

Intervention Name: Keeping the Promise Adoption-Subsidized Guardian Preservation Services (KTP)

- 1. Brief Description of the Intervention:** The KTP program is designed to be a highly skilled resource for Illinois DCFS to call upon when families struggle in maintaining their children in their home. DCFS has made this program available for privately adopted children as well to prevent out of home placements and DCFS guardianship of that population. The model has proven successful in maintaining high risk children in their adoptive placements. KTP provides intensive, family-centered evidence based and informed therapeutic interventions to empower and strengthen families to become self-sufficient in their communities resulting in reductions in the need for both frequent hospitalizations and residential care. The intervention includes an intensive assessment of the client and their family's issues and needs, development of a therapeutic treatment plan for services and provide weekly (or more often) home-based individual and family therapy, in-home therapeutic parenting modeling, as well as access to psycho-education and support groups and respite services. Services can last much longer than standard therapy sessions. The KTP staff can work with a family intensively, spending hours with them to model parenting techniques and work through therapeutic issues. The Baby Fold therapist participates in the Child and Family Team meetings and other client centered meetings (such as school meetings) with professionals and family and friends to support and advocate for additional services and supports that might be obtained through the community or identify and build natural supports for the family (such as offering to provide therapeutic parenting training to an identified mentor for the child). The therapists are empowered to work with all caregivers of the child, not just parents, so family members, neighbors, day care providers and teachers are involved in therapeutic interventions as needed.

DCFS allows for one year of service and then an additional year if needed for each family to receive services. Families are allowed to close their case and return to services again at later stages of the child's development as new issues can arise needing the additional professional support. In extreme cases, the program is allowed to continue services beyond the two years.

Client capacity: The ratio of staff to client is one FTE serving between 8-12 families depending on the intensity of service required by the families served. The program covers 22 counties and the staff are located centrally in three different cities so it is important to consider the travel time which affects staff ability to provide services to more than about 10 families at a time.

Professional Staff Delivering Clinical Services: Qualifications for professional staff who deliver clinical services include knowledge of normal developmental stages and issues that are specifically related to foster care, trauma, abuse and neglect as well as mental illness. A minimum of a Master's degree in Counseling or Social Work from an accredited program or a Master's Degree in a field related to social work or counseling, plus three years of subsequent work as a therapist. Additionally, therapists and counselors must be licensed as a Licensed Clinical Social Worker, Licensed Clinical Professional Counselor, Licensed Marriage and Family Therapist, Licensed Social Worker, Licensed Professional Counselor, or Licensed Clinical Psychologist. If a staff member is not licensed at the time of employment, he/she shall be supervised by a licensed employee and be working toward licensure.

Supervisory: All Supervisory staff must possess a Master's Degree in social work, psychology, counseling or a related field and at least three years' experience in social work, and/or administration. A license such as LCSW, LCPC or other clinical license is required.

Frequency of Supervision: The staff receive weekly supervision for about 1.5 hours as well as small group supervision for 2 hours with the Clinical Director (Dr. Lusk) monthly and an additional monthly 2 hour large group (all 20 staff) for additional education, collaboration (to put together client support groups) and staffing of cases as well. It is the level of contact and clinical supervision that the staff receive in utilizing the evidence based and informed therapeutic modalities that makes this program so successful. Due to the independence of the staff, traveling across the 22 counties, it is imperative for them to reconnect and work on developing skills together. Staff who provide attachment based therapy must be emotionally regulated, mindful of their issues and concerns about clients in order to successfully engage the families. Regular clinical and reflective supervision is necessary for the success of the staff.

Therapeutic Model and the use of evidence based therapy: The KTP program has worked to develop a program that is evidence based and informed. The Baby Fold as an agency has adopted The Attachment, Self-Regulation, and Competency (ARC) model developed by Bluestein and Kinneburgh as the agency's model for service provision because the model is grounded in good theory and research and considered an evidence based model. The Baby Fold staff, including the Clinical Director, the Clinical Program Manager of KTP and the Assistant Director of the Residential Treatment Center participated in research with DCFS, in collaboration with Northwestern University in Chicago, on the implementation of the ARC model on the KTP and foster care programs across the state. Since then the KTP program has worked to add additional therapeutic interventions to the model to create a more robust program that maintains the evidence based and informed standard.

In the last two years, KTP has worked closely with Texas Christian University (TCU) in research collaboration in order to continue to enhance the program and add to the body of research on adoption preservation services. TBRI is a therapeutic parenting and caregiving program which teaches parents to assess their children's needs in the moment and provides effective tools for intervention. This is an evidence based and informed holistic program which addresses the child's mind, body and spirit. This program blends beautifully with the ARC model and only serves to support and enhance it. The Child Welfare League of America recently approved an initial research study (which just focused on the effect of TBRI on KTP clients) article for publication and the larger more comprehensive study (which covers several agencies, not just The Baby Fold) is currently being written by TCU staff to be completed later this year. Additional research with TCU is being planned by KTP as additional intensity of intervention has been suggested and planned for. TCU is currently paying for several of the staff to learn to do In-Home Intensive Interventions which provide 25 hours over 4 days of intensive in-home TBRI modeling to families.

