

Prepared for
Annie E. Casey Foundation

Teen Connect USA Pilot Evaluation

Implementation and Outcome Study
Results and Lessons Learned



Public Policy Associates, Incorporated is a public policy research, development, and evaluation firm headquartered in Lansing, Michigan. We serve clients in the public, private, and nonprofit sectors at the national, state, and local levels by conducting research, analysis, and evaluation that supports informed strategic decision-making.

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Executive Summary

This report details an evaluation of Teen Connect, a pilot initiative launched by the Annie E. Casey Foundation in April 2017 to test the suitability and feasibility of using the evidence-based Connect Parenting Program (Connect) to promote permanency for teenagers in the United States child welfare system. Connect is an evidence-based, manualized, ten-week parent education and support training model developed in Canada to improve parent-child relationship quality and reduce youth behavior problems. It uses an attachment-based, trauma-informed approach that incorporates effective engagement strategies with experiential learning and skill development.

The Teen Connect USA Pilot evaluation used a mixed-method, non-experimental design to:

- Describe the implementation of Teen Connect across seven different pilot sites in California, Colorado, Illinois, Kansas, Ohio, New York, and Pennsylvania.
- Assess whether the model needs to be adapted to address the racial and ethnic diversity of the United States child welfare system.
- Measure pre- to post-intervention effects on participating parents/caregivers' acceptance of core attachment-related parenting principles and indicators of parent-child relationship quality.
- Identify factors that influenced these outcomes.
- Determine how, if at all, foster parents and pilot agency staff extended their use of trauma-informed Connect tools/approaches to their relationships with trauma-impacted children.

The evaluation collected outcome data on 205 focal children and their parents/caregivers, primarily via pre- and post-intervention parents/caregivers surveys that included standardized measures of parents/caregivers' confidence in their parenting ability, stress related to their parenting role, and child behavior problems. Program implementation data were primarily collected via site visits to pilot agencies during which evaluation team members interviewed the site's designated point-of-contact for administering Teen Connect and conducted focus groups with staff who facilitated the Connect parenting groups and parents/caregivers who participated in a Teen Connect parenting group.

Implementation Study Findings

The implementation study found that the Connect model, facilitator training, and supervision were well received by pilot agency staff, but implementation of Teen Connect was challenging for nearly all of the pilot sites. Of particular note, pilot sites observed that program logistics were more time-consuming than they had anticipated. This was especially problematic given that Connect facilitators were not released from any of their regular duties in order to make time for their Teen Connect work. Parent/caregiver recruitment was also challenging for most of the pilot sites, and led to two of them dropping out of the pilot. Convincing child welfare system-involved parents to enroll in a Teen Connect group was difficult because of the general instability of their lives and their need to prioritize court-mandated services over their participation in Connect. Factors that promoted successful implementation of Teen Connect included:

- Pilot agencies having a clear, multi-faceted recruitment strategy that produced a reliable flow of referrals from within the agency, partner agencies, and/or juvenile court
- Strong intra-agency communication
- Having a program administrator with sufficient power to leverage agency support
- Involving staff with pre-existing relationships with families during the recruitment process and pre-inclusion interviews
- Empathic and “relatable” group facilitators who shared their personal experience parenting teens and/or were culturally similar to the parents/caregivers in the group
- Having a third staff person separate from the parenting group co-facilitators who handled program logistics

Most pilot participants reported a reasonable fit between the Connect model and their cultural values. However, some African-American parents and older foster parents expressed concern that the model’s emphasis on understanding the underlying meaning of youth’s behavior and empathizing with youth before disciplining them undermined their ability to teach their children to respect authority. They underscored the importance of youth of color learning to show deference to authority as a survival skill when dealing with law enforcement and other social institutions. While the evaluation did not find that a formal cultural adaptation of the Connect Parenting Program curriculum is necessary, the findings do suggest that, moving forward, training and supervision of facilitators in the United States should acknowledge the potential for a perceived disconnect between the Connect model and the value that

many African-American and other United States families place on teaching their children to show deference to parental authority, and proactively and systemically teach facilitators best practices for addressing this issue with parents/caregivers.

Outcome Study Findings

Parents/caregivers participating in Teen Connect reported modest but statistically significant pre- to post-intervention reduction in children's behavior problems, both overall and specifically with respect to externalizing, internalizing, aggressive, and rule-breaking behavior problems. Statistically significant improvement in parenting confidence, parenting stress, and understanding and acceptance of core attachment-related Connect principles were not detected, but this may be at least in part to missing data for these outcomes, which reduced the sample sizes for these analyses and thus their statistical power for detecting small effects. Multivariate models found no evidence that the training and background of Teen Connect facilitators influenced parent/caregiver or child outcomes. Child race/ethnicity and families' concurrent or recent receipt of other support services besides Teen Connect affected very few outcomes. Both foster parents and facilitators reported multiple instances of applying concepts from the Connect curriculum to relationships with various trauma-impacted children and adults. In the case of foster parents, this often included using Connect principles with other foster children in their care besides the focal child for the evaluation. Both foster parents and facilitators reported using Connect principles with biological family members and, in the case of the facilitators, with other families who were not participating in Teen Connect.

Conclusion

The evaluation of Teen Connect suggests that this intervention model may be an effective tool for reducing behavior problems among youth in, or at-risk of entering, the United States child welfare system. However, the implementation of Teen Connect proved to be a significant lift for most of the agencies participating in the United States pilot, in part due to the nature of the United States child welfare system, the role of the agencies within that system, and their organizational cultures. This report provides a number of recommendations for improving program implementation in the United States context based on evaluation findings, as well as suggestions for re-evaluating Connect after implementation barriers are addressed using an experimental design, youth and parent report measures, and permanency indicators to understand the program model's impact on the stability and well-being of older youth in the United States child welfare system.

Introduction

Permanency planning is an approach to child welfare steeped in the premise that all children need safe, consistent, and stable environments to thrive, and children who encounter child welfare services should receive care that focuses on getting them into permanent homes or reunited with their parents. Permanency for children is threatened when serious child behavior problems exacerbate parenting stress, lead caregivers to doubt their parenting competency, and/or undermine parent-child attachment. These dynamics are sometimes at the root of child maltreatment. They also affect children in foster care whose placements may be destabilized by them.

The Annie E. Casey Foundation (Casey) is committed to promoting permanency for children in the United States child welfare system including teenagers in foster care, who experience separation from family and instability at particularly high rates. According to data from the Jim Casey Youth Opportunities Initiative, one out of four American children in foster care is 14 years or older, and approximately half of teens exiting foster care “age out” instead of being reunited with their family or connected to another permanent family.¹ A third have been removed from their home and placed in foster care multiple times, with half having experienced three or more foster care placements.² These experiences contribute to a wide range of negative outcomes for these young people they transition to adulthood. Emancipated foster youth experience high rates of economic hardship, homelessness, joblessness, criminal activity, intimate partner violence, and unplanned pregnancy.³ As African Americans and Native Americans are significantly over-represented among older foster youth,⁴ they are especially at risk of experiencing these negative outcomes. Thus, there is a critical need for effective interventions for promoting permanency for United States teenagers in foster care, particularly teenagers of color.

¹ Annie E. Casey Foundation, *Fostering Youth Transitions: Using Data to Drive Policy and Practice Decisions* (Baltimore, MD: Annie E. Casey Foundation, November 2018), 1-3, <https://www.aecf.org/resources/fostering-youth-transitions/#key-takeaway>.

² Ibid.

³ Mark Courtney et al., *Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 26* (Chicago, IL: Chapin Hall at the University of Chicago, 2011), 1-117, <https://www.chapinhall.org/wp-content/uploads/Midwest-Eval-Outcomes-at-Age-26.pdf>.

⁴ Child Welfare Information Gateway, “Racial Disproportionality and Disparity in Child Welfare” (Washington, DC: U.S. Department of Health and Human Services, Children’s Bureau, November 2016), 4, https://www.childwelfare.gov/pubPDFs/racial_disproportionality.pdf.

Overview of Teen Connect Model

This report details an evaluation of Teen Connect, a pilot initiative launched by Casey in April 2017 to test the suitability and feasibility of using the evidence-based Connect Parenting Program to promote permanency for teenagers in the United States child welfare system. The Connect Parenting Program (Connect) is an evidence-based, manualized, ten-week parent education and support training model developed by Dr. Marlene Moretti, Ph.D., of Simon Fraser University in Canada that has been repeatedly proven effective at improving parent-child relationship quality and reducing youth behavior problems in Canada and Sweden.⁵⁶⁷⁸⁹¹⁰¹¹¹²¹³. It uses an attachment-based, trauma-informed approach that incorporates effective engagement strategies with experiential learning and skill development. The program is primarily designed to shift how parents perceive, understand, and respond to their teen's behavior. This is achieved by promoting sensitivity to the attachment meaning of these behaviors and the corresponding parenting skills needed to ensure the provision of a secure base, even

⁵ Marlene M. Moretti and Maya Peled, "Adolescent-Parent Attachment: Bonds That Support Healthy Development," *Pediatrics & Child Health* 9, no. 8 (2004): 551-555.

⁶ Jens Hogstrom et al., "Two-Year Findings from a National Effectiveness Trial: Effectiveness of Behavioral and Non-Behavioral Parenting Programs," *Journal of Abnormal Child Psychology* 45, no. 3 (2017): 527-542.

⁷ Marlene M. Moretti, Ingrid Obsuth, Ofra Mayseless, and Miri Scharf, "Shifting Internal Parent-Child Representations Among Caregivers of Teens with Serious Behaviour Problems: An Attachment-Based Approach," *Journal of Child and Adolescent Trauma* 5 (2012): 191-204.

⁸ Håkan Stattin, Pia Enebrink, Metin Özdemir and Giannotta, Fabrizia, "A National Evaluation of Parenting Programs in Sweden: The Short-Term Effects Using an RCT Effectiveness Design," *Journal of Consulting & Clinical Psychology* 83, no. 6 (2015): 1069-1084.

⁹ Marlene M. Moretti and Ingrid Obsuth, "Effectiveness of an Attachment-Focused Manualized Intervention for Parents of Teens At Risk for Aggressive Behaviour: The Connect Program," *Journal of Adolescence* 32, no. 6 (2009): 1347-1357.

¹⁰ Fabrizia Giannotta, Enrique Ortega, and Hakan Stattin, "An Attachment Parenting Intervention to Prevent Adolescents' Problem Behaviors: A Pilot Study in Italy," *Child & Youth Care Forum* 42, no. 1 (2013): 71-85.

¹¹ Fatumo Osman et al., "Effects of a Culturally Tailored Parenting Support Programme in Somali-born Parents' Mental Health and Sense of Competence in Parenting: A Randomised Controlled Trial," *BMJ Open* 7, no. e017600 (2017): 1-9.

¹² Elin Alfredsson, Valgeir Thorvaldsson, Ulf Axberg, and Anders G. Broberg, "Parenting Programs During Adolescence: Outcomes from Universal and Targeted Interventions Offered in Real-World Settings," *Scandinavian Journal of Psychology* (2018): 1-14.

¹³ Yagmur Ozturk, Marlene Moretti, and Lavinia Barone, "Addressing Parental Stress and Adolescents' Behavioral Problems through an Attachment-Based Program: An Intervention Study," *International Journal of Psychology and Psychological Therapy* 19, no. 1 (2019): 89-100.

in the face of the challenges of adolescence. Connect has been used successfully with a variety of populations, including foster families and birth families involved in the child welfare system. It has the potential to improve outcomes for teenagers across the child welfare system. That is, it can be used as a front-end strategy to divert unnecessary placements in foster care by stabilizing and strengthening birth families. It can be used to stabilize foster placements for youth already in care, so that permanency work can be the focus. It can also be used as a back-end strategy to stabilize and strengthen the families to whom teens transition from foster care and congregate care placements.¹⁴

Background

Casey initially selected eight grantees from eight different states to participate in the Teen Connect USA Pilot. All of these agencies agreed to send six staff each to be trained in delivering the Teen Connect model. These staff members were expected to work in pairs and collectively lead a minimum of four Teen Connect parenting groups per pilot site with at least seven participants in each group. Sites were strongly encouraged to lead at least one group for birth parents and one group for foster parents.

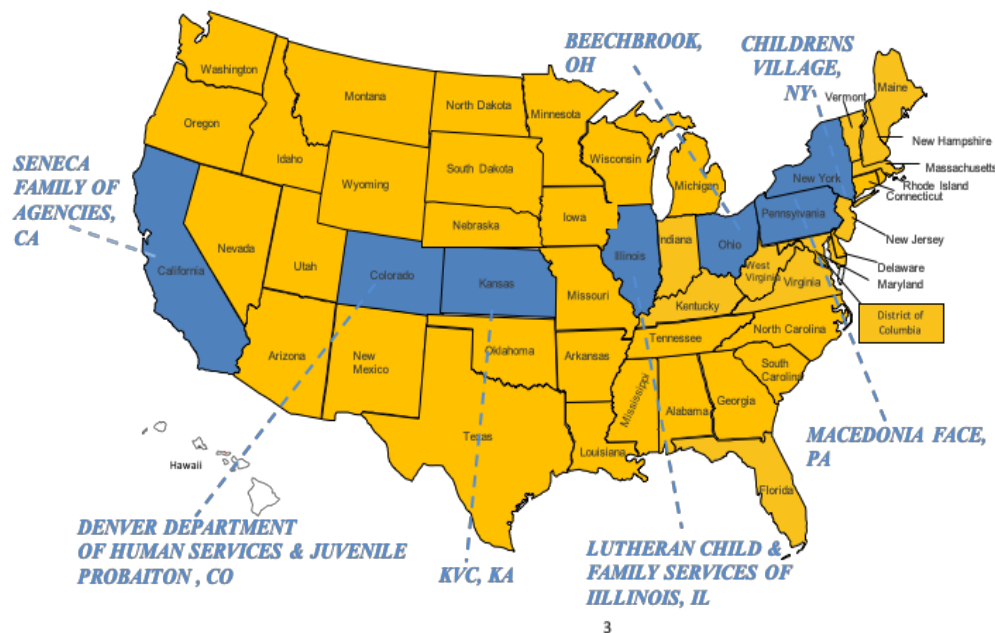


Figure 1. Teen Connect USA Grantees

¹⁴ Marlene M. Moretti, K. Braber, and Ingrid Obsuth, *Connect: An Attachment Focused Treatment Group for Parents and Caregivers – A Principle Based Manual* (British Columbia, Canada: Simon Fraser University, 2009).

All eight grantees sent staff to participate in the facilitator training, but one site dropped out of the pilot before leading any Teen Connect parenting groups and did not provide any data for the pilot evaluation. Another site offered one Teen Connect parenting group, but dropped out of the pilot before completing any others. Another site launched three Teen Connect parenting groups, but none of them met the enrollment minimum of seven participants and this site did not collect post-training survey data from the participants. This evaluation takes into account the implementation experiences of all seven of the grantees that participated in the pilot. The outcome portion of the evaluation focuses on the six grantees that collected pre- and post-training survey data from participating parents/caregivers.

Table 1: Teen Connect USA Pilot Sites Included in Evaluation						
Agency	<u>Birth Parent</u>		<u>Foster Parent</u>		<u>Implementation</u>	<u>Outcome</u>
	Groups	Enrollees	Groups	Enrollees		
Grantee A	1	10	2	25	Yes	Yes
Grantee B	1	4	4	41	Yes	Yes
Grantee C	5	57	0	0	Yes	Yes
Grantee D	4	44	2	17	Yes	Yes
Grantee E	1	11	0	0	Yes	Yes
Grantee F	4	37	0	0	Yes	Yes
Grantee G	3	16	0	0	Yes	No

Research Questions

Casey hired Public Policy Associates, Incorporated (PPA) to design and execute an external evaluation of the Teen Connect USA Pilot in partnership with the Michigan State University School of Social Work. This evaluation consisted of both an implementation study to document the rollout of the Teen Connect USA Pilot and an outcome study to document its results. Specifically, the evaluation sought to answer the following research questions:

Implementation Study Research Questions

1. How was the Teen Connect USA Pilot implemented?
2. What factors promoted or impeded implementation?
3. Are there adaptations to the model that need to be made to address racial and ethnic diversity in the United States?

Outcome Study Research Questions

1. Did the Teen Connect USA Pilot result in increased parent/caregiver understanding of the attachment needs of their teens and how to parent responsively?
2. How, if at all, are foster parents and staff using trauma-informed tools/approaches and the “attachment suitcase” concept in working with and caring for trauma-impacted children?
3. Did the Teen Connect USA Pilot result in improved outcomes associated with parent/caregiver-child relationship quality (e.g., reduction in teen behavior problems, reduced parenting strain, or increased parenting confidence)?
4. What factors influenced Teen Connect USA Pilot outcomes (e.g., background of Teen Connect facilitators, pairing of Teen Connect with other interventions)?

Methodology

A mixed-method, non-experimental design was used to answer these research questions in order to provide quantitative findings and rich qualitative information with which to contextualize them.

Implementation Study Methods

The implementation study includes qualitative data collected from key stakeholders in the Teen Connect implementation process. The data sources for this part of the evaluation are: (1) parent/caregiver focus groups; (2) facilitator focus groups; (3) interviews with pilot sites’ point-of-contact; (4) interviews with the pilot’s supervisor/facilitator coach; (5) an interview with the creator of the Teen Connect model; (6) adherence reviews of each parenting session included in the pilot; and (7) parent/caregiver group feedback interviews and forms.

Qualitative Data Sources

- Site Visits
 - Parent/caregiver focus groups
 - Group facilitator focus groups
 - Interview with grantee point-of-contact
- Review of 4th session video for adherence to model
- Key informant interviews with Teen Connect facilitator supervisor/coach & model developer
- (Foster) Parent Group Feedback Forms

Parent/Caregiver Focus Groups. Data from participating parents/caregivers were primarily gathered through focus groups conducted by the evaluation team during a site visit to each of the participating agencies. All parents who took part in a Teen Connect USA parenting group were invited to participate in the parent/caregiver focus group by the agency. To facilitate participation, the focus groups followed the structure of a Teen Connect parenting session to the extent possible. Most focus groups were held at the same time and location as the parenting sessions, and the agencies were

asked to provide the same supports that were available for the Teen Connect parenting sessions (i.e., dinner, transportation, and child care). Parents /caregivers also received a \$50 gift card incentive for their participation in a focus group.

Facilitator Focus Groups and Agency Point-of-Contact Interviews. During each site visit the evaluation team also conducted an in-person focus group with the Teen Connect USA facilitators from the pilot agency, and a separate interview with the pilot site's point-of-contact for the program (i.e., the staff person responsible for the administration of the Teen Connect pilot at each agency). Staff members who were not available to meet with the evaluation team during the in-person site visit provided feedback through telephone interviews conducted shortly after the site visit.

Teen Connect USA Pilot Supervisor and Model Developer Interviews. The Teen Connect USA Pilot provided supervision for the facilitators by a certified and highly experienced Teen Connect supervisor who was responsible for video monitoring, weekly coaching, and (as appropriate) certifying the parenting group facilitators selected for the pilot. The evaluation team conducted three phone interviews with the Teen Connect supervisor, one after each cohort of agencies completed most or all of their parenting sessions for the pilot. The supervisor was interviewed regarding her experience with the Cohort A, B, and C agencies. Additionally, the evaluation team interviewed the Teen Connect model developer on March 8, 2019, specifically to obtain additional context regarding Teen Connect rollout in other settings.

Model Adherence Review. The evaluation team reviewed a full video of session 4 of each of the parenting groups conducted as part of the Teen Connect USA Pilot using a Model Adherence Checklist that was developed by the evaluation team in collaboration with the pilot project leadership. Data gathered from the video review as well as focus groups and interviews was used in evaluating each site's adherence to core features of the Teen Connect model. Ensuring that Teen Connect was implemented as intended, and understanding the nuances of where the rollout did not entirely reflect expectations, provides critical context for interpreting pilot outcomes, as well as providing guidance on sustainability of the program.

