



CORE Teen: Impact of an Adolescent-Focused Parent Training Curriculum on Foster Parent Perceptions of Preparedness to Foster Teens

Angelique Day¹ · Amy M. Salazar² · Maija Bennett² · Lori Vanderwill¹

Accepted: 2 March 2022

© The Author(s), under exclusive licence to Springer Science+Business Media, LLC, part of Springer Nature 2022

Abstract

This exploratory, qualitative study evaluated the impact of the Critical Ongoing Resource Family Education Teen Edition (CORE-Teen) post-licensure foster parent training curriculum designed to support foster/kinship caregivers caring for youth ages 12–20 years in the foster care system. A pilot study of the curriculum was implemented in three states (Florida, Pennsylvania, and Tennessee). Five semi-structured focus groups (three groups received CORE Teen training and the other two did not) were conducted with a total of 61 foster parents to explore the differences in parenting knowledge and practices among foster parents trained in CORE Teen versus those who were not. A thematic content analysis of the transcripts from the focus groups revealed three themes: (1) understanding what is considered normal teen behavior; (2) understanding and managing teen trauma and mental health; and (3) recommendations for building foster parents' skills to prepare for their role. Overall, CORE Teen-trained foster/kinship caregivers seemed to have deeper insight into normal teen behaviors, as well as how trauma and mental health challenges can underlie challenging behaviors. CORE Teen foster/kinship caregivers also seemed more satisfied with the training they had received to prepare them for caring for teens. The CORE Teen training curriculum offers promise for building the unique skills that foster/kinship caregivers need in order to effectively care for older youth in the foster care system.

Keywords Foster care · Training · Adolescents · Program evaluation

The population of older youth in foster care is considerable. As of September 30, 2019, there were over 130,000 youth between the ages of 12 and 20 in the foster care system (US Department of Health and Human Service, 2020). Many of these young people need assistance in building connections to permanent caring adults in their lives that they can turn

to as they navigate the transition from adolescence to adulthood (e.g., Samuels, 2008). Twenty-six percent of the total foster care population eligible for adoption in 2019 were between the ages of 12 and 20, however only 13 percent of these older youth experienced this most stable form of permanency (US Department of Health and Human Service, 2020). Due to the lack of availability of family-based settings willing and prepared to provide permanency for older youth, many of them are instead placed in congregate care settings without access to a stable caring adult that can assist them in understanding how to manage the complexities of navigating early adulthood. Analyses of 2014–2015 data from the Adoption and Foster Care Analysis Reporting System (AFCARS) found that congregate care was the most recent placement for 40% of youth in care aged 16–17 and 29% for ages 18–21 (Child Trends, 2017). Furthermore, a report by the National Conference of State Legislatures (2020) found that 28% of youth placed in congregate care had no clinical indicators or other notable behavior problems that warranted this type of placement. Better training curricula are needed

✉ Angelique Day
dayangel@uw.edu

Amy M. Salazar
amy.salazar@wsu.edu

Maija Bennett
maija.bennett@wsu.edu

Lori Vanderwill
lavand@uw.edu

¹ University of Washington School of Social Work, Seattle, WA, USA

² Department of Human Development, Washington State University, Vancouver, WA, USA

for preparing foster parents to care for teenagers. This study shares research findings from a study of CORE (Critical Ongoing Resource family Education) Teen, a new training curriculum developed to support foster/kinship caregivers¹ to meet this need.

Experiences and Needs of Teens in the Foster Care System

Older youth in care face a different set of challenges than their younger counterparts and typically enter the foster care system under different circumstances. For example, younger children are commonly removed from their families based on findings of neglect, parental substance use, physical abuse, parental incarceration, and housing instability (U.S. Department of Justice, 2019). In comparison, older youth are more commonly removed due to behavioral problems, substance use, and parental rejection of a child's LGBTQ+ identity (Rosenberg & Abbott, 2019). Studies indicate that approximately 15–34% of youth in care identify as LGBTQ compared to 3–11% in the general population (Baams et al., 2019; Detlaff et al., 2018; Gates, 2011; Kann et al., 2016; Sandfort, 2019; Scannapieco et al., 2018; Wilson & Kastanis, 2015). There are also disproportionately more youth of color in foster care than in the general population. In 2018, Black children made up 23% of those in care compared to 14% of the general population, 2% of children in care were American Indian/ Alaska Native compared to 1% in the general population, and those who identify as more than one race made up 8% in care compared to 4% in the general population (Kids Count Data Center, 2021a, 2021b). Foster/kinship parents must be prepared to care for these youth who are disproportionately represented.

Foster/kinship parents play a pivotal role in the placement and permanency outcomes of children placed in their care; therefore, they must be prepared with the most updated and comprehensive training and educational programs to care for adolescents who have complex histories of trauma and diverse needs. Age, cultural considerations, sexual orientation and gender identity, trauma history, and mental health needs are all identities that must be understood and prioritized by foster parents who care for teens, and thus must be addressed through training curricula that aim to build these caregivers' skills. For example, adolescents who have experienced traumatic stress display different behavioral signs than younger children and may develop eating or substance use disorders, mental illnesses such as depression, or become prematurely sexually active

(SAMHSA, 2021). Data from the National Survey of Children's health (NSCH) found that as youth age, their risk of meeting criteria for diagnoses of depression and anxiety increases (Ghandour et al., 2019). Gender also plays a role in the placement outcomes of older youth. Males are at a higher risk of having factors associated with low permanency, like living in a group home, than females (Choi & Wilson, 2018). They are also more likely to live in three or more congregate home placements during time in care than females (Courtney et al., 2014). LGBTQ+ youth are also at higher risk for specific risk factors threatening permanency and placement stability than non-LGBTQ+ youth (Choi & Wilson, 2018). Compared to their non-LGBTQ+ counterparts, LGBTQ+ youth experience a higher number of foster care placements (Wilson & Kastanis, 2015; Wilson et al., 2014) and are less likely to be placed in family-based care and more likely to have congregate care placements than non-LGBTQ+ youth (Sandfort, 2019). These youth have recounted experiencing hostility in placements (Dank et al., 2015; Wilson & Kastanis, 2015) and can struggle to achieve permanency due to being rejected by caregivers because of their LGBTQ+ identity (Mountz & Capous-Desyllas, 2020) and being more likely to run away and be homeless (Choi et al., 2015; Sandfort, 2019).

For youth of color, cultural ties also play a foundational role for identity development and group affiliation, and the ability to support youth in these areas is a key skill needed by foster parents who care for teens. A positive self-perception of ethnic identity can serve as a protective factor for American Indian/Alaskan Native adolescents, as having a strong ethnic identity is associated with increased successful psychological functioning, coping ability, mastery, self-confidence, well-being, and having a sense of life purpose during the late teens and early adulthood developmental period (Schweigman et al., 2011; Smokowski, et al., 2014). Ethnic and racial identity has been identified as integral to the normative development of all youth of color, particularly during adolescence (Umaña-Taylor et al., 2014; Williams et al., 2012). This developmental period is when most youth establish group identity and show deeper understanding of challenges they may face due to their ethnic or racial identities (Williams et al., 2012). Foster parents can help facilitate this developmental process through ethnic-racial socialization practices, which have been found to increase as children age and grow stronger during adolescence (Hughes et al., 2006). A 2006 systematic literature review found that parental ethnic-racial socialization impacts outcomes for youth of color and is associated with youth having effective coping mechanisms for prejudice and discrimination as well as positive ethnic identity indicators like more positive group attitudes (Hughes et al., 2006).

