. Children receive appropriate services to meet their educational needs.
	3. Children receive adequate services to meet their physical and mental health needs.

Table 3: CFSR Objectives Connected with Project Activities

Project Objectives	Aligns with CFSR Outcomes	Project Activities
Adapt and evaluate an evidence-based parenting intervention program to meet the unique needs of youth aging out of the foster care system	Families have enhanced capacity to provide for their children's needs	Systematically evaluate the extent to which the evidence-based program meets participant needs
		Modify the program following the ADAPT-ITT model to meet the unique needs and provide appropriate services
	Children receive appropriate services to meet their educational needs	Deliver the adapted Incredible Years parent training program Collect pilot data on implementation feasibility
Decrease risk of maltreatment and increase parental sense of competence and positive parenting practices	Families have enhanced capacity to provide for their children's needs	Teach empirically supported parenting techniques
	Children receive services to meet their physical and mental health needs	

Results

Phase 1: Needs Assessment

Phase 1 - Research Questions 1) What are the experiences of parents aging out of care?; 2) What do parents aging out and service providers perceive as the needs of parents aging out?; and 3) What do parents aging out and service providers perceive to be important topics and learning activities that would be helpful to include in a parenting group targeted specifically for parents aging out.

Findings revealed three overarching, integrated themes that influenced the day-to-day functioning among parents aging out of care: 1) adversity and stress; 2) motivation and resilience; and 3) the need for mentorship and parenting skills. Themes were interdependent such that stressful and disadvantaged environments shaped daily functioning, resilience, and parenting. Although similar themes emerged in the data analyses, parents aging out and providers expressed unique perspectives. Parents aging out viewed parenthood and their future optimistically while providers felt that systematic failures severely restricted opportunities for parents to succeed. Table 4 outlines the central themes and identifies key differences between parent and provider perceptions. For detailed findings and discussion, see Radey, Schelbe, McWey, Holtrop, and Canto (2016).¹⁶ For more details about the social support, see Radey, Schelbe, McWey, & Holtrop (in press).¹⁷

Through the needs assessment process, the research team learned from both parents and service providers that the need for assistance for parents aging out extended into the years after services are typically offered during the aging out process. After consultation with the collaborating partner, Children's Home Society of Florida, the decision was made to include parents through age 26. For a discussion about the need to extend services into young adulthood and how this is most consistent with current trends of parenting and normalcy see Courtney (2009).¹⁸

Phase 2: Adaptation of Intervention

Phase 2 - Research Question 1 *How should IY be adapted to meet the needs of parents aging out?*

Adaptation was an iterative process in which data from the Phase 1 needs assessment, preliminary theater testing, and weekly implementation process notes and satisfaction surveys were all used to inform adaptation. While the IY curriculum covered much of the positive parenting practices deemed relevant and important for parents aging out, the delivery format was modified to meet the unique challenges of this population. For example, data from the small group interview needs assessment and theater testing suggested that the day-to-day demands and needs of this population warranted adaptations to intervention delivery pragmatics (particularly delivering an 18-20-week intervention for high-risk groups as outlined in the IY curriculum). Thus, the intervention was shortened to 12 weeks (as described below). The decision to reduce the curriculum to 12 weeks was made with input from the needs assessment and parents as well as the logistical constraints of condensing material into a fewer number of weeks. The delivery of the intervention was adapted to include meeting basic needs as much as possible.

Table 4: Themes and Perception Distinctions Between Parents and Providers Related to Day-to-Day Experiences of Parents Aging Out

Category	Subcategory Definition & Participant Distinction
1. Adversity and Stress	1.1. Meeting basic needs: challenges in obtaining housing, quality child care, transportation or financial assistance. Distinction: The depth of parental needs overwhelmed providers; parents felt they could succeed with a little more support.
	1.2. Lack of supportive relationships: raising children alone with little support from biological families, foster families, or peers. Relationships that were present often were not optimal. Distinction: Providers viewed fathers and men as detrimental and expressed little hope for parents to succeed. Parents did not view their limited support as preventing their success.
	1.3. Intergenerational patterns of dependency and maltreatment: public assistance reliance and child welfare system involvement as multi-generational problems. Distinction: Parents identified opportunity to break problematic intergenerational cycles; providers felt that parents had little opportunity for success.
2. Motivation and Resilience	2.1. Motivation to parent: Having a child was a turning point, promoting a sense of motivation among parents. Distinction: Parents welcomed their children as an opportunity to change their lives and providers felt few parents could succeed.
	2.2. Resilience: Parents managed despite stressors and adversity often through a day-by-day approach. Distinction: Parents focused on daily needs to survive; providers felt living for the day was shortsighted.
	2.3. Resource availability: A child offered parents additional resources not previously available to them. Distinction: Parents felt that they maximized resources post-pregnancy; providers perceived that parents became pregnant to access resources.
3. Need for Mentorship and Parenting Skills	3.1. Mentorship: Parents could benefit from guidance to counteract their low levels of parenting information and feelings of isolation. Distinction: Parents welcomed mentorship; providers felt mentorship was an essential, unavailable resource.
	3.2. Parenting skills: Providers described parents' need for knowledge about child development, while parents identified needing specific guidance with discipline, infant care, and information about how to bond with children. Distinction: Parents desired strategies to be "good parents;" providers prioritized parents' need for basic skills.

