

Bringing a Resilience Perspective to Children in the Child Welfare System:

A Curriculum for Parents

Resilience is the process, or processes, by which individuals are able to achieve positive developmental outcomes despite risk factors and adversity (Masten, 2006; Masten & Coatsworth, 1998). Resilience can be thought of as the product of two related, but opposing forces in an individual's life: 1) risk factors that act as barriers to achievement of optimal health and well-being and increase the likelihood of negative developmental outcomes, and 2) protective factors that increase resistance to risk factors (Klein, Kufeldt & Rideout, 2006; Goldstein & Brooks, 2005) and thereby contribute to more positive outcomes including optimal health and well-being. Risk and protective factors have additive effects, with additional risk factors increasing the likelihood of poor outcomes, and additional protective factors increasing the likelihood of positive outcomes (Klein, Kufeldt & Rideout, 2006; Masten, 2001). Risk and protective factors can exist at varying levels. As discussed below, they may exist within the environment, within the family, or within an individual (also referred to as internal risk or protective factors).

Risk Factors in Child Welfare

Nearly three and a half million allegations of child abuse, involving over six million children, are made in the United States annually, and over 600,000 children were confirmed victims of child maltreatment in 2011 alone (U.S. DHHS, 2011). The US child welfare system has developed to intervene in circumstances of child maltreatment through addressing the primary goal of child protection, and a secondary goal of finding or maintaining permanent placements

for children who have been abused or neglected (Brooks & Webster, 1999). A prevalence of adversity and risk factors in the lives of birth parents, children, out-of-home caregivers, and professionals who live and work within this system is well recognized, suggesting a potent opportunity for resilience-focused work. In families where maltreatment occurs, risk factors are common at the environment, family, and individual levels. This confluence of risk factors can exert a powerful impact on the lives of children who have minimal control over these circumstances during critical developmental periods.

Environmental Risk Factors

Certain influences in the environment, particularly when combined with risk factors within the family and its individual members, are associated with child maltreatment. These environmental risk factors include societal and community characteristics such as poverty, violence, high crime rates and low social cohesion (USDHHS, 2003; Gilbert et al., 2009). Communities with these characteristics can be unpredictable for the children and families who live within them. Furthermore, the unpredictability of these community environments can extend into the home. Circumstances of poverty may leave children and families without basic necessities such as safety, clothing and nutrition. Children may feel unsafe and undervalued in the face of this type of environmental uncertainty and lack of structure (Appelstein, 1998). These risk factors can be exacerbated by resource-deprivation to community supports such as schools, healthcare and social services.

Family Risk Factors

Child maltreatment is also associated with a number of risk factors within the family. In particular, marital conflict, domestic violence, stress and negative parent-child interactions

commonly characterize families where child maltreatment occurs (Cahn, 2006; Berry, Charlson & Dawson, 2003; USDHHS, 2003). Single-parent households and larger families with frequent changes in composition may also be more prone to child maltreatment (English, 1998; USDHHS, 2003). The U.S. Department of Health and Human Services (2003) has also highlighted research identifying parental lack of knowledge about child development and behavior as a potential contributor to child maltreatment. Furthermore, parents who become perpetrators of maltreatment exhibit high rates of unemployment, social isolation, mental health concerns, low educational achievement, and substance use. Additionally, many of these parents have been exposed to maltreatment during their own childhood, compounding the effects of these risk factors (English, 1998; Gilbert et al., 2009; Berry, Charlson & Dawson, 2003; USDHHS, 2003).

Within-Child Risk Factors

In addition to environmental and family-level risk factors, certain risk factors within the individual child may increase the likelihood of maltreatment. It is well documented that children with extra needs such as physical, cognitive, or emotional disabilities experience higher rates of maltreatment than the typical population (USDHHS 2012; Baladerian, 1990; Westat, 1993; USDHHS, 2003). Very young children, between the ages of birth and three years, also experience higher rates of maltreatment, particularly in the forms of neglect, shaken baby syndrome, and nonorganic failure to thrive (USDHHS, 2003). Children with behavioral problems including attention deficits, difficult temperaments and aggression may also be at higher risk for experiencing maltreatment (USDHHS, 2003). Furthermore, the removal from one or more homes and discontinuity of caregiver, family and peer relationships associated with out-of-

home placement can be a traumatic experience for a child, adding additional risk factors in a potentially already risk-laden life (Bruskas, 2008).

Out-of-home caregiver risk factors. Out-of-home caregivers, such as foster parents and kinship caregivers, who are intended to provide sanctuary from the cascade of risk factors in the lives of maltreated children, are also likely to experience a myriad of adversity and stress, some of which is associated directly with their role in the child welfare system (Jones & Morissette, 1999). Research has indicated that out-of-home caregivers can feel disempowered through their interactions with child welfare representatives and administrators as well as birth families of the children in their care. This is related to their caregiving practices being habitually overruled or undermined by these parties (Odell, 2008; Jones & Morissette, 1999; Land, 2012). Additionally, children who have been maltreated often have high levels of need (Stahmer et al., 2005). The emotional and behavioral concerns of children in care, such as aggression, property destruction, disrupted sleep, academic issues, temper tantrums, inappropriate sexual behavior and grief can intensify foster parent stress levels and social isolation, and decrease their confidence (Land, 2012; Jones & Morissette, 1999). The full-time nature of caregiving with minimal respite and relief also minimizes the ability of foster parents to practice activities of self-care in order to cope with the stress and challenges of their role (Jones & Morissette, 1999).

Out-of-home caregivers of maltreated children may also be at increased risk for development of a spectrum of traumatic responses such as secondary traumatic stress, vicarious traumatization, countertransference, and burnout (Many & Osofsky, 2012). Positions that demand emotional connectedness and empathy, repeated exposure to traumatic events,

long hours, as well as organizational issues such as limited resources, unsafe working environments, poorly defined roles, unclear hierarchies, gaps in services and lack of autonomy can all contribute to these types of negative effects (Many & Osofsky, 2012).

