



## **RESEARCH STUDY DESCRIPTION**

### **Purpose:**

The purpose of this initiative is to develop empirical support for a trauma-informed caregiver training curriculum, Trauma-Competent Caregiving (TCC), for local foster parents. This caregiver training will be developed and implemented in partnership with Trauma Free World, a local community agency dedicated to mitigating the effects of childhood trauma. This initiative seeks to 1) develop sustainable and effective methods for providing support to local foster parents, 2) improve foster parents' abilities to manage challenging behaviors stemming from early childhood traumatic experiences, 3) increase foster parents' self-confidence in providing care to youth with a history of childhood trauma, and 4) build on the existing research literature by providing evidence for TCC as a potential evidence-supported treatment as recognized by the California Evidence-Based Clearinghouse for Child Welfare (Family First Prevention Services Act, 2017).

### **Significance:**

Each year, approximately a quarter of a million children are placed in the foster care system due to instances of childhood abuse, neglect, and/or parental incarceration (Neiheiser, 2015; Vacca, 2008). Two-thirds of these children will be transitioned to eight or more foster homes, and nearly 20,000 children will remain in the system until the "age of emancipation" (Rubin et al., 2007; Vacca, 2008). Though the foster care system aims to provide necessary support for youth in these displaced situations, the evidence still suggests that placement in the foster care system exacerbates the risk for difficulties across behavioral, social, and educational domains (Chamberlain et al., 2008; Lawrence et al., 2006; Neiheiser, 2015). These risks stem from a combination of early traumatic experiences and ineffective therapeutic care, which are further worsened by the continued lack of meaningful support for foster parents (Chamberlain et al., 2008; Lawrence et al., 2006).

Though foster parent training is mandated by federal law and supported by most state statutes, the majority of *implemented* foster parent training lacks any form of empirical support (Chamberlain et al., 2008). Evidence-based foster parent training programs exist, but they have yet to be integrated into the current system due to limited accessibility (Chamberlain et al., 2008; Fisher et al., 2005). Therefore, despite the knowledge that youth in the foster care system are at a high risk for challenging problems, foster parents continue to lack meaningful support to manage these issues (Chamberlain et al., 2008). Given limited government funding and statutes that fail to meet the needs of vulnerable children within the welfare system, there is a high need for accessible, evidence-based programming that both equips and supports committed foster parents to mediate the needs of foster youth (Rhodes et al., 2001).

Evidence suggests that 90% of youth in foster care experience some form of childhood trauma, oftentimes resulting in challenging behavioral and emotional responses (Stein et al.,



2001). Without proper training, caregivers of youth in the foster care system may not know how to support resilience in the children under their care. This becomes especially evident when considering evidence from the Peer Technical Assistance Network (1998) that the main reason foster parents quit the system is due to difficulties in understanding and managing challenging behaviors that likely stem from early traumatic experiences. Despite this need, implementation of trauma-informed practices has not been successful (Kramer, 2013). Thus, it is imperative to expand the research literature and to improve access to evidence-based, trauma-informed curricula for those providing care to some of our nation's most vulnerable youth.

### **Methodology:**

**Human Subjects Research:** This project will seek approval from the University of Cincinnati Institutional Review Board prior to initiating study recruitment efforts. No identifiable information will be collected from participants, and unique participant codes will be used for survey responses to maintain privacy and confidentiality.

**Participants:** Approximately 200 participants will be recruited from foster care agencies in the United States. All participants will be current licensed foster parents with an interest in learning more about trauma-informed positive behavioral strategies. Participants will then be randomly assigned to the test or waitlist control condition.

**Test Group: Trauma-Competent Caregiving:** Trauma Competent Caregiving is a 3-day, 18-hour training curriculum designed based on the National Traumatic Stress Network's 7 Essential Skills of Trauma-Informed Care (Peterson, 2018) and the Substance Abuse and Mental Health Services Administration (SAMHSA) Trauma-Informed Care in Behavioral Health Services (SAMHSA, 2014), Concept of Trauma and Guidance for a Trauma-Informed Approach (SAMHSA, 2014b), and Trauma-Informed Approach Trainer's Manual (SAMHSA, 2017). The training curriculum involves 6, 3-hour virtual meetings centered on the following topics: trauma and its impact on the life of a child, trauma's impact on child development, adverse experiences and resilience, maximizing felt safety, reducing overwhelming emotions, modifying overwhelming behaviors, supporting healthy relationships, developing strength-based life stories, and the critical importance of practicing self-care. Upon completion of this course, participants will develop a thorough understanding of trauma-informed care and obtain practical skills that can be applied to practice. Approximately 5,000 individuals in a variety of caretaking or leadership roles have completed this training on a global scale, with most reporting that the training significantly improved their understanding of and ability to care for youth with a history of early childhood trauma (Trauma Free World, 2022). Participation will last approximately 6 months and involve completion of a pre-test, completion of TCC training, completion of a post-test, and completion of a 6-month follow-up test.