Parent/Caregiver Group Feedback Interviews and Forms. Lastly, the Teen Connect model requires that each group hold a feedback session, led by someone from the agency other than the group's facilitators. The feedback interview was administered once during the last or second to last week of the Connect parenting group program. A note-taker from the agency records parent/caregiver responses to a series of open-ended questions covering topics such as how they learned about the program, their initial expectations, satisfaction with different aspects of the program, assessment of the

their group facilitators' performance, and suggestions for improving the program. Parents/caregivers were also asked to complete a feedback form during this session exploring similar themes to those addressed in the discussion. The feedback forms for birth parents consist of 15 4-point Likert-scale questions, and four open-ended questions, while the foster parent version consists of 14 4-point Likert-scale questions and six open-ended questions.

All qualitative data were audio recorded and transcribed. Transcripts were coded into themes using NVivo. Emergent themes were reviewed by the evaluation team and presented to participating sites in the form of Site Visit reports. Points of contact and facilitators at each site were then able to provide corrections or additional context for the findings provided. Data from survey forms were analyzed using SPSS, which provided summary descriptive statistics for each survey item. Two members of the research team took part in video analysis to ensure inter-rater reliability.

Outcome Study Methods

Data Collection

Quantitative data for the outcome study was collected from three sources: (1) pre- and post-intervention parent/caregiver surveys; (2) a training facilitator survey; and (3) parent/caregiver satisfaction forms. Qualitative data was collected from: (1) training facilitator focus groups; and (2) interviews with the pilot sites' points of contact.

Data Sources

Parent/Caregiver Surveys. Parent/caregiver surveys were administered at baseline, either during the pre-inclusion interview or at the first Teen Connect parenting group. Post-intervention surveys were administered during the last Teen Connect parenting group, typically ten weeks later.¹⁵ The parent/caregiver surveys

were designed to capture demographic information about participating families, their receipt of treatment and support services other than Teen Connect; the focal youth's living arrangement, behavioral health needs, involvement in the child welfare and

Quantitative Data Sources

- Parent/Caregiver Surveys (pre/post)
- Group Facilitator Survey
- (Foster) Parent Group Feedback Forms

¹⁵ The evaluation also included follow-up parent/caregiver surveys that were administered 4-6 months after the post-intervention survey, but the response rate was so low that the results from these surveys are not discussed in the body of this report.

juvenile justice systems; and five outcomes indicative of youth behavior and parent-child relationship quality.

Standardized instruments were embedded in the parent/caregiver surveys to measure four of these outcomes. The *Caregiver Strain Questionnaire* (CGSQ)¹⁶ is a self-reported measure of parenting stress that yields a global score (Cronbach's $\alpha=0.87$ pre-intervention and 0.83 post-intervention) and three subscale scores for: (a) objective strain (e.g., missing work, family disruption, and financial strain due to the focal child's emotional/behavioral problem); (b) subjective externalized strain (e.g., feeling angry, resentful, embarrassed by, emotionally disconnected from child); and (c) subjective internalized strain (e.g., fatigue, sadness, anxiety, and worry about child and family's future). Higher scores indicate a higher level of parenting/caregiver stress.

The *Parenting Sense of Competence Scale* (PSOC)¹⁷ (Cronbach's $\alpha=0.75$ pre-intervention and 0.68 post-intervention) is a parent-reported measure that yields two subscale scores that capture parent's satisfaction with parenting (e.g., interest, sense of ease, sense of accomplishment related to parenting) and their parenting efficacy (e.g., confidence in own ability to solve parenting problems, meeting own expectations for parenting expertise, believing they have the skills to be a good parent). Higher scores indicate a greater sense of parenting competence.

The *Child Behavior Checklist* (CBCL)¹⁸ is a widely use measure of emotional, social, and behavioral problems among children. The evaluation used the parent report version for children ages 6–18 years.¹⁹ It yields a total problem score (Cronbach's $\alpha=0.85$ pre-intervention and $\alpha=0.86$ post-intervention) and subscale scores for internalizing problems, externalizing problems, and eight behavioral syndromes (e.g., thought problems, rule-breaking behavior, social problems). The evaluation team used the

¹⁶ A. M. Brennan, C. A. Heflinger, and L. Bickman, "The caregiver strain questionnaire: measuring the impact on the family of living with a child with serious emotional disturbance," *Journal of Emotional and Behavior Disorders* 4 (1997): 212–222.

¹⁷ C. Johnston and E. J. Mash, "A measure of parenting satisfaction and efficacy," *Journal of Clinical Child Psychology* 18 (1989): 167–175.

¹⁸ T. M. Achenbach and C. S. Edelbrock, "Behavioral problems and competencies by parents of normal and disturbed children aged four through sixteen," *Monographs of the Society for Research in Child Development* 46 (1981): 1–78.

¹⁹ T. M. Achenbach and L. Dumenci, "Advances in empirically based assessment: revised cross-informant syndromes and new DSM-oriented scales for the CBCL, YSR, and TRF," Comment on Lengua, Sadowksi, Friedrich, and Fisher (2001), *Journal of Consulting and Clinical Psychology* 69 (2001): 699–702.

revised version of the CBCL,²⁰ which yields six additional subscales associated with disorders from the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR);²¹ affective problems, attention deficit-hyperactivity disorder, anxiety, conduct disorder, oppositional defiant disorder, and somatic problems. Reliability for the DSM-CBCL scores was also good (Cronbach's $\alpha=0.82$ pre-intervention and 0.86 post-intervention). Due to missing data, the raw total scores from the CBCL are provided in addition to t-scores.²² Higher scores indicate more youth behavior problems.

The final set of outcome measures consist of four project-created Likert-scale items developed to assess parent/caregiver understanding and acceptance of core Teen Connect principles. Birth parents were asked to rate their level of agreement with two statements: (1) *When my teen acts up, it is important to focus first on discipline and consequences; then, if my foster teen behaves, we can talk*; and (2) *When my teen starts acting up, it is easy for me to put aside how their behavior makes me feel and focus on my teen's feelings, thoughts, and needs for support*. Foster parents were asked to rate their level of agreement with these same two items as well as two more: (3) *By the time they are a teenager, foster youth should be able to separate their past experiences from the better life they are offered in a good foster home like mine*; and (4) *My willingness and interest in developing a positive relationship with the foster youth in my home is as important as providing them with food and shelter*. Items 1 and 3 were reverse coded so that higher scores indicate greater understanding and acceptance of these Teen Connect principles.

Response rates for the pre-intervention and post-intervention surveys were 93% and 66% respectively, with 227 of the 243 parents/caregivers who enrolled in the Teen Connect USA Pilot parenting groups completing pre-intervention surveys and 160 of the 243 enrolled parents/caregivers completing post-intervention surveys.

Facilitator Survey. Each of the parent group facilitators participating in the Teen Connect USA Pilot were asked to complete a brief, web-based survey regarding their background. Specifically, this survey asked about their age, ethnicity, race, gender, education, position, and tenure within their agencies, prior experience facilitating groups, and personal experience as a parent and specifically as a parent of a teenager, as

²⁰ E. M. Warnick, M. B. Bracken, and S. Kasl, "Screening efficiency of the Child Behavior Checklist and strengths and difficulties questionnaire: A systematic review," *Child & Adolescent Mental Health* 13 (2007): 140–147.

²¹ American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.) (Arlington, VA: American Psychiatric Association, 2013).

²² The t-scores for the CBCL will not calculate unless there is both age and gender data. One or both of these variables were missing for 17% of children.

well as the target population of the Teen Connect group(s) they facilitated (birth parents vs. foster parents). The response rate for this survey was 86% (25 of 29 Teen Connect USA Pilot facilitators who led at least one Connect group). Responses are missing from the two facilitators whose agency only led one group. The remaining three missing responses were due to the fact that these facilitators left the employ of the pilot agency prior to data collection.

Parent/Caregiver Group Feedback Forms. These parent/caregiver self-report forms are described in the Implementation Study Methods section of this report. For the outcome study, the evaluation team analyzed item responses that were relevant to the outcome study questions, including items addressing parents/caregivers' perception of: (a) the extent to which they applied the Teen Connect principles they learned (e.g., the "attachment suitcase" foster youth carry with them); (b) if/how Teen Connect helped them better understand their teen and themselves; (c) resulting changes in the parent/caregiver-child relationship; and (d) how Teen Connect compares to other parenting interventions they have experienced.

Analytic Approach

Descriptive statistics are provided for all study variables. The set of outcomes that include responses from the PSOC, CGSQ, CBCL and the Teen Connect principles questions were analyzed via paired sample t-tests to test for improvement in scores. Summary statistics for these outcomes are reported separately for pre- and post-intervention scores, along with Cohen's d effect sizes and p-values from the paired t-tests in Table 8 on page 44. Because missing data prevented the evaluation team from being able to calculate CBCL t-scores for 17% of the focal children in the analytic sample, analyses are presented using both CBCL raw scores and t-scores. Analyses of pre- to post-intervention changes in the distribution of focal children with raw CBCL scores in the clinical, borderline, and normal ranges are available in the Appendix.

Bivariate relationships were tested for each pair of independent variables and outcomes by using a linear mixed model controlling for the pre-survey score and with a random effect for group number. Site was also tried as a grouping variable, but had less between-group variance. When the mixed-effects model had singular fit (due to low differences between groups) the evaluation team fell back to ordinary least squares. Given the large number of bivariate relationships tested, care should be taken in the interpretation of statistical significance. A Bonferroni adjustment would be too conservative in this situation, thus the p-values were left unadjusted. Finally, models results are presented for each outcome with all independent variables included along with the pre-survey score for the outcome.

Description of Outcome Study Sample

The initial outcome study sample consisted of 205 unique focal children with 227 parents/caregivers who participated in a Teen Connect USA Pilot parenting group and also completed pre- and post-intervention surveys. After parent/caregiver observations with missing CBCL data were filtered out, 131 children were left. Thirteen of these children had parents/caregivers who attended a Teen Connect group with a co-parent. To maintain unit independence, the evaluation team randomly selected one parent/caregiver from each set of these co-parents to include in our inferential analyses. The final analytic sample consisted of 131 children whose parents/caregivers participated in Teen Connect groups offered through one of six grantees: Beech Brook, Children's Village, Denver Departments of Human Services (DHS) and Juvenile Probation, KVC, Lutheran Child & Family Services of Illinois, or Macedonia. Seventeen percent or more of these children were missing data for one or more outcome measures. The evaluation team used pairwise deletion (a.k.a. available case analysis) to handle missing data, which resulted in a final analytic sample size of 131 children for the CBCL analyses and fewer children for the other outcome analyses. The largest portion of the final sample received training through Denver (n=33) and KVC (n=32), followed by Beech Brook (n=23), Macedonia FACE (n=22), Children's Village (n=17), and Lutheran Child & Family Services of Illinois (n=4). Figure 2 details the derivation of the final analytic sample.

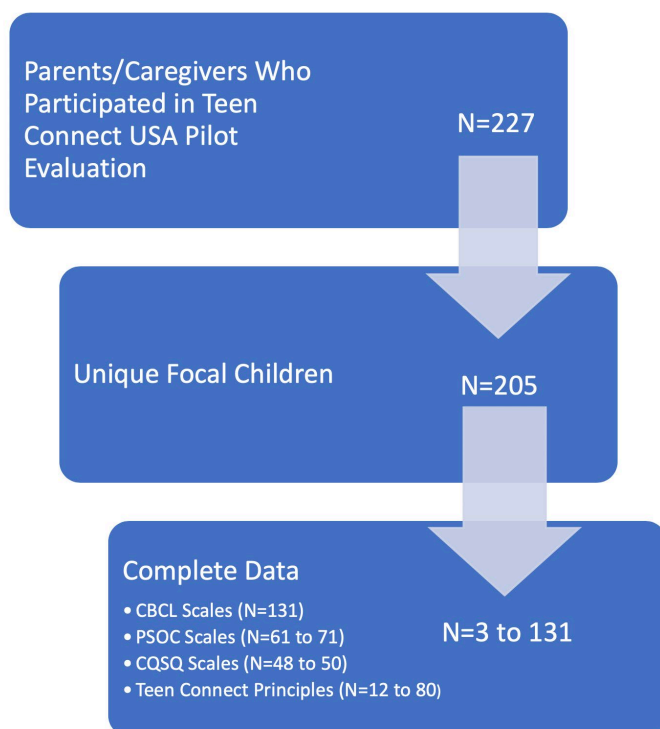


Figure 2. Derivation of Final Analytic Sample

Table 2 describes the study sample, which includes substantially more birth parent group participants than foster parent group participants. The vast majority of participants attended at least seven parenting group sessions. The average focal child was 14 years old, female, non-Hispanic, African American, and living at home with her parent(s). She had an open child welfare case but no juvenile justice system involvement. She had a diagnosed mental or behavioral health problem, had been in her current living situation for six years, and had received support services in the past six months, most commonly individual therapy, family therapy, and/or psychotropic medication.

The parent(s)/caregiver(s) who participated in the Teen Connect USA Pilot were most often the focal child's birth parent, primary caregiver, female, non-Hispanic, and African American. They were, on average, 44 years old, had been their child's primary caregiver for nine years, and were currently parenting two or more children (including the focal child) as a single parent. More than half of the parents/caregivers who participated in the Teen Connect USA Pilot received some form of support services in the past six months, most commonly family therapy and/or individual therapy. Only 13% were simultaneously participating, or planning to participate in the near future, in another parenting program besides Teen Connect.

Table 2: Description of Outcome Study Sample (N=131)		
Variable	N (%)	M (SD)
<i>Parenting Group Type</i>		
Birth Parent	81 (61.8%)	
Foster Parent	50 (38.2%)	
<i>Parenting Group Attendance</i>		
At least 7 sessions	114 (87.0%)	
Fewer than 7 sessions	17 (13.0%)	
<i>Focal Child</i>		
Age (in years)		14.4 (3.6)
Female	69 (53.5%)	
Hispanic/Latino Ethnicity	44 (41.1%)	
Race		
African American/Black	50 (43.5%)	
Other	29 (25.2%)	
Caucasian/White	36 (31.3%)	
Child welfare system involvement		
Never	28 (28.9%)	
Open case	48 (49.5%)	
Closed case	21 (21.7%)	
Juvenile justice system involvement		
Never	67 (65.7%)	
Open case	21 (20.6%)	
Closed case	14 (13.7%)	
Current living situation		
With parent(s)	56 (45.5%)	
With relative(s)	16 (13.0%)	
Foster home	32 (26.0%)	
Group home/residential center	8 (6.5%)	
Other	11 (8.9%)	
Time in current living situation (in years)		6.4 (6.4)
Behavioral or mental health diagnosis	60 (54.6%)	
Participation in support services (past 6 months):		
Family therapy	32 (25.2%)	
Individual therapy	67 (52.8%)	
Group therapy	11 (8.7%)	
Medication for mental health	36 (28.4%)	
Drug or alcohol treatment	10 (7.9%)	
Other services	7 (5.5%)	
Any support service	82 (64.6%)	
<i>Parent/Caregiver</i>		
Age (in years)		44.4 (12.7)
Female	94 (73.4%)	
Hispanic/Latino Ethnicity	33 (33.7%)	

Table 2: Description of Outcome Study Sample (N=131)		
Variable	N (%)	M (SD)
Race		
African American/Black	49 (44.1%)	
Other	23 (20.7%)	
Caucasian/White	39 (35.1%)	
Respondent primary caregiver	99 (77.3%)	
Length of time as primary caregiver (in years)		9.2 (6.1)
Relationship to focal child		
Birth parent	78 (61.4%)	
Adoptive parent	7 (5.5%)	
Step-parent	1 (0.8%)	
Relative	15 (11.8%)	
Foster parent	24 (18.9%)	
Other caregiver	2 (1.6 %%)	
Household structure		
One parent	75 (59.5%)	
Two or more parents	51 (40.5%)	
Number of children parenting		
None	20 (16.8%)	
One	29 (24.4%)	
Two	35 (29.4%)	
Three or more	35 (29.4%)	
Participation in other parenting group(s)	16 (12.9%)	
Participation in support services (past 6 months):		
Family therapy	35 (27.1%)	
Individual therapy	28 (21.9%)	
Group therapy	12 (9.3%)	
Medication for mental health	14 (10.9%)	
Drug or alcohol treatment	7 (5.4%)	
Other services	11 (8.5%)	
Any support service	58 (45%)	

Table 3 describes the Teen Connect USA Pilot participants disaggregated by pilot site. The results underscore the considerable heterogeneity of the sites, which differed from each other on almost every variable measured. For instance, the KVC groups consisted of a mixture of birth parent and foster parent parenting groups, while Beech Brook and Children's Village only offered foster parent groups and Macedonia FACE only offered birth parent groups. All of the Children's Village children and most of the KVC and Beech Brook children had open child welfare cases, while Denver DHS and Macedonia FACE served a large number of families with no history of child welfare involvement. Juvenile justice system involvement was common among KVC children, but far less so for the other sites. Other notable site-level differences include the ethnic and racial distribution of participants. Eighty-three percent (83%) of the focal children from

Denver DHS were Hispanic/Latino, but only 11-75% of the other sites' focal children. Focal children from Beech Brook, Denver DHS, and Macedonia FACE were predominantly African American in contrast to only 16 percent of the children from KVC and none of the children from Denver DHS. Rates of child behavioral or mental health diagnoses ranged widely from 28% at Denver DHS to 82% at KVC. Recent participation in support services also varied with nearly all of the KVC children receiving support services compared to only a quarter of the Denver DHS children. The stability of children's living arrangements also differed by site. The average child whose caregiver participated in a Teen Connect group at Children's Village had lived in their current home for only 2 years compared to 14 years for the average child whose parent participated in a Teen Connect group at LCFS. The characteristics of the parents/caregivers who participated in the Teen Connect USA pilot also varied by site.

