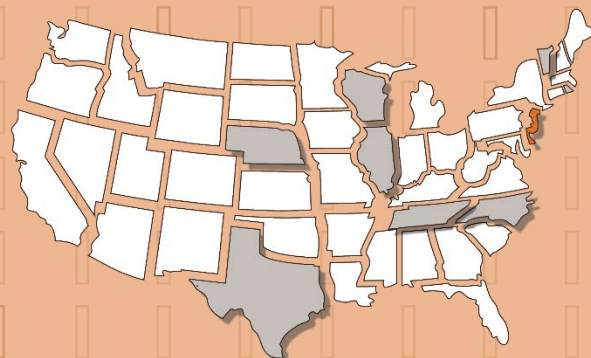


Evaluation Results from

New Jersey

Final Evaluation Report



September 2019

QIC•AG

National Quality Improvement Center for
Adoption & Guardianship Support and Preservation

This report was designed by staff at the Texas Institute for Child & Family Wellbeing at The University of Texas at Austin, Steve Hicks School of Social Work. We thank them for their partnership and dedication to the work of translational research.



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The QIC-AG was funded through a five-year cooperative agreement between the Children's Bureau, Spaulding for Children, and its partners the University of North Carolina at Chapel Hill, the University of Texas at Austin and the University of Wisconsin-Milwaukee.

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Acknowledgements

The QIC-AG evaluation team would like to extend our sincerest thanks to all of the adoptive and guardianship families who participated in the project.

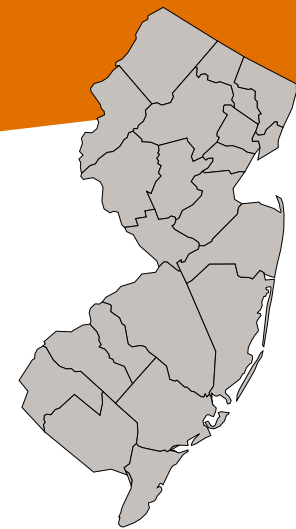
We also thank the many stakeholders on the QIC-AG site specific Project Management Team (PMT), Stakeholder Advisory Team (SAT) and Implementation Team (IT) who were invaluable in providing the support and direction needed to implement the study. The participants on these three teams included community consumers and providers from adoption and guardianship services; adoptive and guardianship families; representatives from private, domestic, and international adoption; key leaders across multiple systems; and the numerous support agencies and system partners.

We would like to acknowledge the staff at the Office of Adoption Operations within the State of New Jersey, Department of Children and Families, Division of Child Protection and Permanency. The site team leaders and Site Implementation Manager (SIM) who guided this work, in addition to their other roles within the agencies they work. Your partnership made this project a success.

The QIC-AG site consultants worked closely with the evaluation team to ensure the project work was implemented with integrity. Thank you for the collegial team work. In addition, special thanks to Dr. Cassandra Simmel, Rutgers University, who helped with the project transitions during staffing changes.

A special appreciation goes to Dr. Sophie Havighurst, a purveyor of TINT, who supported the site in adapting their model for this study.

Evaluation Results from New Jersey



PROJECT PARTNERS

QIC-AG partnered with the **Office of Adoption Operations within the State of New Jersey, Department of Children and Families, Division of Child Protection and Permanency.**

CONTINUUM PHASE

Selective

INTERVENTION

CP&P implemented **Tuning in to Teens (TINT)**. TINT is an evidence-based emotion coaching program designed to proactively prepare parents to support their teens in managing the complex developmental tasks of adolescence by developing the youth's emotional intelligence.

STUDY DESIGN

Experimental: Randomized Controlled Trial

The target population was **children ages of 10 to 13 years old whose caregivers were receiving an adoption or Kinship Legal Guardianship (KLG) subsidy and were not open for DCF services. Children had either previously been in group care or were between the ages of 6 and 13 at the time of finalization.**

RESEARCH QUESTION

Will children currently between the ages of 10 and 13 who are receiving an adoption or Kinship Legal Guardianship (KLG) subsidy, are not open for services with DCF, and meet one of the following criteria: at the time of finalization were between the ages of 6 and 13, or were in group care while in foster care experience a reduction in post permanency discontinuity, improved wellbeing, and improved behavioral health if they receive Tuning in to Teens (TINT) compared to similar children who receive services as usual?