As a result of the adversity associated with providing out-of-home care to maltreated children, increased concerns have developed related to foster parent recruitment and retention. A body of research has evolved in response to shortages of foster parents and the integral nature of their role in the child welfare system (GAO, 1989). Research by Farmer, Lipscombe, and Moyers (2005) indicates that high levels of foster parent strain during placement, or six months prior to a young person's arrival can significantly reduce a foster parent's ability to fulfill caregiving duties – particularly those related to a child's social and emotional well-being – and may be linked to higher rates of disruption. Many foster parents exit foster parenting within a year of the first placement in their home leaving a relatively small group of very engaged and experienced foster parents to carry a large proportion of the caregiving workload at any given time (Gibbs & Wildfire, 2007). Research by Denby, Rindfleisch, and Bean (1999) points to a need for greater support, training, and professional regard for foster parents in order to help them better fulfill and persevere in their roles.

The pervasiveness of risk factors in the lives of families involved with the child welfare system may lead to the negative outcomes regularly observed in maltreated children (Bruskas, 2008). Notably, child maltreatment itself, in the form of physical abuse, sexual abuse, emotional abuse or neglect is a major risk factor for negative developmental outcomes. Childhood maltreatment is also associated with long-term deficits in educational achievement, increased internalizing and externalizing behavior, physical health problems, aggression, crime,

and violence (Bruskas, 2008; Leve, et al., 2012; Nurious, Logan-Greene, & Green, 2012; Havlicek, Garcia, & Smith, 2013; English, 1998; Gilbert, 2009).

An Emerging Focus on Resilience Promotion

The high levels of risk factors and negative outcomes experienced by children and families in the child welfare system indicate a need for resilience-focused approaches that intentionally develop protective factors to counter these potentially destructive influences (Leve et al., 2012). Consequently, a growing influence of strengths-based, resilience-focused models has become evident in the realm of child welfare (Masten, 2006). This movement reflects a major shift in the thinking of child welfare professionals from a deficit-based focus on safety and mitigation of problems, to a more holistic approach of promoting the overall well-being of children and families.

In 2006 the Center for Mental Health Services (CMHS), within the Substance Abuse and Mental Health Services Administration (SAMHSA) was charged with compiling a report to Congress on research-based prevention and wellness promotion efforts that strengthen parenting and enhance child resilience in the face of adversity. The report concluded by stating that “many evidence-based resilience-building prevention programs exist” and “the critical next step is for more communities to become aware of these programs and to begin implementing them” (USDHHS, 2007, pg. 55). Emphasis on resilience-focused models in the child welfare and mental health sector continues to expand and can be recognized in recent reports, initiatives and resource guides disseminated by influential organizations.

The United States Department of Health and Human Services, Administration for Children and Families advocates for “promoting the social emotional well-being of children and

youth” who have experienced maltreatment, trauma or violence (USDHHS, 2012, p. i). The department has published a 2013 Resource Guide, *Preventing Child Maltreatment and Promoting Well-Being: A Network for Action*. In addition to emphasizing promotion of social-emotional well-being the resource guide stresses the “Protective-Factors” approach, and promoting “Resilience” (USDHHS, 2013). In 2012, on Children’s Mental Health Awareness Day, SAMHSA highlighted the positive results of two of its initiatives that focus on promoting recovery and resilience for children and youth involved in juvenile justice and child welfare systems concluding with the message that “treatment is effective, people recover, and children are resilient” (SAMHSA, 2012, pg. 4).

Additionally, The Child Welfare League of America (CWLA), an influential child welfare organization in the US, has recently released *The CWLA National Blueprint* (2013) with a Guiding Approach that “focuses on maximizing the strengths and resilience of children, youth, and their families within the context of their communities.” The CWLA represents a powerful coalition of hundreds of private and public agencies that serve vulnerable children and families. The goal of the *CWLA Blueprint* is to be a catalyst for change, while also serving as the foundation and framework for moving child welfare practice forward. The blueprint emphasizes the responsibility of “everyone” in ensuring the safety, permanency and well-being of youth, extending the realm of child welfare beyond traditional organizations and services, to families, individuals, communities, providers, and other organizations.

The Devereux Center for Resilient Children

Presaging these national trends, in 1996, the Devereux Foundation, one of the largest non-profit behavioral health providers in the United States, established the Devereux Center for Resilient Children (DCRC). With the mission of promoting social and emotional development, fostering resilience, and building the skills for school and life success in all children as well as the adults who care for them, DCRC takes an ecosystemic approach to promoting resilience, centering on the within-child protective factors, but emphasizing the interdependency of protective and risk factors within and between systemic levels (Waller, 2001). The DCRC achieves its mission by conducting applied research, authoring resources (assessments and strategy guides), providing training and technical assistance, and developing model programs. One DCRC model program, developed to meet the varied needs of caregivers and children in the child welfare system, is the focus of this chapter.

Your Journey Together

In response to the growing need for relevant resilience-focused interventions in the Child Welfare System, the DCRC has developed a curriculum for caregivers (including birth, foster, and adoptive parents) in the child welfare system to build resilience in their children and themselves. *Your Journey Together (YJT)* was developed in partnership with a child welfare organization in Florida, Heartland for Children. This collaboration has enabled ongoing field testing and the collection of formative feedback on the approach including social validity and usability. Literature reviews related to child development and the needs of children in the child welfare system also informed the development of the curriculum. By building resilience in both children and the adults caring for the children, the curriculum is designed to promote the goals

of 1) giving children and adults tools for coping with risk, 2) supporting reunification, 3) decreasing disruption rates, and 4) increasing permanency. Currently the *YJT* program is developed for preschool children (birth through five years of age) and their caregivers; materials for older children are in development.