Specifically, results from the small group interviews highlighted the intense adversity and stress faced by this population, including the areas of housing, child care, transportation, and financial assistance. While not able to assist with housing, adaptations included child care, transportation access, lunch, and financial incentives in the intervention format. Knowing that many of the participants were lacking social support and had unmet needs, appropriate referrals were made throughout the intervention. At the conclusion of the pilot intervention, the mothers were connected to community groups, specifically a local chapter of Mothers of Preschoolers, a national peer support network of mothers of young children.

Parents completed weekly evaluation forms at the conclusion of each session so facilitators were able to clarify or make extensions of content more relevant to the participants at the time of the survey. Some of the feedback parents provided was related to the age of children. Facilitators attempted to provide additional options on how strategies could be tailored to meet the specific needs of participants' children in subsequent sessions inasmuch as was possible given time constraints. To facilitate problem-solving and sense of agency, facilitators also encouraged the parents aging out to consider how they might adapt strategies in different situations in future scenarios.

Some aspects of the original IY curriculum seemed to meet the identified needs in an unadapted format. For example, the group format of the intervention and the inclusion of group "buddies" remained intact from the original IY curriculum given that the findings from the small group interview, theater testing, expert knowledge, and literature review suggested that parents aging out often lack supportive relationships and positive parenting models. Furthermore, facilitators were careful to maintain a positive and productive group environment such that the group members would experience and provide support to one another. While deemed successful in this regard, the fact that most of the group members knew each other in some capacity prior to intervention could have presented challenges had those pre-existing relationships been more problematic.

Inconsistent attendance also required adaptations in that much more time was spent on review of prior weeks' content at the start of each session to facilitate understanding of the current week's content for those who had been absent. While this was useful in reinforcing learning, it did pose challenges for time management as well as participants' mastery of the linearly organized content. See Table 5 for a summary of participants' attendance.

Table 5: Summary of Participants' Attendance (N = 10)

Number of Sessions	Participants
1 session	3
2-4 sessions	4
5-8 sessions	2
9 sessions	1

Furthermore, the original IY content was adapted according to identified needs, concerns, and themes. The curriculum was shortened to 12 weeks requiring a truncating of material from the original IY curriculum. Research team members and facilitators reviewed IY weekly content, videos, handouts, and homework

assignments along with feedback and process notes from prior sessions for needed adaptations as described below.

One unanticipated barrier was that much more time was spent on basic parenting practice principals than would be spent in a typical (unadapted) curriculum. This was due, in part, to many issues. Specifically, the language used in the IY curriculum, videos and handouts appeared to be challenging for some participants (e.g., some participants were unfamiliar with parenting terms utilized in the curriculum). Additionally, some of the recommended parenting practices were in contrast to participants' current parenting behaviors and cultural norms (e.g., the use of time out versus spanking). This sparked many in-depth conversations and facilitators reported having to frequently balance the need for discussion with the need for content delivery. Similarly, fewer videos were selected for inclusion into the week's curriculum than intended by IY and in some weeks, not all selected videos were able to be viewed within the time constraints.

Other content adaptations included minimizing handouts and homework. The participants inconsistently attended and handouts and homework were rarely used by participants. Role-play activities were also adapted to include scenarios in which parents aging out experienced difficulties not identified in the original IY content (e.g., how parental use of cell phones impedes benefits of child-directed play). Facilitators also provided personal examples often to facilitate discussion and brainstorming of alternate responses to child misbehavior.