Findings



443 FAMILIES
ASSIGNED TO THE
COMPARISON GROUP



187
COMPARISON
GROUP CAREGIVERS
COMPLETED THE
OUTCOME SURVEY

769 FAMILIES
ASSIGNED TO THE
INTERVENTION GROUP

442 (57%)
SUCCESSFULLY
CONTACTED



62
TINT CAREGIVERS
COMPLETED 4+
SESSIONS AND THE
OUTCOME SURVEY

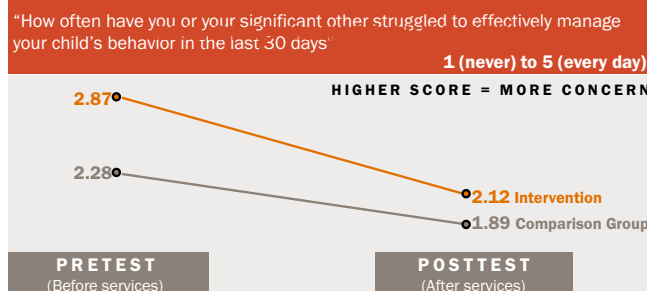
RECRUITMENT & PARTICIPATION

Families who participated in TINT were different than families who did not participate in the intervention. Specifically, families who received the intervention were:

- more likely to struggle to effectively manage their child's behavior; and
- less confident that they could meet their child's needs.

OUTCOMES

This study found no statistically significant differences between TINT families and comparison group families on primary outcomes but an improvement was observed in parents' felt ability to better manage their child's behavior. The figure below shows the slope of line is steeper for TINT families which suggests they improved more than families in the comparison group. Although this difference wasn't statistically significant, promising trends suggest that with additional time, statistically significant differences may emerge.



WHAT CAREGIVERS HAD TO SAY...

Adoption and guardianship was a positive experience!



"Adopting our son has been the single best decision we have made in our lives."

"Great experience. Would do it again if I had to."

It was also a challenging experience.

Many caregivers reported that having adopted or assumed guardianship of a child was challenging, particularly if the child had a mental health condition. Caregivers wrote that not only did caseworkers need to be "better equipped to help adoptive parents," but also shared a strong need for the improvement of the training required in order to become an adoptive parent or guardian. They pointed out that having more support from the child welfare system "especially during the teenage years" was essential.



The University of Texas at Austin

Texas Institute for Child & Family Wellbeing

Steve Hicks School of Social Work



JACK, JOSEPH AND MORTON MANDEL
SCHOOL OF APPLIED SOCIAL SCIENCES

CASE WESTERN RESERVE
UNIVERSITY

This research summary was designed by staff at the Texas Institute for Child & Family Wellbeing at The University of Texas at Austin, Steve Hicks School of Social Work, in conjunction with the Jack, Joseph and Morton Mandel School of Applied Social Sciences at Case Western Reserve University.

Evaluation questions? Please contact Nancy Rolock at nancy.rolock@case.edu or Rowena Fong at rfong@austin.utexas.edu.



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Executive Summary

Overview

The New Jersey Division of Child Protection and Permanency (CP&P), the public child welfare agency in the State, works to achieve permanence for the children and youth who are in state custody. Housed within CP&P, the Office of Adoption Operations provides services for pre adoption preparation and post adoption and kinship legal guardianship. Analysis of the available administrative data from New Jersey found that children who experienced post permanency discontinuity were typically between the ages of 14 and 16, suggesting that adolescent developmental challenges increased the risk of discontinuity. The New Jersey site team of the National Quality Improvement Center for Adoption and Guardianship Support (QIC-AG) therefore focused its efforts on adolescents whose caregivers were receiving an adoption or Kinship Legal Guardianship (KLG) subsidy and were not open for services with CP&P. No existing evidence-based intervention to date addresses the New Jersey QIC-AG Theory of Change regarding adolescent development in the adoption context. New Jersey's QIC-AG study consisted of replicating and adapting Tuning in to Teens (TINT), an intervention previously tested with a general teen population, to determine whether the model could prevent post permanency discontinuity and improve wellbeing for families formed through adoption or guardianship.

The study's Theory of Change postulated that there are developmental tasks in adolescence that may be complicated by adoption or guardianship. Adoptive or KLG families may be unprepared to address these unique challenges. Therefore, by increasing their skills and knowledge associated with caring for youth as they enter adolescence (i.e., through skills acquired with TINT), parents and guardians would increase their capacity to address the issues within their families and increase post permanency stability. The adapted intervention was within the Selective Interval of the QIC-AG Permanency Continuum Framework, in the **Replicate and Adapt** phase of the *Framework to Design, Test, Spread, and Sustain Effective Practice in Child Welfare*.