Table 3: Description of Outcome Study Sample by Pilot Site

	Beech Brook (N=23)	Children's Village (N=17)	Denver DHS (N=26)	Denver Juv. Pro. (N=7)	KVC (N=32)	LCFS (N=4)	Macedonia FACE (N=22)
<i>Parenting Group Type</i>							
Birth Parent	0 (0.0%)	0 (0.0%)	26 (100%)	7 (100%)	22 (68.8%)	4 (100%)	22 (100%)
Foster Parent	23 (100%)	17 (100%)	0 (0.0%)	0 (0.0%)	10 (31.3%)	0 (0.0%)	0 (0.0%)
<i>Focal Child</i>							
Age in years (Std. Dev.)	13.3 (3.9)	18.1 (4.2)	12.3 (3.7)	15.4 (1.1)	14.6 (2.5)	16.0 (2.0)	14.2 (2.5)
Female	10 (43.5%)	8 (50.0%)	16 (64.0%)	2 (28.6%)	22 (68.8%)	2 (50.0%)	9 (40.9%)
Hispanic/Latino	2 (14.3%)	4 (36.4%)	20 (83.3%)	4 (57.1%)	9 (32.1%)	3 (75.0%)	2 (10.5%)
Race						2 (66.7%)	
Af. Am./Black	14 (70.0%)	12 (85.7%)	0 (0.0%)	1 (20.0%)	5 (15.6%)	0 (0.0%)	16 (72.7%)
Other	3 (15.0%)	2 (14.3%)	7 (36.8%)	1 (20.0%)	10 (31.3%)	1 (33.3%)	6 (27.3%)
Caucasian/White	3 (15.0%)	0 (0.0%)	12 (63.2%)	3 (60.0%)	17 (53.1%)		0 (0.0%)
Child welfare system involvement							
Never	1 (8.3%)	0 (0.0%)	12 (54.6%)	1 (16.7%)	2 (6.9%)	2 (50.0%)	10 (50.0%)
Open case	8 (66.7%)	4 (100.0%)	6 (27.3%)	4 (66.7%)	22 (75.9%)	2 (50.0%)	2 (10.0%)
Closed case	3 (25.0%)	0 (0.0%)	4 (18.2%)	1 (16.7%)	5 (17.2%)	0 (0.0%)	8 (40.0%)
Juvenile justice system involvement							
Never	13 (76.5%)	8 (100.0%)	13 (59.1%)	0 (0.0%)	12 (46.2%)	2 (66.7%)	19 (90.5%)
Open case	1 (5.9%)	0 (0.0%)	6 (27.3%)	4 (80.0%)	9 (34.6%)	0 (0.0%)	1 (4.8%)
Closed case	3 (17.7%)	0 (0.0%)	3 (13.6%)	1 (20.0%)	5 (19.2%)	1 (33.3%)	1 (4.8%)
Current living situation							
With parent(s)	5 (23.8%)	0 (0.0%)	18 (72.0%)	4 (57.7%)	6 (19.4%)	4 (100%)	20 (90.9%)
With relative(s)	3 (14.3%)	2 (14.3%)	5 (20.0%)	2 (33.3%)	4 (12.9%)	0 (0.0%)	0 (0.0%)
Foster home	9 (42.9%)	11 (78.6%)	0 (0.0%)	0 (0.0%)	12 (38.7%)	0 (0.0%)	0 (0.0%)
Group home/residential center	2 (9.5%)	0 (0.0%)	1 (4.0%)	0 (0.0%)	5 (16.1%)	0 (0.0%)	0 (0.0%)
Other	2 (9.5%)	1 (7.1%)	1 (4.0%)	1 (16.7%)	4 (12.9%)	0 (0.0%)	2 (9.1%)
Time in current living situation in years (Std. Dev.)	3.1 (4.7)	1.7 (1.2)	9.6 (5.2)	5.1 (7.0)	2.9 (5.3)	14.3 (3.4)	13.1 (4.0)
Behavioral or mental	13 (68.4%)	8 (72.7%)	7 (28.0%)	0 (0.0%)	22 (81.5%)	0 (0.0%)	10 (47.6%)

Table 3: Description of Outcome Study Sample by Pilot Site

	Beech Brook (N=23)	Children's Village (N=17)	Denver DHS (N=26)	Denver Juv. Pro. (N=7)	KVC (N=32)	LCFS (N=4)	Macedonia FACE (N=22)
health diagnosis							
Participation in support services (past 6 months):							
Family therapy	4 (17.4%)	0 (0.0%)	2 (7.7%)	4 (57.1%)	17 (53.1%)	0 (0.0%)	5 (22.7%)
Individual therapy	13 (56.5%)	8 (61.5%)	7 (26.9%)	6 (85.7%)	24 (75.0%)	1 (25.0%)	8 (36.4%)
Group therapy	1 (4.1%)	1 (7.7%)	1 (3.9%)	1 (14.3%)	4 (12.6%)	0 (0.0%)	3 (13.6%)
Medication for mental health	9 (39.1%)	3 (23.1%)	3 (11.5%)	2 (28.6%)	14 (43.8%)	0 (0.0%)	5 (22.7%)
Drug or alcohol treatment	1 (4.4%)	1 (7.7%)	3 (11.5%)	1 (14.3%)	3 (9.4%)	0 (0.0%)	1 (4.6%)
Other services	2 (8.7%)	0 (0.0%)	1 (3.9%)	1 (14.3%)	2 (6.3%)	0 (0.0%)	1 (4.6%)
Any support service	14 (60.9%)	10 (76.9%)	10 (38.5%)	7 (100%)	29 (90.6%)	1 (25.0%)	11 (50.0%)
<i>Parent/Caregiver</i>							
Age in years (Std. Dev.)	58.1 (18.6)	55.7 (6.0)	44.8 (17.6)		42.7 (8.4)		38.8 (11.1)
Female	12 (60%)	14 (82.35%)	20 (76.92%)	5 (71.43%)	21 (65.62%)	3 (75%)	19 (86.36%)
Male	8 (40%)	2 (11.76%)	6 (23.08%)	2 (28.57%)	10 (31.25%)	1 (25%)	3 (13.64%)
Other	0 (0%)	1 (5.88%)	0 (0%)	0 (0%)	1 (3.12%)	0 (0%)	0 (0%)
Hispanic/Latino	1 (10%)	1 (12.5%)	18 (78.26%)	4 (57.14%)	7 (26.92%)	2 (50%)	0 (0.0%)
Not Hispanic/Latino	9 (90%)	7 (87.5%)	5 (21.74%)	3 (42.86%)	19 (73.08%)	2 (50%)	20 (100%)
Race							
African American/Black	16 (80%)	12 (80%)	0 (0.0%)	1 (20%)	4 (12.5%)	1 (33.33)	15 (68.18%)
Other	4 (20%)	2 (13.33%)	5 (35.71%)	1 (20%)	6 (18.75%)	0 (0%)	5 (22.73%)
Caucasian/White	0 (0.0%)	1 (6.67%)	9 (64.29%)	3 (60%)	22 (68.75%)	2 (66.67)	2 (9.09%)
Respondent primary caregiver	14 (63.64%)	14 (87.5%)	18 (69.23%)	6 (85.71%)	24 (77.42%)	2 (50%)	21 (95.45%)
Length of time as primary caregiver in years (Std. Dev.)	3.0 (2.1)	2.4 (1.2)	10.1 (5.7)		9.0 (6.2)		12.1 (4.6)
Relationship to focal child							
Birth parent	4 (20%)	0 (0.0%)	22 (84.62%)	5 (71.43%)	23 (71.88%)	2 (50%)	22 (100.0%)
Adoptive parent	2 (10%)	1 (6.25%)	0 (0.0%)	0 (0.0%)	4 (12.5%)	0 (0.0%)	0 (0.0%)
Step-parent	0 (0.0%)	0 (0.0%)	1 (3.85%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Relative	2 (10%)	3 (18.75%)	3 (11.54%)	2 (28.57%)	3 (9.38%)	2 (50%)	0 (0.0%)
Foster parent	10 (50%)	12 (75%)	0 (0.0%)	0 (0.0%)	2 (6.25%)	0 (0.0%)	0 (0.0%)
Other caregiver	2 (10%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
Household structure							
One parent	8 (40%)	12 (70.59%)	18 (69.23%)	3 (50%)	12 (38.71%)	3 (75%)	19 (86.36%)
Two or more parents	12 (60%)	5 (29.41%)	8 (30.77%)	3 (50%)	19 (61.29%)	1 (25%)	3 (13.64%)
Number of children parenting							
None	5 (27.78%)	7 (46.67%)	2 (8.33%)	0 (0%)	4 (13.33%)	2 (50%)	0 (0%)
One	3 (15.0%)	4 (26.67%)	5 (20.83%)	1 (16.67%)	9 (30%)	2 (50%)	6 (27.27%)
Two	5 (25.0%)	2 (13.33%)	7 (29.17%)	1 (16.67%)	8 (26.67%)	0 (0%)	12 (54.55%)
Three or more	6 (30.0%)	2 (13.33%)	10 (41.67%)	4 (66.67%)	9 (30%)	0 (0%)	4 (18.18%)
Participation in other parenting group(s)	2 (9.1%)	3 (23.1%)	3 (12.0%)		6 (20.7%)		3 (15.8%)
Participation in support services (past 6 months):							
Family therapy	3 (14.29%)	0 (0%)	2 (7.69%)	4 (57.14%)	19 (59.38%)	0 (0%)	7 (31.82%)
Individual therapy	3 (14.29%)	1 (5.88%)	4 (15.38%)	1 (14.29%)	14 (45.16%)	0 (0%)	5 (22.73%)

Table 3: Description of Outcome Study Sample by Pilot Site

	Beech Brook (N=23)	Children's Village (N=17)	Denver DHS (N=26)	Denver Juv. Pro. (N=7)	KVC (N=32)	LCFS (N=4)	Macedonia FACE (N=22)
Group therapy	1 (4.76%)	1 (5.88%)	2 (7.69%)	0 (0%)	4 (12.5%)	0 (0%)	4 (18.18%)
Medication for mental health	3 (14.29%)	0 (0%)	2 (7.69%)	0 (0%)	6 (18.75%)	0 (0%)	3 (13.64%)
Drug or alcohol treatment	0 (0%)	1 (5.88%)	2 (7.69%)	0 (0%)	3 (9.38%)	0 (0%)	1 (4.55%)
Other services	2 (9.52%)	3 (17.65%)	1 (3.85%)	0 (0%)	3 (9.38%)	1 (25%)	1 (4.55%)
Any support service	2 (10.53%)	3 (17.65%)	2 (8%)	0 (0%)	6 (20%)	0 (0%)	3 (13.64%)

The evaluation team collected data on 25 of the 29 the parenting group facilitators who participated in the Teen Connect USA pilot. There were 21 groups included in the analysis, and 20 unique pairs of facilitators (two KVC groups were facilitated by the same pair of facilitators). Of those 20 unique pairs, there were two for whom we had no facilitator data, five for whom we only had data for one of the facilitators, and 12 with data for both. Data was missing for all of the Denver Probation facilitators, two facilitators from Children's Village, and one facilitator each from Beech Brook, Lutheran CFS, and Macedonia FACE. When the evaluation team had data for both members of the facilitation team they were aggregated.

Table 4 describes the 18 pairs or teams of non-missing parenting facilitators. These teams most often consisted of two women, at least one of whom was non-Hispanic/Latino and/or non-white. The average age of a facilitator was 39 years old. They tended to be experienced professionals with an average of nine years working in the child welfare field and eight years employed at their agency. For almost half of the facilitation teams, both facilitators had prior experience leading an intervention group. For a sizeable majority of the facilitation teams both facilitators were administrators and/or supervisors as opposed to direct service staff. They tended to be well-educated, with more than half of the facilitation teams consisting of two master's program graduates. They also brought life experience to their facilitation role. A sizeable majority of the facilitation teams included at least one facilitator who was themselves a parent and all but one of these parents had experience parenting a teenager.

Table 4: Description of Parenting Group Facilitator Teams (N=18)		
Variable	N (%)	M (SD)
Employer		
Beech Brook	3 (15.8%)	
Casey ²³	1 (5.3%)	
Children's Village	3 (15.8%)	
Denver DHS	3 (15.8%)	
Denver Juvenile Probation	0 (0%)	
KVC	4 (21.1%)	
Lutheran Child & Family Services	1 (5.3%)	
Macedonia FACE	4 (21.1%)	
Facilitator age (in years)		39.4 (6.5)
At least one facilitator was male	5 (27.8%)	
At least one facilitator had less than a master's degree	9 (40.9%)	
At least one facilitator was Hispanic/Latino (ethnicity)	3 (16.7%)	
At least one facilitator was a person of color (race ≠white)	14 (77.8%)	
Number of years working for current employer		8.6 (6.4)
Number of years working in child welfare		9.4 (6.7)
Both facilitators were administrators/supervisors	12 (75.0%)	
At least one facilitator had no experience facilitating groups	10 (55.7%)	
At least one facilitator has personal experience as a parent	12 (75.0%)	
At least one facilitator has personal experience parenting a teenager	11 (68.75%)	

Methodological Limitations

The next section of this report presents the evaluation findings. Readers are encouraged to keep the evaluation goals and methodological limitations of the study in mind when drawing implications from these findings. The Teen Connect USA Pilot evaluation was not designed to speak to impacts of Teen Connect (note the nonexperimental design), rather it was designed to document the adaptation and implementation of the program, including preliminary data on indicators of success (i.e., change over time).

Its ability to speak to the effectiveness of the pilot is hampered by the smaller-than-anticipated outcome sample. The evaluation was designed with the expectation that there would be eight pilot sites offering Teen Connect to at least four groups of ten parents/caregivers each. However, three of the eight grantees that were originally recruited to participate in the pilot were unable to implement the model according to Casey's requirements, reducing the anticipated sample size by 37.5%. Several of the

²³ A Casey employee co-facilitated two of the Teen Connect USA Pilot parenting groups, one at the Children's Village and one at Beech Brook.

Teen Connect parenting groups at the remaining sites had fewer enrollees than planned. Moreover, while survey non-response was within anticipated limits, item non-response was higher than expected for several of the outcome measures, most notably the PSOC, CGSQ, and project-created Teen Connect principles questions. Consequently, the outcome study sample size was small ($N \leq 131$), lessening the statistical power that the evaluation had to detect program effects.

Another reason that the outcome study results cannot confidently speak to program effectiveness is that the population served through the pilot was more diverse than initially planned. Although the Connect model has been used as a front-end strategy to divert unnecessary out-of-home child welfare and juvenile probation placements in other contexts, the Teen Connect USA Pilot evaluation was designed with the expectation that all participating parents/caregivers would either be foster parents or birth parents involved in the child welfare system. However, one pilot site targeted families with no child welfare system involvement and another worked with families with juvenile probation system involvement instead. This resulted in a heterogeneous sample, a condition that can blur or obscure program effects.²⁴

Other methodological limitations to keep in mind include the fact that the key outcome measures rely on parent self-reports, which is highly subject to social desirability bias, rather than direct observation. One of the outcome scales used in the evaluation, the PSOC, failed to demonstrate an acceptable level of reliability.²⁵ Lastly, it is reasonable to expect that Teen Connect may have a delayed effect on some parent-child relationship outcomes, which the evaluation is unable to detect because the response rate for the follow-up survey was so low.

²⁴ If Teen Connect works well for some target populations but is unhelpful for others, the program could appear to have a null effect overall. Because of the small size of the sample, sub-sample analyses were not a reasonable strategy for addressing the concern.

²⁵ M. Tavokol and R. Dennick, "Making sense of Cronbach's alpha," *International Journal of Medical Education* 2 (2011): 53-55.

Implementation Study Findings

Description of Program Implementation

Group Leader Training

Each of the agencies that participated in the Teen Connect USA Pilot designated six staff to be paired up as group facilitators, and one point-of-contact that would fulfill the administrative aspects of the program, oversee the rollout, and serve as liaison to the Annie E. Casey Foundation (Casey) and the evaluation team. All participating team members were invited to take part in a three-day training led by Dr. Marlene Moretti, the program creator, and Dr. Vicky Kelly, who has served as a supervisor for the Teen Connect program in the past and continued in that capacity for the United States pilot. The pilot sites were organized into three cohorts, with training and rollout staggered over an 11-month period.

Table 5: Cohort Training Rollout		
Cohort	Participating Sites	Training Dates
A	Beech Brook, KVC, Lutheran Child & Family Services of Illinois	April 2017
B	Children's Village, Seneca Family of Agencies	August 2017
C	Children's Hope Alliance, Denver DHS, Denver Juvenile Probation, Macedonia FACE	March 2018

The training included a review of the principles and session content, demonstration of role-plays (an important teaching tool used throughout the Teen Connect curriculum), as well as time for group leaders to plan and practice leading session components, with feedback and guidance provided by the trainers.

Some sites requested follow-up training to ensure that they were adequately prepared to implement the program. One site experienced considerable turnover in staffing, and sent an additional staff member to a subsequent training. In another instance, a substantial amount of time passed between the facilitator training and when groups were ready to start, which led the Teen Connect trainers to provide an in-person refresher session.

Facilitators generally reported satisfaction with the Teen Connect training, especially the components that included hands-on learning and provided opportunities to receive direction and feedback on content delivery and demonstration of role-plays. A

particularly helpful element of the training was that presenters encouraged participants to modify language, role-plays, and examples in ways that would be culturally appropriate for their clients. One facilitator explains that this made a difference in how she approached leading her group:

“With the role-plays, we were able to have the freedom and she told us in training, when you start facilitating, you don’t have to stick to what’s not relevant. You can change it up as long as you follow the principles. And I think that was helpful because I remembered that when we started facilitating.”

While the requirement to be away from the office in order to attend training for three days was a substantial commitment, especially for facilitators carrying caseloads, some facilitators nevertheless felt that additional training time would have been helpful, particularly in order to allow facilitators to experience a full parent session instead of only seeing “truncated” portions. One facilitator describes the need for a longer training to help with the learning process:

“[Teen] Connect is deep. And even as a facilitator, processing that for myself and realizing how I can use the attachment and the empathy and what that all looks like. So processing and learning, and processing and learning in two and a half days was a lot. A whole extra day would have been helpful to have more time for those processes.”

Additionally, a number of sites noted that they received program materials, including the Teen Connect manual, just a few days ahead of the training, and were walking into the three-day gathering relatively unprepared. They recommended that new facilitators be sent the training manual and other Teen Connect facilitation materials at least a week in advance of the training so that they will have more time to familiarize themselves with the materials beforehand.

Supervision

As an essential part of the Teen Connect rollout, each parent session was video recorded and reviewed by a supervisor, Dr. Vicky Kelly, who spoke to facilitator pairs weekly to provide feedback and coaching on content delivery, understanding and managing group dynamics, and any other areas where facilitators required additional support.

Overall, facilitators were very pleased with the supervision they received and felt it was effective at improving the Teen Connect facilitation skills. More than one went so far as

to indicate that it was “some of the best supervision I’ve ever received.” Only a handful of more experienced clinicians commented that supervision could seem lengthy and repetitive, particularly in the later sessions.

Group Leader Certification

Under the Teen Connect model, facilitators are eligible for certification after facilitating all sessions of a parent group and participating in the required supervision. Those facilitators who achieve these milestones and are judged by the supervisor to have sufficiently mastered the Teen Connect content and facilitation skills are certified. Certification results in being able to lead groups without direct supervision, and after leading multiple groups, potentially continuing forward as a supervisor to other facilitators.

Table 6: Trained and Certified Facilitators by Site		
Site	Trained	Certified
Beech Brook	6	6
KVC	6	6
Seneca	6	5
Lutheran	6	1
Children’s Village	6	3
Denver Departments of Human Services and Juvenile Probation	6	6
Macedonia FACE	6	6

In this pilot, not all group leaders were certified after leading their first Teen Connect group. Sites required additional guidance on parent engagement and demonstrating empathy, concepts that are essential to Teen Connect. The supervisor reflected that most facilitator pairs were quite good at supporting parents and “cheering them on,” but struggled to model deeper principles, such as empathy, in their facilitation. She noted that this presents a marked difference between the United States pilot agency staff and staff that engaged in this work in other countries. The supervisor described this concern:

“People in [other countries] seem to understand . . . how you engage [parents]. That weakness is stunning to me. Even agencies that say this is a strength of ours have concern. I thought that these basic human service organizations would not struggle as much as they did.”

Parent Sessions

As part of the Teen Connect USA Pilot, agencies were expected to engage at least four groups of foster or biological parents/caregivers, depending on the agency mission and composition of their client base. To facilitate parents' attendance, agencies were provided with grant funds to address common barriers to parent/caregiver participation. The sites primarily used these funds to provide dinner and child care during parenting group sessions and/or to arrange transportation for parents/caregivers who needed it. As mentioned previously, several sites were not able to move forward with implementation and launch parent groups.

The evaluation team utilized a set of adherence criteria to assess whether facilitators were observing the essential structural components of the model and delivering the prescribed content. While facilitator supervision is designed, in part, to ensure that the model content is delivered appropriately, the adherence check provided external confirmation that pilot sites and facilitators were at least sticking to the core elements of the program. Sites were expected to demonstrate adherence to the following program elements:

- Identify facilitator pairs to serve as group leaders for each session.
- Engage parents through pre-inclusion interviews.
- Enroll parents/caregivers in either biological or foster care groups, but make sure that there is not crossover between parent types in a single Connect parent group.
- Ensure group size is within optimal limit suggested by Connect: no fewer than 8 parents and, ideally, no more than 14 parents.
- Provide supplemental support services including child care, dinner, and transportation for participating parents.
- Follow session as outlined in manual.

Table 7 summarizes the extent to which each pilot site adhered to these elements, based on the evaluation team's review of videotapes of the fourth session of each class. Shaded cells indicate adherence.

Table 7: Adherence Checklist Results							
Grantees	A	B	C	D	E	F	G
Administrative Structure							
All facilitators completed required training							
All facilitators participate in required supervision							
Sessions are videotaped							
All parents completed a pre-inclusion interview							
Sites secured on-site clinical support for acute needs							
Group Structure							
Group size within optimal range of 8-14 parents/caregivers							
Group entirely comprised of either foster or birth parents ²⁶							
Two facilitators are available for 10 consecutive sessions							
Sites provide the necessary supportive services during each training session (i.e., a meal, child care, and a gas card or other transportation support)							
Session 4 Content Covered							
Facilitators welcomed parents/caregivers							
Take-home message and key learning from previous session reviewed							
Guiding principle for session presented							
"Balancing connection and Independence" section presented							
"Parent-Baby Relationship" section presented							
"Parent-Teen Relationship" section presented							
Active learning exercise (infant, toddler, adolescent) completed							
Role-Play 1 completed and discussed							
Role-Play 2 completed and discussed							
Role-Play 3 completed and discussed							
Take-home message provided							

The grant funds were broad enough to allow each agency to provide supplemental support services in ways that made the most logistical sense for the agency and its

²⁶ "Birth parent" groups can include not only birth parents, but also adoptive parents, step-parents and/or relative caregivers. The primary distinction from "foster parent" groups is that "birth parent" groups are not intended for caregivers selected by the child welfare system (i.e., foster parents or group home/residential treatment center staff). Some adoptive parents and relative caregivers attended "foster parent" groups, presumably they became caregivers through child welfare system intervention.

particular region and participants. For example, transportation could include anything from rideshare services to public transit tokens to gas cards.