**Waitlist Control Group:** Participants assigned to the waitlist control group will complete the pre-test measures prior to participation in the virtual training. Upon completion of the training, participants will complete post-test measures at the same time as the test group and a 6-month follow-up test. Participation will last approximately 6 months.



**Randomized-Control Trial:** To meet the standard for federally approved caregiver curriculum, the team will be implementing a waitlist randomized-control trial (Family First Prevention Services Act, 2017). Participants will be randomized to the test or waitlist control group utilizing random number generation strategies.

**Outcome Measures:** All listed outcome measures will be completed electronically via a secure UC Qualtrics survey at pre- and post-test time points. Hard copy versions of the measures can be made available upon participant request.

- **Demographic Form** - Basic, de-identifiable demographic form (e.g., age, gender, race, ethnicity, experience in foster care) created by the research team.
- **Strengths and Difficulties Questionnaire** - Brief, 25-item measure to evaluate a child's behavioral difficulties and individual strengths (Goodman, 1997).
- **Parental Stress Scale** - Self-report measure designed to measure the levels of stress experienced by caregivers (Berry & Jones, 1995).
- **Parent-Report of Post-Traumatic Stress Symptoms** Caregiver-report of a child's post-traumatic stress symptoms (Greenwald & Rubin, 1999).
- **Alabama Parenting Questionnaire** - Caregiver report measure of five parenting dimensions: 1) positive interactions and involvement, 2) supervision and monitoring, 3) positive discipline techniques, 4) consistency in positive discipline techniques, and 5) corporal punishment (Essau et al., 2006).
- **Social Validity Scale** - Created by the research team to evaluate the appropriateness and efficacy of both training curricula.
- **Complex Developmental Trauma Quiz** - pre- and post-test measure designed by the Trauma Competent Caregiving team to evaluate participant knowledge of complex developmental trauma and its impact on a child's behavior.

### **Personnel:**

**Catie Smeyne, M.Ed.** - Catelyn Smeyne is a second-year doctoral student in the School Psychology program seeking to improve the lives of orphaned and vulnerable children within the Cincinnati area. Catelyn recently initiated an independent research project under the supervision of Dr. Dacia McCoy and Dr. Lori Vincent to pilot an evidence-based parenting curriculum with local foster parents. Catelyn will run the control-group curriculum, maintain communication with Trauma Free World, and conduct statistical analyses.

**Carlie Trott, Ph.D.** – Carlie Trott, Ph.D., is an applied social psychologist and Associate professor in the Department of Psychology at the University of Cincinnati. Her research aims to bring visibility to and work against the inequitable impacts of climate change. Her work draws upon theories within and beyond psychology (e.g., social movement, socio-ecological, and empowerment theories), employs community-engaged participatory and action-oriented research methods, and aims to center the voices and experiences of those most affected by social issues to advance social justice. Dr. Trott is Catie Smeyne's mentor within the Community and Organizational Research for Action Program at the University of Cincinnati.



**Trauma Free World.** Trauma Free World was established by Back2Back Ministries, an international nonprofit organization dedicated to providing care to orphaned and vulnerable children across the globe. To develop the Trauma-Competent Caregiving Curriculum, Back2Back Ministries partnered with nationally recognized leaders in child development and childhood trauma, including Dr. David Schooler, the Karyn Purvis Institute of Child Development, and the National Child Traumatic Stress Network. The team at Back2Back formed Trauma Free World as a separate organization, with the intent of adapting the empirical research into training courses that were easily understood and directly applicable to a wide variety of caregivers.

### **Dissemination Plan:**

The team plans to publish in a peer-reviewed journal to meet the standards of the California Clearinghouse. As the project develops, the team will decide to pursue publication in one of the following academic journals: *Children and Youth Services Review* or the *Journal of Child and Family Studies*. Additionally, the team will seek out opportunities to present the work at national conferences.

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