Lastly, it became apparent through the 12-week intervention that cultural differences between the facilitators and group members, as well as between the group members and video actors, were impacting some participants' viewpoints on the potential efficacy of the targeted positive parenting practices. Thus, facilitators were careful to process cultural differences with the group each week to address this potential barrier and facilitate change when possible.

Phase 2 - Research Question 2 *To what extent does the adapted IY a) increase parenting skills; b) decrease parental stress; and c) increase parental sense of agency and support?*

At the initial session, parents completed standardized assessments of their parenting practices, parental stress, depression, and social support. Together these constructs can be understood as indicators of parents' well-being. As indicated in Table 6, parents' scores on the Appropriate Discipline subscale were higher than reported normed scores of comparative at-risk samples. Scores for Positive Verbal Discipline also fell within a normative range. Although the average score on the Parenting Stress Index was below the clinical cutoff, the range of score suggested that some parents in the sample had clinically significant levels of parental stress. Further, 8 of the 10 parents in the sample reported clinically significant levels of depressive symptoms. Regarding social support, parents reported an average level of social support. It is important to note however, that the range of scores indicated that some parents reported very low levels of support whereas others reported the presence of high levels of social support.

Table 6: Well-Being of Participants

Construct	Mean	SD	Range
Appropriate Discipline	5.3	1.3	2.6-6.6
Positive Verbal Discipline	4.5	0.5	4.0-5.6
Parental Stress	83.3	20.9	60-131
Depression	13.6	4.7	5-20
Social Support	3.8	4.9	1.2-6.2

Ten mothers started the pilot intervention; however, few consistently attended. As such, a pre-post quantitative design was contraindicated due to insufficient statistical power. Instead, given the sample size, a qualitative approach was deemed more empirically sound. No quantitative post-test surveys were administered due to the inconsistent and low attendance. It would be misleading to analyze pre and post-test data considering only one of the participants attended more than three-quarters of the sessions. Process notes from the facilitators, as well as the other research team members, were analyzed and a small group interview was conducted with participants at the conclusion of the pilot of the intervention. Results suggested improvement in parenting skills, decreases in parental stress, and increases in parental sense of agency and support across the study period.

Regarding parenting skills, parents reported learning new techniques and improvements in their parenting practices. One parent succinctly summarized the highlights of what she learned in the parenting intervention: *“The meetings taught me how to—better ways to cope with my daughter and to ignore her on a better way than what I usually used to. And ways to try to keep her calm and happy before she explodes and just does little things she is not supposed to. And to pay more attention to her and give her praise when she is doing the right thing. And to not be so quick tempered with her being that she is just a small little child and to be more gentle.”* In fact, being gentle and not using physical discipline (i.e., spanking) was something that multiple parents said they learned. One parent elaborated: *“He’s throwing a temper tantrum and he’s crying, and I’m like OK. And I can ignore the crying until they can get done crying and then they can come back to me and tell me what the problem is. I have seriously learned that from the group. You don’t always have to spank your child.”* Another parent summarized what she learned and emphasized the connection to the other parents in the group: *“I learned a lot. And we learned a lot about different strategies to help us cope with the children and then some parents and, um some parents. You know. We developed some sort of sisterhood within the group so that was good.”*

Another theme that arose was a desire to break the cycle of abuse. All of the parents had been in the child welfare system and had experienced maltreatment, and they were committed to change this for their children. One parent explained, *“Like some of us — what we have been through with our parents when we were younger — now it is up to us to just break that chain because, you know, our mother or dad was treated the same way by their mother and dad and their mom and their dad*

and their and so on and so forth. And I feel like me being in this parenting group has, you know, kind of shed light on my quest, my journey, to get better with parenting with my kid.” The parents all desired to be good parents and treat their children better than they had been treated.

The amount of stress and number of hardships in the lives of the participants in the pilot of the intervention was substantial. Many of the parents told the facilitators and research team members about some of the stresses in their lives. Not all of the participants stayed engaged with the pilot and some chose not to disclose hardships in their lives. However, of those who did disclose struggles, the following experiences that happened during the intervention were shared: two of the parents had their cars repossessed, two of the parents were admitted into the hospital, and two of the parents had to take a child to the emergency room. During the course of the study, almost all of the participants had a change in their employment with several participants’ employment statuses changing more than once. Almost all of the participants had their phone numbers change. Clearly the amount of stress in their lives was substantial. However, in the post-intervention interviews, some indicated experiencing lower levels of parental stress as a result of participating in the group intervention.