Similarly, the approach to pre-inclusion interviews varied greatly among sites. Some sites assigned this task to their frontline workers, while other agencies had more success when group leaders could themselves engage with parents in the pre-inclusion interview. Due to limitations around rollout timelines, agency policies, and general preferences, not all sites conducted pre-inclusion interviews in person, but instead chose to complete these over the phone.

Among all of the sites, the greatest challenge in terms of adherence to the model came in ensuring the optimal group size. Several sites struggled to recruit even eight parents/caregivers to participate in one or more of their groups, while others recruited just enough participants to achieve the target group size but then dipped below this size as soon as one or two participants dropped out.

Factors Promoting Program Implementation

The sites participating in the Teen Connect USA Pilot varied greatly: they differed by agency type, by urban city, and by clients' characteristics. This heterogeneity in sites also means that implementation has been similarly varied across the participating agencies. As previously indicated, parents/caregivers participating in the Teen Connect USA Pilot could be at any point on the continuum of child welfare system involvement: a number of sites engaged with parents who were in the early stages of contact with the child welfare system, while other sites served parents who were working toward reunification. Each agency has had to consider recruitment and retention strategies that were responsive to the populations they were serving at times when encountering challenges to participation based on where parents found themselves with respect to their child welfare cases.

Agency type and its role within the local child welfare system had considerable implications for how fully agencies could embed Teen Connect within their overall service array. Much of the way that agencies approached the rollout of this program was dependent on the relationship between the agency and the county or state. Some sites were able to fully incorporate Teen Connect as part of their regular class offerings, and provide training hours, especially for foster parents. The sites that struggled to integrate Connect encountered restrictions on how they are able to offer additional parent classes as part of their standard programming.

A Clear Recruitment Strategy Was Essential

While recruitment was the single biggest challenge across all participating sites, there were several factors that made the difference in being able to successfully enroll parents in the program. First, concrete pipelines into the program were essential. For some sites, this meant a consistent flow of referrals from various departments within their agency (e.g., Intake), partner organizations, or the local district attorney's office.

Because parents/caregivers are busy, overwhelmed, or hesitant to engage in a parenting program, positive pre-existing relationships with parents/caregivers were often the key to convincing them to sign up for Teen Connect. This often meant that inviting parents to participate in the program and walking them through the enrollment steps was most successful when completed by agency staff with whom they already had relationships.

With only six to seven agency staff who were trained and deeply knowledgeable about Teen Connect, intra-agency communication about the program was also a critical part of a successful rollout. Staff who could effectively explain the goals of the program and the target population to others within the agency could then utilize their colleagues to assist with recruitment and pitching of the program to parents. Similarly, creating marketing material, particularly video advertisements as well as program fliers, was helpful in engaging broader agency staff in program recruitment. Group leaders noted that the first round of marketing Teen Connect was especially difficult. Once the agency had the experience of running the group and witnessing the benefits of participation firsthand, they were better able to explain the program to parents as well as their agency peers.

When agencies had a strong pipeline into the program, another helpful recruitment element was the ability to provide incentives that made a difference in terms of parents' status with the child welfare system. The ability to provide training hours and credit for foster parents who completed Connect, or certificates that could be added to the parent's case file, made a difference in parents' interest in and commitment to the program.

For those agencies that had a more community-facing role, enacting fewer restrictions on who could be enrolled in Teen Connect resulted in stronger parent participation. This allowed staff to cast a wider net in pitching the program, and provided opportunities for parents to assist with recruitment through their personal networks.

Full Agency Support Played a Key Role

Although Teen Connect was a relatively small program for a number of the agencies participating in the pilot, the ability of the staff to obtain agency-wide support was instrumental in successful implementation of the program.

Collective ownership, or a team approach to implementation, meant that group leaders did not feel isolated in enacting the program rollout. Communication among group leaders led to staff being able to learn from one another and apply lessons learned as each parent group launched. Group leaders were often responsible for both content facilitation and meeting logistics. They reported that having additional administrative and hands-on help, either from fellow group leaders or other agency staff, made a tremendous contribution to a smoother rollout. One facilitator explained that knowing that “at 5 p.m. someone would be here to help chop the salad” made a tremendous difference in feeling supported.

Two sites engaged in what they referred to as a “tripod”—meaning that in addition to the two group leaders who were responsible for content facilitation, a third group leader was available as part of the team to provide logistical support or step in to facilitate if needed. The facilitators found that being able to rely on each other for support was the key: “I think the support, the co-facilitator, is what helped. There are weeks when one person would have a hard day and relied on the co-facilitator and say ‘you’re really going to have to carry some of this.’”

Staff at all of the pilot sites reported that Teen Connect took more time to implement than they originally anticipated. Therefore, providing protected time for group leaders to focus on the program emerged as the single most important aspect of a smooth and successful rollout. And while this element was critical, very few sites were able to truly set aside time for staff to run Teen Connect. In many instances, group leaders had to balance their facilitation responsibilities with a full caseload, often resulting in less time for staff to engage in recruitment and relationship-building with parents, as well as frustration with having to prepare for sessions on their own time, usually without any compensation. Several group leaders reported a feeling of “burnout” as the weeks progressed, and questioning their ability to commit to participating in the program if it were instituted long-term despite their strong endorsement of the model. Although some sites provided stipends for the evening hours that staff spent meeting with the group, this was seen as insufficient given how much time beyond the actual group session was spent in preparation each week.

A strong point-of-contact played a key role in a successful rollout of Teen Connect. This individual could coordinate Connect activities at the agency level, particularly in terms of engaging all stakeholders, guiding the rollout strategy, and providing support for any implementation issues that arose. It was helpful if the point-of-contact was an individual with some authority within the agency and in a position to provide staff oversight, manage the workload of group leaders, assign additional support when necessary, and to direct staff toward a common goal. It should be noted that the point-of-contact role was one that was explicitly laid out in the letters of commitment that each grantee agency signed with Casey. Per these letters, the point-of-contact was expected to be an individual with “sufficient authority to serve as primary liaison” to Casey, who would maintain regular and active involvement in implementing the program.

Having hands-on involvement from multiple levels of the organization was also helpful at several junctions in the implementation. Casey initially requested that senior-level leadership sign on to the project. Once selected, sites were required to identify staff who could serve in the roles of point-of-contact and group leader. Agencies that saw the largest amount of success in their implementation had support from all levels of the organization—frontline staff could assist with recruitment and handling administrative and logistical aspects of the program, while mid-level management could advocate for resources and provide additional staff support. Open lines of communication, through which staff tasked with implementing Teen Connect could negotiate arrangements with senior leadership and Casey proved to be important, such as Macedonia FACE successfully negotiating a less aggressive implementation timeline.

Relatable Facilitators Helped Parent/Caregiver Recruitment and Engagement

A central tenet of the Teen Connect model is that no special credential or advanced training should be needed to successfully facilitate a Connect group. A large number of group leaders engaged in the United States pilot had previous facilitation experience, mostly from leading other psycho-educational, or therapeutic, groups. Yet parents were consistent in their feedback that their ability to relate to their group leaders and the leaders’ ability to create a safe, welcoming environment were the most important factors in what they took away from the groups. Some parents indicated that an identity match made their facilitators more relatable. For some parents, this meant a shared cultural background and an understanding of the cultural norms in their home communities, while others considered it important that group leaders were themselves parents and had parenting stories to contribute to the group discussion. Parents describe effective facilitators as people who are: “compassionate,” “spiritual,”

“culturally relatable,” “empathetic,” and “not afraid to share their own personal experiences.” Notably, this ability of facilitators to relate to the participating parents was mentioned with greater frequency and assigned greater importance by parents than the facilitators’ agency role or professional background.

The ability of group leaders to hear and assuage parental concerns was also a key component to developing buy-in to the program from parents. As the only public agency involved in the Teen Connect USA Pilot, Denver DHS developed a system of separating parents’ Connect program involvement from their interactions with the case workers and other staff at the agency. They diverted parents’ complaints about the “system” by offering to write to their case workers about what tremendous progress they have made as part of the Connect program. This helped parents perceive the Teen Connect facilitators as allies.

Barriers to Program Implementation

Participant Recruitment and Retention Was Challenging

Parents enter the program at all stages along the continuum of child welfare involvement, and changes in family circumstances during the ten-week program may impact their ability and interest in staying engaged. For instance, children may get removed from a home, reducing a parents’ investment in learning strategies that would lead to a more favorable outcome. Conversely, once children are back in the household, parents may feel that they would like to be done interacting with any aspect of the system.

Once potential parents were identified, barriers still existed in fully enrolling them in the program. This was especially true if the initial contact and recruitment happened with agency staff other than the Teen Connect facilitators. Sites referred to this as a challenge of the “warm hand-off” —or staff at each point in the recruitment pipeline helping parents to successfully transition to the next stage of program enrollment and participation.

A central element in conversations with the pilot agencies revolved around whether participation in Teen Connect should be mandated by the child welfare system and/or the courts. In the eyes of many pilot sites, such mandates could help resolve a central tension: although agency staff could see that Teen Connect was useful to parents in the child welfare system and knew that parents who participated reported high levels of satisfaction with the program, it was difficult to recruit and retain birth parents with open child welfare cases because these parents understandably prioritized other court-

mandated activities, including other parenting classes approved by the local child welfare agency or courts, that had a more direct bearing on their ability to retain or regain custody of their children.

While the questions of mandated participation are outside the scope of this evaluation, and are subject to opinions by program creators and other stakeholders, the evaluation team has observed that Teen Connect cannot successfully exist at the periphery of agencies doing intensive work with the child welfare system. Participating sites should be clear about whether this program is a good fit for both their agencies and their parents by answering questions such as whether they are able to dedicate staff time, whether they can reasonably integrate it into their parenting class offerings, whether they have an adequate pool or pipeline of parents to participate in the program, and whether, ultimately, the program will be appropriate for the needs of their parents, including parents' capacity to keep their children out of foster care.

Program Logistics Were Time-Consuming

According to group leaders, the logistical aspects of program implementation were much more demanding and time-intensive than they originally understood. One facilitator describes that in a typical day when a Connect group would meet, she could not realistically expect to focus on any other agency work:

“It wasn’t that hour and a half [when the group met]. It was that whole chunk of day I am dedicating to Teen Connect. You come in and you’re making phone calls to make sure people are coming, and ordering transportation, which was difficult. And ordering food, and packing bags so that we can take it over. And the plates and cups, and the flip charts, and the agendas. It just was when you got down to it, it was time-consuming. So it was like I am not going to try to squeeze in a client because I know that time I am preparing for Teen Connect. And then after Teen Connect, it was ordering the transportation, making sure everyone was on their way home, if they had other questions, because clients often want to chat afterwards. It sort of consumed the day. In my primary role as the family engagement coordinator, I wasn’t doing that during that time.”

In many cases, facilitators referred to the work with Teen Connect parents as an extension of their caseload, which contributed to the amount of work that went into supporting the Connect parents: “Even if they weren’t on our caseload, we were still

dealing with them like they were clients. They would call us if there was something going on. So even that was a lot more than just meeting with them once per week.”

Few sites were able to secure adequate time protection for group leaders to be away from their regular work responsibilities. The balance was particularly difficult to achieve with group leaders who carried their own caseload, and could often be called away on a case-related issue with only a moment’s notice. Even in instances where facilitators started out with a reduction in their caseload, as time went on, they were back up to their regular caseload. “It is child welfare. It is government. Things need to get done,” is how one facilitator explained this trend. As previously mentioned, many group leaders reported having to prepare for Teen Connect on their own time, and with many groups convening in the evening, program facilitation happened after they had already completed a full work day. Although expectations around the time involved in implementing Teen Connect were specified to the points-of-contact and group facilitators, the administrative and logistical aspects of planning the program were what often took more time than expected.

Because implementation of Teen Connect is site-specific and sensitive to local contexts and agency policies, the support offered through the training sessions and program manual does not provide a detailed guide to implementation. Supervisors and support staff from Casey were made available to discuss implementation needs, but some agency staff reported a disconnection between what they needed on the ground and the suggestions and support they received. After conducting several sessions, staff felt that they could get into more of a rhythm in terms of being able to plan for sessions and anticipate possible issues. These lessons were more easily shared at agencies where staff worked collaboratively and were involved for more than just a single group instance.

The lag time between training and implementation was another factor in why agencies felt underprepared to facilitate initial group sessions. While the three-day training focused on the content, the hard work of planning to launch the program only began once staff members were back to the day-to-day demands of their agency. Challenges with getting groups off the ground meant delays in the implementation timeline, leading facilitators to experience more distance between their training on the content and an opportunity to put that training into action—a delay of up to a year in some cases, which meant that facilitators at some sites had to “re-learn” the material. For this reason, staff had to invest more time to re-visit and prepare for the content of the group sessions, even requesting refresher training and additional support from Casey and the supervisors prior to groups finally launching.

Teen Connect Was Not Well Integrated Into Agency Work

The groups leading Teen Connect at each of the pilot sites were generally comprised of staff from different units and sometimes locations. In very few cases did the program have an administrative “home” within the agency where it was fully integrated as a program. Instead, the staff participating in Teen Connect were often siloed, and situated at the periphery of agency programming. While this is not unusual for a pilot program, group leaders expressed concern about how this would affect wider implementation of Teen Connect while at the same time ensuring adequate fidelity to the model.

Cultural Adaptation

Among the most consistent changes that sites reported making to the Teen Connect curriculum were adaptations of role-plays. They most often changed the setting or the situation surrounding the role-play to be more consistent with lives of youth in the urban settings in which their participants lived. For example, they modified activities mentioned in the role-plays from camping to attending a concert, and from soccer to basketball. Not every site was successful in adapting the role-plays to the local context. Some parents commented that in a lot of the trainings they found themselves responsible for “doing the adaptation so that it fits us” and that Connect might have felt more appropriate if the role-plays and scenarios were “more inclusive of our culture.” Earlier sections of the report note that facilitators at four sites struggled to reach certification with their first group. Some of these challenges may have translated to the group, with facilitators not being in command of the material in ways that would result in a seamless, culturally relevant presentation for parents.

While most adaptation conversations focused on changes made to role plays, both parents/caregivers and group facilitators reported that the principles and overall content of Teen Connect translate well to the United States context and formal adaptation of the curriculum for United States families was probably unnecessary since the program already allows for facilitators to adjust role-play scenarios with cultural differences in mind. Several parents/caregivers, from different cultural backgrounds, mentioned concepts related to “stepping back,” empathy, and “unpacking the attachment suitcase” during the focus groups, and provided concrete examples of when they had used these principles in their families and/or work.

However, pockets of parents/caregivers, particularly African-American and/or older parents/caregivers, resisted some aspects of the program. They expressed certain expectations of what respectful behavior from children looks like. In their view,

“stepping back” may look like they are “giving in” to their children, or feel that as parents they are becoming “victims.” Further, a couple of parents commented that it was more important to teach their African-American children to communicate respect for, and deference to, authority figures (starting with their parents) than to show their child empathy because the child’s personal safety might hinge on his or her ability to appear non-threatening and respectful to law enforcement. Some parents of color also talked about the importance of being “respected in my own home,” which may reflect the racial tensions in the United States that create highly stressful work environments for many people of color. For parents/caregivers regularly experiencing racially motivated macro and/or micro-aggressions outside the home, the desire to protect their home as the one place where they are reliably treated with respect is understandable. Additionally, African-American birth parents at one site whose facilitators were also African American commented that they would probably have not felt comfortable in a Teen Connect group that did not have at least one facilitator who was also African American. The perceived tension between being shown respect and some Teen Connect principles came up during facilitator supervision for some later pilot groups and was addressed by the supervisor through training and supervision to good effect.

A number of parents who participated in the United States pilot of Teen Connect were native Spanish speakers. Only one site, Denver Probation, included parents who spoke no English in groups alongside parents who only spoke English. While the Spanish-language Teen Connect manual is still in production, Denver Probation staff who were fluent in Spanish provided simultaneous translation to Spanish-speaking parents while conducting parenting sessions in English.

The parents who reported the greatest impact of the program did so in relation to their own behavior and positions they take in relating to their children. They have noticed cases when their children responded to their parenting changes with changes of their own, and saw opportunity for more change. One foster parent discussed the tremendous impact that participating in the program had on her family:

“I enjoyed every moment. I learned a lot. At that particular time, I was thinking about putting a 30-day notice on one of the girls that I had (i.e., requesting that the girl be removed from her home). When I took a pause it gave me a different perspective on why they do what they do and helped to see it from their eyes. I enjoyed all of it. . . . What I learned in those ten weeks, if I knew that in the first two years, it would have been a whole lot different.”

As the program creators note, Teen Connect is not intended to address the most severe behaviors in teens. Yet, these topics inevitably came up as parents/caregivers were often grappling with complicated situations at home. Parents' chief complaint with the sessions was that they were still left unprepared to deal with instances of high-risk sex behavior, severe truancy, and criminal behavior. This is pronounced for communities of color, where parents feel that their children's contact with the criminal justice system leaves them especially vulnerable.

Overall, this evaluation did not find evidence that a formal cultural adaption of the Connect Parenting Program is necessarily required; however, the findings suggest that, moving forward, training and supervision of facilitators in the United States should acknowledge the potential for a perceived disconnect between the Connect model and the value that many African-American and other United States families place on teaching their children to show deference to parental authority, and proactively and systemically teach facilitators best practices for addressing this issue with parents/caregivers. The findings also point to a need for training and supervision that equips United States facilitators to respond to parents/caregivers' concerns regarding dangerous teen behaviors that many of the pilot participants described as being common among to youth in their care but that are not reflected in the Connect role-plays.

Outcome Study Findings

Understanding Teen's Attachment Needs

The evaluation collected data from two sources to examine the Teen Connect USA Pilot's effect on participating parents/caregivers' understanding of teenagers' attachment needs: (1) survey responses to the project-created Likert-scale questions assessing parents/caregivers' level of agreement with statements reflecting core Connect principles about teens' attachment needs, and (2) responses to questions on the Parent/Foster Parent Feedback Form regarding this topic. Although sample sizes were small and, in the case of the Parent Feedback Forms, not representative of all pilot sites or groups, they paint a cautiously optimistic picture of the pilot program's capacity to increase parent/caregiver understanding of, and responsiveness to, teens' attachment needs. Participants in Birth Parent Connect groups rated the helpfulness of learning about attachment through Connect highly (mean = 3.73 on a 4-point scale of 4 = very helpful to 1 = unhelpful). Group discussions of how attachment might be related to their child's behavior (mean = 3.69) and to their own behavior (mean = 3.69) were rated highly by parents on this same scale of "helpfulness." Participants in Foster Parent Connect groups similarly reported finding Connect's attachment content helpful. Specifically, they rated learning about different attachment strategies, including secure and insecure (e.g., disorganized) relational patterns as helpful (mean = 3.70 on 4-point helpfulness scale). Discussing how their child's behavior in new relationships is influenced by prior experiences in his/her "attachment suitcase" was rated even higher on the helpfulness scale (mean = 3.83); and discussing child's sense of loyalty conflict in balancing attachment relationships with birth and foster parents was also perceived as helpful (mean = 3.79). Pre- to post-intervention changes in how parents understood and acted on the importance of attachment in understanding their teen's behavior were not statistically significant, but trended in a positive direction.

Foster Parents' and Staff's Use of Trauma-Informed Tools/Approaches

Three participating sites convened foster parent Teen Connect groups. Parents in each of the focus groups from these sites recalled ideas around the “attachment suitcase,”²⁷ both when prompted and in general conversation about their Teen Connect experience. One talked about the “attachment suitcase” as an example of what they learned through Connect:

“Because everybody come with their suitcase and we also have our suitcase. Everyone has to unpack their suitcase and you have to learn and have patience with them unpacking their suitcase.”