When foster/kinship parents are not prepared to address these unique challenges that often surface in adolescence,

¹ Throughout this manuscript foster/kinship caregivers and resource parents are terms that are used interchangeably.

placement instability increases. Placement instability is associated with greater risks of teens developing behavioral, social, and academic problems, negative self-esteem, psychopathology, and increased distrust in guardians and other potentially supportive adults (Konijn, et al., 2019). The accumulation of these problems can also result in a negative spiral: the ability to build new secure attachments to new foster/kinship parents when a placement change occurs decreases, children's behavior problems increase, and the risk for instability in the next placement grows. Thus, helping foster/kinship parents build their knowledge and skills in stepping in to meet these needs is crucial.

Foster Parent Preparation and Training for Working with Teens

Current Training Limitations

The majority of foster/kinship parent training programs target parenting of all ages of children like the Resource Parent Curriculum (RPC), Model Approach to Partnerships in Parenting (MAPP), and Parent Resources for Information, Development, and Education (PRIDE). Some of these programs share aspects with CORE Teen like being trauma-informed and strengths-based and aiming to increase permanency by targeting parent knowledge and competencies (Lee & Holland, 1991; PRIDE Model of Practice, n.d.; Sullivan et al., 2016). Some trainings have modules about teens or issues that chiefly affect older youth in care like sexuality and sexual development, but they lack in-depth information on the specific needs of older youth in care and what resource parents need to successfully parent older youth.

Trainings specific to older youth in care tend to focus specifically on youth with externalizing behaviors or severe emotional or behavioral problems/disorders. Trainings based on Treatment Foster Care like Pressley Ridge (PR-TFC), Treatment Foster Care Oregon—Adolescents (TFCO—A) or Keep Safe view parents as agents of change for a youth's violent, delinquent, or challenging behavior and use pre-service and/or in-service foster parent training to train parents in treatment foster care (Chamberlain et al., 2008). TFCO-A provides extensive in-service training and supports with daily contacts and weekly meetings for foster parents (Buchanan et al., 2018). These programs are trauma-informed but lack more general knowledge and preparation for parenting youth that may not have serious externalizing behaviors. Another program called Connecting trains foster/kinship parents of youth aged 11–15 with the intention of improving bonds and preventing risky teen behaviors (Haggerty et al., 2016). This is also trauma-informed and addresses specific needs of teens but is limited in age scope

and does not include pre-service training for prospective parents.

Development of New Trainings

In addition to knowledge and skill building to be able to meet the unique identity needs of older youth in care, one way to structure foster/kinship parent training curricula is to focus in on strengthening foster/kinship parent characteristics and capabilities that have been found through research to be associated with successful foster care outcomes. The specific characteristics and capabilities needed for successful resource parenting of older youth in care have been identified through recent reviews of relevant literature. The most extensive review of literature with this focus, published in 2017, identified 18 personal characteristics, knowledge, skills and abilities found to be associated with successful foster caregiving of older youth from 48 papers spanning over 30 years of research in the United States (Day et al., 2018). Some primary personal characteristics of successful resource parents were having and maintaining a strong motivation to parent, having flexible expectations for a child's growth, and being able to understand that a child's behavior and apparent rejection of the parent is not a personal attack (Day et al., 2018). A similar review covering U.S. studies since 2003 identifying characteristics of successful resource parents to children in care of all ages found nearly identical personal characteristics as Day et al. (2018), with the addition of the "physical and mental health of the parent" (Salazar et al., 2018). The types of knowledge, skills and abilities that emerged as important in the Day et al. (2018) review included the ability to maintain attentiveness to the parent/ child relationship by remaining consistent in structure, discipline, praise/ affection, and advocacy of the youth's needs. Similarly important was communicating effectively with other adults involved with the care and well-being of the child, and having open communication with the child themselves, listening actively to their messages. Literature that has emerged since this review has continued to contribute to the understanding of key proficiencies. One study from 2021, for example, validated the importance of the competency "maintaining attentiveness to the parent/ child relationship" by finding that more parental monitoring was associated with less problematic behavior of youth in care and a more positive relationship between the parent and child (Cooley et al., 2021). Another study from 2018 identified key qualities needed for success in being a resource parent for older youth in care by generating an extensive list of competencies from individual surveys and other sources and condensing that list by twice surveying a panel of experts in the field. A final total of 61 core competencies were grouped into 17 themes, with Trauma-Informed Resource Parenting, Behavior Management, Parental Adaptation, and Regulation

being the themes containing the largest number of competencies (Patterson et al., 2018). All of these competency and characteristic areas provide direction for developing new foster/kinship parent trainings.

Well-equipped foster/kinship parents play a crucial role that can provide stability, guidance, support, and hope to adolescents in their homes. In addition, foster parents need to comprehend the importance of not only legal permanency for youth, but also the importance of relational and cultural identity in defining successful permanence. As adolescence is typically a time for identity development exploration, it is critical that youth in foster care are given the necessary resources and choices to determine who they are in terms of defining their family, gender, sexual, cultural, and other identities. It is important youth have a trusted foster parent to enfranchise and support the youth to heal from the traumas of ambiguous loss that are prevalent from experiencing loss in a myriad of circumstances (Mitchell, 2018).

CORE Teen Curriculum Intervention

In order to meet the unique needs of adolescents in foster care, the CORE (Critical Ongoing Resource family Education) Teen foster/kinship parent training curriculum was developed. The goal of this curriculum is to increase the preparedness of foster parents in welcoming older youth into their homes, maintaining placement stability, and committing to permanence with a focus on the youth's well-being.

CORE Teen is a state-of-the-art, free, open-access training program designed to equip resource parents who are licensed through state, county-run or privatized child welfare systems.

Development Process

The lack of teen specific, on-going support for foster/kinship parents paved the way for CORE Teen's development. CORE Teen was developed in 2017–2018 by a team of national curriculum writers led by Spaulding for Children and the Center for Adoption Support and Education, both of which have extensive curriculum development experience. The curriculum was developed based on an extensive literature review (Day et al., 2018), as well as interviews with various stakeholder groups that included youth with foster care experience, foster/kinship parents, and child welfare professionals (Patterson et al., 2020). Final themes used in curricular development were determined using a Delphi process (Patterson et al., 2018). After initial development, the curriculum was piloted by three states (one state administered child welfare system, one county administered, and one privately administered) and in one tribal community in 2018–2019. Due to the extensive adaptations necessary for the

curriculum to be relevant for tribal use, those analyses were conducted separately from the states and can be found in Day et al. (2020). Results presented in the current study are the findings from the initial pilot study of the CORE Teen curriculum. Those findings were subsequently used to revise the curriculum. It is now in its final version and available for free and open access for use in states, tribes, and territories across the U.S., at <https://spaulding.org/professionals/spaulding-institute/core-teen-curriculum/>.