Throughout the intervention, participants also shared stories that indicated a lack of support and agency that they experienced. It became clear to the facilitators and the parents themselves that the parents in the intervention became a source of support. Indeed, as was mentioned in the small group interview, the mothers formed a support network with one another. A parent summarized what she learned and emphasized the connection to the other parents in the group: *“I learned a lot. And we learned a lot about different strategies to help us cope with the children and then...we developed some sort of sisterhood within the group so that was good.”*

The parents’ connections to one another were apparent to the facilitators and research team; parents often stayed after group was finished for the day and talked about doing things together outside of class. Parents sometimes helped one another with transportation and other needs. Parents reflected on how the class changed them. One of the parents shared how her sense of agency—her finding her voice—changed in the group, *“And being in the group as well, it made me realize that I do have a voice, you know, and it gives me confidence within myself to know that I can sit around a group of women and interact with them and discuss certain things because I wasn’t always able to do that, but I have been coming to group and I am like you know what, you do have a voice.”*

Phase 2 - Research Question 3 *To what extent are participants satisfied with the adapted IY?*

Quantitative feedback on the weekly evaluation forms parents completed at the conclusion of each session suggested that they were satisfied with the adaptation of IY overall. Over the course of the intervention, participants completed a total of 36 weekly evaluation forms. Table 7 summarizes participants’ responses and shows that overwhelmingly participants reported the domains as being very helpful or helpful. Nothing in the intervention was rated as not helpful.

Table 7: Summary of Participants' Weekly Evaluation Forms

Construct	Not Helpful	Neutral	Helpful	Very Helpful
Content of session	0	1 (2.7%)	6 (16.7%)	29 (80.6%)
Video examples	0	0	10 (27.8%)	26 (72.2%)
Group leader's teaching	0	1 (2.7%)	8 (22.2%)	27 (75.0%)
Group discussion	0	1 (2.7%)	8 (22.2%)	27 (75.0%)

Parents' written comments on the weekly satisfaction surveys were also positive overall. At times, participants provided feedback that they had hoped that the session content would relate more specifically to the age of their child compared to the younger or older child sometimes depicted in the videos. Some feedback involved requests to focus the videos and role plays more specifically on circumstances the parents were experiencing.

Feedback from the final small group interview also provided evidence of high participant satisfaction. As documented in the transcript of the small group interview, participating mothers offered many positive comments regarding their experiences with the adapted intervention. Parents discussed that they learned a lot about their children and how to parent as well as challenging their world view. One parent explained:

It made me learn as a parent that children have feelings, you know, and not just that. They sit and watch everything. And it just helped me learn a lot of patience with him, how to interact with him, how to communicate with him, and just how to understand him as a child... So yeah it made me really focus in on my children and really apply different things than what I was taught growing up you know. It made me have a whole different outlook on life and how to raise my kids. And I just appreciate the group.

Parents routinely mentioned that they learned about alternatives to spanking. Participants shared that although physical discipline—and in many cases physical abuse—was used to parent them when they were children, they learned ways to correct children's behavior without using physical discipline. One mother shared: *The group also taught me that you don't always have to spank your child for every little thing that they do. That is something that I have learned over the past couple weeks. People look at me like I am crazy because I try to raise my kids a different way than what I was actually brought up on... I have seriously learned that from the group.*

Parents clearly appreciated the information gained in the intervention, but the connections with the other parents and the facilitators were also highly valued. One mother reflected, *"We had some great talks, we got to talking to other stuff besides just like the kids. We talked about a lot of stuff. Like outside. Like how did our parents raised us and what makes it different for how we are going to raise our kids and, um... Breaking the chain basically."* Parents expressed feeling proud about participating in the intervention and learning ways to parent their children that were different from how they were parented.

When specifically querying the participants during the small group interview about what changes they would recommend for future intervention cycles of the adapted curriculum, several important points were made. For example, participants stated that they wanted the group to be longer than 12 weeks. Additionally, one participant suggested that a private social media page could be used to communicate with one another. Alternatively, other participants indicated that they did not have access or knowledge of the various social media platforms and did not feel that it would improve their experience in the group. Participants also suggested that the group members and facilitators meet for "playdates" outside of group. Several participants offered that their inconsistent attendance was not a result of dissatisfaction, but instead an outcome of their changing work schedules, life demands, and not having reliable transportation (even though participants received free bus passes – the expressed perception was that the public bus system was unreliable). In conclusion, the feedback suggested strong participant satisfaction overall.