Generally, foster parents who participated in the pilot noted that being able to understand their child’s deeper needs, beyond the limited details that they receive from child welfare placement documents, is an important part of developing a relationship with their foster children and they expressed hope that it would lead to positive behavior changes. Relatedly, on their Feedback Forms foster parents indicated discussing how trauma can affect the way children express their attachment needs was a very helpful aspect of their Connect group experience (mean = 3.71 on a 4-point scale of helpfulness). A number of foster parents also provided examples of being able to implement what they have learned about the “attachment suitcase” from Connect to the parenting of their biological children.

Similarly, agency staff involved in the Teen Connect USA Pilot mentioned that principles they have gleaned from Teen Connect, including the “attachment suitcase,” are useful in their broader practice as well as personal life. In terms of influencing their clinical practice, Connect facilitators commented that the addition of an attachment-based program is welcome and fills a gap in the array of services their agencies provide:

“In our clinical practice, we have historically focused on behavioral interventions and flat out ignored attachment issues, not intentionally of course, but we've never had anything specifically to address those issues, and this definitely has that.”

²⁷ Connect uses an “attachment suitcase” metaphor to help foster parents understand that how their foster child behaves toward them is shaped by the child’s prior attachment experiences with their birth parents and/or other caregivers.

Another clinician suggested that the Teen Connect principles have helped her communicate differently with the parents with whom she works, focusing more on empathizing before jumping to trying to solve their problems:

“I have really gotten into the solutions-focused mindset, in most any interaction I have with the family. And while I would like to be able to focus on the long game meaning, it takes sometimes months or years to really implement a connection. I don't feel pressure now when I staff cases that I need to come up with the right or wrong solution, so it's all just empathize and share, this is going to take a while, this is part—probably just having a more emotional connection with kids that you parent.”

Further, Teen Connect facilitators who are themselves parents provided personal examples of when they have used Connect principles to good effect with their own teenage children, explaining that understanding the principles is having an impact on how they communicate in their own families.

Overall, facilitators would like to see certain aspects of Connect, including concepts around empathy and attachment, be made available as a training for the general agency staff, with a belief that the adoption of these principles would improve how staff throughout their agencies are able to support families.

Parent/Caregiver-Teen Relationship Quality

Pre-Post Outcome Comparisons

Table 8 shows pre-post comparisons for the parent/caregiver-child relationship quality outcome measures. Pilot participants reported small but statistically significant improvement in several aspects of their children's behavior. Specifically, CBCL t-score analyses indicate a modest but statistically significant pre- to post-intervention reduction in parent/caregiver report of children's overall (total), externalizing, internalizing, aggressive, and rule-breaking behavior problems. According to CBCL raw score analyses with a slightly larger sample, parents/caregivers reported small but statistically significant reduction in children's externalizing problems, rule-breaking behavior, depressive problems, and oppositional defiant problems. Pilot participants did not experience statistically significant improvement on any of the parent outcomes. As previously noted, the sample sizes for these analyses are smaller than for the child behavior outcome analyses, which means there may not have been enough statistical power to detect small effects.

Site-specific outcomes were mostly non-significant statistically but tended to trend in a desirable direction. Some notable exceptions to this pattern include: statistically significant reductions in children’s anxiety, depressive, and oppositional defiant behavior problems as well as improvements in objective caregiver strain, subjective internalizing strain, and parent understanding of the Teen Connect attachment-related principles for Denver DHS; significant reductions in children’s total, externalizing, internalizing, conduct, and oppositional defiant behavior problems as well as parents/caregivers’ overall (total) Parenting Sense of Competence (PSOC) and PSOC Parenting Efficacy subscale scores for Denver Probation; and significant reductions in children’s internalizing, somatic complaints, and somatic behavior problems for Macedonia youth.

Table 8: Pre-Post Outcome Summary

Variable	N	Pre	Post	Cohen’s d	P-Value
CBCL: Total Problems	131	51.95 (34.50)	48.18 (35.19)	-0.155	0.079
CBCL T-score: Total Problems	109	60.84 (13.19)	58.9 (13.97)	-0.260	0.008
CBCL: Externalizing Problems	131	19.34 (14.3)	17.59 (13.64)	-0.177	0.045
CBCL T-score: Externalizing Problems	109	62.2 (13.5)	60.34 (13.35)	-0.243	0.013
CBCL: Internalizing Problems	131	12.38 (9.64)	11.4 (9.69)	-0.158	0.073
CBCL T-score: Internalizing Problems	109	58.64 (11.86)	57.05 (11.85)	-0.213	0.028
CBCL: Aggressive Behavior	131	11.29 (8.50)	10.45 (8.38)	-0.140	0.112
CBCL T-score: Aggressive Behavior	109	63.58 (11.73)	61.89 (11.06)	-0.228	0.019
CBCL: Anxious/Depressed	131	5.23 (4.66)	4.76 (4.23)	-0.145	0.100
CBCL T-score: Anxious/ Depressed	109	58.81 (9.48)	58.01 (8.55)	-0.131	0.176
CBCL: Attention Problems	131	6.97 (4.75)	6.76 (4.94)	-0.062	0.480
CBCL T-score: Attention Problems	109	61.58 (10.45)	61.56 (10.94)	-0.003	0.978
CBCL: Rule-Breaking Behavior	131	8.05 (6.76)	7.14 (6.28)	-0.194	0.028
CBCL T-score: Rule-Breaking Behavior	109	64.41 (10.33)	62.68 (10.15)	-0.266	0.006
CBCL: Social Problems	131	4.51 (3.87)	4.08 (3.96)	-0.140	0.111
CBCL T-score: Social Problems	109	60.06 (9.05)	58.97 (9.18)	-0.167	0.084
CBCL: Somatic Complaints	131	2.97 (3.59)	2.79 (3.38)	-0.076	0.386
CBCL T-score: Somatic Complaints	109	58.83 (9.62)	58.07 (8.74)	-0.118	0.222
CBCL: Thought Problems	131	4.05 (4.19)	3.93 (4.34)	-0.034	0.695
CBCL T-score: Thought Problems	109	60.62 (9.7)	59.91 (9.24)	-0.103	0.284
CBCL: Withdrawn/Depressed	131	4.18 (3.57)	3.86 (3.50)	-0.116	0.185

Table 8: Pre-Post Outcome Summary					
Variable	N	Pre	Post	Cohen's d	P-Value
CBCL T-score: Withdrawn/Depressed	109	61.63 (10.91)	60.49 (10.23)	-0.159	0.101
CBCL: Conduct Problems (DSM)	131	8.44 (7.17)	7.73 (6.91)	-0.140	0.111
CBCL: Depressive Problems (DSM)	131	4.76 (4.08)	4.22 (4.02)	-0.176	0.046
CBCL: Oppositional Defiant Problems (DSM)	131	4.66 (3.11)	4.25 (2.97)	-0.179	0.043
CBCL: Somatic Problems (DSM)	131	1.85 (2.55)	1.72 (2.37)	-0.079	0.365
CGSQ: Objective Strain	61	2.03 (0.98)	1.84 (0.84)	-0.220	0.092
CGSQ: Subjective Externalized Strain	61	2.02 (0.83)	2.20 (0.62)	0.193	0.138
CGSQ: Subjective Internalized Strain	63	2.63 (1.11)	2.53 (0.99)	-0.099	0.435
PSOC: Total	53	4.07 (0.73)	4.12 (0.67)	0.073	0.596
PSOC Efficacy	60	3.95 (0.95)	4.02 (0.88)	0.063	0.626
PSOC Interest	71	4.97 (1.11)	4.89 (1.19)	-0.075	0.527
PSOC Satisfaction	61	4.23 (0.91)	4.2 (0.87)	-0.034	0.793
Parent Understanding – Talk First	79	4.05 (1.62)	4.27 (1.61)	0.116	0.305
Parent Understanding - Focus on Teen's Feelings	80	3.92 (1.46)	4.19 (1.39)	0.136	0.228
Parent Understanding - Should Separate Past Experiences	12	3.08 (1.56)	3.67 (1.83)	0.302	0.317
Parent Understanding - Value of Positive Relationship	13	5.15 (1.41)	4.77 (1.48)	-0.305	0.293

Factors That Influenced the Pilot Outcomes

Bivariate analyses identified several factors related to the pilot outcomes; however, multivariate analyses found only a handful of factors that predicted improvement in parent-child relationship outcomes once independent variables were taken into account.

Bivariate Relationships

The evaluation team explored the bivariate relationships between each survey outcome and each of five sets of independent variables: (1) parent/caregiver attendance (at least 7 sessions); (2) parent group type (foster parent vs. birth parent); (3) facilitator characteristics; (4) support services (received by children and by parents/caregivers); and (5) child ethnicity and race. These relationships were each calculated using separate linear mixed models controlling for the pre-survey score and with a random effect for group. Statistically significant bivariate relationships are detailed.

Parent/Caregiver Attendance. Children whose parents attended at least seven Teen Connect group sessions showed significantly greater reduction in anxiety problems than children whose parents attended fewer Teen Connect sessions. However, parent/caregiver attendance was unrelated to all other outcomes.

Parent Group Type. Children whose parents participated in a Teen Connect group targeting birth parents (as opposed to foster parents) showed significantly more improvement in conduct problems. Parent group type was unrelated to all other outcomes.

Facilitator Characteristics. Children whose parents participated in a Teen Connect group led by at least one facilitator who did not have a graduate degree showed significantly more improvement on their total behavior problem scores as well as their externalizing, internalizing, anxious/depressed, and somatic behavior problems subscales. With respect to the DSM-oriented CBCL subscales, these children also showed significantly more improvement on anxiety, depressive, and somatic problems than children of parents/caregivers whose groups were led by two graduate school-educated facilitators. Facilitators' longevity in the child welfare field was only related to two outcomes: children whose parents/caregivers participated in classes facilitated by seasoned child welfare staff did not show as much improvement on internalizing and withdrawn/depressed behavior and depressive problems as children of parents/caregivers whose group leaders were newer to the field. Each facilitator's years of employment at their agencies were negatively associated with improvement in child's somatic complaints and depressive problems. Participants who had older facilitators experienced more improvement in parental sense of competence than participants with younger facilitators. Having at least one facilitator who had personal experience parenting teenagers was positively associated with improvements in youth's somatic complaints, oppositional defiant problems, and somatic problems.

Support Services. Children's simultaneous or recent use of support services was predictive of several outcomes. Their participation in individual therapy, "other" support services, and one or more types of support services, irrespective of type, was associated with greater improvement in their caregivers' sense of parenting competence. Children's participation in "other" support services was associated with greater improvement in their parents/caregivers' parenting satisfaction. Their participation in family therapy was associated with greater reductions in somatic problems. However, parents/caregivers of children who participated in individual and family therapy (in addition to Connect) reported greater increases in objective caregiver strain than the parents/caregivers of children who were not receiving these services. Children who were not receiving psychotropic medication tended to have better

behavioral outcomes than children taking psychotropic medication overall (total CBCL score) and specifically with respect to attention problems, ADHD problems, anxiety problems, depressive problems, somatic problems, and thought problems. Parents/caregivers of children who were not taking psychotropic medication also experienced greater reductions in objective caregiver strain and subjective externalized caregiver strain than parents/caregivers of children taking psychotropic medication. Parents/caregivers who participated in individual therapy reported greater reduction in their children's somatic problems but experienced greater increases in subjective externalized caregiver strain than parents/caregivers who did not participate in individual therapy. Parents/caregivers' participation in group therapy was positively associated with reductions in children's externalized behavior problems, rule-breaking behavior, conduct, and oppositional defiant problems.

Child Ethnicity and Race. Hispanic/Latino children had greater reductions in externalizing behavior problems, anxious/depressed behavior problems, and conduct problems than non-Hispanic/Latino children. White children had greater reductions in somatic problems than non-white children, but child race and ethnicity were unrelated to any of the other survey outcomes.

Multivariate Relationships

To test for factors that predicted improvement in child-parent relationship quality outcomes from the pre-intervention survey to post-intervention survey, the evaluation team used lagged dependent variable models in which pre-intervention scores were included as a predictor of each of the outcomes being tested. To preserve degrees of freedom, only the composite measure of child and parent support services is included in the models. The following independent variables were also included: parent group type (birth or foster); parent group attendance (at least seven sessions or fewer than seven sessions); child race, ethnicity, and gender; and facilitator education, years of experience working in child welfare, years worked at their agency, age, gender, and personal experience as a parent and, specifically, parenting a teenager. The evaluation team ran these analyses for all of the program outcomes, but most of them found no significant relationship between the predictors, other than the pre-intervention scores, and the outcomes being tested. The Appendix presents output tables for the four exceptions to this rule, that is, multivariate models that had a statistically significant parent predictor. These multivariate models indicate that:

- Hispanic youth experienced greater reductions in social problems than non-Hispanic youth after adjusting for pre-intervention social problem scores.

- Parents/caregivers of non-Hispanic children improved more than parents/caregivers of Hispanic children on the project-created indicator of understanding and acceptance of the Teen Connect principle that parents should talk to their children and try to understand their behavior before disciplining them.
- Youth who were receiving support services—at least one of any type—had significantly higher ADHD problems scores after adjusting for their pre-intervention ADHD problems score than youth who were not receiving any support services.
- Parents/caregivers whose children were receiving support services—at least one of any type—had significantly higher Parenting Sense of Competence (PSOC) satisfaction subscale scores after adjusting for their pre-intervention PSOC-satisfaction scores than youth who were not receiving any support services.

Implications

A synthesis of overarching findings and patterns across data sources indicates that the Teen Connect USA Pilot was well received by the parents/caregivers who participated in the program and by most of the pilot agency staff who were involved in delivering it, at least with regards to the program content if not the logistics of program delivery. Given the significant implementation challenges that the pilot sites encountered and the non-experimental design of this evaluation, the evaluation team believes that it is premature to judge the effectiveness of the Teen Connect model for families in, or at risk of entering, the United States child welfare system. The quantitative findings showed modest pre- to post-intervention improvement in several facets of youth behavior. The evaluation failed to detect statistically significant improvement in parent outcomes for pilot participants, but these findings are at odds with the predominantly positive qualitative feedback received from parents/caregivers and facilitators during site visits and interviews. Instead, the evaluation team offers the following recommendations for creating a smoother Teen Connect implementation process in the United States and a larger-scale, follow-up research study that is designed to measure the impacts of Connect.

Lessons Learned and Recommendations

Program Implementation

The implementation of Teen Connect in agencies around the United States has proven to be a significant lift, in part due to the nature of the United States child welfare system, the role of the agencies within that system, and their organizational cultures. The evaluation findings suggest that Teen Connect program implementation in the United States may be improved by the following.

- Underscore the importance of agency administrators committing, and sustaining their commitment, to reducing facilitators' caseloads or other work responsibilities so that they have sufficient time to deliver Connect well. If the Annie E. Casey Foundation (Casey) chooses to support expansion of Connect in the United States, the evaluation team recommends that Casey work with implementing agencies to develop realistic plans for protecting facilitators' time to deliver Connect and monitor agencies' ongoing commitment to this plan.
- Casey may also want to require that agencies interested in implementing Connect provide reassurance that their designated point-of-contact for administering

Connect has sufficient power and authority within their agency to leverage needed support and resources.

- Create a detailed implementation guide and/or kit that includes more realistic estimates of the staff time and other resources required to manage program logistics as well as deliver the content well, and promising strategies for doing so, such as the “tripod” approach. In addition to acknowledging the extra preparation time involved the first couple times that facilitators run a group, the evaluation team recommends that this implementation guide or kit provide concrete and tested suggestions for marketing the program, addressing recruitment challenges, and engaging parents. Some successful strategies that emerged from the evaluation that could be included were creating recruitment videos that feature local parents talking about how they benefitted from Connect; working with the local district attorney or courts, partner agencies, child abuse hotlines, and schools to get referrals; recruiting from different intra-agency units; and actively encouraging parents to invite their friends and families to join. The importance of having multiple recruitment strategies should be stressed in the event that not all are successful as well as to ensure that there is a reliable pipeline of parents/caregivers to participate in Connect.
- Clarify the appropriateness of recruiting families with no connection to the child welfare system.
- Encourage pilot sites to do pre-inclusion interviews in person led by a Teen Connect facilitator and, when possible, one agency staff person with a pre-existing relationship with the family.
- Encourage implementing agencies to select staff to become Connect facilitators based on their capacity for empathy and their “relatability” to the target population. Some of the more counterintuitive findings from the evaluation about desirable facilitator characteristics should be shared with agencies during the early stages of implementation to help them select appropriate staff to lead the program. For instance, it may be helpful for them to know that facilitator education and professional experience did not predict better outcomes, but facilitator personal experience parenting a teenager did in some cases.
- Send facilitator manuals and other training materials to new facilitators at least two weeks in advance of their scheduled trainings for prior review.
- When possible, conduct pre-inclusion interviews in person and ideally by a team that includes one Teen Connect facilitator and one staff person with a pre-existing relationship with the family.

- Agencies should engage in a pre-planning process with their local public child welfare agency and dependency court to ensure that birth parents participating in Teen Connect receive “credit” for their participation when parenting education is part of their child welfare case plan and/or has been court ordered.
- Encourage implementing agencies to consider the importance of team cohesion when identifying staff to train as Connect facilitators. There may be value in selecting staff that are based out of the same agency unit, located in the same office, and/or have positive, pre-existing working relationships.
- Given the demographics of the United States, it is critical that Connect materials be translated into Spanish as soon as possible. Casey may find it expedient to take on this task themselves if the model developers do not have plans to do so in the near future.
- Include devoted time in the training and coaching/supervision of United States facilitators for discussing challenges that may arise because of disconnects between aspects of the Teen Connect philosophy and parenting norms in some African-American communities. It could help to proactively equip United States facilitators to have productive conversations with parents/caregivers who feel that Connect’s emphasis on empathizing before disciplining gives children permission to disrespect their elders. The training and supervision should also help prepare facilitators to effectively engage with parents/caregivers of children of color who fear that Teen Connect is promoting a parenting style that flies in the face of their efforts to keep their children out of harm’s way by teaching them that disrespecting adults in authority is permissible when for youth of color this can lead to school suspensions and contact with the police.

Future Outcome Research

If Casey opts to support continued expansion of Teen Connect in the United States, the evaluation team recommends that it invest in a follow-up evaluation that speaks to the model’s effectiveness with families involved in the United States child welfare system. This study should be designed to assess program impacts, preferably via a randomized controlled trial. The evaluation team recommends that it also include youth-reported outcome data on parent/caregiver-child relationships, in addition to parent-reported data. The target population should be carefully defined or, better yet, this study could measure the differential impact of Connect on a child abuse-prevention target population (families at risk of entering the United States child welfare system) and on a child permanency target population (e.g., families who already have open child welfare cases and/or teenagers in foster care). A study of this kind would illuminate not only

the potential effectiveness of Teen Connect in the United States but it would help identify the types of families who stand to benefit the most from the program.

Regardless of the target population or populations studied, we recommend that an impact study be conducted that measures Connect program effects on youth permanency outcomes, not just the more proximal child behavior and child-parent relationship-quality outcomes that were tracked for the current evaluation. These proximal outcomes are important, but Casey has expressed a particular interest in whether Teen Connect can provide placement stability and permanency for youth in the child welfare system. A longitudinal study that examines youth and parent/caregiver outcomes for at least 18 months after training is needed to rigorously evaluate this question. An additional benefit of this longer-term follow-up period is that it will allow the research teams to assess whether some of the non-effects from the current evaluation are actually delayed effects. It is not unusual for parent-level interventions to have delayed effects, particularly on child welfare outcomes.

Conclusion

A number of factors affected the rollout and evaluation of the Teen Connect USA Pilot. The implementation of the program required significant investment of time and creative thinking from the participating agencies, and yet a number of sites were able to work through challenges, make adaptations, and continue offering Connect beyond the initial pilot requirements. Even sites that faced numerous challenges in getting the program off the ground provided helpful feedback and important issues for consideration in further expansion of the program in the United States.