Method of Delivery

The *YJT* curriculum emphasizes the relationship between caregivers and a professional in the child welfare system called a Journey Coach, who guides them through the curriculum. A Journey Coach may be a case worker, a social worker, a home visitor, a foster parent licensing staff, or any other child welfare professional who trains or works directly with parents. The *YJT* curriculum is divided into four modules that provide a multifaceted approach to promoting resilience that aligns with the DCRC ecosystemic model. A coach provides ongoing support to parents as they work through each module. This support includes:

- teaching the key concepts of each module's main topic
- engaging with the parent in activities that encourage reflection
- providing guidance as a parent completes the centerpiece measurement tool of each module (modules 2-4 only)
- facilitating the development of a plan to strengthen protective factors or caregiving practices (modules 2-4 only)
- ongoing coaching to celebrate accomplishments and to overcome barriers

The modules can be delivered in a group setting or in a one-to-one experience, such as home visiting. This chapter will emphasize the one-to-one delivery of the *YJT* curriculum. When

delivered in a one-to-one fashion, coaches may spend five to ten sessions of 15 to 20 minutes in duration with families to fully cover the material in each module. Content can be covered in longer and fewer sessions, depending on the needs of the parent and the timeframes of the program in which they are enrolled.

Module 1: Introducing Resilience

The first module provides caregivers with an introduction to resilience, risk factors, and protective factors. It sets the stage for subsequent discussions of promoting both the caregivers' and their children's resilience. Consistent with principles of adult learning, *YJT* provides many opportunities for caregivers to actively engage with the material. This introductory unit combines a series of reflection activities with the use of two DCRC resources for parents which support learning about the meaning and importance of resilience. These resources include *For Now and Forever: A Family Guide for Promoting the Social and Emotional Development of Infants and Toddlers* (Mackrain, Golani, & Cairone, 2009) and *Promoting Resilience For Now and Forever: A Family Guide for Promoting Social and Emotional Development of Preschool Children, Second Edition* (Mackrain & Cairone, 2012). Because this module presents background information and does not delve into personal or family circumstances, it is sometimes delivered in a group format.

Three Core Modules of *Your Journey Together*

Beyond the Introduction to Resilience are three core modules which delve more deeply into supporting the resilience of the child and caregiver. All three modules share a common framework; each contains an assessment, or measurement tool, the results of which are used

to select individualized, research-informed strategies to promote the acquisition of protective factors leading to enhanced resilience. In the following narrative, a case illustration is presented to illustrate the three core modules and the tenets of the *YJT* Curriculum. The case follows the journey of Darla and her 19-month old granddaughter, Karyn.¹ Darla has voluntarily enrolled in a home visitation program designed to support placement stability and the mental health of children who have been either temporarily or permanently removed from their birth parents. Darla has experienced the first module of *YJT, An Introduction to Resilience*, by participating in group training held at the Department of Social Services and has now been assigned a Journey Coach, Jordana.

1. Adult Resilience

Caregivers linked with the child welfare system are often facing multiple stressors that put their caregiving practices at risk (USDHHS, 2003; Jones & Morissette, 1999). Parents may not be able to adequately respond to the cues and needs of their developing child causing ongoing stress in the adult-child relationship. This kind of stress can disrupt the young child's developing brain; negatively effecting the development of self-regulation and cognitive skills—essential for school readiness and life success. Responsive and nurturing caregiving has shown to be a powerful protective factor to offset stress and to encourage healthy child development (Shonkoff, 2011). The *YJT* module, *Promoting the Resilient Adult Caregiver*, focuses on strengthening the caregiving adult's internal protective factors and increasing the ability to provide nurturing and stable care for children. Two core resources provide the framework for

¹ The case study is based on an actual *YJT* family who gave permission for its use. Identifying information has been changed.

this module, *The Devereux Adult Resilience Survey* (DARS; Mackrain, 2009; see Figure 1) and *Building Your Bounce, Simple Strategies for a Resilient You* (Mackrain & Bruce, 2009).

The DARS (Mackrain, 2009) is a 23-item self-reflection tool that provides adults with information about their internal protective factor strengths, specifically, Initiative, Self-control, Relationships, and Internal Beliefs. Caregivers rate themselves as "Yes," "Sometimes," or "Not Yet" exhibiting 23 strength-based behaviors, which were identified through a thorough literature review of adult resilience, national focus groups with adults who care for and work on behalf of young children, and conversations with national experts.²

The Journey Coach then assists caregivers in using information from the DARS (especially items rated as, "Not Yet") to build protective factor strengths so that they can better cope with adversity and the stresses of daily life. *Building Your Bounce, Simple Strategies for a Resilient You* (Mackrain & Bruce, 2009) is a guide that parents can use to reflect on and plan for building their strengths related to resilience. This guide provides research-informed strategies that align with each of the items on the DARS.

Adult resilience in action. *Darla looks out the window nervously awaiting a visit from Jordana, her "Journey Coach." This was the first home visit and Darla wondered what Jordana might think when she enters her home. She had little time to straighten up as she was at the children's school last night for parent-teacher conferences. Darla saw Jordana pull up to the front of the house and wave at her with a big smile. "Jordana seems so positive and friendly," Darla thought, and she began to calm down. Jordana had been the trainer for a series on*

² A research study demonstrating the reliability and construct validity of the DARS was completed in 2009 and is available at the DCRC website, www.CenterForResilientChildren.org.

resilience at the local Department of Social Services and Darla had found a sense of comfort in Jordana's style, she always listened and made everyone feel safe to share their thoughts. Now Jordana was going to work with her at home to develop some strategies to get everyone "on the right track." Times sure had been tough, Darla thought to herself, "Me, a parent again at 61. I didn't do such a great job with my own children. I hope I can do better with Karyn."

As Jordana came into the house she expressed her gratefulness to Darla for letting her visit today. They sat on the couch and Jordana asked, "So, I am wondering how you are getting along with all of these changes in your life." Darla didn't know where it came from but she felt safe and began sharing her story with Jordana, at times crying and at other times sharing frustrations and fears.

Jordana quietly listened and then said, "This is a lot to take on, and I hear your feelings of frustration and fear, and also your love for your family." Jordana shared, "As part of the Your Journey Together Program that you heard about at the training, I wonder if we might partner to support you in your life journey. Partnering means we're honest, respectful and accountable to each other." Darla began to feel excited, "Usually, people who help us focus on the children, you're here for me?" Jordana responds, "Yes, for you to provide everything the children need, we need to make sure you're filled up with strength and hope and are ready for this new family journey."