Discussion

The five main findings of this study can be summarized as:

1. Parents aging out have extensive needs.
2. Parents aging out often lack support.
3. A parenting intervention appeals to parents aging out and is perceived by service providers as a community need.
4. Offering a weekly parenting intervention adapted to meet the needs of parents aging out is resource intensive.
5. Even with supports and incentives to participate in an adapted parenting intervention, the challenges parents aging out face interferes with their ability to regularly attend weekly sessions.

Parents aging out have extensive needs. Many of the parents aging out struggled to meet their basic needs. They often were living in poverty and faced challenges in finding housing, child care, and transportation. The parents aging out largely came from backgrounds that not only involved intergenerational patterns of maltreatment, but also intergenerational patterns of dependency on public assistance. Parents were motivated to parent and desired to give their children a better life than they had. Service providers were not optimistic that parents would be successful in these goals. Despite the excessive needs and challenges, parents demonstrated resilience. Adopting a day-by-day approach, parents managed to overcome many of the barriers they encountered.

Parents aging out often lack support. Parents lacked supportive relationships and often the mothers were raising their children alone with little support from their biological families and fathers of the children. Some of the relationships they had were less than optimal. Both parents and service providers emphasized that sometimes family members, as well as the fathers of the children, were not only not supportive, but in fact were detrimental to the well-being of the mothers and their children. Both parents and service providers stressed that mentorship would benefit parents aging out. Having guidance and support from mentors was seen as something that could help parents learn about parenting as well as the transition to adulthood.

A parenting intervention appeals to parents aging out and is perceived as a need by service providers. In the initial small group interviews as well as the theater group, parents aging out and service providers were very positive about having a parenting intervention adapted to meet the needs of parents aging out. In general, it was believed that such an intervention could assist with breaking the pattern of child maltreatment that was transmitted through generations.

The parents who participated in the intervention were positive in their feedback through weekly evaluation forms as well as in the small group interview at the conclusion of the pilot project. They valued the intervention and requested additional, similar groups. The parents explicitly mentioned learning parenting skills that were different than those with which they had been raised.

Offering a weekly parenting intervention adapted to meet the needs of parents aging out is resource intensive. The intervention required a minimum of six people who together spent at least 31 hours total each week. In addition to the amount of time and number of people required to deliver the intervention, there were additional costs. Participants received \$10 per session and were offered bus passes. Incentives were offered to parents (e.g., diapers, baby wipes, \$5 gift cards, small toys for children). Additionally, a healthy lunch was provided to all the parents and their children weekly.

Even with supports and incentives to participate in an adapted parenting intervention, the challenges faced by parents interferes with their ability to regularly attend weekly sessions. Only 10 parents participated in the pilot intervention. Some parents were unable to participate due to conflicting work or school schedules. Those who did attend also experienced challenges in regularly attending sessions. Changing jobs as well as having jobs that did not have set working hours contributed to some parents not attending consistently. Health issues of the parents and their children also contributed to poor attendance. Other obstacles, such as having a car repossessed, needing to attend an appointment, and dealing with interpersonal conflicts were also reported by the parents as reasons they did not attend. Despite the fact that transportation was provided in the form of bus passes, some parents also cited the challenges of relying on public transportation due to the scheduling as well as the difficulty of traveling with multiple young children.

Project Goals and Child and Family Services Review Outcomes

The project goals were aligned with the three CFSR well-being outcomes (presented in Table 2): families have enhanced capacity to provide for their children's needs; children receive appropriate services to meet their educational needs; and children receive adequate services to meet their physical and mental health needs. The project delivered an adapted IY, an empirically supported parenting program, which incorporated feedback from parents aging out and service providers and was designed to meet the unique needs of parents aging out. As discussed above, even with supports and incentives to participate in an adapted parenting intervention, the challenges these parents aging out face interferes with their ability to regularly attend weekly sessions. Therefore, it was not feasible to measure quantitatively to what extent the project achieved each of the CFSR well-being outcomes. However, qualitative data support

that the project increased parents' skills and sense of agency and support and also decreased the parental stress. Considering this, it can be said that the program has increased these ten families' capacities to provide for their children's needs. The program directly helped young parents develop more skills needed for independent living and adulthood. Indirectly, through referrals and connections to resources in the community, children were able to meet their physical and mental health and educational needs.