In many ways, Connect may be antithetical to parents' general experience with the child welfare system in the United States. The program values engagement and empathy from all involved—agencies, facilitators, and parents—and asks that parents and facilitators alike trust the process and move away from the compliance mindset that is so prevalent in how agencies and parents typically interact. As described in this evaluation report, pre- to post-pilot intervention outcomes suggest that Connect has the potential to reduce at least some types of problematic behavior experienced by children living with birth families in, or at risk of entering, the United States child welfare system and children living with foster families. However, experimental research is needed to determine the impact of this program model on this population, including its potential to promote permanency among youth in the United States child welfare system.

Appendix A: Data Tables

Table 9: Pre- to Post-Intervention Change in the Distribution of Children with Child Behavior Checklist Scores in the Clinical, Borderline, and Non-Clinical Ranges				
Variable	Label	Pre (N=107)	Post (N=107)	P-Value
Aggressive Behavior				0.113
	Clinical	54 (48.21%)	48 (41.38%)	
	Borderline	13 (11.61%)	11 (9.48%)	
	Non-Clinical	45 (40.18%)	57 (49.14%)	
Anxious/Depressed				0.107
	Clinical	34 (30.36%)	30 (25.86%)	
	Borderline	11 (9.82%)	12 (10.34%)	
	Non-Clinical	67 (59.82%)	74 (63.79%)	
Attention Problems				0.533
	Clinical	42 (37.5%)	45 (38.79%)	
	Borderline	12 (10.71%)	18 (15.52%)	
	Non-Clinical	58 (51.79%)	53 (45.69%)	
Externalizing Problems				0.694
	Clinical	31 (27.68%)	30 (25.86%)	
	Borderline	26 (23.21%)	25 (21.55%)	
	Non-Clinical	55 (49.11%)	61 (52.59%)	
Internalizing Problems				0.016
	Clinical	16 (14.29%)	14 (12.07%)	
	Borderline	23 (20.54%)	16 (13.79%)	
	Non-Clinical	73 (65.18%)	86 (74.14%)	
Rule-Breaking Behavior				0.056
	Clinical	63 (56.25%)	56 (48.28%)	
	Borderline	14 (12.5%)	14 (12.07%)	
	Non-Clinical	35 (31.25%)	46 (39.66%)	

Table 9: Pre- to Post-Intervention Change in the Distribution of Children with Child Behavior Checklist Scores in the Clinical, Borderline, and Non-Clinical Ranges

Variable	Label	Pre (N=107)	Post (N=107)	P-Value
Social Problems				0.091
	Clinical	46 (41.07%)	38 (32.76%)	
	Borderline	11 (9.82%)	12 (10.34%)	
	Non-Clinical	55 (49.11%)	66 (56.9%)	
Somatic Complaints				0.017
	Clinical	34 (30.36%)	30 (25.86%)	
	Borderline	7 (6.25%)	14 (12.07%)	
	Non-Clinical	71 (63.39%)	72 (62.07%)	
Thought Problems				0.874
	Clinical	42 (37.5%)	45 (38.79%)	
	Borderline	12 (10.71%)	11 (9.48%)	
	Non-Clinical	58 (51.79%)	60 (51.72%)	
Total Problems				0.125
	Clinical	25 (22.32%)	19 (16.38%)	
	Borderline	23 (20.54%)	32 (27.59%)	
	Non-Clinical	64 (57.14%)	65 (56.03%)	
Withdrawn/Depressed				0.286
	Clinical	40 (35.71%)	33 (28.45%)	
	Borderline	20 (17.86%)	24 (20.69%)	
	Non-Clinical	52 (46.43%)	59 (50.86%)	

Table 10: Summary of Birth Parent Feedback Form Items			
Item	N	Mean	Std. Dev.
To what extent was each of the following aspects of the Connect Group helpful to you? [4 = very helpful ... 1 = unhelpful]:			
1. Learning about attachment	52	3.73	0.45
2. Discussing how attachment might be related to my child's behavior	52	3.69	0.47
3. Discussing how attachment might be related to my behavior	51	3.69	0.51
4. Role-plays to illustrate points	52	3.71	0.50
5. Reflection exercise that illustrated points	52	3.65	0.48
6. Handouts, suggestions of things to think about or try at home	52	3.56	0.61
7. To what extent do you feel the parenting group helped you to understand your child better? [4 = a great deal ... 1 = not at all]	52	3.75	0.44
8. To what extent do you feel the parenting group helped you to understand yourself better? [4 = a great deal ... 1 = not at all]	52	3.77	0.43
9. Did you apply the ideas and/or exercise discussed in the group when parenting? [4 = frequently ... 1 = never]	49	3.45	0.61
10. Was there a change in the relationship between you and your child as a result of applying what you learned in the group? [4 = a great deal ... 1 = not at all]	49	3.29	0.65
11. Do you anticipate future change in your relationship between you and your child as a result of applying what you learned in the group? [4 = a great deal ... 1 = not at all]	51	3.69	0.51
12. Did you feel safe and welcomed in the group to discuss your experiences and concerns? [4 = a great deal ... 1 = not at all]	52	3.87	0.34
13. Was your experience as a caregiver respected in the group? [4 = a great deal ... 1 = not at all]	50	3.96	0.20
14. Do you feel more confident in your ability to parent your child as a result of attending the group? [4 = a great deal ... 1 = not at all]	52	3.69	0.47
15. If you have attended other parenting/support groups in the past, how does Connect compare to other groups in terms of what you got out of it? [4 = much better... 1 = worse]	41	3.61	0.67

Table 11: Summary of Foster Parent Feedback Form Items

Item	N	Mean	Std. Dev.
To what extent was each of the following aspects of the Connect Group helpful to you? [4 = very helpful ... 1 = unhelpful]:			
1. Learning about different attachment strategies, including secure and insecure (e.g., disorganized) relational pattern	23	3.70	0.45
2. Discussing how trauma can affect the way children express their attachment needs	24	3.71	0.55
3. Discussing how my child's behavior in new relationships is influenced by prior experiences in his/her "attachment suitcase"	23	3.83	0.39
4. Discussing child's sense of loyalty conflict in balancing attachment relationships with birth and foster parents	24	3.79	0.41
5. Discussing balancing the needs of your child in care with the needs of your family	24	3.75	0.44
6. Role-plays to illustrate points	24	3.88	0.34
7. Reflection exercise that illustrated points	24	3.88	0.34
8. Handouts, suggestions of things to think about or try at home	24	3.63	0.65
9. To what extent do you feel the parenting group helped you to understand your child better? [4 = a great deal ... 1 = not at all]	24	3.79	0.41
10. To what extent do you feel the parenting group helped you to understand yourself better? [4 = a great deal ... 1 = not at all]	24	3.88	0.34
11. Did you apply the ideas and/or exercise discussed in the group when parenting? [4 = frequently ... 1 = never]	24	3.79	0.41
12. Was there a change in the relationship between you and your child as a result of applying what you learned in the group? [4 = a great deal ... 1 = not at all]	23	3.57	0.51
13. Do you anticipate future change in your relationship between you and your child as a result of applying what you learned in the group? [4 = a great deal ... 1 = not at all]	23	3.83	0.39
14. Did you feel safe and welcomed in the group to discuss your experiences and concerns? [4 = a great deal ... 1 = not at all]	24	4.00	0.00
15. Was your experience as a caregiver respected in the group? [4 = a great deal ... 1 = not at all]	24	4.00	0.00
16. Do you feel more confident in your ability to parent your child as a result of attending the group? [4 = a great deal ... 1 = not at all]	24	3.75	0.44
17. If you have attended other parenting/support groups in the past, how does Connect compare to other groups in terms of what you got out of it? [4 = much better... 1 = worse]	19	3.74	0.45

Table 12: Beech Brook Pre-Post Outcome Summary					
Variable	N	Pre	Post	Cohen's d	P-Value
CBCL: Total Problems	23	58.91 (40.49)	57.43 (50.05)	-0.043	0.837
CBCL: Externalizing Problems	23	20.39 (14.45)	20.17 (17.07)	-0.016	0.939
CBCL: Internalizing Problems	23	12.91 (11.29)	11.83 (12.67)	-0.129	0.543
CBCL: Aggressive Behavior	23	11.91 (8.39)	12.39 (10.5)	0.062	0.769
CBCL: Anxious/Depressed	23	5.13 (4.17)	5.13 (4.85)	0.000	> 0.999
CBCL: Attention Problems	23	7.65 (4.91)	7.35 (6.35)	-0.068	0.747
CBCL: Rule-Breaking Behavior	23	8.48 (6.58)	7.78 (6.96)	-0.108	0.609
CBCL: Social Problems	23	6.13 (4.86)	6 (5.43)	-0.033	0.874
CBCL: Somatic Complaints	23	3.7 (5.12)	3.17 (4.77)	-0.169	0.426
CBCL: Thought Problems	23	5.78 (5.51)	6.22 (7.19)	0.077	0.715
CBCL: Withdrawn/Depressed	23	4.09 (4.17)	3.52 (3.89)	-0.149	0.482
CBCL: Anxiety Problems (DSM)	23	4.35 (3.3)	4.17 (4.43)	-0.058	0.784
CBCL: ADHD Problems (DSM)	23	6 (3.62)	5.96 (4.67)	-0.016	0.939
CBCL: Conduct Problems (DSM)	23	9.13 (7.24)	9.52 (8.5)	0.056	0.789
CBCL: Depressive Problems (DSM)	23	4.52 (3.89)	4.13 (4.53)	-0.104	0.624
CBCL: Oppositional Defiant Problems (DSM)	23	4.74 (3.22)	4.39 (3.63)	-0.131	0.536
CBCL: Somatic Problems (DSM)	23	2.3 (3.52)	1.87 (3.22)	-0.231	0.279
CGSQ: Objective Strain	17	1.68 (0.66)	1.59 (0.55)	-0.126	0.611
CGSQ: Subjective Externalized Strain	14	1.84 (0.8)	1.89 (0.74)	0.052	0.849
CGSQ: Subjective Internalized Strain	15	2.24 (0.99)	1.89 (0.89)	-0.348	0.199
PSOC Mean	10	4.39 (0.41)	4.44 (0.72)	0.079	0.808
PSOC Efficacy	13	4.22 (0.78)	4.33 (0.82)	0.131	0.646
PSOC Interest	16	4.88 (1.12)	4.34 (1.47)	-0.381	0.149
PSOC Satisfaction	12	4.67 (0.47)	4.36 (1.03)	-0.280	0.353

Table 13: Children's Village Pre-Post Outcome Summary

Variable	N	Pre	Post	Cohen's d	P-Value
CBCL: Total Problems	17	39.41 (28.75)	45.24 (31.34)	0.207	0.407
CBCL: Externalizing Problems	17	11.59 (9.48)	13.59 (10.82)	0.220	0.377
CBCL: Internalizing Problems	17	8.12 (6.55)	10.53 (7.67)	0.360	0.157
CBCL: Aggressive Behavior	17	6.59 (5.87)	7.65 (6.29)	0.181	0.467
CBCL: Anxious/Depressed	17	3.29 (3.82)	4.12 (3.81)	0.240	0.337
CBCL: Attention Problems	17	6.94 (4.83)	6.82 (4.59)	-0.031	0.900
CBCL: Rule-Breaking Behavior	17	5 (4.3)	5.94 (5.52)	0.250	0.318
CBCL: Social Problems	17	4.59 (4.08)	5.12 (4.37)	0.110	0.656
CBCL: Somatic Complaints	17	1.47 (1.59)	2.24 (2.54)	0.374	0.143
CBCL: Thought Problems	17	3.71 (3.77)	3.71 (3.35)	0.000	> 0.999
CBCL: Withdrawn/Depressed	17	3.35 (2.76)	4.18 (3.5)	0.217	0.384
CBCL: Anxiety Problems (DSM)	17	2.59 (2.76)	2.94 (2.46)	0.133	0.590
CBCL: ADHD Problems (DSM)	17	4.88 (3.37)	5.53 (3.2)	0.236	0.344
CBCL: Conduct Problems (DSM)	17	4.59 (3.84)	6.12 (5.72)	0.371	0.146
CBCL: Depressive Problems (DSM)	17	3.53 (3.43)	4.82 (3.94)	0.470	0.071
CBCL: Oppositional Defiant Problems (DSM)	17	2.35 (2.15)	3.06 (2.22)	0.354	0.163
CBCL: Somatic Problems (DSM)	17	0.76 (1.25)	1.12 (1.17)	0.243	0.332
CGSQ: Objective Strain	6	1.41 (0.42)	1.29 (0.28)	-0.275	0.530
CGSQ: Subjective Externalized Strain	8	2.03 (1.11)	2.22 (0.41)	0.185	0.618
CGSQ: Subjective Internalized Strain	8	1.98 (1.4)	2.17 (1.11)	0.118	0.749
PSOC Mean	2	5.66 (0.04)	4.41 (0.84)	-1.414	0.295
PSOC Efficacy	4	4.43 (1.39)	3.5 (1.1)	-0.401	0.481
PSOC Interest	7	4.93 (1.59)	5.43 (0.73)	0.480	0.251
PSOC Satisfaction	2	5.72 (0.39)	5.5 (0.24)	-1.414	0.295
Parent Acceptance - Discipline First	12	4.17 (1.8)	4.83 (1.4)	0.324	0.286
Parent Acceptance - Focus on Teen's Feelings	15	4.6 (1.35)	3.93 (1.44)	-0.304	0.259
Parent Acceptance - Should Separate Past Experiences	12	3.08 (1.56)	3.67 (1.83)	0.302	0.317
Parent Acceptance - Value of Positive Relationship	13	5.15 (1.41)	4.77 (1.48)	-0.305	0.293

Table 14: Denver DHS Pre-Post Outcome Summary					
Variable	N	Pre	Post	Cohen's d	P-Value
CBCL: Total Problems	26	38.69 (22.84)	32.81 (20.14)	-0.348	0.088
CBCL: Externalizing Problems	26	15.69 (12.2)	12.85 (11.04)	-0.369	0.071
CBCL: Internalizing Problems	26	9.46 (5.69)	8.08 (5.53)	-0.290	0.152
CBCL: Aggressive Behavior	26	9.23 (7.25)	7.42 (6.1)	-0.343	0.093
CBCL: Anxious/Depressed	26	4.08 (3.77)	3.12 (2.79)	-0.361	0.077
CBCL: Attention Problems	26	4.54 (3.61)	5.04 (3.42)	0.184	0.357
CBCL: Rule-Breaking Behavior	26	6.46 (5.82)	5.42 (5.57)	-0.307	0.131
CBCL: Social Problems	26	2.88 (2.67)	1.81 (1.41)	-0.440	0.034
CBCL: Somatic Complaints	26	2.38 (2.73)	2.15 (1.8)	-0.098	0.622
CBCL: Thought Problems	26	2.19 (1.81)	1.88 (1.82)	-0.159	0.425
CBCL: Withdrawn/Depressed	26	3 (2.06)	2.81 (2.3)	-0.126	0.526
CBCL: Anxiety Problems (DSM)	26	3.5 (3.15)	2.5 (2.4)	-0.432	0.037
CBCL: ADHD Problems (DSM)	26	3.77 (3)	4.23 (2.69)	0.189	0.343
CBCL: Conduct Problems (DSM)	26	6.04 (6.3)	4.92 (5.24)	-0.305	0.133
CBCL: Depressive Problems (DSM)	26	3.77 (2.94)	2.85 (2.65)	-0.444	0.032
CBCL: Oppositional Defiant Problems (DSM)	26	4.38 (2.84)	3.38 (2.64)	-0.456	0.028
CBCL: Somatic Problems (DSM)	26	1.54 (2.2)	1.38 (1.42)	-0.103	0.603
CGSQ: Objective Strain	7	2.9 (1.14)	2.1 (0.81)	-1.042	0.033
CGSQ: Subjective Externalized Strain	9	2.33 (0.76)	2.11 (0.64)	-0.270	0.442
CGSQ: Subjective Internalized Strain	9	3.15 (1.22)	2.61 (0.92)	-0.795	0.044
PSOC Mean	8	3.75 (0.85)	3.96 (0.65)	0.324	0.391
PSOC Efficacy	9	3.56 (1.04)	3.9 (0.84)	0.407	0.257
PSOC Interest	8	5.56 (0.62)	5.44 (1.05)	-0.103	0.780
PSOC Satisfaction	8	3.88 (0.92)	4 (0.71)	0.166	0.653
Parent Acceptance - Discipline First	23	3.87 (1.49)	4.83 (1.19)	0.511	0.023
Parent Acceptance - Focus on Teen's Feelings	24	3.5 (1.47)	4.12 (1.51)	0.425	0.048

Table 15: Denver PRO Pre-Post Outcome Summary

Variable	N	Pre	Post	Cohen's d	P-Value
CBCL: Total Problems	7	54.71 (21.75)	38.57 (20.01)	-1.299	0.014
CBCL: Externalizing Problems	7	25.14 (7.67)	15 (6.98)	-1.472	0.008
CBCL: Internalizing Problems	7	11.14 (6.04)	9.14 (6.28)	-1.000	0.038
CBCL: Aggressive Behavior	7	13.14 (8.23)	7.43 (5.71)	-1.250	0.016
CBCL: Anxious/Depressed	7	5.57 (4.79)	4.71 (3.64)	-0.421	0.308
CBCL: Attention Problems	7	7.86 (5.15)	5.71 (4.57)	-0.916	0.052
CBCL: Rule-Breaking Behavior	7	12 (5.57)	7.57 (5.19)	-0.818	0.074
CBCL: Social Problems	7	4.14 (2.48)	2.14 (1.35)	-0.756	0.092
CBCL: Somatic Complaints	7	0.29 (0.49)	0.43 (0.53)	0.207	0.604
CBCL: Thought Problems	7	3.14 (3.53)	3.86 (3.34)	0.347	0.394
CBCL: Withdrawn/Depressed	7	5.29 (1.7)	4 (2.52)	-0.714	0.108
CBCL: Anxiety Problems (DSM)	7	3.43 (2.37)	2.71 (1.89)	-0.751	0.094
CBCL: ADHD Problems (DSM)	7	6.71 (5.09)	4.86 (3.8)	-0.548	0.197
CBCL: Conduct Problems (DSM)	7	12.71 (4.11)	7.29 (4.82)	-0.960	0.044
CBCL: Depressive Problems (DSM)	7	5.29 (3.4)	4.57 (3.74)	-0.361	0.376
CBCL: Oppositional Defiant Problems (DSM)	7	5.43 (1.9)	3.57 (2.37)	-1.737	0.004
CBCL: Somatic Problems (DSM)	7	0 (0)	0.14 (0.38)	0.378	0.356
CGSQ: Objective Strain	3	2.52 (0.43)	1.67 (0.58)	-1.402	0.136
CGSQ: Subjective Externalized Strain	3	2.92 (0.29)	2.17 (0.52)	-1.134	0.188
CGSQ: Subjective Internalized Strain	2	3.67 (0.24)	3.08 (0.12)	-1.650	0.258
PSOC Mean	3	3.4 (0.2)	4.17 (0.1)	2.610	0.046
PSOC Efficacy	3	3.48 (0.3)	5 (0.8)	2.639	0.045
PSOC Interest	4	4.62 (0.75)	4.88 (1.03)	0.189	0.731
PSOC Satisfaction	4	3.08 (0.57)	3.5 (0.64)	0.454	0.431
Parent Acceptance - Discipline First	7	3 (1.91)	3.86 (1.86)	0.705	0.111
Parent Acceptance - Focus on Teen's Feelings	7	4.43 (0.98)	4.71 (0.49)	0.378	0.356