"Well, how much work will this be?" Darla asks. Jordana responds, "We'll set that up together. I come weekly at times that work best for your family. We can figure out what works for you. We do what feels comfortable at each visit until we get to a place that you feel you're ready to move on to the next subject, child resilience. We can work together for as long as you

feel we need to. Together we will figure this out! Sometimes, if times are tough, we might just talk and that is okay. I noticed at the training on Resilience that you liked hands-on work and reflection. My next visits will also include more of those types of activities. We can begin by talking about your protective factors, or by talking about Karyn's protective factors and you as a caregiver. "You mean start with my own relationships and stuff like that?" Darla asks. "Yes, is that where you would like to begin?" "Yeah, that sounds good. I probably have a lot of work to do on me!"

After several visits doing reflection activities related to adult protective factors with Jordanna, such as listing the strengths of individuals who bring her happiness, or thinking about what helped her get through a significant challenge, Darla has completed her DARS and Jordana is beginning to facilitate the planning process. Darla chooses to work on her Internal Beliefs about herself, as she feels this impacts her attitude about the children. She chose to begin work on the DARS item, "I have personal strengths," one of the items she rated as rarely happening. Together Jordana and Darla looked at the Building Your Bounce Guide for ideas and Darla wanted to try a strategy called, "Making Time for Gifts." She would spend the next week jotting down her personal talents or gifts in her journal and then she and Jordana would brainstorm ways she could begin to use those gifts more often. As a result, Darla found herself looking forward to her time with Jordana and started to notice the gifts and talents of the children a little more often.

As illustrated above, Jordana used a relationship-based approach to guide Darla through a reflective experience critical to recognizing, interpreting and planning for the strengthening of her own protective factors. This work is essential to improving the quality of care Darla

provides to the children in her life. The accompaniment of the reflective activities found in the *Journey Coach Guide*, the research-based *Devereux Adult Resilient Survey*, and the *Building Your Bounce* guide (Mackrain & Bruce, 2009) provide flexible and easy to use strategies to assist in the journey. The DARS is divided up into protective factors, and strategies in *Building Your Bounce* are organized by item. An example of a strategy for the protective factor “Relationships,” under the item “I provide support to others” is simple: “Write a short thank-you note to a mentor or someone who has influenced your life in a positive way. Let him or her know how you are doing and what role he or she played in your life.”

2. Child Resilience

The *YJT* module, *Nurturing the Resilient Child*, supports caregivers in the identification, interpretation, and strengthening of children’s within-child protective factors. Parents are introduced to the Devereux Early Childhood Assessment for Preschoolers, Revised (DECA-P2; LeBuffe & Naglieri, 2013) and the Devereux Early Childhood Assessment for Infants and Toddlers (DECA-I/T; Mackrain, LeBuffe, & Powell, 2007). These instruments are strength-based, standardized, norm-referenced, reliable and valid behavior rating scales which assess Initiative, Attachment/Relationships, and Self-Regulation skills of children ages 4 weeks up to 6 years.³ After parents complete the DECA-P2 or DECA-I/T, the coach works with them to reflect on results and to plan intentional strategies that build a child’s strengths related to resilience. *YJT* includes a set of research-informed best practice strategies that parents can use during the planning process. These strategies are organized by the protective factor they support;

³ A similar instrument, The Devereux Student Strengths Assessment (DESSA; LeBuffe, Shapiro, & Naglieri, 2009) exists for the school-age population (5-14 years), and will be incorporated into *Your Journey Together* as elements of the program are developed for caregivers of School-Age children and youth.

Initiative, Attachment/Relationships, or Self-Regulation as well as the developmental age range of infant, toddler, or preschooler. Furthermore, the strategies are designed to fit into a family's typical daily routines. Once a plan is in place, it is recommended practice that coaches continue to provide support to parents on their journey through the ongoing use of the *YJT* strategies to support the development of protective factors.

Child resilience in action. *Darla is feeling eager and ready to begin focusing on her granddaughter, Karyn's, protective factors. Karyn is 19 months old and has lived with Darla since she was 6 months old. Her mother is incarcerated and has lost her parental rights. Darla is going through the process of adopting Karyn. "Karyn has been through so much in her young life. We call that risk, right?" Jordana reminds Darla that helping Karyn to strengthen her protective factors will help to offset Karyn's risk and increase Karyn's likelihood of a positive and happy outcome in school and life. "I want that so badly for Karyn! Until now, I haven't felt hopeful that would happen. I have been so afraid of doing all the wrong things. I'm really grateful to be doing all this with you" Darla says.*

*As part of the *YJT* curriculum, Darla and Jordana spend several visits reflecting on the meaning of the three within-child protective factors Initiative, Attachment/Relationships and Self-Regulation. Darla completes a DECA-Toddler (Mackrain, LeBuffe, & Powell, 2007) assessment on Karyn and together they discuss the results starting with the positive (see figure 2). "Karyn has so many strengths already! Her results show that she is in the typical range in her Self-Regulation and Attachment/Relationship skills. This means that compared to other children her age she is doing similarly. Darla says she is "very relieved" and is thrilled to know that Karyn has strengths to build upon. Jordana mentions that Darla had rated Karyn in the*

Area of Need range for Initiative. Jordana shared that this means some of the skills related to taking action and getting ones needs met was an area that might need some extra support. Darla agrees. "I think I do too much for her and don't let her try things on her own. I'm afraid she'll fail and I want to make everything ok for her." Jordana acknowledges Darla's strong desires to help Karyn be successful. She helps Darla look through the YJT child strategies. Darla would like to work on encouraging Karyn to try new things and do things on her own. She is going to stay close by at meals and during play and encourage Karyn in her attempts at trying to do things independently. If Karyn needs help Darla will be there to help her, but will not offer help too quickly, allowing Karyn some time to keep trying on her own. Jordana encourages Darla to write about these experiences in her journal at the end of every day. Over the next several visits together, Darla shares her successes and challenges with Jordana. "It sounds like you've been working so hard on this! Is there anything I can help you figure out or do differently?" asks Jordana. Darla expresses her confidence, "I just want to keep doing what I'm doing. It's been hard for me, but really fun to watch her keep trying to do hard things. Yesterday she kept trying and trying for almost 5 minutes to get her peas on her spoon. She did it and gave me a huge smile! Before, I would have done it for her because I didn't want her to get food all over the floor. I can see how it's important to let her do things on her own."