Structure and Components

CORE Teen guides families through a self-assessment process, provides in-service classroom instruction to build an understanding of trauma, and supports skill development through the creation of “Right Time” training sessions (i.e., additional as-needed in-service training modules that build caregiver readiness for 24/7 management of difficult situations they may encounter after youth are placed in their homes). The self-assessment is designed to support families in identifying their individualized strengths and areas of challenge. Specifically, the self-assessment helps families to determine if they have the characteristics that are effective in working with teens and young adults, assess their current capacity and household functioning, assess their need for ongoing training and likelihood of becoming a permanent resource, provide an insight into what is to come in the classroom and Right Time training sessions, explore realistic expectations for themselves, and reflect on potential unrealistic expectations and what effect those may have on them (Spaulding for Children, 2020b). Key components of the CORE Teen classroom portion of the curriculum include an introduction to the impact of trauma on youth in foster care, parenting youth who have experienced trauma, and developing and sustaining a healthy and supportive relationship with the youth. Furthermore, the curriculum emphasizes prioritizing the nourishment of the youth's cultural/racial/ethnic needs and sexual orientation/gender identity; understanding and managing youth challenging behaviors; and a new “suitcase” of parenting knowledge and skills (Spaulding for Children, 2020a). A full list of training modules and a brief description of each classroom-based and Right Time training module can be found in Table 1.

Current Study

As part of the CORE Teen curriculum assessment and revision process, focus groups were conducted with CORE Teen foster/kinship caregivers as well as caregivers who did not receive the CORE Teen training, to better understand what training components were working for each group of caregivers and what their recommendations were for curriculum improvement. The purpose of the

Table 1 CORE teen training curriculum modules and brief description of each

Module	Classroom or right time?	Brief description
Introduction and understanding the impact of trauma on youth in foster care	Classroom	Trauma, traumatic stress and adversity and how they affect youth development; trauma-informed parenting; responding to underlying causes of behavior
Parenting youth who have experienced trauma	Classroom	Ways that developing minds and behaviors adapt to threats and fear; trauma-informed techniques to effectively parent youth based on their development
Developing and sustaining a healthy and supportive relationship with your youth	Classroom	The impact of loss and grief; strategies for developing strong, positive attachment with youth
Nurturing youth's cultural/racial/ethnic needs and sexual orientation/gender identity and expression	Classroom	Importance of including youths' cultural identities into family life; skills for supporting LGBTQ2s youth
Understanding and managing youth's challenging behaviors—Part 1	Classroom	Identifying relational stress, managing emotions, responding effectively to a youth's maladaptive behaviors
Understanding and managing youth's challenging behaviors—Part 2	Classroom	Identifying and addressing crisis behavior and vulnerabilities; accessing supports for youth; teaching youth how to remain safe
A new suitcase of parenting knowledge and skills	Classroom	Ways to support youths' connectedness; identifying and protecting against the effects of secondary trauma
Trauma-informed parenting 1	Right time	Understanding the effects of trauma on youth development; how parenting can promote well-being
Trauma-informed parenting 2	Right time	Understanding behavior of teens who have experienced trauma; addressing behavior challenges
Relationship development	Right time	Underlying needs of maladaptive behavior; empathizing with youth; building relationships
Parental adaption	Right time	Adjusting in response to the needs, development, and behaviors of youth who have experienced trauma; ways to prevent placement breakdown
Parental regulation	Right time	Identifying root causes of behavior; effects on caregivers' emotional state; managing reactivity, anger and hurt feelings; demonstrating positive emotional and social skills
Continued connections	Right time	Importance of youth knowing their history and maintaining connections with biological families
Transitions	Right time	How transitioning through the placement process can have negative emotional and mental impacts on youth
Sexual orientation and gender identity and expression (SOGIE)	Right time	Accepting, supporting, advocating for, and protecting youth who are LGBTQ2S or questioning their gender or sexual identity

Brief Descriptions based on the CORE Teen Trainer Guide and the CORE Teen competencies list which can be found at: <https://spaulding.org/professionals/spaulding-institute/core-teen-curriculum/>

current study is to explore differences in the experiences and feedback of foster/kinship parents from each of these two groups, in order to gain insight into how the CORE Teen curriculum may or may not have been an improvement over foster/kinship parent trainings as usual.

Method

This study was ruled exempt from review by the University of Washington Institutional Review Board.

Sample

The data collected for this study were gathered from foster/kinship parents who were licensed to provide foster care in one of three states (Florida, Pennsylvania, Tennessee). Eligibility for the larger CORE Teen study included already licensed foster/kinship parents from selected counties in one of three targeted states that self-selected into receiving specialized training to support caregivers in parenting youth ages 12–20 years of age. Each state selected one intervention county and one comparison county. Intervention counties were selected based on county interest in adopting a

new training curriculum. Comparison sites (counties) were selected based on state child welfare data to ensure the counties were comparable in terms of number of teen placements experienced. Eligibility criteria for the focus groups that are the focus of the current study included (a) already being a participant in the CORE Teen evaluation pilot sites, as either a CORE Teen or comparison group participant, and (b) having fostered a teen youth between the ages of 12 and 20 anytime during the period between March 2018 and August 2019. All eligible participants were emailed a flyer about the opportunity to participate. The families from Tennessee were recruited through the public child welfare agency in one of two counties, and the families from Pennsylvania and Florida were recruited through private child welfare agency subcontractors in one of two selected counties in each of their respective states. Focus groups in each site closed once enrollees reached 20 participants per group.

In total, 61 foster/kinship parents participated in these focus groups: 36 who had received CORE Teen training while parenting a teen in the home, and 25 who were parenting teens and did not receive the CORE Teen training and thus served as the comparison group. Tennessee and Florida provided both intervention and comparison groups. Pennsylvania provided an intervention group but were not able to successfully recruit a comparison group for focus groups. We choose a two-group design for this study to assist states in better understanding the differences in how resource parents perceive teenagers with and without exposure to a teen specific resource parenting curriculum. Descriptive information for the foster/kinship parents and the caregiver-perceived challenges youth in their homes were experiencing are captured in Table 2.

Focus Group Procedures

The five focus groups (three for CORE Teen families, two for comparison families) were conducted between May 2019 and August 2019 and lasted approximately 90 min each. A trained facilitator used a semi-structured interview protocol to guide each focus group; questions asked can be found in Table 3. Participants received a \$25 gift card for compensation, dinner, and childcare during the focus groups to support caregivers' ability to participate. Focus groups were audio recorded and transcribed verbatim.