Practical Applications

This study contributes to the knowledge about the needs and life experiences of parents aging out of the child welfare system. Parents aging out are a vulnerable group that is at an increased risk for continuing the cycle of maltreatment. Parents in this pilot were receptive and interested in learning more about parenting and expressed interest in the intervention. Service providers likewise expressed a desire to have parenting interventions offered to parents aging out.

The study documented how the extensive needs and challenges faced by parents aging out can impact their attendance in a weekly parenting intervention offered in a community setting. In an attempt to address the needs, the pilot study provided bus passes to assist with transportation, on-site child care, healthy lunches, and incentives which were both financial (i.e., \$10 per session) and tangible (e.g., diapers, small toys for children). The research team also provided ongoing reminders and communication to the parents in the group via texting and phone calls. Despite all of the resources incorporated into the pilot study, attendance remained low. Thus, this study demonstrates that interventions geared toward parents aging out can be resource intensive yet still result in low attendance rates.

An overarching theme throughout the study was the need for support for parents aging out. The parents, as well as the providers, gave numerous examples in small group interviews about the lack of support and how it negatively impacted parents aging out. During the pilot intervention, it was apparent that this lack of support contributed to some of their challenges. Most of the parents reported not having someone to call upon in times of crisis, as well not having anyone to support them. Further, some mentioned that of the people involved in their lives, some have a negative impact. This knowledge can inform interventions aimed to serve parents aging out.

One final contribution of this study is that the ADAPT-ITT model successfully was followed to adapt an evidence-based parenting intervention for a child welfare population. This study followed the eight sequential steps of the ADAPT-ITT model and integrated the feedback of multiple engaged stakeholder groups at various time points per the model's protocol. Previously the ADAPT-ITT model largely has been used to adapt HIV interventions to meet the needs of specific populations. More recently the model's utility has been recognized for adaptation of other health interventions. However, this study is among the first to use the ADAPT-ITT model to adapt a parenting intervention to meet the needs of those with child welfare system experience. This is important and relevant as the child welfare system increasingly desires to understand what works for whom. This study demonstrates that the ADAPT-ITT model can be used to adapt interventions to meet the need of child welfare populations.

Sustainability Plan

This study included a pilot of an intervention designed to better understand the needs and experiences of parents aging out and to adapt the IY parenting intervention to meet the needs of parents aging out. While participants overwhelmingly were positive about the study, the demands on personnel to implement the intervention were prohibitively time consuming and thus it is not feasible to sustain the intervention in the current format.

While the pilot study proved that an extended weekly curriculum in a community based setting presents formidable obstacles preventing participant attendance, other options to provide parenting interventions have been discussed. Ideas include offering interventions that are involve one day-long intensive session or are delivered in web-based formats. Due to a lack of continued funding, no specific actions are being taken at this time; however, there is interest in the community to continue to identify ways to serve parents aging out.

One of the themes that arose within all the small group discussions in both phases of the project, and was readily observed in the parenting groups, was the lack of social support and the desire for more. At the conclusion of the pilot intervention, connections were made between the parents and community groups, specifically a local chapter of Mothers of Preschoolers, a national peer support network of mothers of young children to help establish this highly desired resource.

Study Limitations

The study findings must be considered in light of the limitations.

Phase 1 and Phase 2: Theater Groups This study took place in one specific community and parents aging out in other geographic areas may have different experiences depending on the resources available. Because the community agency partner recruited parents, participants in this pilot may have had better connections than parents aging out who were not engaged with the community agency. If that is indeed the case, results from this pilot may underestimate the pervasiveness of adversity, stress, and lack of support. Second, the small group interview data reflect participants' thoughts and self-reported experiences and are therefore subject to bias. For example, parents' perceptions of support and actual available supports may be different. However, research indicates perceptions of support are important because perceptions have been found to be a better predictor of health and wellbeing than actual support received.¹⁹ Finally, data were derived from small group interviews, which was intentionally chosen to help participants share more openly. However, as with any group interview, the group setting and dynamics could result in participant discomfort and reluctance to share.

Phase 2: Pilot of Intervention The most significant limitation of the pilot intervention was the relatively small number of participants and the lack of their consistent attendance in the weekly sessions. However, this marks an important finding of the study: despite resources, the obstacles faced by parents aging out limited the feasibility of a 12-week face-to-face parenting intervention offered in a community setting. The limitations of the pilot intervention also include many of those listed above for Phase 1: the study took place in one specific community, the community agency partner recruited parents, and small group interview data represented participants' thoughts and self-reported experiences.