Darla and Jordana agree that they are ready to move on to the next module. As the work progresses, Jordana and Darla regularly revisit aspects of the child module to check in and talk about progress, accomplishments and setbacks. Eventually they select new goals and strategies when Darla feels they are ready. Over the course of two years, Darla completed three follow-up DECA assessments on Karyn. The results steadily improved and at the end of Darla's

work in the program, Karyn was in the Strength range in her Initiative and Attachment/Relationships and in the typical range in her Self-Regulation.

In the above vignette, Jordana coaches Darla on the importance of building Karyn's protective factors. As Jordana supports Darla through gaining an understanding of the three within-child protective factors, completing the DECA, interpreting the DECA results, and using the results to bring about change, the experience empowers both Darla as a parent and Karyn as a child who can use her skills and actions to get her needs met – important lifelong skills.

3. Caregiving Practices

The *YJT* module, *Caregiving Practices that Promote Resilience*, supports parents/caregivers in identifying the strengths and needs of their own parenting practices that can be used to promote the resilience of young children who have experienced the trauma of involvement in the child welfare system. The focus is on practices related to Consistency, Attuned Relationships and creating a safe and loving Environment. These three components can be remembered using the acronym CARE. After several sessions of reflection activities designed to support the parent's learning and understanding of these three components, parents are introduced to the 20-item CAREgiving Checklist, a reflection tool that was developed after an extensive review of literature related to children who have experienced trauma and involvement in child welfare system. Items on the CAREgiving Checklist target the three areas of parenting practice, Consistency (e.g. provide predictable routines), Attuned Relationships (e.g. support their unique characteristics), and Environment (e.g. create a

welcoming space to live). Caregivers are asked to reflect on whether they do these things for their child “Almost Always,” “Sometimes,” or “Not Yet.”

Included in this module is a set of research-informed strategies, *Strategies for Strengthening Caregiving Practices that Promote Resilience*, that parents can use to improve their parenting skills. These strategies are organized by the CARE checklist areas as well as the developmental age range of infant, toddler, or preschooler. The strategies are designed to easily fit into a family’s typical daily routines.

Caregiving practices in action. *Jordana begins by asking Darla to think about the meaning of the words that make up the acronym C-A-R-E. “I think Consistency means the routines we do every day. I am pretty good at that. We wake up at the same time and have breakfast together every morning. Then Karyn has some time to play before we get ready to go to Miss Pamela’s for the day. I always pick her up and we have dinner together. I give her a bath and she plays or watches a video or we read stories before bedtime. The routines help me feel organized.” Jordana acknowledges Darla’s thoughts. “Yes, that is exactly what we mean by consistency! It sounds like you are doing a lot of good things that help Karyn feel safe and develop trust.” Darla didn’t know routines were so important for trust to develop. “I guess I do more things right than I thought! I didn’t know routines help children feel safe.”*

After also discussing the meaning of Attuned Relationships and a safe Environment, Darla completes a CAREgiving Checklist. They work on one section at a time. Darla notices she has many more strengths than she expected. “I was a little afraid to do this. I don’t always feel too confident in my parenting, but I feel pretty good about myself right now!” Most of Darla’s strengths are in the area of Consistency. She chooses to work on Attuned Relationships and

decides to set a goal to spend more time each day connecting with Karyn and talking more about feelings. "Talking about feelings is hard for me. It is something I need to work on myself, so I think Karyn and I can learn this together. Also, I am always focused on getting things done and I don't think to actually sit down and play with Karyn. I want to change that." Jordana helps Darla look through Strategies for Strengthening Caregiving Practices that Promote Resilience, a resource within the YJT curriculum. Darla wants to try several things she finds. She chooses to try narrating Karyn's emotions and exploring feelings during challenging times. She also chooses to play every day after dinner and to have more fun together. Darla writes these strategies down on a simple planning form and hangs it on her refrigerator as a reminder to do them. "I might forget because these things are new to me." Jordana assures her that this is okay and that change can take time. "I am so impressed that you are choosing to work on things that don't come easily. Change can be really hard. You have changed so much already! Be gentle with yourself. It's okay if you don't do everything perfectly! I will be here for you to help you celebrate your accomplishments and figure out how to overcome any barriers you run into. We can go slowly." Darla and Jordana spend time in the next several sessions talking about progress and challenges.

Over the next two years, Darla continues to reflect and work on strengthening her Attuned Relationship with Karyn. "I never connected this much with my own kids. I was always so busy and didn't realize how important it is. I've learned so much! My friends notice how different I am – happier and more patient. I am a more attentive parent now and DEFINITELY more confident! They say they can't believe how great I am doing – they were pretty worried about me having to be a parent to my granddaughter."

As illustrated above, the research-informed tools and resources to support caregiving practices that build resilience, in combination with relationship-based coaching, provide opportunities for Darla to reflect, recognize her strengths, and work on her self-selected caregiving goals in a safe and comfortable manner.

Darla and Jordana continued their work together for two years. Darla also participated in Parent-Child Interactive Therapy which was offered by the program. Darla felt that her work on *YJT* helped her to be better prepared to benefit from those therapy sessions. “I learned so much about what Karyn needs and about being more tuned in with Karyn from Jordana. I felt a lot better about myself, too, so that made it a lot easier to do the therapy.”