Intervention

Tuning in to Teens (TINT), an evidence-based intervention developed in Australia, is an emotion coaching program designed to proactively prepare parents to support their teens in managing the complex developmental tasks of adolescence by developing the youth's emotional intelligence. The intervention teaches parents to understand the reasons youth react with hostility or withdrawal and improves parents' skills in managing their own angry reactions. When parents refrain from responding angrily, the escalation of youth's emotions are reduced, and this allows for a connected relationship between parent and youth.

The coaching program consisted of six two-hour weekly sessions. Given the additional complexities associated with adoptive and guardianship families, a seventh week was added to the adapted curriculum. The core theoretical overview of emotion coaching, as well as the formation of the group, was purported to occur within the first two weeks. Therefore, parents could not be added to the group after the second week. The intervention was held in strategically targeted communities across the state. Community locations were selected based on where the largest proportions of families resided or the experienced the greatest needs.

Primary Research Question

The primary research question for this study was:

Will children currently between the ages of 10 and 13 who are receiving an adoption or KLG subsidy, are not open for services with DCF, and meet one of the following criteria: at the time of finalization were between the ages of 6 and 13, or were in group care while in foster care experience a reduction in post permanency discontinuity, improved wellbeing, and improved behavioral health if they receive Tuning in to Teens (TINT) compared to similar children who receive services as usual?

Secondarily, this study examined pre-post intervention surveys to understand whether the intervention, which was a general population program adapted for the post permanency population, performed similarly with the previous research conducted about TINT. Additionally, families in both the comparison and intervention groups were asked a set of key questions related to their familial relationships, which was explored to determine differences between the intervention and comparison groups.

An experimental design was used to determine whether TINT in New Jersey was effective in reducing post permanency discontinuity and increasing the wellbeing of parents and youth. Families in the treatment group (those who received TINT) were compared to (1) all children in the comparison group and (2) a subset of the comparison group that was matched to the treatment group on key characteristics (called a matched comparison group). Participants in the treatment and comparison groups were asked a set of key questions related to their familial relationships to determine whether the intervention affected measures of elevated risk. Pre-post intervention surveys were examined to understand whether the intervention performed similarly with the previous research related to TINT.

Key Findings and Discussion

RECRUITMENT & FIDELITY

Key findings related to recruitment and fidelity are summarized below.

- Outreach was made to families in the 769 families assigned to the intervention group. Staff successfully contacted 442 families (57% of the intervention group). A total of 178 families (23% of the intervention group) registered for the intervention, and 94 (12% of the intervention group) participated in the intervention (at least 4 sessions, the minimum suggested by the purveyor to observe an intervention effect).
- Recruitment efforts were most beneficial the first time the intervention was available to the family, and there was a diminished return on investment with repeated intensive outreach efforts.
- Families who participated in TINT (TINT participants) were different than families who did not participate in the intervention. Specifically, families who received the intervention were: 1) more likely to struggle to effectively manage their child's behavior, and 2) less confident that they could meet the needs of their child, compared to families who did not receive the intervention.

- Review of the fidelity reports found that the intervention was delivered with a high level of fidelity. TINT participants received, on average, 94% of the core content.

In sum, this study found that successful contact by the program was made with a significant proportion of adoptive and KLG families in New Jersey (57%). These families may not have had contact from the child welfare system for many years, some up to a decade. This suggests that families are willing to engage with the child welfare system, even years after adoption or guardianship finalization.

Most of the families in the target population did not engage in services: 94 (12%) of the intervention group participated in the full intervention. Offering sessions multiple times in the same community, and additional follow-up calls to remind families of the upcoming TINT session they had registered for, did not yield additional intervention uptake.

Of the families who registered for TINT, the vast majority of families (85%) completed the program. Furthermore, families who reported they were struggling were likely to participate in the intervention. The intervention was offered with a high level of fidelity.

INTERVENTION-SPECIFIC OUTCOMES

At the completion of the evaluation, not many families had completed the TINT-specific surveys. This limits our ability to compare the results of TINT in this study with the results of TINT with other populations (e.g., a general population). For instance, while an increase (from pre TINT to post TINT) was noted in youth appraisal of parent responsiveness, suggesting that parents and guardianship who participated in TINT were more responsive after participating in TINT than before, caution should be used in interpreting these results as they were based on 11 responses.

PRIMARY OUTCOMES

Primary outcomes refer to the comparisons between families who received TINT, and families who received services as usual (the comparison group). This is the strongest evaluation design because it used a randomized controlled trial.

