

Intervention Name: Fostering Healthy Futures®

1. Brief Description of the Intervention:

FHF is a mentoring and skills group program for maltreated preadolescents in out-of-home care.

Mentoring. Children are paired with graduate student mentors and receive 30 weeks of 1:1 mentoring (2-4 hours per week). Mentors work to: 1) create relationships with children that serve as positive examples for future relationships, 2) advocate for needed services, 3) help children generalize and practice skills learned in group, 4) engage children in educational, social, cultural, and recreational activities, and 5) promote positive future orientation.

Skills Groups. Children attend skills groups which meet for 1.5 hours/week for 30 weeks. The groups follow a manualized curriculum that combines cognitive-behavioral strategies with activities designed to help children process experiences related to placement in out-of-home care. For example, topics include: emotion recognition, problem solving, anger management, cultural identity, change and loss, and peer pressure. Multicultural stories and activities are integrated throughout.

2. Please select the primary categories that relate to the intervention: (Please highlight applicable categories)

- Academic performance/functioning and achievement
- Adult behavior problems (violence/aggression)
- Adult mental health
- Alcohol and drug use
- Assessment and Measurement Instruments for Target Populations
- Attachment Interventions
- Basic Needs
- Behavioral Management and Treatment
- Child Mental Health – externalizing
- Child Mental Health - internalizing
- Child Mentoring Programs
- Child Supports and community connections

- Child Welfare Practice and Service Models
- Crisis Intervention
- Delinquency and Criminal Behavior
- Educational Support Interventions
- Family Functioning (communication, bonding, interactions and relationships)
- Family Support and Placement Stabilization Programs
- Independent living and career readiness
- Marriage and Relationship Support
- Parental Mentoring Programs
- Parent Engagement
- Parental Supports and community connections
- Parenting Skills - Training and Enhancement
- Peer associations/relationships
- Resource Parent Training Programs
- Sexual Behavior Problems in Adolescents and Children
- Social/emotional functioning (social competence/prosocial behaviors, conflict management, problem solving, coping-stress management, decision making and self -esteem)
- Trauma Treatment

3. Describe the intervention's current use with one or both of the QIC-AG's target population:

- Children with challenging mental health, emotional or behavioral issues who are awaiting an adoptive or guardianship placement as well as children in an identified adoptive or guardianship home but the placement has not resulted in finalization for a significant period of time.

Children eligible for the Fostering Healthy Futures® program are 9-11 years old who entered any type of out-of-home care placement within the previous 12-18 months. Therefore, children with challenging mental health, emotional or behavioral issues who are awaiting an adoptive or guardianship placement have participated in the Fostering Healthy Futures® program since its inception in 2002.

- Children and families who have already finalized the adoption or guardianship. This group includes children who have obtained permanency through private guardianship and domestic private or international adoptions.

Although uncommon, some children have who have finalized adoptions have participated in the Fostering Healthy Futures® program. More common is the placement of children into preadoptive homes during the 9-month program.

4. If currently not being used with one or both of the QIC-AG’s target population, describe how the intervention could be adapted to respond to the needs of the QIC-AG’s target population:

- Children with challenging mental health, emotional or behavioral issues who are awaiting an adoptive or guardianship placement as well as children in an identified adoptive or guardianship home but the placement has not resulted in finalization for a significant period of time.
- Children and families who have already finalized the adoption or guardianship. This group includes children who have obtained permanency through private guardianship and domestic private or international adoptions.

We believe this program could be adapted fairly easily for adoptive children, although adoptive parents have not always been receptive to having their children participate in a mentoring and skills group program post-adoption. Interestingly, we found a threefold increase in adoption for children in the intervention group (compared with children in the control group) in our clinical trial of the program. We have attached the published paper that describes this finding, as well as a paper describing the mental health benefits for program participants.

5. Intervention goals/outcomes

Program Goals:

The short-term goals of the Fostering Healthy Futures® program include promoting:

- Healthy relationships with peers and adults
- Positive attitudes about self and future
- Skills for regulating behavior and coping adaptively
- Better mental health functioning

The long-term goals are to reduce the likelihood of:

- Youth involvement in delinquency, substance use, and risky sexual behavior
- Placement instability and restrictive placements
- School failure and dropout
- Arrests and incarceration

6. Please name the sites and contact information where the intervention has been replicated/ implemented:

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