Preliminary Results from Field Testing

Preliminary Data

A Child Welfare Specialist at the DCRC has field tested elements of the *YJT* curriculum by working with out-of-home caregivers, birth parents, young children, and professionals at Heartland for Children and other U.S. pilot sites. Preliminary quantitative outcome data have been collected from families involved in field testing, throughout the development of the curriculum. In particular, the first *YJT* module, *An Introduction to Resilience*, has been delivered to many out-of-home caregivers as three-hour training. The module overviews resilience, risk factors, protective factors, and the three key areas addressed in the core modules.

A record of *YJT* intervention elements used with families during field testing is maintained as a fidelity measure, along with DCRC assessment results of children in these families. Analyses of these preliminary data suggest that children with foster parents who have received elements of the *YJT* curriculum at Heartland for Children show improvements in

protective factor scores from pre- to post-test on the Devereux Early Childhood Assessments for Infants, Toddlers, and Preschoolers (See figure 3).

The figures below display pre- and post-test ratings of 36 children in care with parents who have piloted elements of the *YJT* curriculum. For this group of children, the difference between pre- and post- tests on each scale, and the Total Protective Factors summary scale are statistically significant at a level of ($p < .05$). Seventy-three percent of these children showed positive changes, with 37.8% showing large positive changes using Cohen's (1968) criteria for interpreting *d*-ratios, a measure of effect size (see figure 4).

Data have also been collected on pilot users' reception of the *Introduction to Resilience* Module training through a 4 item questionnaire administered at the end of training delivery. Three Likert scale items and one free response item gauge the usefulness of, and knowledge gained from, the delivery of Module 1. Items include the following: 1. The training met my interests and needs, 2. I feel that I will be able to use the knowledge and skills presented, (Measured on a 4 point Likert Scale of Strongly agree to Strongly Disagree), and 3. How useful are the handouts and materials? (Measured on a 3 point Likert Scale of Very Useful, Somewhat Useful, Not at all Useful). Results from these questionnaires have steadily become more positive since 2008, with training delivered in 2011-2012 indicating 100% positive feedback.

Qualitative Data and Implementation Challenges

Your Journey Together reflects a paradigm shift, called for by the Child Welfare League of America in their "Blueprint" document. The shift emphasizes working beyond safety and protection to actively promoting the resilience of children and families (CWLA, 2013). As is

often the case with fundamental change, effective implementation of *YJT* poses significant challenges for agencies, staff, and parents. Qualitative feedback from pilot users at sites around the U.S. has informed the development of the *YJT* curriculum to support its use in a variety of child welfare settings. Focus groups, comprised of agency administrators, staff, and parents with different levels of familiarity with the curriculum have been held periodically to elicit reactions to the content, structure, and usability of the curriculum. A variety of strengths and areas for program improvement have been highlighted in focus groups; however, for the purposes of this chapter, two influential implementation challenges will be discussed: competing priorities and adult engagement.

Competing Priorities

In the child welfare system staff members often have limited and resources to meet the needs of their clients (Many & Osofsky, 2012). Users in focus groups have repeatedly indicated that a primary challenge with implementation of *YJT* centers on the competing priorities and responsibilities of child welfare workers. Comments such as “I don’t think staff can handle one more thing” and concerns around time for staff training and competency development have frequently arisen. Focus groups revealed concerns over whether child welfare workers could realistically implement *YJT* to the extent expected. In response to these limitations, *YJT* was developed to minimize the demands on staff. Although training is available, the curriculum was developed so that the Journey Coach can deliver the content with no additional training other than reading the Journey Coach Guide, which serves as the *YJT* program manual. Additionally, personnel at a variety of levels, both licensed and unlicensed, are able to facilitate the program.

Individuals in focus groups repeatedly underscored the desire for a streamlined, prescriptive *YJT* protocol. For example, one staff member expressed the need for “talking points, key phrases, and key messages - if you are short on time what to hit on.” Concerns were also raised about the number of books, pamphlets and resources required of the child welfare worker who is often traveling from home to home. One focus group participant said “Sometimes I forget to bring all of the stuff that you need as a worker. I brought the wrong scoring sheet one time – having them in one book was able to help me ‘wing it’ when I forgot it.” The Journey Coach Guide was developed to take the expressed needs of child welfare workers into consideration. The curriculum contains both explicit instructions for the coach and reproducible masters of all handouts for families. This minimizes the time required for preparation for each session.

The curriculum, while structured, is also designed to be flexible. It can be delivered in multiple formats and in varying numbers of sessions to accommodate variability and limitations in staff time, depending on roles, caseloads, and competing demands for family time. For instance, the *YJT* program can be delivered in multiple sessions with individual families or in fewer, but longer sessions with groups of families. In addition, knowing that time during a home visit may be needed to address other issues, the modules have been divided into sessions that can be accomplished in 15 to 20 minutes. This allows the Journey Coach to arrange the proper amount of time during each visit to conduct the lesson and introduce an activity that the parent will be doing independently between visits.

Adult Engagement

Field testing and focus groups revealed that both staff and parents can be reluctant to fully embrace implementation of the *YJT* program. The program follows the direction of the CWLA blueprint, evolving the traditional role of the child welfare worker from “lifeguard” focused solely on safety to “swim instructor⁴” focusing more broadly on child and family well-being and teaching parents and children to be more resilient. This type of transition often requires more effort from staff, which can engender resistance. Similarly, parents may not commit to the *YJT* model if they view it as either unnecessary or, perhaps, the latest intervention “flavor of the month” that they are subjected to. Without both staff and parent buy in, the chances of positively impacting the resilience of the child in care is greatly diminished.

A useful strategy to garner adult buy-in and commitment to the resilience model is to begin by focusing on the adult’s resilience. For parents, when they recognize and appreciate the resilient characteristics of adults whom they admire and respect and especially when they focus on building their own resilience, they often begin to appreciate how important it is to nurture the resilience of their child. Similarly, staff may become more aware of their own social and emotional strengths and needs, and more effective at dealing with the secondary stress so prevalent in the child welfare system, as they facilitate these modules with parents. This better understanding of their own resilience can lead the Journey Coach to become a stronger advocate for families and more excited and engaged in the program. One focus group member stated of this approach “Parents are so focused on what’s not going on with their children in

⁴ The authors would like to acknowledge our colleague, Rachel Tobin-Smith, M.S.W., who first used these terms to describe the paradigm shift for staff.

busy day-to-day life that they are not thinking about what they can do for themselves. I think many of us are like that. We need to figure out ways to help the parents understand that the better off they are the better off their children will be.” The risk factors in the lives of caregivers in the child welfare system are well recognized, by addressing the adult’s needs, *YJT* not only engages the adult, but addresses additional risk factors which can trickle down to the child.