Analysis

Transcriptions from each focus group were systematically analyzed with DeDoose, a secure web-based platform for organizing, analyzing, and visualizing qualitative and mixed-methods data. A summative thematic content analysis process was utilized (Joffe & Yardley, 2004) This process included developing a preliminary codebook, coding of

Table 2 Demographics of foster parent focus group participants (N=61)

	CORE Teen (n=36)	Comparison (n=25)
Gender		
Male	10	8
Female	26	17
Race		
African American	12	17
White	25	6
Hispanic	3	3
Number of teens in home		
0	7	4
1	14	5
2	9	6
3	4	8
4	3	1
Age of teens in home		
12	6	3
13	3	10
14	8	7
15	5	3
16	7	10
17+	14	10
Length of teen stay in home		
< 1 year	13	10
1 year to 2 years	8	5
2 years to 3 years	4	1
3 years to 4 years	0	2
4 years to 5 years	2	2
Over 5 years	6	2
Teen diagnosed with physical health challenge		
Unsure	1	0
Yes	10	4
No	27	22
Teen diagnosed with mental health challenge		
Unsure	1	0
Yes	18	14
No	19	11

*Pennsylvania did not recruit a comparison group

text line by line using the initial codebook, two, PhD level trained qualitative coders reviewed and coded each transcript line by line independently. Discrepancies in coding between the two coders were addressed through consensus. Final codes were determined through a collaborative, consensus process. A final report run through Dedoose provided counts for each theme. Findings shared are limited to those with reoccurring patterns of meaning that were identified in resource parents' feedback across all focus groups in each state. The thematic content analysis centered around

Table 3 Focus group questions asked

How did the training you received prepare you for having a teen in your home?
What did you find most helpful about the training?
Was the curriculum engaging?
Did your training include any self-reflection activities? If so, what were they? Did you like it? Was it helpful?
Have you ever had a teen in your home where the placement didn't work out, if so, why didn't that work out?
What are some of the most common challenging behaviors that you have experienced with the teen in your home?
Did the activities in the training prepare you to address these challenging behaviors?
Did you have an opportunity to have access to the training information when a situation arose with your youth (i.e. using the information to help you through that situation)?
If so, what did the access look like and was that helpful?
Were you able to apply the concepts you learned from that training?
Which concepts were you able to apply?
Are there any areas that you would change about that training?
When you signed up for training, were you expecting something to be taught that wasn't?
Were you provided resources to guide you should something/behavior arose with a child you are caring for? (outside of calling your worker) If yes, what resources did you receive?

two primary research questions: How did the training you received (CORE Teen or another training) prepare you to parent teenagers who were placed in your home as a result of foster care? And what recommendations would you give to your state to improve training that could better prepare you to parent teenagers who are placed with you as a result of foster care? These themes and quotes identified in both the CORE Teen and comparison groups were also cross-analyzed to identify similarities, differences, and suggestions for future practice and potential trainings. Participant quote excerpts were selected to demonstrate the essence of each theme.

Results

Across all five focus groups, 1178 segments of text (discussion) were coded. Three themes emerged that were present for all sites: understanding normal teen behavior, understanding and managing teen trauma and teen mental health, and recommendations for building foster parents' skills to prepare for their role. These will each be discussed, separating findings for each theme into those from CORE Teen foster/kinship caregivers and those from comparison group caregivers.

Understanding Normal Teen Behavior

CORE Teen Caregivers

The most prominent theme, which encapsulated nearly 18% (n = 208) of the total coded segments referenced

“teenage behavior.” CORE Teen groups demonstrated knowledge of a notably broader range of what constituted normal teenage behavior (e.g. lying, stealing, social isolation, sexual behaviors due to hormones, etc.) and seemed to be substantially more attuned to the realities of the traumas that teens may have faced that may explain or contribute to their negative coping or behavioral issues, compared to non-CORE Teen groups. One CORE Teen participant displayed this knowledge by stating:

...it really makes me think when a kid's coming in, if they [are] a little stand-offish, don't take it personal. They just lost everything. And, so, every time when someone new is placed with me, that first thing I think about is that they just lost everything. What can we do to keep it normal as much as we can?

Another participant displayed empathy for normal teenage behavior in their reflection on the youth's experiences: “Cause a lot of times, that, like, some of these behaviors don't come out until they're teens, 'cause then they're really starting to process it, and real-life experiences, and his dad just didn't know how to handle that.”

A third resource parent shook her head she stated, “And it's not that he's walking all over us or being disrespectful, it's just he's getting some of this crap out, out of him and that I don't have to take it personally...It's just a moment and it'll pass and then we move on.”

Training resource parents to understand what might naturally occur during the adolescent development period creates normalcy for both resource parents and the teens placed in their homes and can lead to greater placement stability as a result.

Comparison Group Caregivers

Comparison group caregivers seemed to display less knowledge and skill for dealing with behavioral challenges. For example, one of the non-Core Teen parents stated, "... I just don't know how to deal with the behavior. I don't want to say the wrong thing... I mean I can say the wrong thing, but don't do the wrong thing, the right thing. And I'm trying to be there." Another comparison group caregiver attributed behavioral issues she was seeing as stemming from her child's engagement in parent visits: "...I think that behavior was coming from his dad. I mean you see it always travels back most of the time." And another caregiver expressed fears of parenting a child who had a trauma history altogether, "...if a kid because of his behavior, you know, decided to one day, you know, bring a knife up to you, what do you do and how do you handle it? How do you deal with post-traumatic stress disorder?"

Another Comparison group parenting couple described their teen parenting experience: "The foster teen that we took, um, she flat out lied basically to get in our house. Um, saying that she wanted this and then she was looking for a family. She wanted to do things. And then once she got in the house, she wanted to use this as a steppingstone and as a place to sleep. She literally turned our house upside down."

Resource parents who are not as knowledgeable about what constitutes normal teen behavior may have less tolerance and understanding for parenting during the period of adolescence, and thus may reject teen placements altogether or be more likely to disrupt prematurely.

Understanding and Managing Teen Trauma and Mental Health

CORE Teen Caregivers

Intervention groups across all sites were 3.4 times more likely than comparison groups to discuss trauma and 5.8 times more likely than comparison groups to discuss mental health regarding the teens they were fostering. These discussions often co-occurred with the topic of teen behavior and provided an important context for both behavioral difficulties with teens and specific components of the CORE Teen training that helped them understand trauma and mental health better, and thus parent the teens more effectively. One caregiver displayed their knowledge of the long-term impacts of trauma and how and understanding of that can shift the parenting role:

Our [foster teen] has a long history of physical abuse. So he's still stuck in that fight or flight mode. Uh where he escalates very quickly when he's frustrated. Uh he hasn't been physical in the home, but he gets very emo-

tional and looks for outlets for his anger. Um, but we do recognize... it may still take several years before he advances out of that. He's doing much better, but still the largest part of him is stuck at that level. So, we kind of are more aware of it and take that step back to let him gather himself.

Another caregiver demonstrated how their knowledge of how trauma impacts behavior shifted that caregiver's interpretations of that child's behavior and in turn impacted the next steps they took to support the child:

...[He's] our first placement. Um, we have been close at times. Um, our biggest issue that we're running into is he's 13, and he's been in the system for a long time. So he knows how to manipulate therapists very well. Once you talk to him for any length of time, you figure out he has not dealt with his trauma, even though he tells everyone he has. And so, it has caused a lot of issues. And we're actually in the process of looking for new therapists across the board to try to help him...