- No statistically significant differences were found between the TINT intervention participants who had outcome data ($n = 62$) and the overall comparison group who had outcome data ($n = 187$). Similarly, no statistically significant difference was found between the TINT participants ($n = 31$) and a matched sample of the comparison group ($n = 31$) on the key short-term measures of child and family wellbeing that are related to longer-term discontinuity. However, promising trends suggest that with additional time, statistically significant differences may emerge.
- Results found improvement in parents' self-reported ability to better manage their child's behavior, approaching a statistically significant difference. Therefore, while the primary outcomes measured did not detect statistically significant improvements for the TINT participants, compared to either comparison group, parents and guardians who participated in the intervention tended to feel better able to manage their child's behavior. This is an important finding as child behavioral issues are a key factor related to post permanency stability and family wellbeing.

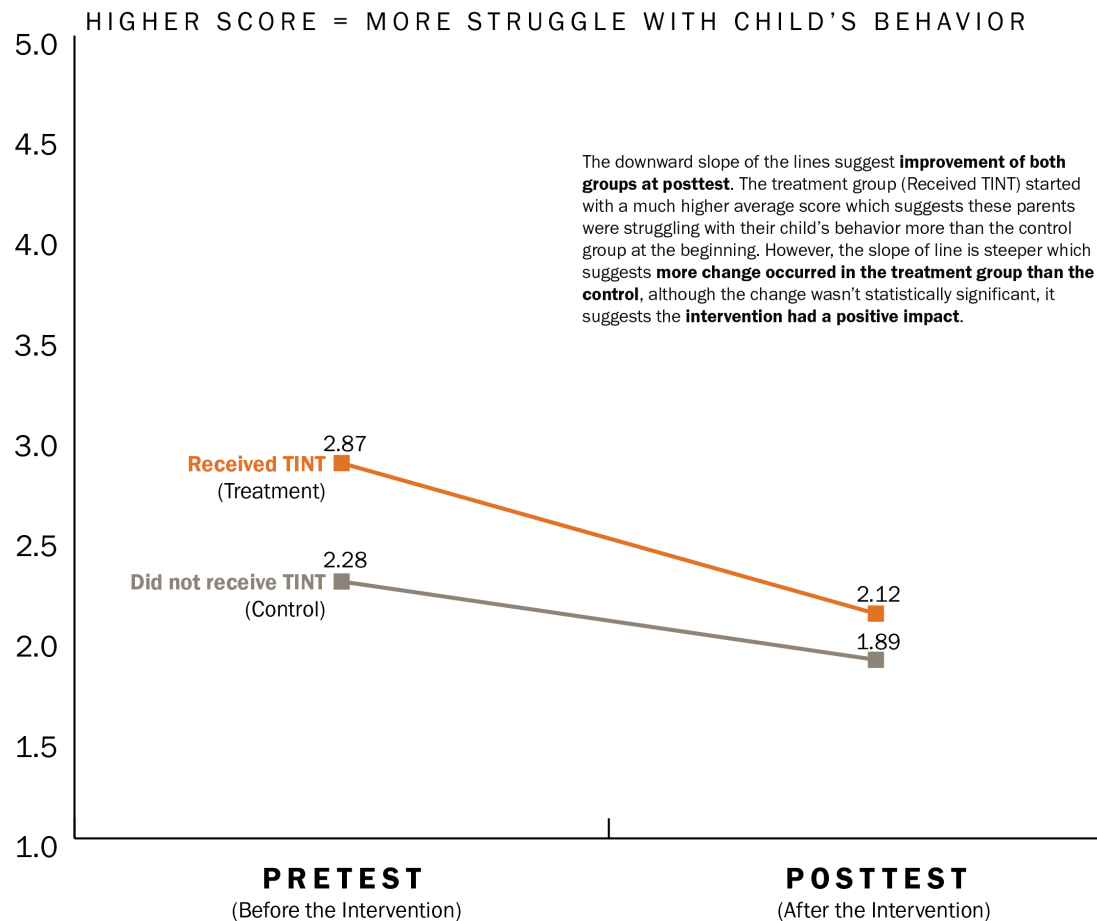
DISCUSSION

This target population in this study was narrowed to a specific group of families who fit the eligibility criteria, yet this group of families was heterogeneous; some reported struggling, and others reported doing well. This is consistent with previous studies on the experience of adoptive and guardianship families that found the majority to be adjusting well (see White, Rolock, Testa, Ringeisen, Childs, Johnson, & Diamant-Wilson, 2018 for a summary of these studies). Importantly, families who reported they were struggling were likely to participate in the intervention. This suggests that families who are struggling would be open to engaging in services. What is unclear is whether TINT is the most effective intervention to offer. Similar to other prevention efforts, preventing adoption and guardianship instability may require a continuum of services that takes into account the diversity of issues families face.