Conclusion

The parents aging out who participated in this study faced overwhelming adversity and stress, lacked beneficial social relationships and, consequently, support. Yet, these parents also demonstrated resilience. The participants were interested and receptive to participating in a weekly adapted evidence-based intervention. However, due to the stresses and demands of their lives, the parents were unable to consistently attend the weekly intervention despite the resources invested to reduce known obstacles (e.g., transportation and child care). As such, there are significant barriers to effectively delivering a 12-week parenting intervention in a community setting with parents aging out. Reducing those barriers is essential for the feasibility of interventions aimed toward helping this high-risk, high-need population.

Policy Recommendations

The following three policy recommendations are based on the findings of this study:

1) All parents who age out of foster care should have evidence-based parenting education available to them.

Developing parenting skills is a priority of parents aging out. Parents aging out express an interest in learning parenting skills that can help them "break the cycle" of maltreatment; they wish to be good parents. It is necessary to make sure parents aging out have access to empirically supported parenting education programs that address their unique needs.

2) All parents who age out of foster care should have adequate social supports (i.e. peers, mentors).

Parents aging out benefit from having strong support networks. Mentorship with adults who can provide positive parenting models can increase the social support of parents aging out. Another opportunity to build social support is to connect parents aging out with their peers, especially other parents aging out.

3) An assessment of basic needs should be completed by every parent who ages out of foster care and independent living professionals should assist in addressing those needs.

Like all youth aging out, parents aging out may face obstacles in addressing their most basic needs and they have the additional challenges of addressing the needs of their children. It is necessary to make sure parents aging out have access to safe, affordable housing, quality child care, transportation, and financial assistance.

Additional recommendations to better serve parents aging out are outlined in the Florida Institute for Child Welfare's technical report Parents Aging Out of the Child Welfare System which can be found at www.ficw.fsu.edu.

Appendix A

Please answer the following questions. Some questions have choices to pick from; others have space for you to fill in. There is also room for you to explain further if you want to.

What is your gender? (Circle one) Male Female Other: _____

What is your age in years? _____

Describe your ethnicity/race. (Circle all that apply)

African American/Black American Indian
White/Caucasian Asian
Hispanic/Latino Multiracial
Other (please specify) _____

Are you currently in foster care? (Circle one) YES NO

If no, how old were you when you left care? _____

How long have you been or were you in foster care? (Circle one)

Less than 6 months 6 months-1 year 1-2 years 3-5 years more than 5 years

How many placements have you lived in while in foster care? (Circle one)

1 2 3 4 5 6 7 8 9 10 or more

Have you ever participated in an independent living program? (Circle one) YES NO

Are you currently participating in an independent living program? (Circle one) YES NO

Where are you living right now? (Circle one)

In your own apartment/home/dorm With other parent of your child(ren)
With biological parents In a group home/shelter
With foster parents Other (please explain) _____
With relatives _____

Who helps you with your child(ren)? (Circle all that apply)

My parent(s) My child(ren)'s other parent
My foster parent(s) My child(ren)'s other parent's family
My grandparent(s) My current romantic partner (not the child(ren)'s other parent)
My sibling(s) Other (please explain) _____
My cousin(s) Other (please explain) _____
My friends Other (please explain) _____
A child care provider Other (please explain) _____

Are you currently in school? (Circle one) YES NO

If you are currently a student, at what level? (Circle one)

High School Trade/Vocational
 GED Program 4-year university
 Community College Other (please specify) _____

What is the highest level of education you completed? (Circle one)

Currently in high school - Grade _____ Trade/Vocational
 High School Completed 4-year university
 GED Other _____
 Community College

Are you employed right now? (Circle One)

YES NO

If yes, are you employed Full-time Part-time Other

What is your job(s)? _____

Are you able to pay your expenses such as rent, electric bill, food (if you have any)? (Circle One)

YES NO

Do you receive any government assistance (like food stamps, Section 8 housing, utility assistance, WIC, TANF)? (Circle One)

YES NO

Are you currently in a romantic relationship? (Circle one)

YES NO

If yes, is this with the parent of your child (or one of your children)? (Circle one) YES NO

Please fill out the following with information about your child(ren):

	Age	Gender	Who does your child live with?	What is your relationship with the child's other parent? (Circle one)				
				Very positive 5	Mostly positive 4	Neutral 3	Mostly negative 2	Very negative 1
Child #1								
Child #2								
Child #3								
Child #4								
Child #5								

Have you ever had a report to child protection services with your child(ren)? (Circle One)

YES NO

Has your child (or any of your children) ever been removed from your care? (Circle one)

YES NO

If yes, When? _____ For how long? _____

Please write below anything else you would like to add that might be important for us to know about you or your experiences.