A third caregiver reflected on how they put their trauma-informed parenting skills to use to work with the child in their care in order to have a more positive outcome when challenges related to trauma and mental health begin to emerge:

...he was a very uptight kid...he had been physically abused, so he ducked every time you moved...he was afraid you were gonna hit him. He's starting to trust us, and I think a lot of that has to do with the way we're working very hard at when he gets upset, we go the opposite way. You know, we go calmer, slower, you know, and we're trying to regulate him back down, and helping him deal with his stress.

Understanding trauma and the associated skills to successfully manage trauma related behaviors once they manifest can prevent resource parents from taking actions that blame the victim (such as instituting punishments on teens who are experiencing a trauma trigger) and instead making parenting decisions that support teens in recognizing their trauma triggers and how to most appropriately manage them when they surface.

Comparison Group Caregivers

In contrast to the CORE Teen caregivers, the comparison group caregivers described their exposure to trauma related behaviors as a surprise that they were not prepared for. They were really challenged as to what to do about trauma as it manifested in their homes. One of the comparison group parents discussed the lack of training she received to prepare her to manage trauma related behaviors:

We never talked about the violent part of it. Like with the young who wanted to fight. 'Cause you know we never got into it in training with the trainer I had. We never said, what do you do if they want to fight or hit you or jump up. How would you, you know, um, de-escalate the situation. They just showed us the fun part, they never told us about the actual, [that kids] kind of beat you up, so it is, mentally there's not okay.

Another comparison group foster/kinship parent described the lack of training she received in working with a teen who suffered from severe anxiety. She remarked:

Like we had to take a foster child to the hospital because um, she was saying, I believe it was a panic attack. But I'm not a doctor so I just called the case manager, come and take her to the emergency room. Find out, she's like, "I can't walk" and her body literally stiffened up. Couldn't breathe. Lord have mercy. So we were around 'til like three o'clock in the morning after we left the hospital. Until she was ready to go to bed. And um, we called the new foster parents where she was going.

When foster parents are not trained to recognize and manage trauma, they are more likely to elect to disrupt a placement, as was described on the last quote above. Premature placement disruptions can inadvertently add to the trauma these teens have been exposed to and can make it harder for teens to heal from their trauma exposure.

Recommendations for Building Foster Parents' Skills to Prepare for Their Role

CORE Teen Caregivers

CORE Teen resource parents generally used positive descriptors when referencing how the teen-specific intervention training they had received provided concrete resources and parenting skills to aid them in better understanding teen behaviors and in responding more effectively to undesirable behaviors. As one participant described:

Um, the biggest help that the Core training gave me, even with dealing with the younger kids, is just kind of changing like, changing your mindset.... helps you think about how that child is reacting, why they're reacting... and that you don't necessarily want to react to that reaction.

Another resource parent described how supportive the CORE Teen curriculum was in helping them to understand and put into context some limitations that children in their care might have. They struggled with understanding:

Why can't [the teen] do this? And- and I think that that section of the curriculum [trauma-related parenting and trauma related behaviors] really helped to make the connection for me, after I went through that, I said, 'This makes perfect sense now.' You know, to me, this is the reason why they, you know, why- why they can't do more than two tasks in a row. You know, why they can't do certain types of things that you would say any- any child should be able to do this, any quote, unquote, normal child should be able to do this.

Foster/kinship caregivers also found the CORE Teen content comforting and reassuring of their experiences with youth in care with they were struggling with how to handle certain situations. As one parent explained:

It's good to see the [CORE Teen training] videos of actual parents who said, you know, I had a lot of experience from my own biological children, and it all went out the window when a foster child came in and had none of the same relationships and background. The way you parented your kids didn't work for other kids. And sometimes that's reassuring that you're not just sitting there going what am I doing wrong? When you really need to be asking just what do I need to be doing for this child?

While there was a good deal of positive feedback, CORE Teen foster/kinship parents also had several recommendations for improvement for the CORE Teen training curriculum. For example, several parents expressed a desire for adding training components to address specific circumstances or behaviors that they experienced with their teen that they continued to feel unprepared to address. In one example, a parent explained:

But then, then that's what CORE Teen doesn't teach you, um, is when children are enraged, and teenagers are enraged. How do you deal with that? Because, you can't physically restrain them. You can't contain them in a room. You just have to let 'em go. And it, it's rough, because I mean, you can't really def- ... I mean, you can persuade them not to attack you... nothing you can do about it.

Other areas of content that foster/kinship caregivers felt were missing included how to monitor a teen's social media and how manage concerns that are discovered through social media. Several foster/kinship caregivers also suggested that training material be broken down into smaller components, spread out over additional sessions, and provided in an ongoing online or other format to allow parents to better absorb information and avoid the burnout of long training sessions. As one caregiver explained:

[The training] needed a lot more time. We were just kind of drained at the end of each of the sessions. It was so much stuff, and it was really useful stuff. And it was very much applicable to things going on in our home. But, it was just too much to absorb all at once.

Other suggestions for improvement centered on ambiguity or difficulty interpreting the self-assessments. As one caregiver described:

I would agree generally, [the self-assessment] was pretty good. I mean, it was rather lengthy. But we sort of expected that, given the nature of what was going on with this [training]. Um, we had a few questions, that were just odd or hard to interpret, that we both would realize we sort of tripped over. And I think we brought that up in, in the training, and when we would notice that.

Participants also suggested that intervention training activities should either integrate teens or provide alternate activities in a space in close proximity to the training, both so that teens are not left unsupervised during lengthy trainings, and also to provide them with additional enrichment and healthy socialization opportunities. Finally, several parents discussed a desire for various training components to be more accessible after training was completed, so that they could return to and reference materials at a later date. As one parent explained:

...it would be pretty cool if the transcript of what it said in the [training] videos could be in the paperwork packets, simply because you know once you leave of course, you, you, you can't, replay that video. Um, but sometimes there was really good information in them. And they're mostly dialogues, or someone speaking. So that would be kind of a nice way to be able to capture those, so that we have those in the material too.

Comparison Group Caregivers

The comparison group caregivers had observably less patience with understanding and interpreting behavioral challenges with the foster teens in their homes. They often did not relate problematic teen behaviors to the trauma, mental health experiences, or needs of the teens, and in several instances discussed moving challenging teens out of their homes more quickly. "I cannot handle it when you [the foster teen] tell me you're going to kill me or my other children." Another parent added after hearing from another parent in the focus group, "She just said a whole lot right there, when she said she can handle the throwing things. It is not easy to do that, I can't do that." Another parent stated:

And [the foster teen] just get so bad to where you just don't know if you can take it anymore. You been through it so many times. You know it's not the child's fault. Because even the child doesn't realize why they're doing it. And 30 minutes later she will come and apologize. And she's as confused as we are, as to why she's doing what she's doing. But it's just how much can you take when it's not your child? When do you get to that threshold that you say, "I can't do it anymore?"