We asked parents and guardians if they had things to share about their adoption or guardianship experiences. Some described their experiences as “very positive.” Others described their experience as challenging and discussed the need for additional resources, preparation, and training for caseworkers. Further, they discussed the need for community-based services, such as school professionals, to be better trained and prepared to support children’s special education and mental health needs. In one case, a parent discussed challenges getting a school to take bullying seriously, which has serious consequences for all children but could be especially challenging for a child that has already experienced significant trauma. Of particular concern to parents were the needs of children with mental health conditions, issues with the biological parents, and the financial strain families experienced after adoption or guardianship finalization. These reflections from parents and guardians clearly underscore the need for additional supports post permanence.

There were several limitations to keep in mind for the QIC-AG evaluation in New Jersey. Most important to interpreting the data were conditions related to response rates and sample size. A small proportion of the eligible population participated in the research. This restricted number of cases for analyses, particularly among those who received the intervention (i.e., just 94 families), meant diminished power to detect statistically significant differences between TINT participants and the comparison groups. In addition, a small observation window to observe changes among the intervention group from enrollment and pretesting to outcome measurement (i.e., about 6 months), made detecting any changes due to the intervention very challenging.

Caregivers Struggled to Manage Child Behavior: Pre and Post Tests



Despite the limitations, this study had important findings. Adoptive parents and KLG families who participated in TINT reported that they felt better able to manage their children's behaviors after completing the intervention. While this change did not reach the level of statistical significance, it is an important finding, particularly because prior research has established that difficulty with challenging child behaviors is associated with post permanency discontinuity (Testa, et al., 2015). However, this study found no statistically significant changes when comparing the TINT participants to the full comparison sample or the matched comparison group on the primary outcomes of interest. It is possible that with additional time and more families enrolled, different results regarding the TINT intervention may have emerged. Personal and interpersonal change is difficult and takes time, especially given the long history of trauma that many adoptive and guardianship youth have experienced due to maltreatment and previous placement moves (Jones & Schulte, 2019). Following up with families and administrative data on return to care would be helpful to determine whether outcomes improved with the benefit of additional time for change to occur.

Cross-Site Summary

The cross-site evaluation (Chapter 10 of the full report) summarizes overarching themes and analyses found across six QIC-AG sites that focused on addressing issues post permanence: Vermont, Illinois, New Jersey, Catawba County (North Carolina), Wisconsin, and Tennessee. Key findings from the cross-site are summarized below.

Key questions that can help sites identify families who are struggling post permanence. An important aspect of prevention work with adoptive and guardianship families is to be able to identify families who may be the most likely to experience post permanency discontinuity and diminished wellbeing. Through the QIC-AG we asked key questions to better understand issues related to post permanency discontinuity. Our findings show promise for using a set of questions related to familial issues to distinguish families who were struggling and those who seemed to be doing alright. These questions could be administered yearly to all adoptive and guardianship families, with targeted outreach directed at families whose responses suggest they may be at an elevated risk for post permanency discontinuity.

Child welfare jurisdictions interested in targeted outreach to adoptive or guardianship families may consider periodically checking in with families to assess their level of caregiver commitment and familial relationship (e.g., the parent or guardian's assessment of how well they can manage their child's behavior). Based on the responses received from this check-in, jurisdictions could consider targeting outreach to families based on responses to key familial relationship questions piloted with the QIC-AG project.

Maintain connections with families after adoption and guardianship. Connections to services, supports, and resources should begin prior to adoption or guardianship finalization and continue to be maintained after finalization.

Reduce barriers to post adoption service use and empower families to seek services and supports. This process may be made easier by maintaining connections through universal outreach, which includes providing information about availability and eligibility for services after adoption or guardianship finalization so that families know how and where to access supports and services.

Offer support through periodic, targeted outreach to families who exhibit characteristics that suggest they may be at an increased risk for post permanency discontinuity. This could be, for instance, annual check-ins with families to see how they are doing.

Support is important. Families reported that at times what is needed is a friendly voice on the other end of the phone who can listen to struggles regarding birth family contact or provide support for older caregivers. Other times it is helping to get intensive residential treatment services for their child without relinquishing custody. Participants reflected on the important social connections (informal social support) made by attending sessions. Survey respondents reported that they needed formal support from the child welfare and school systems, as well as support in accessing services for their child post-permanence. It is important to understand what *support* means to the family and to find a way to offer it in a timely manner.

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