Appendix B

Please answer the following questions. Some questions have choices to pick from; others have space for you to fill in. There is also room for you to explain further if you want to.

What is your gender? (Circle one) Male Female Other: _____

What is your age in years? _____

Describe your ethnicity/race. (Circle all that apply)

- African American/Black American Indian
- White/Caucasian Asian
- Hispanic/Latino Multiracial
- Other (please specify) _____

Are you currently in foster care? (Circle one)

- YES
- NO- I have aged out

Please fill out the following with information about your child(ren):

	Age	Gender	Who does your child live with?
Child #1			
Child #2			
Child #3			
Child #4			
Child #5			

Appendix C

Please answer the following questions. Some questions have choices to pick from; others have space for you to fill in. There is also room for you to explain further if you want to.

What is your gender? (Circle one) Male Female Other: _____

What is your age in years? _____

Describe your ethnicity/race. (Circle all that apply)

African American/Black American Indian
White/Caucasian Asian
Hispanic/Latino Multiracial
Other (please specify) _____

Are you currently in foster care? (Circle one) YES NO
If no, how old were you when you left care? _____

How long have you been or were you in foster care? (Circle one)
Less than 6 months 6 months-1 year 1-2 years 3-5 years more than 5 years

How many placements have you lived in while in foster care? (Circle one)
1 2 3 4 5 6 7 8 9 10 or more

Have you ever participated in an independent living program? (Circle one) YES NO
Are you currently participating in an independent living program? (Circle one) YES NO

Where are you living right now? (Circle one)
In your own apartment/home/dorm With other parent of your child(ren)
With biological parents In a group home/shelter
With foster parents Other (please explain) _____
With relatives _____

Who helps you with your child(ren)? (Circle all that apply)
My parent(s) My child(ren)'s other parent
My foster parent(s) My child(ren)'s other parent's family
My grandparent(s) My current romantic partner (not the child(ren)'s other parent)
My sibling(s) Other (please explain) _____
My cousin(s) Other (please explain) _____
My friends Other (please explain) _____
A child care provider Other (please explain) _____

Do you have any contact with your biological family? (Circle one) YES NO
If yes, how often do you see your biological family? _____

What was the reason you came into the child welfare system?
Physical abuse Sexual abuse Other (please explain) _____
Emotional abuse Neglect _____

Are you currently in school? (Circle one) YES NO

If you are currently a student, at what level? (Circle one)

High School Community College 4-year university
 GED Program Trade/Vocational Other (please specify) _____

What is the highest level of education you completed? (Circle one)

Currently in high school - Grade _____ GED Trade/Vocational Other _____
 High School Completed Community College 4-year university _____

What level of education do you *hope* to complete? (Circle One)

High School Community College 4-year university
 GED Trade/Vocational Graduate school (Masters, PhD, Law, Medical)

What level of education do you *expect* to complete? (Circle One)

High School Community College 4-year university
 GED Trade/Vocational Graduate school (Masters, PhD, Law, Medical)

Are you employed right now? (Circle One)

YES NO
 If yes, are you employed Full-time Part-time Other
 What is your job(s)? _____

Are you able to pay your expenses such as rent, electric bill, food (if you have any)? (Circle One) YES NO

Do you receive any government assistance (like food stamps, Section 8 housing, utility assistance, WIC, TANF)? (Circle One) YES NO

Are you currently in a romantic relationship? (Circle one) YES NO

If yes, is this with the parent of your child (or one of your children)? (Circle one) YES NO

Please fill out the following with information about your child(ren):

	Age	Gender	Who does your child live with?	What is your relationship with the child's other parent? (Circle one)				
				Very positive 5	Mostly positive 4	Neutral 3	Mostly negative 2	Very negative 1
Child #1								
Child #2								
Child #3								
Child #4								
Child #5								

Have you ever had a report to child protection services with your child(ren)? (Circle One) YES NO

Has your child (or any of your children) ever been removed from your care? (Circle one) YES NO

If yes, When? _____ For how long? _____

Please write below anything else you would like to add that might be important for us to know about you or your experiences.

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