Limitations and Future Directions

The *YJT* curriculum is still in the process of being developed, tested, and refined. As the curriculum is published and further disseminated, The Devereux Center for Resilient Children aims to continue to build the evidence-base for the effectiveness of the curriculum at meeting the proximal goals of enhancing adult resilience as measured by the DARS, increasing children’s protective factors as measured by the DECA-I/T and DECA-P2, and improving parenting skills as measured by the CAREgiving checklist. The *YJT* theory of change posits that by enhancing these three proximal outcomes the distal outcomes of 1) Giving children and adults tools for coping with risk, 2) Increasing permanency, 3) Decreasing disruption rates, and 4) Supporting reunification, will be more likely. While the current data appear promising, the nature of data collection has presented a number of limitations. The process for collecting data during field testing has resulted in a small convenience sample evaluating elements of *YJT*, versus the curriculum as a whole. Future studies should aim to collect a larger sample of participants as part of a controlled research study on the delivery of the curriculum from start to finish, as

recommended in its best practice model. Future studies may also compare the differences between one-on-one and group delivery of the curriculum.

An integral part of the *YJT* curriculum is the relationship built between the Journey Coach and the caregiver. The coach must provide supportive guidance to caregivers while promoting skill and knowledge acquisition. With these considerations in mind it becomes evident that the coaching approach itself should be further explored and understood. With the knowledge that helping professionals are at increased risk for development of a spectrum of traumatic responses such as secondary traumatic stress, vicarious traumatization, countertransference, and burnout (Many & Osofsky, 2012), the resilience of the coaches themselves also becomes a concern. Future additions to *YJT* will build upon coach training and support in order to address these concerns.

The current case study focuses on building resilience in young children, an approach that aligns with the current developmental state of the curriculum. The current curriculum focuses predominantly on children birth through 5 years of age. While young children are overrepresented in the child welfare system, it is apparent that similar resources are needed for school-age children in the child welfare system. The DCRC plans to expand upon the current resources to include more specific strategies for supporting school-age children and youth as the *YJT* curriculum continues to evolve.

Conclusion

The DCRC plans to continue to develop resilience-focused resources, interventions and professional development opportunities that are easy to understand and use within varying

service lines and programs within child welfare. While some researchers caution against the use of the construct of resilience, due to conceptual complexity, (Canavan, 2008), others laud its heuristic value, emphasizing its practical usefulness (Prince-Embury, 2013). The DCRC focuses on the usefulness of the resilience construct as a heuristic for practice application and development of intervention. With this in mind, DCRC aims to contribute to the wave of literature focusing on questions about intervention, and how to create or promote resilience through practice and policy (Masten, 2006). This focus aligns with national trends which increasingly emphasize strengths-based, resilience-focused models for services to children and families (CWLA, 2013).

Ongoing work at the DCRC will support the translation of research to practice for services to families in the child welfare system. An 8-step model for bridging the research-practice divide and developing, testing, and deploying services within practice settings has been proposed by Hoagwood, Burns, and Weisz (2002). The model outlines a series of steps for developing scientifically valid services which are grounded, useable, and relevant to the practice context:

1. Development and manualizing the treatment protocol,
2. Conducting an initial efficacy trial,
3. Conducting a series of single case applications,
4. Conducting an initial effectiveness trial,
5. Conducting a full effectiveness trial,
6. Testing the effects of moderators and mediators,
7. Assessing goodness-of-fit within the organizational or practice context, and
8. Examining dissemination and quality in a variety of organizational or practice

contexts.

The *YJT* curriculum, illustrated through the case of Jordanna and Darla, has been through Step 3 of this process wherein a series of test cases are referred to trained practitioners to inform the refinement and development of the protocol based on the individual variations in the practice setting. The next step in the development and testing process will be to establish an initial effectiveness trial which tests the curriculum using random assignment in the *YJT* practice setting. The DCRC anticipates embarking upon this next step with the *YJT* curriculum in order to further establish the science behind this intervention.

As DCRC continues to work towards the mission of promoting social and emotional development, fostering resilience, and building the skills for school and life success in all children as well as the adults who care for them, the confluence of risk factors and adversity facing families in the child welfare system cannot be ignored. The DCRC will continue to intensify its strength-based, resilience-focused work with this population in consort with rising national attention to the benefits of this effort in helping children and families flourish.

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Figure 1.

The Devereux Adult Resilient Survey

Devereux Adult Resilience Survey (DARS)

by **Mary Mackrain**

Take time to reflect and complete each item on the survey below. There are no right answers. Once you have finished, reflect on your strengths and then start small and plan for one or two things that you feel are important to improve. For fun and practical ideas on how to strengthen your protective factors, use the chapters in this book. For a free copy of the DARS visit www.centerforresilientchildren.org.

Items	Yes	Sometimes	Not Yet
Relationships			
1. I have good friends who support me.			
2. I have a mentor or someone who shows me the way.			
3. I provide support to others.			
4. I am empathetic to others.			
5. I trust my close friends.			
Internal Beliefs			
1. My role as a caregiver is important.			
2. I have personal strengths.			
3. I am creative.			
4. I have strong beliefs.			
5. I am hopeful about the future.			
6. I am lovable.			
Initiative			
1. I communicate effectively with those around me.			
2. I try many different ways to solve a problem.			
3. I have a hobby that I engage in.			
4. I seek out new knowledge.			
5. I am open to new ideas.			
6. I laugh often.			
7. I am able to say no.			
8. I can ask for help.			
Self-Control			
1. I express my emotions.			
2. I set limits for myself.			
3. I am flexible.			
4. I can calm myself down.			