Resource parents in the comparison group frequently discussed feeling ill-equipped and having less than adequate information to provide a suitable home for teens with more complex mental and/or behavioral issues. For example, one parent described:

Mobile Crise, when you call them, they're supposed to have the answer. And you're on the phone, explaining to them what's going on. You know, and the kid is even trying to electrocute themselves, right in front of you. Or putting a bag, in front, over the head, trying to smother themselves. And you telling me that, "Well, why don't you try this? Why don't you try that?" Well, why don't you call the police? How can I do all this and I'm trying to save a kid's life. Mobile Crisis needs to be taken care of or replaced. It's like they are encouraging you to give up on the placement.

Another comparison group resource parent stated, "I don't specifically recall anything addressing teenagers in there [my pre-service foster parent training], and I feel like I was ill-prepared to handle when we, uh, got a certain teen in our house not too long ago."

In summary, exposure to an adolescent specific parent training curriculum, even one that could be improved upon further, seemed to provide critical guidance to resource parents that led them to make different parenting decisions than resource parents who were not exposed to adolescent specific content during their foster parent training experience.

Discussion

This study provided important insights into the experiences of foster/kinship caregivers who had received the CORE Teen resource parent training compared to those who did not receive this training. In particular, it was found that Core-Teen trained foster/kinship parents were more likely to understand the differences between normal teen behavior and trauma related behaviors and how to manage behaviors once they were observed. In addition, several differences were found between the CORE Teen and comparison foster/kinship parents in that the comparison group parents

seemed to struggle more with the mental health challenges of the teens in their care and experienced a greater number of subsequent placement disruptions as a result. This finding aligns with a large number of studies finding that youth struggling with mental health and other trauma related issues are more likely to experience negative outcomes (Pecora, 2012; Rubin et al., 2007; Shah et al., 2017). Finally, in terms of the third theme, Recommendations for Building Foster Parents' Skills to Prepare for Their Role, comparison group foster/kinship caregivers had many more complaints about the trainings they had received for supporting youth in their care, as well as many recommendations for strengthening those trainings. It is important to note that many of those recommendations for improvement raised by the comparison group were already offered in the CORE Teen training. For example, one of the non-Core Teen trained resource parents recommended that foster parent training should include information on how to transition (transitioning children to return home or from one foster home to another). Based on focus group feedback, CORE Teen foster/kinship caregivers seemed to feel better prepared than comparison group foster/kinship parents to care for the teenagers placed in their care.

The theme of *Understanding Normal Teen Behavior* closely aligns with the caregiver characteristic of being *Tolerant of Rejection*, as described in recent literature on the key characteristics of successful resource parents of teens (Day et al., 2018; Salazar et al., 2018). The current study's findings could also relate to similar themes regarding having *Flexible Expectations* of youth (Day et al., 2018; Salazar et al., 2018) and exhibiting *Parental Adaptation* (Patterson et al., 2018). The number one competency identified as integral to training resource parents of adolescents in Patterson et al. (2018) was *Trauma-Informed Parenting*, very similar to the second theme highlighted in this paper. This was also a key characteristic found in both Salazar et al. (2018) and Day et al. (2018) to promote permanency. These two themes also intersect with the competency of *Recognizing the Need to Express and Process Grief*, again outlined in Day et al. (2018) and Salazar et al. (2018). A foster parent's ability to recognize the signs of grief and help a youth to process it is key to supporting teens in care, and in the current study this was indicated in particular through participants understanding teen behavior and recognizing that certain behavior is normal after experiencing trauma and/or mental health challenges.

A previous study evaluating how CORE Teen worked for American Indian parents also found trauma and mental health to be a theme emerging from caregiver focus groups (Day et al., 2020). However, the study with American Indian parents found that parents in the comparison group were six times more likely to recognize and discuss trauma explicitly while the current study found the opposite to be true. The comparison group parents in the American Indian

parent study specifically talked about being unprepared to address youth trauma which accounted for the higher rate of it being discussed, while the CORE Teen parents in the current study brought up this topic more frequently because they had a stronger awareness of trauma and its impacts on youth. This difference could be highlighting how non-Native resource parents in general may be less attuned to the signs and impacts of trauma and the importance of being able to meaningfully support youth who have experienced it.

Both the current study and the study with American Indian foster/kinship caregivers found CORE Teen-trained resource parents to be more understanding of teen behavior and believed a wider range of behavior to be "normal" for teens. CORE Teen resource parents in both studies seemed better able than comparison group caregivers to contextualize behavior through a lens of what the teen had previously experienced rather than, for example, an insult or rejection.

Implications for Policy and Practice

Foster parent training is a well-recognized component of providing quality care in child welfare. Well-trained foster parents can improve placement stability, reduce behavioral problems and encourage successful reunification or adoption (Benesh & Cui, 2017). Findings from this study offer evidence of promise of the CORE Teen curriculum in meeting the unique training needs of foster parents who care for teens. This post-licensure training resource is freely available to child welfare systems across the country to use as part of their foster caregiver training repertoire. It is hoped that this and similar teen-focused foster parent training curricula will play a role in helping increase foster parent quality and capability to effectively care for teens so that more teens can be successfully maintained in family-based placements, which in turn would allow states to reduce their reliance on congregate care settings for older youth in care as required under the Family First Prevention Services Act of 2018 (Casey Family Programs, 2019). Congregate care settings are more expensive and are associated with higher levels of emotional and behavioral problems and poorer educational outcomes than family-based settings (National Conference of State Legislators, 2020). Additionally, many youth who exit foster care from family-based settings maintain permanent connections to their caregivers that they can rely on for relational support even if they did not experience legal permanency (Singer et al., 2013).

Strengths and Limitations of this Study

CORE Teen is one of the only foster parent trainings specifically made to build the skills of caregivers caring for older youth in foster care. This study gives important insights into how this training benefits caregivers above and beyond

trainings as usual. In addition to these strengths, there were several limitations to this study. First, there was no baseline data collection to ensure the groups of caregivers were equivalent. Focus group participation was voluntary and first-come first-served, so those who decided to participate could have been different in many ways from those who did not participate. In addition, the comparison group caregivers had experienced a variety of different “trainings as usual” so there was not one single training being compared with CORE Teen. Another limitation was that one of the three study sites was not able to conduct a focus group with its comparison group participants. Additionally, only three states were represented in this study—a study with a larger representation of states may have resulted in different findings. Finally, we did not gather demographics to understand how many caregivers identified as kin vs non-kin; we know that the training needs of kin may look different than for nonrelative foster parents.

Conclusion

Older youth in foster care have unique experiences and developmental needs that warrant specialized training and skill building for the foster parents who care for them. CORE Teen is one training curriculum that offers promise for building these unique skills, particularly around understanding what normative behavior in adolescence looks like and how to recognize and manage trauma-related behaviors and mental health issues that often surface. It is hoped that teen-focused trainings like CORE Teen and others will help decrease reliance on congregate care and other non-home-based placements for older youth when they are not warranted. This, in turn, may help teens have more access to long-term connections to caring adults that can provide crucial support in the transition from adolescence to adulthood.

Acknowledgements This project was funded by the Children’s Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services, under grant #90CO1132. The contents of this material are solely the responsibility of the authors and do not necessarily represent the official views of the Children’s Bureau. We also thank all state partners and study participants for their contributions and guidance.