Table 16: KVC Pre-Post Outcome Summary					
Variable	N	Pre	Post	Cohen's d	P-Value
CBCL: Total Problems	32	75.09 (35.74)	68.41 (33.06)	-0.250	0.167
CBCL: Externalizing Problems	32	28.72 (15.3)	26.03 (13.2)	-0.249	0.170
CBCL: Internalizing Problems	32	19.34 (10.71)	17.81 (10.73)	-0.225	0.213
CBCL: Aggressive Behavior	32	17.06 (8.45)	15.5 (8.14)	-0.255	0.159
CBCL: Anxious/Depressed	32	8.34 (5.34)	7.41 (4.9)	-0.230	0.203
CBCL: Attention Problems	32	9.12 (4.8)	8.62 (4.71)	-0.135	0.452
CBCL: Rule-Breaking Behavior	32	11.66 (8.05)	10.53 (6.9)	-0.206	0.253
CBCL: Social Problems	32	6 (3.59)	5.41 (3.52)	-0.226	0.210
CBCL: Somatic Complaints	32	4.66 (3.53)	4.81 (3.91)	0.066	0.710
CBCL: Thought Problems	32	6.09 (4.81)	5.12 (3.67)	-0.262	0.149
CBCL: Withdrawn/Depressed	32	6.34 (4.34)	5.59 (4.12)	-0.292	0.108
CBCL: Anxiety Problems (DSM)	32	5.59 (3.71)	5.06 (3.71)	-0.227	0.209
CBCL: ADHD Problems (DSM)	32	6.69 (3.64)	6.16 (3.92)	-0.155	0.387
CBCL: Conduct Problems (DSM)	32	12.81 (7.99)	11.5 (7.12)	-0.225	0.213
CBCL: Depressive Problems (DSM)	32	7.53 (5.03)	6.47 (4.6)	-0.273	0.132
CBCL: Oppositional Defiant Problems (DSM)	32	6.47 (2.92)	5.94 (2.7)	-0.227	0.209
CBCL: Somatic Problems (DSM)	32	2.84 (2.53)	3.19 (2.98)	0.196	0.276
CGSQ: Objective Strain	19	2.48 (1.11)	2.38 (1.05)	-0.086	0.713
CGSQ: Subjective Externalized Strain	19	2.09 (0.82)	2.39 (0.6)	0.382	0.114
CGSQ: Subjective Internalized Strain	21	2.98 (0.94)	3.05 (0.86)	0.066	0.765
PSOC Mean	24	3.93 (0.67)	3.96 (0.67)	0.060	0.770
PSOC Efficacy	24	3.93 (1.03)	3.8 (0.88)	-0.131	0.528
PSOC Interest	28	4.68 (1.15)	4.71 (1.17)	0.049	0.798
PSOC Satisfaction	27	4.02 (0.88)	4.1 (0.83)	0.125	0.523
Parent Acceptance - Discipline First	16	4.06 (1.73)	3.38 (1.63)	-0.550	0.044
Parent Acceptance - Focus on Teen's Feelings	15	3.87 (1.55)	4.47 (1.41)	0.265	0.322

Table 17: LCFS Pre-Post Outcome Summary					
Variable	N	Pre	Post	Cohen's d	P-Value
CBCL: Total Problems	4	17.75 (12.89)	19.5 (15.15)	0.252	0.649
CBCL: Externalizing Problems	4	7.25 (3.5)	7.75 (6.18)	0.104	0.848
CBCL: Internalizing Problems	4	3.25 (4.57)	3.75 (2.5)	0.189	0.731
CBCL: Aggressive Behavior	4	3.75 (1.71)	4.75 (5.12)	0.281	0.613
CBCL: Anxious/Depressed	4	2 (2.71)	1.75 (0.96)	-0.132	0.809
CBCL: Attention Problems	4	3 (2)	3.75 (2.63)	0.338	0.547
CBCL: Rule-Breaking Behavior	4	3.5 (2.52)	3 (2.16)	-0.240	0.664
CBCL: Social Problems	4	0.75 (1.5)	1.5 (1.73)	1.500	0.058
CBCL: Somatic Complaints	4	0 (0)	0 (0)	NA	NA
CBCL: Thought Problems	4	1.75 (1.5)	0.75 (1.5)	-0.707	0.252
CBCL: Withdrawn/Depressed	4	1.25 (1.89)	2 (1.63)	0.783	0.215
CBCL: Anxiety Problems (DSM)	4	1.5 (1.73)	1.5 (1.73)	NA	NA
CBCL: ADHD Problems (DSM)	4	2.5 (1.73)	2.5 (1.29)	0.000	> 0.999
CBCL: Conduct Problems (DSM)	4	3 (2.71)	2.25 (1.71)	-0.439	0.444
CBCL: Depressive Problems (DSM)	4	1.25 (1.5)	1 (0.82)	-0.121	0.824
CBCL: Oppositional Defiant Problems (DSM)	4	3 (1.41)	4 (3.74)	0.354	0.530
CBCL: Somatic Problems (DSM)	4	0 (0)	0 (0)	NA	NA
CGSQ: Objective Strain	4	1.16 (0.32)	1.25 (0.31)	0.500	0.391
CGSQ: Subjective Externalized Strain	4	1.44 (0.43)	2.44 (0.52)	2.828	0.011
CGSQ: Subjective Internalized Strain	4	1.83 (0.93)	2.38 (1.19)	0.700	0.256
PSOC Mean	3	4.75 (0.54)	4.56 (0.71)	-1.000	0.225
PSOC Efficacy	3	4.33 (0.79)	4.14 (0.74)	-0.530	0.456
PSOC Interest	4	5.88 (0.25)	5.62 (0.48)	-0.500	0.391
PSOC Satisfaction	4	5.19 (0.47)	5.03 (0.63)	-0.721	0.245
Parent Acceptance - Discipline First	3	5 (0)	5 (1)	0.000	> 0.999
Parent Acceptance - Focus on Teen's Feelings	3	3.33 (2.08)	4.67 (2.31)	0.380	0.578

Table 18: Macedonia Pre-Post Outcome Summary					
Variable	N	Pre	Post	Cohen's d	P-Value
CBCL: Total Problems	22	41.68 (28.41)	37.77 (27.09)	-0.252	0.251
CBCL: Externalizing Problems	22	15.27 (13.45)	13.91 (12.02)	-0.184	0.397
CBCL: Internalizing Problems	22	10.5 (8.26)	8.36 (7.05)	-0.493	0.031
CBCL: Aggressive Behavior	22	9.09 (8.27)	8.82 (7.79)	-0.058	0.788
CBCL: Anxious/Depressed	22	4.14 (3.99)	3.5 (2.94)	-0.240	0.272
CBCL: Attention Problems	22	6.45 (4.54)	6.27 (5.22)	-0.063	0.772
CBCL: Rule-Breaking Behavior	22	6.18 (5.84)	5.09 (4.92)	-0.352	0.114
CBCL: Social Problems	22	3.32 (3.43)	3.14 (3.58)	-0.130	0.550
CBCL: Somatic Complaints	22	3 (3.45)	1.86 (2.01)	-0.470	0.039
CBCL: Thought Problems	22	2.45 (2.5)	3 (3.28)	0.215	0.325
CBCL: Withdrawn/Depressed	22	3.36 (2.9)	3 (3.07)	-0.155	0.474
CBCL: Anxiety Problems (DSM)	22	2.82 (2.82)	2.77 (2.71)	-0.024	0.911
CBCL: ADHD Problems (DSM)	22	4.91 (3.5)	4.77 (4.06)	-0.057	0.790
CBCL: Conduct Problems (DSM)	22	6.82 (6.41)	6.05 (5.92)	-0.252	0.251
CBCL: Depressive Problems (DSM)	22	3.59 (2.94)	2.68 (2.87)	-0.398	0.076
CBCL: Oppositional Defiant Problems (DSM)	22	4.14 (3.41)	3.86 (2.77)	-0.127	0.557
CBCL: Somatic Problems (DSM)	22	2.09 (2.47)	1.09 (1.31)	-0.468	0.040
CGSQ: Objective Strain	5	1.47 (0.45)	1.55 (0.64)	0.137	0.775
CGSQ: Subjective Externalized Strain	4	1.5 (0.61)	2.25 (0.65)	0.802	0.207
CGSQ: Subjective Internalized Strain	4	2.67 (0.68)	2.62 (0.67)	-0.033	0.951
PSOC Mean	3	3.96 (0.32)	4.02 (0.7)	0.164	0.803
PSOC Efficacy	4	3.61 (0.55)	4.21 (0.69)	0.693	0.260
PSOC Interest	4	5.75 (0.29)	5.62 (0.48)	-0.261	0.638
PSOC Satisfaction	4	4.39 (0.76)	4 (0.55)	-0.565	0.340
Parent Acceptance - Discipline First	18	4.44 (1.54)	4 (1.85)	-0.218	0.367
Parent Acceptance - Focus on Teen's Feelings	16	3.88 (1.41)	3.94 (1.29)	0.032	0.900

Table 19: Statistically Significant Bivariate Relationships				
Outcome	Predictor	Estimate	Std. Error	P-Value
Anxious/Depressed	Not Hispanic/Latino	1.235	0.547	0.026 *
Anxious/Depressed	At Least One Facilitator Has Less than Master's Degree	-1.4	0.505	0.006 **
Attention Problems	Child - Medication for Mental Health	2.022	0.723	0.006 **
Rule-Breaking Behavior	Parent - Group Therapy	-2.638	1.19	0.028 *
Rule-Breaking Behavior	Parent - Other Service	-3.345	1.227	0.007 **
Somatic Complaints	Male	-0.834	0.375	0.028 *
Somatic Complaints	At Least One Facilitator Has Parented a Teenager	-0.962	0.437	0.046 *
Somatic Complaints	Years with Current Employer	0.08	0.038	0.045 *
Somatic Complaints	At Least One Facilitator Has Less than Master's Degree	-1.226	0.372	0.001 ***
Somatic Complaints	Child - Medication for Mental Health	1.027	0.437	0.021 *
Thought Problems	Years with Current Employer	0.153	0.062	0.025 *
Thought Problems	Child - Medication for Mental Health	1.799	0.688	0.01 **
Withdrawn/Depressed	Years Working in Child Welfare	0.087	0.036	0.017 *
Internalizing Problems	Years Working in Child Welfare	0.21	0.097	0.043 *
Internalizing Problems	At Least One Facilitator Has Less than Master's Degree	-2.974	1.031	0.01 **
Externalizing Problems	Not Hispanic/Latino	3.53	1.69	0.039 *
Externalizing Problems	At Least One Facilitator Has Less than Master's Degree	-3.338	1.641	0.044 *
Externalizing Problems	Parent - Other Service	-5.93	2.528	0.021 *
Total Problems	Child - Medication for Mental Health	10.831	4.774	0.025 *
Anxiety Problems	At Least One Facilitator Has Less than Master's Degree	-1.002	0.385	0.01 **
Anxiety Problems	Child - Medication for Mental Health	1.12	0.443	0.013 *
Anxiety Problems	Attended 7 or more sessions	-1.176	0.577	0.044 *
ADHD Problems	Child - Medication for Mental Health	1.313	0.592	0.028 *
Conduct Problems	Foster Parent	1.81	0.833	0.032 *

Table 19: Statistically Significant Bivariate Relationships

Outcome	Predictor	Estimate	Std. Error	P-Value
Conduct Problems	Not Hispanic/Latino	2.154	0.877	0.016 *
Conduct Problems	Parent - Other Service	-3.088	1.337	0.023 *
Depressive Problems	Years with Current Employer	0.122	0.053	0.034 *
Depressive Problems	Years Working in Child Welfare	0.136	0.046	0.01 **
Depressive Problems	At Least One Facilitator Has Less than Master's Degree	-1.375	0.555	0.024 *
Depressive Problems	Child - Medication for Mental Health	1.6	0.553	0.005 **
Oppositional Defiant Problems	Male	-0.772	0.365	0.037 *
Oppositional Defiant Problems	At Least One Facilitator Has Parented a Teenager	-0.854	0.414	0.041 *
Oppositional Defiant Problems	Parent - Other Service	-1.34	0.617	0.032 *
Somatic Problems	Male	-0.659	0.269	0.016 *
Somatic Problems	Race = White	0.792	0.367	0.035 *
Somatic Problems	At Least One Facilitator Has Parented a Teenager	-0.811	0.334	0.031 *
Somatic Problems	At Least One Facilitator Has Less than Master's Degree	-0.812	0.273	0.01 **
Somatic Problems	Parent - Individual Therapy	0.662	0.315	0.038 *
Somatic Problems	Child - Family Therapy	0.664	0.334	0.049 *
Somatic Problems	Child - Medication for Mental Health	0.692	0.312	0.029 *
Objective Strain	Parent - Family Therapy	0.462	0.209	0.031 *
Objective Strain	Child - Family Therapy	0.641	0.207	0.003 **
Objective Strain	Child - Individual Therapy	0.438	0.178	0.017 *
Objective Strain	Child - Medication for Mental Health	0.438	0.188	0.024 *
Subjective Externalized Strain	Parent - Individual Therapy	0.363	0.176	0.043 *
Subjective Externalized Strain	Parent - Group Therapy	-0.522	0.236	0.031 *
Subjective Externalized Strain	Child - Medication for Mental Health	0.342	0.161	0.038 *
PSOC Mean	Facilitator Age	0.054	0.015	0.001 ***
PSOC Mean	Child - Individual Therapy	0.345	0.14	0.017 *

Table 19: Statistically Significant Bivariate Relationships				
Outcome	Predictor	Estimate	Std. Error	P-Value
PSOC Mean	Child - Other Service	0.529	0.238	0.032 *
PSOC Mean	Child - Any Support Service	0.368	0.146	0.015 *
PSOC Satisfaction	Child - Other Service	0.742	0.303	0.017 *
Parent Acceptance - Discipline First	Parent - Family Therapy	-0.952	0.374	0.013 *

Note: The asterisks, based on the statistical analysis run, denote “statistical significance”; * = $p \leq 0.05$, ** = $p \leq 0.01$, *** = $p \leq 0.001$ significance levels.

Multivariate Analyses

Table 20: Anxious/Depressed			
Variable	Estimate	Std. Error	P-Value
Intercept	2.429	4.549	0.595
Start Anxious/Depressed	0.619	0.092	< 0.001
Foster Parent	-0.132	0.979	0.893
Male	-0.036	0.726	0.96
Race = Other	0.378	1.037	0.716
Race = White	0.842	1.024	0.414
Not Hispanic/Latino	0.600	0.838	0.477
At Least One Facilitator is not a Parent	-0.106	1.132	0.926
At Least One Facilitator Has Parented a Teenager	1.610	2.290	0.485
Years with Current Employer	-0.074	0.109	0.501
Years Working in Child Welfare	-0.105	0.092	0.26
At Least One Facilitator Has Less than Master's Degree	-2.911	2.614	0.27
At Least One Facilitator is Male	0.678	1.155	0.559
Facilitator Age	-0.007	0.114	0.953
Parent - Any Support Service	-0.014	0.799	0.986
Child - Any Support Service	0.971	0.940	0.305
Attended 7 or more sessions	-0.090	1.016	0.93

Table 21: Aggressive Behavior			
Variable	Estimate	Std. Error	P-Value
Intercept	-0.482	8.112	0.954
Start Aggressive Behavior	0.804	0.071	< 0.001
Foster Parent	-0.217	1.742	0.905
Male	-0.736	1.173	0.533
Race = Other	-0.544	1.684	0.748
Race = White	-0.943	1.746	0.592
Not Hispanic/Latino	2.110	1.491	0.164
At Least One Facilitator is not a Parent	0.445	1.979	0.827
At Least One Facilitator Has Parented a Teenager	-2.739	4.048	0.511
Years with Current Employer	0.044	0.189	0.822
Years Working in Child Welfare	0.180	0.162	0.3
At Least One Facilitator Has Less than Master's Degree	2.083	4.605	0.661
At Least One Facilitator is Male	-2.897	1.946	0.187
Facilitator Age	-0.001	0.198	0.998
Parent - Any Support Service	-2.085	1.381	0.136
Child - Any Support Service	2.258	1.581	0.158
Attended 7 or more sessions	-0.274	1.758	0.877
Group Std. Dev.	0.615		
Residual Std. Dev.	4.758		

Table 22: Attention Problems			
Variable	Estimate	Std. Error	P-Value
Intercept	4.255	4.835	0.382
Start Attention Problems	0.842	0.077	< 0.001
Foster Parent	-1.233	1.028	0.235
Male	-0.571	0.722	0.432
Race = Other	0.089	1.013	0.93
Race = White	-0.215	1.050	0.839
Not Hispanic/Latino	1.240	0.883	0.165
At Least One Facilitator is not a Parent	-0.349	1.171	0.766
At Least One Facilitator Has Parented a Teenager	0.223	2.445	0.927
Years with Current Employer	0.084	0.113	0.462
Years Working in Child Welfare	0.096	0.097	0.324
At Least One Facilitator Has Less than Master's Degree	0.154	2.802	0.956
At Least One Facilitator is Male	-1.492	1.178	0.21
Facilitator Age	-0.167	0.117	0.16
Parent - Any Support Service	-0.810	0.839	0.338
Child - Any Support Service	1.799	0.946	0.062
Attended 7 or more sessions	1.326	1.066	0.218

Table 23: Somatic Complaints			
Variable	Estimate	Std. Error	P-Value
Intercept	2.795	3.245	0.392
Start Somatic Complaints	0.700	0.071	< 0.001
Foster Parent	0.359	0.685	0.602
Male	-0.917	0.474	0.058
Race = Other	0.896	0.714	0.214
Race = White	0.828	0.748	0.273
Not Hispanic/Latino	-0.059	0.596	0.921
At Least One Facilitator is not a Parent	-0.414	0.782	0.598
At Least One Facilitator Has Parented a Teenager	1.745	1.603	0.28
Years with Current Employer	-0.078	0.074	0.299
Years Working in Child Welfare	0.007	0.064	0.912
At Least One Facilitator Has Less than Master's Degree	-2.447	1.809	0.181
At Least One Facilitator is Male	-0.214	0.757	0.778
Facilitator Age	-0.032	0.079	0.688
Parent - Any Support Service	-0.351	0.588	0.553
Child - Any Support Service	0.312	0.621	0.617
Attended 7 or more sessions	-0.129	0.710	0.857

Table 24: Rule-Breaking Behavior			
Variable	Estimate	Std. Error	P-Value
Intercept	9.187	6.068	0.135
Start Rule-Breaking Behavior	0.781	0.067	< 0.001
Foster Parent	-0.298	1.296	0.819
Male	-1.237	0.905	0.176
Race = Other	0.611	1.268	0.631
Race = White	0.374	1.317	0.777
Not Hispanic/Latino	0.759	1.116	0.499
At Least One Facilitator is not a Parent	-0.125	1.470	0.932
At Least One Facilitator Has Parented a Teenager	1.202	3.017	0.692
Years with Current Employer	-0.058	0.140	0.683
Years Working in Child Welfare	-0.080	0.120	0.508
At Least One Facilitator Has Less than Master's Degree	-2.556	3.416	0.457
At Least One Facilitator is Male	-0.750	1.426	0.601
Facilitator Age	-0.176	0.147	0.235
Parent - Any Support Service	-1.448	1.063	0.178
Child - Any Support Service	1.170	1.169	0.321
Attended 7 or more sessions	0.472	1.344	0.727

Table 25: Social Problems			
Variable	Estimate	Std. Error	P-Value
Intercept	2.098	3.561	0.558
Start Social Problems	0.718	0.078	< 0.001
Foster Parent	-1.029	0.765	0.183
Male	-0.563	0.532	0.294
Race = Other	1.413	0.759	0.067
Race = White	1.142	0.782	0.149
Not Hispanic/Latino	1.334	0.658	0.047
At Least One Facilitator is not a Parent	-0.638	0.872	0.467
At Least One Facilitator Has Parented a Teenager	2.825	1.815	0.125
Years with Current Employer	-0.024	0.083	0.777
Years Working in Child Welfare	0.007	0.072	0.918
At Least One Facilitator Has Less than Master's Degree	-3.496	2.054	0.094
At Least One Facilitator is Male	-1.180	0.876	0.183
Facilitator Age	-0.029	0.087	0.74
Parent - Any Support Service	0.382	0.630	0.547
Child - Any Support Service	-0.198	0.765	0.796
Attended 7 or more sessions	-0.595	0.799	0.459