Figure 2.

The figure below displays Karyn's profile on the DECA I/T. Karyn shows Typical scores in Attachment/Relationships, and Self Regulation, and an Area of Need in Initiative.

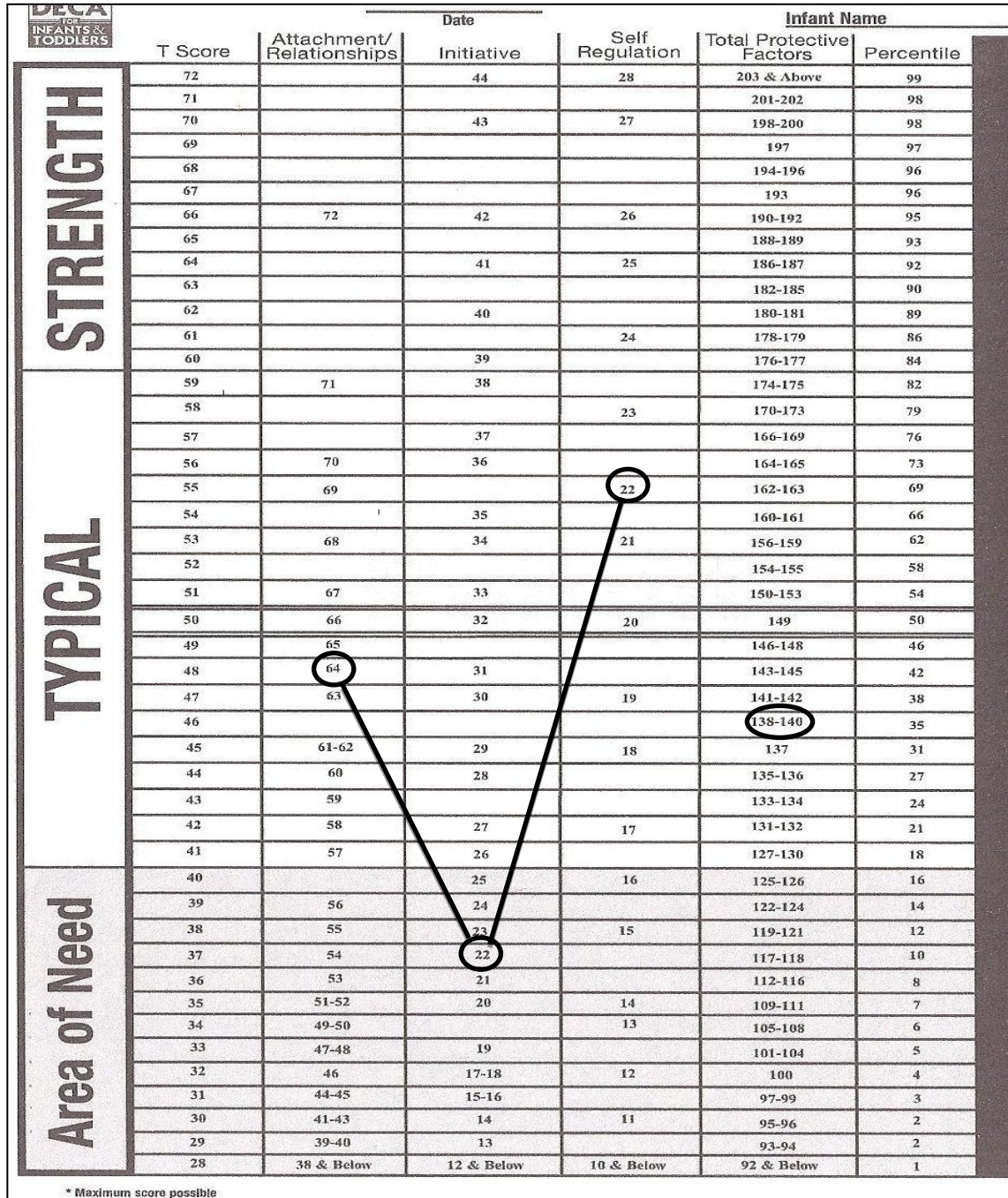


Figure 3.

Pre and posttest score categories (Strength, Typical, Need) on the DECA Assessments for 36 children who have received elements of the *YJT* intervention.

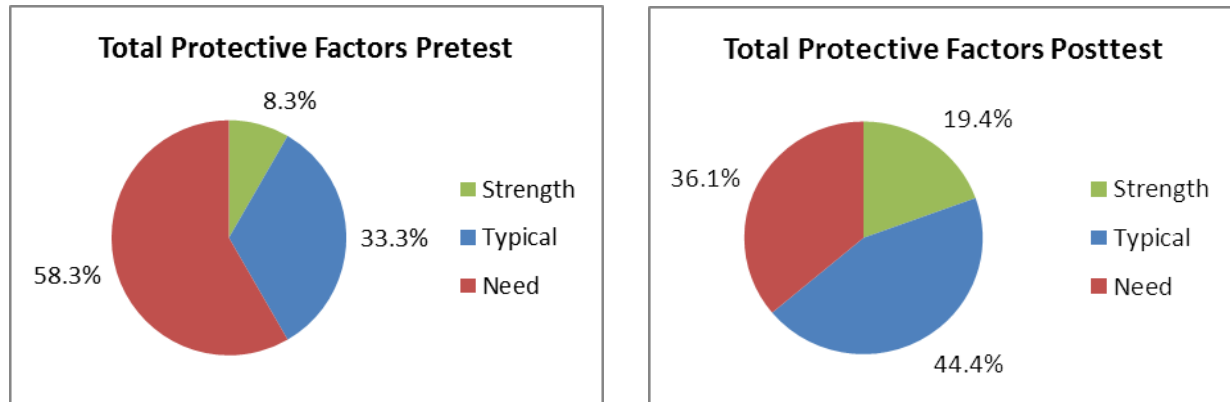


Figure 4.

Display of change categories of 36 children who received elements of *YJT* as determined Cohen's (1968) criteria for interpreting *d*-ratios, a measure of effect size.