Funding This project was funded by the Children’s Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services, under Grant #90CO1132.

Declarations

Conflict of interest The authors declare that they have no conflict of interest. Results of data from this article were shared as part of a larger cross site report with the Children’s Bureau. This report. The full gov-

ernment report can be accessed at <https://www.childwelfare.gov/news-events/adoptiontriad/editions/jan2020/>

Informed Consent Informed consent was obtained from all individual participants included in the study.

Research Involving Human and Animal Rights This study was ruled exempt from review by the University of Washington Institutional Review Board.

References

- Baams, L., Wilson, B. D., & Russell, S. T. (2019). LGBTQ youth in unstable housing and foster care. *Pediatrics*, *143*, e20174211. <https://doi.org/10.1542/peds.2017-4211>
- Benesh, A. S., & Cui, M. (2017). Foster parent training programmes for foster youth: A content review. *Child & Family Social Work*, *22*(1), 548–559. <https://doi.org/10.1111/cfs.12265>
- Buchanan, R., Chamberlain, P., & Smith, D. K. (2018). Treatment Foster Care Oregon for Adolescents: Research and implementation. In J. R. Weisz & A. E. Kazdin (Eds.), *Evidence-based psychotherapies for children and adolescents* (pp. 177–196). The Guilford Press.
- Casey Family Programs (2019). Family First Prevention Services Act summary. Retrieved from <https://www.familyfirstact.org/sites/default/files/FFPSA%20short%20summary%20May%202019%20update.pdf>
- Chamberlain, P., Price, J., Leve, L. D., Laurent, H., Landsverk, J. A., & Reid, J. B. (2008). Prevention of behavior problems for children in foster care: Outcomes and mediation effects. *Prevention Science*, *9*(1), 17–27. <https://doi.org/10.1007/s1121-007-0080-7>
- Child Trends. (2017). *Transition-age youth in foster care in Washington*. Bethesda, MD: Child Trends. Retrieved from https://www.childtrends.org/wp-content/uploads/2017/09/Transition-Age-Youth_Washington.pdf
- Choi, S. K., & Wilson, B. D. (2018). Gender diversity and child welfare research: Empirical report and implications of the Los Angeles County foster youth study. *Child Welfare*, *96*(1), 79–101.
- Choi, S. K., Wilson, B. D., Shelton, J., & Gates, G. J. (2015). *Serving our youth 2015: The needs and experiences of lesbian, gay, bisexual, transgender, and questioning youth experiencing homelessness*. Retrieved from <https://escholarship.org/uc/item/1pd9886n>
- Cooley, M. E., Thompson, H. M., Wojciak, A. S., & Mihalec-Adkins, B. P. (2021). Parental monitoring by foster parents, youth behaviours and the youth–foster parent relationship. *Child & Family Social Work*, *26*, 12844. <https://doi.org/10.1111/cfs.12844>
- Courtney, M. E., Charles, P., Okpych, N. J., Napolitano, L., & Halsted, K. (2014). *Findings from the California Youth Transitions to Adulthood Study (CalYOUTH): Conditions of foster youth at age 17*. Chapin Hall at the University of Chicago.
- Dank, M., Yahner, J., Madden, K., Banuelos, I., Yu, L., Ritchie, A., et al. (2015). *Surviving the streets of New York: Experiences of LGBTQ youth, YMSM, and YWSW engaged in survival sex*. Urban Institute.
- Day A, Tao S, Squirrel N, Jumper S, Arnold M, Cross S (2020) Effectiveness of critical ongoing resource family education teen edition (CORE-Teen): Support for resource parents of teens who are American Indian. *Child Welfare*, *98*(4): 27-50.
- Day, A., Willis, T., Vanderwill, L., Resko, S., Patterson, D., Hennaman, K., & Cohick, S. (2018). Key factors and characteristics of successful resource parents who care for older youth: A systematic review of the research. *Children and Youth Services Review*, *84*, 152–158. <https://doi.org/10.1016/j.childyouth.2017.11.026041>