The training and support KTP staff have received from TCU has been phenomenal. Staff were brought to TCU in Texas to be trained as Trust Based Relational Intervention Educators. In addition TCU has worked closely with the staff on case consultation to ensure that our assessment and

intervention has followed their model and has been effective. The university has provided great support to the staff in their efforts to train parents and professionals in TBRI across Central Illinois with the hope that this information would improve the support of adopted children across the region.

The KTP therapists participate in the following evidence based or evidence informed trainings as well as many others: The Silver Box Adoption Preservation training developed by ISU and DCFS for all adoption preservation programs across the state of Illinois, Theraplay at the Chicago Theraplay Institute, Eye Movement Desensitization and Reprocessing (official EMDRIA approved training only), Advanced EMDR Training in Integrative Attachment and Certification (also approved by EMDRIA) Trust Based Relational Intervention Training by TCU to become a TBRI Educator or by the educators at TBF to help support parents, Attachment, Self-Regulation, and Competency, and Parent Child Interaction Therapy.

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 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.
 - a. Keeping the Promise Adoption Preservation program (KTP) is a dynamic and intensive in-home therapy and case management program that serves families who were formed through adoption and guardianship through the State of Illinois as well as other states and privately adopted children. The program is funded through the State of Illinois with the goal of stabilizing children in their homes and maintaining their permanency (to out of home placements and adoption disruptions).

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.
 - a. Much of this model has been applied to our Baby Fold foster care program as well, but that program is much smaller in design (only serving 3 counties) and parent and foster parents cooperation is not active and the research did not incorporate this program due to the different design of the foster care therapy program. The families who have engaged in the offered Trust Based Parenting programs indicate that there was a great impact for them and they appreciated the opportunity. We intend to continue to apply the therapeutic aspects of the KTP program model to the foster care program as we feel it is of benefit to the families.
- 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.

5. Intervention goals/outcomes:

The program is designed to prevent out of home placements for the highest risk kids. While there are thousands of adoptions across the state of Illinois, only about 10% receive Adoption Preservation services at any given time according to DCFS. DCFS is able to send emergency referrals for services and have immediate opening of cases and families can self-refer as well. Self-referrals may be as serious as a DCFS emergency referral or much milder such as child needing to work through their life history to work on identity issues. The majority of our clients have the higher risk issues but we do

provide services hoping to prevent some of the higher risk behaviors. Successful outcomes of the KTP program include reducing residential and out of home placements for children in adoptive and subsidized guardianship homes. KTP served 245 children in FY14. The outcome measure DCFS has set for the Adoption Preservation programs is “Maintain the child in the adoptive home, or when placement outside the home is appropriate and necessary, maintain parent/child relationship in at least 85% of families”. In the KTP program the success of maintaining these high risk children in their homes has averaged 87% over the last four fiscal years. Over that same period, the success of maintaining the parent child relationship and avoiding dissolved adoptions is 96.5%.

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

The broader design is used across the state of Illinois. The specific design of KTP has not been exactly duplicated but DCFS does encourage the other agencies to follow a similar model and train the staff in similar techniques. Metropolitan in Chicago has a similar AP program to KTP and is held by DCFS to be of similar quality.

DCFS has requested that KTP expand as a result of the positive outcomes achieved, growing the program from 10 counties to 22 counties in the past 5 years. DCFS has informally shared that one of the areas had an almost 50% reduction in adoption disruptions the year following KTP’s absorption of the area.

In order to obtain comparison data of other programs, one would need to contact DCFS and request that data.

7. Describe the evaluation or research that has been collected on this intervention:

KTP has participated in the following statewide research on intensive adoption preservation:

Comparing Adoption and Subsidized Guardianship in Struggling Families

Abstract

The State of Illinois provides intensive therapeutic services to adoptive and guardianship families who are at risk of child placement or relationship dissolution. Because guardianship does not require legal assumption of parental rights, unlike adoption, those serving guardianship families predicted that guardianship families would be less likely to remain together than adoptive families. This study, comparing 113 subsidized guardianship families and 733 adoptive families receiving preservation services, found no significant difference in child placement or level of parental commitment at the end of services. Children in guardianship families were more likely

to be minority children who were older at removal from birth families and at placement with their current families and were less likely to have a history of abuse than their adopted counterparts.

Results

The results of this research can be found in:

Howard, J.A., Smith, S.L., Zosky, D.L. & Woodman, K. (2006). A comparison of subsidized guardianship and child welfare adoptive families served by the Illinois adoption and guardianship preservation program. *Journal of Social Service Research*, 32, 3, 123-134.

In addition to the above, this is the abstract from the research done in collaboration with TCU on KTP specifically in regards to the addition of TBRI. This paper will be published in the near future by CWLA. The larger research project which encompasses programs at multiple agencies is currently in the data assessment phase and will hopefully be completed this fall by Texas Christian University.

Trust-Based Relational Intervention (TBRI) for Adopted Children Receiving Therapy in an Outpatient Setting

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“ Adoptive parents can be unprepared for maladaptive behaviors exhibited by their adopted children. Often these behaviors stem from histories of trauma and typical parenting practices can be ineffective, leaving parents overwhelmed and at risk of disrupting the adoption. This study investigated the effects of implementing trauma-informed intervention training with traditional post-adoption services. Results of this study showed a reduction in children’s psychiatric problems as well as a reduction in parents’ own stress levels when parents demonstrated an investment in the intervention model.”

Please provide contact information below:

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