- Detlaff, A. J., Washburn, M., Carr, L. C., & Vogel, A. N. (2018). Lesbian, gay, and bisexual (LGB) youth within welfare: Prevalence, risk and outcomes. *Child Abuse & Neglect*, *80*, 183–194. <https://doi.org/10.1016/j.chiabu.2018.03.009>
- Gates, G. J. (2011). *How many people are lesbian, gay, bisexual, and transgender?* The Williams Institute, UCLA School of Law.
- Ghandour, R. M., Sherman, L. J., Vladutiu, C. J., Ali, M. M., Lynch, S. E., Bitsko, R. H., & Blumberg, S. J. (2019). Prevalence and treatment of depression, anxiety, and conduct problems in us children. *The Journal of Pediatrics*, *206*, 256–267.e3. <https://doi.org/10.1016/j.jpeds.2018.09.021>
- Haggerty, K. P., Barkan, S. E., Skinner, M. L., Packard, W. B., & Cole, J. J. (2016). Feasibility of connecting, a substance-abuse prevention program for foster teens and their caregivers. *Journal of the Society for Social Work and Research*, *7*(4), 639–659. <https://doi.org/10.1086/686986>
- Hughes, D., Rodriguez, J., Smith, E. P., Johnson, D. J., Stevenson, H. C., & Spicer, P. (2006). Parents' ethnic-racial socialization practices: A review of research and directions for future study. *Developmental Psychology*, *42*(5), 747–770. <https://doi.org/10.1037/0012-1649.42.5.747>
- Joffe, H., & Yardley, L. (2004). Content and thematic analysis. *Research Methods for Clinical and Health Psychology*, *56*, 68.
- Kann, L., Olsen, E. O., McManus, T., Harris, W. A., Shanklin, S. L., Flint, K. H., et al. (2016). Sexual identity, sex of sexual contacts, and health-related behaviors among students in grades 9–12 - United States and selected sites, 2015. *MMWR Surveillance Summaries*, *65*, 1–202. <https://doi.org/10.15585/mmwr.ss6509a1>
- Kids Count Data Center. (2021a). *Children in foster care by race and Hispanic origin in the United States*. Baltimore, MD: The Annie E. Casey Foundation. Retrieved from <https://datacenter.kidscount.org/data/tables/6246-children-in-foster-care-by-race-and-hispanic-origin#detailed/1/any/false/37,871,870,573,869,36,868,867,133,38/2638,2601,2600,2598,2603,2597,2602,1353/12992,12993>
- Kids Count Data Center. (2021b). *Child population by race in the United States*. Baltimore, MD: The Annie E. Casey Foundation. Retrieved from <https://datacenter.kidscount.org/data/tables/103-child-population-by-race?loc=1&loct=2#detailed/1/any/false/574,1729,37,871,870,573,869,36,868,867/68,69,67,12,70,66,71,72/423,424>
- Konijn, C., Admiraal, S., Baart, J., van Rooij, F., Stams, G. J., Colonnesi, C., Lindauer, R., & Assink, M. (2019). Foster care placement instability: A meta-analytic review. *Children and Youth Services Review*, *96*, 483–499. <https://doi.org/10.1016/j.childyouth.2018.12.002>
- Lee, J. H., & Holland, T. P. (1991). Evaluating the effectiveness of foster parent training. *Research on Social Work Practice*, *1*(2), 162–174.
- Mitchell, M. B. (2018). “No one acknowledged my loss and hurt”: Non-death loss, grief, and trauma in foster care. *Child Adolescent Social Work Journal*, *35*, 1–9.
- Mountz, S., & Capous-Desyllas, M. (2020). Exploring the families of origin of LGBTQ former foster youth and their trajectories throughout care. *Children and Youth Services Review*, *109*, 104622.
- National Conference of State Legislators. (2020). Congregate care, residential treatment and group home state legislative enactments 2014–2019. Retrieved from <https://www.ncsl.org/research/human-services/congregate-care-and-group-home-state-legislative-enactments.aspx>
- Patterson, D., Day, A., Vanderwill, L., Willis, T., Resko, S., Henneman, K., & Cohick, S. (2018). Identifying the essential competencies for resource parents to promote permanency and well-being of adolescents in care. *Children and Youth Services Review*, *88*, 457–466. <https://doi.org/10.1016/j.childyouth.2018.03.041>
- Patterson, D., Day, A., Vanderwill, L., Willis, T., Stevens, K., Simon, J., Cohick, S., & Henneman, K. (2020). Maximizing the success of resource parents who care for adolescents: Training recommendations from caregivers and child welfare professionals. *Journal of Public Child Welfare*, *14*(3), 357–373. <https://doi.org/10.1080/15548732.2019.1616652>
- Pecora, P. J. (2012). Maximizing educational achievement of youth in foster care and alumni: Factors associated with success. *Children and Youth Services Review*, *34*(6), 1121–1129.
- PRIDE model of practice. (n.d.). CWLA. Retrieved December 21, 2021, from <https://www.cwla.org/pride-training/>
- Rosenberg, R. & Abbott, S. (2019). Supporting older youth beyond age 18: Examining data and trends in extended foster care. *Child Trends*. Retrieved from www.childtrends.org/publications/supporting-older-youth-beyond-age-18-examining-data-and-trends-in-extended-foster-care
- Rubin, D. M., O'Reilly, A. L., Luan, X., & Localio, A. R. (2007). The impact of placement stability on behavioral well-being for children in foster care. *Pediatrics*, *119*(2), 336–344.
- Salazar, A. M., Vanderwill, L. A., De Larwelle, J. A., Jenkins, G. J., McMahon, A. K., Day, A., & Haggerty, K. P. (2018). *Literature review of relative and non-relative foster/adoptive parent factors related to placement stability and permanence for children and youth*. National Training and Development Curriculum for Foster and Adoptive Parents.
- SAMHSA. (2021). Recognizing and treating child traumatic stress. Retrieved from <https://www.samhsa.gov/child-trauma/recognizing-and-treating-child-traumatic-stress>
- Samuels, G. M. (2008). *A reason, a season, or a lifetime: Relational permanence among young adults with foster care backgrounds*. Chapin Hall Center for Children at the University of Chicago.
- Sandfort, T. G. (2019). Experiences and well-being of sexual and gender diverse youth in foster care in New York city.
- Scannapieco, M., Painter, K. R., & Blau, G. (2018). A comparison of LGBTQ youth and heterosexual youth in the child welfare system: Mental health and substance abuse occurrence and outcomes. *Children and Youth Services Review*, *91*, 39–46.
- Schweigman, K., Soto, C., Wright, S., & Unger, J. (2011). The relevance of cultural activities in ethnic identity among California Native American youth. *Journal of Psychoactive Drugs*, *43*(4), 343–348. <https://doi.org/10.1080/02791072.2011.629155>
- Shah, M. F., Liu, Q., Eddy, J.M., Barkan, S., Marshall, D., Mancuso, D., Lucenko, B., & Huber, A. (2017). Predicting homelessness among emerging adults aging out of foster care. *American Journal of Community Psychology*, *60*(1–2), 33–43.
- Singer, E. B., Berzin, S. C., & Hokanson, K. (2013). Voices of former foster youth: Supportive relationships in the transition to adulthood. *Children and Youth Services Review*, *35*(12), 2110–2117. <https://doi.org/10.1016/j.childyouth.2013.10.019>
- Smokowski, P. R., Evans, C. B. R., Cotter, K. L., & Webber, K. C. (2014). Ethnic identity and mental health in American Indian youth: Examining pathways through self-esteem and future optimism. *Journal of Youth and Adolescence*, *43*, 343–355. <https://doi.org/10.1007/s10964-013-9992-7>
- Spaulding for Children. (2020a). *CORE: Critical on-going resource family education*. Spaulding Institute. Retrieved from www.spaulding.org/professionals/spaulding-institute/core-critical-on-going-resource-family-education/
- Spaulding for Children. (2020b). *CORE Teen Self-Assessment Guide*. Retrieved from <https://spaulding.org/wp-content/uploads/2020/01/CORETeenSelfAssessmentGuide01012020.pdf>
- Sullivan, K. M., Murray, K. J., & Ake, G. S. (2016). Trauma-informed care for children in the child welfare system: An initial evaluation of a trauma-informed parenting workshop. *Child Maltreatment*, *21*(2), 147–155. <https://doi.org/10.1177/1077559515615961>

- U.S. Department of Health and Human Services, Administration for Children and Families, Children's Bureau. (2020). *The AFCARS report: Preliminary FY 2019 estimates as of June 23, 2020*. Retrieved from <https://www.acf.hhs.gov/sites/default/files/documents/cb/afcarsreport27.pdf>
- U.S. Department of Justice. (2019). *Battered child syndrome: Investigating physical abuse and homicide*. Office of Justice Programs: Office of Juvenile Justice and Delinquency Prevention. Retrieved from www.ncjrs.gov/pdffiles1/ojjdp/161406.pdf
- Umaña-Taylor, A. J., Quintana, S. M., Lee, R. M., Cross, W. E., Jr., Rivas-Drake, D., Schwartz, S. J., Syed, M., Yip, T., & Seaton, E. (2014). Ethnic and racial identity during adolescence and into young adulthood: An integrated conceptualization. *Child Development, 85*(1), 21–39. <https://doi.org/10.1111/cdev.12196>
- Williams, J. L., Tolan, P. H., Durkee, M. I., Francois, A. G., & Anderson, R. E. (2012). Integrating racial and ethnic identity research into developmental understanding of adolescents. *Child Development Perspectives, 6*(3), 304–311.
- Wilson, B. D. M., Cooper, K., Kastanis, A., & Nezhad, S. (2014). *Sexual and gender minority youth in foster care: Assessing disproportionality and disparities in Los Angeles*. The Williams Institute, UCLA School of Law.
- Wilson, B. D. M., & Kastanis, A. A. (2015). Sexual and gender minority disproportionality and disparities in child welfare: A population-based study. *Children and Youth Services Review, 58*, 11–17. <https://doi.org/10.1016/j.childyouth.2015.08.016>

Publisher's Note Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.