Table 26: Thought Problems			
Variable	Estimate	Std. Error	P-Value
Intercept	-2.677	5.317	0.623
Start Thought Problems	0.723	0.088	< 0.001
Foster Parent	-0.112	1.197	0.928
Male	-0.213	0.633	0.738
Race = Other	1.552	0.942	0.105
Race = White	1.175	0.991	0.24
Not Hispanic/Latino	0.510	0.822	0.538
At Least One Facilitator is not a Parent	0.593	1.340	0.668
At Least One Facilitator Has Parented a Teenager	1.495	2.664	0.584
Years with Current Employer	0.021	0.131	0.874
Years Working in Child Welfare	0.050	0.113	0.667
At Least One Facilitator Has Less than Master's Degree	-1.153	3.113	0.717
At Least One Facilitator is Male	-0.953	1.372	0.507
Facilitator Age	0.048	0.133	0.721
Parent - Any Support Service	0.043	0.743	0.954
Child - Any Support Service	0.158	0.843	0.852
Attended 7 or more sessions	-0.423	0.950	0.658
Group Std. Dev.	1.188		
Residual Std. Dev.	2.497		

Table 27: Withdrawn/Depressed			
Variable	Estimate	Std. Error	P-Value
Intercept	2.919	3.784	0.443
Start Withdrawn/Depressed	0.757	0.081	< 0.001
Foster Parent	-1.733	0.817	0.038
Male	-0.575	0.568	0.315
Race = Other	0.473	0.810	0.561
Race = White	0.963	0.836	0.254
Not Hispanic/Latino	0.935	0.698	0.185
At Least One Facilitator is not a Parent	-0.287	0.940	0.761
At Least One Facilitator Has Parented a Teenager	1.484	1.903	0.438
Years with Current Employer	0.062	0.089	0.489
Years Working in Child Welfare	-0.041	0.077	0.594
At Least One Facilitator Has Less than Master's Degree	-1.913	2.165	0.38
At Least One Facilitator is Male	-0.885	0.948	0.354
Facilitator Age	-0.049	0.093	0.599
Parent - Any Support Service	-0.076	0.664	0.91
Child - Any Support Service	0.072	0.758	0.925
Attended 7 or more sessions	-0.478	0.845	0.574

Table 28: Internalizing Problems			
Variable	Estimate	Std. Error	P-Value
Intercept	10.062	8.698	0.252
Start Internalizing Problems	0.853	0.079	< 0.001
Foster Parent	-1.721	1.865	0.36
Male	-0.739	1.329	0.58
Race = Other	0.085	1.973	0.966
Race = White	1.359	1.993	0.498
Not Hispanic/Latino	1.285	1.603	0.426
At Least One Facilitator is not a Parent	-1.635	2.159	0.452
At Least One Facilitator Has Parented a Teenager	4.131	4.371	0.348
Years with Current Employer	-0.016	0.204	0.938
Years Working in Child Welfare	-0.073	0.176	0.68
At Least One Facilitator Has Less than Master's Degree	-5.697	4.975	0.256
At Least One Facilitator is Male	-1.862	2.167	0.393
Facilitator Age	-0.179	0.216	0.409
Parent - Any Support Service	-0.693	1.529	0.652
Child - Any Support Service	0.276	1.756	0.876
Attended 7 or more sessions	-0.424	1.934	0.827

Table 29: Externalizing Problems			
Variable	Estimate	Std. Error	P-Value
Intercept	8.768	12.825	0.497
Start Externalizing Problems	0.779	0.067	< 0.001
Foster Parent	-0.430	2.730	0.875
Male	-1.942	1.895	0.309
Race = Other	0.149	2.692	0.956
Race = White	-0.556	2.790	0.843
Not Hispanic/Latino	2.767	2.378	0.249
At Least One Facilitator is not a Parent	0.361	3.111	0.908
At Least One Facilitator Has Parented a Teenager	-1.585	6.390	0.805
Years with Current Employer	-0.015	0.296	0.959
Years Working in Child Welfare	0.101	0.254	0.693
At Least One Facilitator Has Less than Master's Degree	-0.505	7.242	0.945
At Least One Facilitator is Male	-3.611	3.025	0.237
Facilitator Age	-0.170	0.311	0.587
Parent - Any Support Service	-3.502	2.233	0.122
Child - Any Support Service	3.547	2.500	0.161
Attended 7 or more sessions	0.093	2.837	0.974

Table 30: Total Problems			
Variable	Estimate	Std. Error	P-Value
Intercept	22.558	31.756	0.48
Start Total Problems	0.842	0.075	< 0.001
Foster Parent	-4.867	6.795	0.477
Male	-4.317	4.712	0.363
Race = Other	2.115	6.808	0.757
Race = White	1.823	6.988	0.795
Not Hispanic/Latino	7.812	5.863	0.187
At Least One Facilitator is not a Parent	-1.587	7.755	0.839
At Least One Facilitator Has Parented a Teenager	8.354	16.002	0.603
Years with Current Employer	-0.001	0.737	0.999
Years Working in Child Welfare	0.300	0.641	0.642
At Least One Facilitator Has Less than Master's Degree	-12.215	18.241	0.506
At Least One Facilitator is Male	-10.069	7.664	0.194
Facilitator Age	-0.555	0.775	0.477
Parent - Any Support Service	-4.483	5.559	0.423
Child - Any Support Service	5.833	6.344	0.361
Attended 7 or more sessions	0.648	7.057	0.927

Table 31: Anxiety Problems			
Variable	Estimate	Std. Error	P-Value
Intercept	0.885	3.528	0.803
Start Anxiety Problems	0.748	0.097	< 0.001
Foster Parent	-0.414	0.755	0.586
Male	-0.131	0.554	0.814
Race = Other	0.588	0.795	0.462
Race = White	0.011	0.787	0.989
Not Hispanic/Latino	0.394	0.650	0.546
At Least One Facilitator is not a Parent	0.130	0.871	0.881
At Least One Facilitator Has Parented a Teenager	1.576	1.768	0.376
Years with Current Employer	0.014	0.083	0.868
Years Working in Child Welfare	-0.095	0.071	0.189
At Least One Facilitator Has Less than Master's Degree	-2.586	2.008	0.203
At Least One Facilitator is Male	-0.338	0.903	0.71
Facilitator Age	0.031	0.087	0.72
Parent - Any Support Service	0.654	0.616	0.293
Child - Any Support Service	-0.048	0.728	0.948
Attended 7 or more sessions	-1.038	0.783	0.19

Table 32: ADHD Problems			
Variable	Estimate	Std. Error	P-Value
Intercept	2.458	4.290	0.578
Start ADHD Problems	0.827	0.085	< 0.001
Foster Parent	-0.677	0.934	0.489
Male	-0.519	0.604	0.393
Race = Other	-0.695	0.868	0.426
Race = White	-1.086	0.906	0.236
Not Hispanic/Latino	0.721	0.757	0.345
At Least One Facilitator is not a Parent	-0.426	1.056	0.696
At Least One Facilitator Has Parented a Teenager	-1.007	2.164	0.649
Years with Current Employer	0.094	0.102	0.382
Years Working in Child Welfare	0.137	0.088	0.153
At Least One Facilitator Has Less than Master's Degree	2.096	2.486	0.416
At Least One Facilitator is Male	-1.200	1.056	0.292
Facilitator Age	-0.135	0.106	0.231
Parent - Any Support Service	-0.422	0.709	0.554
Child - Any Support Service	2.072	0.809	0.013
Attended 7 or more sessions	1.033	0.900	0.255
Group Std. Dev.	0.525		
Residual Std. Dev.	2.422		

Table 33: Conduct Problems			
Variable	Estimate	Std. Error	P-Value
Intercept	5.929	6.514	0.366
Start Conduct Problems	0.806	0.070	< 0.001
Foster Parent	-0.505	1.393	0.718
Male	-0.998	0.979	0.312
Race = Other	0.389	1.377	0.779
Race = White	0.173	1.425	0.904
Not Hispanic/Latino	1.779	1.206	0.145
At Least One Facilitator is not a Parent	-0.322	1.588	0.84
At Least One Facilitator Has Parented a Teenager	1.096	3.259	0.738
Years with Current Employer	0.060	0.151	0.69
Years Working in Child Welfare	-0.003	0.130	0.983
At Least One Facilitator Has Less than Master's Degree	-1.360	3.697	0.714
At Least One Facilitator is Male	-1.813	1.541	0.244
Facilitator Age	-0.155	0.159	0.334
Parent - Any Support Service	-1.422	1.141	0.217
Child - Any Support Service	1.052	1.269	0.41
Attended 7 or more sessions	0.320	1.443	0.825

Table 34: Oppositional Defiant Problems			
Variable	Estimate	Std. Error	P-Value
Intercept	-2.666	3.050	0.385
Start Oppositional Defiant Problems	0.752	0.072	< 0.001
Foster Parent	0.521	0.646	0.423
Male	-0.718	0.448	0.114
Race = Other	0.371	0.637	0.563
Race = White	-0.190	0.661	0.774
Not Hispanic/Latino	0.790	0.568	0.169
At Least One Facilitator is not a Parent	1.069	0.737	0.152
At Least One Facilitator Has Parented a Teenager	-2.276	1.514	0.138
Years with Current Employer	-0.039	0.070	0.578
Years Working in Child Welfare	0.057	0.060	0.35
At Least One Facilitator Has Less than Master's Degree	1.197	1.718	0.489
At Least One Facilitator is Male	-0.711	0.724	0.33
Facilitator Age	0.089	0.074	0.233
Parent - Any Support Service	-0.611	0.529	0.253
Child - Any Support Service	0.279	0.603	0.645
Attended 7 or more sessions	-0.105	0.669	0.876

Table 35: Depressive Problems			
Variable	Estimate	Std. Error	P-Value
Intercept	0.197	4.249	0.963
Start Depressive Problems	0.778	0.099	< 0.001
Foster Parent	-0.745	0.907	0.415
Male	0.097	0.649	0.882
Race = Other	-0.148	0.929	0.874
Race = White	0.606	0.948	0.525
Not Hispanic/Latino	1.062	0.781	0.179
At Least One Facilitator is not a Parent	-1.104	1.049	0.296
At Least One Facilitator Has Parented a Teenager	0.619	2.141	0.773
Years with Current Employer	0.037	0.099	0.71
Years Working in Child Welfare	0.074	0.086	0.397
At Least One Facilitator Has Less than Master's Degree	-0.777	2.441	0.751
At Least One Facilitator is Male	-1.273	1.045	0.228
Facilitator Age	-0.033	0.104	0.749
Parent - Any Support Service	-0.309	0.742	0.678
Child - Any Support Service	0.721	0.864	0.407
Attended 7 or more sessions	0.313	0.974	0.749

Table 36: Somatic Problems			
Variable	Estimate	Std. Error	P-Value
Intercept	1.357	2.523	0.593
Start Somatic Problems	0.632	0.072	< 0.001
Foster Parent	0.311	0.535	0.563
Male	-0.568	0.369	0.129
Race = Other	0.369	0.546	0.502
Race = White	0.766	0.582	0.193
Not Hispanic/Latino	0.244	0.467	0.603
At Least One Facilitator is not a Parent	-0.148	0.608	0.809
At Least One Facilitator Has Parented a Teenager	0.334	1.248	0.79
Years with Current Employer	-0.048	0.058	0.416
Years Working in Child Welfare	0.036	0.050	0.467
At Least One Facilitator Has Less than Master's Degree	-0.871	1.409	0.538
At Least One Facilitator is Male	-0.133	0.591	0.823
Facilitator Age	-0.029	0.061	0.64
Parent - Any Support Service	-0.173	0.452	0.704
Child - Any Support Service	0.160	0.483	0.741
Attended 7 or more sessions	0.427	0.554	0.443

Table 37: Objective Strain			
Variable	Estimate	Std. Error	P-Value
Intercept	1.650	5.682	> 0.999
Start Objective Strain	0.496	0.183	0.014
Foster Parent	0.059	0.844	> 0.999
Male	-0.172	0.302	0.576
Race = Other	0.068	0.492	0.892
Race = White	0.115	0.523	0.829
Not Hispanic/Latino	-0.505	0.489	0.314
At Least One Facilitator is not a Parent	-0.213	1.658	> 0.999
At Least One Facilitator Has Parented a Teenager	0.107	2.066	> 0.999
Years with Current Employer	-0.074	0.092	> 0.999
Years Working in Child Welfare	-0.044	0.120	> 0.999
At Least One Facilitator Has Less than Master's Degree	-0.661	2.744	> 0.999
At Least One Facilitator is Male	0.574	1.548	> 0.999
Facilitator Age	0.003	0.145	> 0.999
Parent - Any Support Service	0.248	0.330	0.46
Child - Any Support Service	0.149	0.445	0.742
Attended 7 or more sessions	0.456	0.500	0.373
Group Std. Dev.	0.452		
Residual Std. Dev.	0.746		

Table 38: Subjective Internalized Strain			
Variable	Estimate	Std. Error	P-Value
Intercept	1.575	3.202	0.627
Start Subjective Internalized Strain	0.565	0.186	0.006
Foster Parent	0.797	0.625	0.215
Male	-0.118	0.349	0.739
Race = Other	0.864	0.507	0.102
Race = White	0.575	0.532	0.291
Not Hispanic/Latino	0.037	0.535	0.945
At Least One Facilitator is not a Parent	0.499	0.978	0.615
At Least One Facilitator Has Parented a Teenager	-0.771	1.331	0.568
Years with Current Employer	-0.103	0.075	0.182
Years Working in Child Welfare	0.025	0.070	0.721
At Least One Facilitator Has Less than Master's Degree	0.179	1.517	0.907
At Least One Facilitator is Male	0.531	0.882	0.552
Facilitator Age	-0.022	0.083	0.798
Parent - Any Support Service	0.063	0.369	0.866
Child - Any Support Service	-0.631	0.494	0.214
Attended 7 or more sessions	0.832	0.576	0.162

Table 39: Subjective Externalized Strain			
Variable	Estimate	Std. Error	P-Value
Intercept	1.463	2.455	0.557
Start Subjective Externalized Strain	0.304	0.150	0.055
Foster Parent	0.307	0.473	0.524
Male	0.014	0.259	0.957
Race = Other	0.178	0.435	0.686
Race = White	-0.004	0.399	0.992
Not Hispanic/Latino	0.161	0.376	0.673
At Least One Facilitator is not a Parent	0.706	0.777	0.374
At Least One Facilitator Has Parented a Teenager	-0.341	0.995	0.735
Years with Current Employer	-0.038	0.051	0.461
Years Working in Child Welfare	0.028	0.053	0.597
At Least One Facilitator Has Less than Master's Degree	-0.042	1.153	0.971
At Least One Facilitator is Male	0.399	0.646	0.544
Facilitator Age	-0.020	0.064	0.762
Parent - Any Support Service	0.000	0.274	0.999
Child - Any Support Service	0.068	0.341	0.845
Attended 7 or more sessions	0.515	0.425	0.239

Table 40: PSOC Mean			
Variable	Estimate	Std. Error	P-Value
Intercept	-5.640	5.083	0.458
Start PSOC Mean	0.693	0.136	< 0.001
Foster Parent	-0.683	0.457	0.406
Male	0.160	0.203	0.44
Race = Other	-0.105	0.411	0.801
Race = White	0.125	0.375	0.742
Not Hispanic/Latino	0.047	0.275	0.867
At Least One Facilitator is not a Parent	-0.315	0.832	0.757
At Least One Facilitator Has Parented a Teenager	-0.279	1.203	0.839
Years with Current Employer	-0.042	0.104	0.756
Years Working in Child Welfare	-0.058	0.078	0.588
At Least One Facilitator Has Less than Master's Degree	-0.121	1.338	0.937
At Least One Facilitator is Male	0.173	0.683	0.843
Facilitator Age	0.210	0.172	0.419
Parent - Any Support Service	-0.098	0.245	0.693
Child - Any Support Service	0.513	0.243	0.049
Attended 7 or more sessions	-0.250	0.319	0.444
Group Std. Dev.	0.392		
Residual Std. Dev.	0.464		

Table 41: PSOC Satisfaction			
Variable	Estimate	Std. Error	P-Value
Intercept	3.607	1.980	0.081
Start PSOC Satisfaction	0.622	0.159	0.001
Foster Parent	-0.097	0.327	0.77
Male	0.248	0.249	0.33
Race = Other	-0.354	0.380	0.36
Race = White	-0.357	0.361	0.333
Not Hispanic/Latino	-0.136	0.346	0.698
At Least One Facilitator is not a Parent	-0.280	0.534	0.605
At Least One Facilitator Has Parented a Teenager	-0.656	1.048	0.537
Years with Current Employer	0.019	0.057	0.747
Years Working in Child Welfare	0.094	0.050	0.071
At Least One Facilitator Has Less than Master's Degree	1.039	1.211	0.399
At Least One Facilitator is Male	-0.447	0.480	0.361
Facilitator Age	-0.086	0.059	0.16
Parent - Any Support Service	-0.368	0.289	0.215
Child - Any Support Service	0.931	0.317	0.007
Attended 7 or more sessions	0.050	0.344	0.887

Table 42: PSOC Efficacy			
Variable	Estimate	Std. Error	P-Value
Intercept	-14.977	10.569	0.372
Start PSOC Efficacy	0.435	0.150	0.008
Foster Parent	-1.516	0.962	0.368
Male	0.067	0.285	0.817
Race = Other	0.162	0.497	0.747
Race = White	0.618	0.502	0.231
Not Hispanic/Latino	0.323	0.400	0.427
At Least One Facilitator is not a Parent	-0.360	1.603	0.858
At Least One Facilitator Has Parented a Teenager	0.967	2.202	0.718
Years with Current Employer	-0.125	0.210	0.664
Years Working in Child Welfare	-0.258	0.158	0.335
At Least One Facilitator Has Less than Master's Degree	-2.595	2.453	0.431
At Least One Facilitator is Male	1.074	1.403	0.583
Facilitator Age	0.562	0.354	0.337
Parent - Any Support Service	0.124	0.322	0.703
Child - Any Support Service	-0.207	0.336	0.545
Attended 7 or more sessions	-0.356	0.501	0.485
Group Std. Dev.	0.946		
Residual Std. Dev.	0.717		

Table 43: PSOC Interest			
Variable	Estimate	Std. Error	P-Value
Intercept	7.933	1.913	< 0.001
Start PSOC Interest	0.651	0.131	< 0.001
Foster Parent	0.358	0.324	0.279
Male	0.365	0.247	0.151
Race = Other	-0.122	0.343	0.725
Race = White	-0.111	0.360	0.76
Not Hispanic/Latino	-0.311	0.333	0.358
At Least One Facilitator is not a Parent	-0.073	0.528	0.89
At Least One Facilitator Has Parented a Teenager	-0.143	0.945	0.881
Years with Current Employer	0.046	0.054	0.404
Years Working in Child Welfare	0.096	0.048	0.057
At Least One Facilitator Has Less than Master's Degree	0.997	1.081	0.364
At Least One Facilitator is Male	-0.894	0.470	0.067
Facilitator Age	-0.206	0.060	0.002
Parent - Any Support Service	-0.409	0.262	0.13
Child - Any Support Service	0.722	0.329	0.036
Attended 7 or more sessions	0.138	0.368	0.711

Table 44: Parent Acceptance – Discipline First			
Variable	Estimate	Std. Error	P-Value
Intercept	-4.639	4.015	0.316
Start Parent Acceptance - Discipline First	0.196	0.172	0.274
Male	-0.141	0.397	0.726
Race = Other	0.702	0.705	0.328
Race = White	0.721	0.788	0.368
Not Hispanic/Latino	1.509	0.549	0.01
At Least One Facilitator is not a Parent	1.597	0.958	0.139
At Least One Facilitator Has Parented a Teenager	2.255	2.042	0.315
Years with Current Employer	0.285	0.200	0.225
Years Working in Child Welfare	-0.040	0.112	0.743
At Least One Facilitator Has Less than Master's Degree	-1.146	2.293	0.636
At Least One Facilitator is Male	-1.343	0.913	0.32
Facilitator Age	0.099	0.096	0.364
Parent - Any Support Service	-1.074	0.530	0.051
Child - Any Support Service	0.206	0.523	0.696
Attended 7 or more sessions	0.580	0.566	0.313
Group Std. Dev.	0.560		
Residual Std. Dev.	1.191		

Table 45: Parent Acceptance – Focus on Teen’s Feelings			
Variable	Estimate	Std. Error	P-Value
Intercept	8.242	3.551	0.057
Start Parent Acceptance - Focus on Teen’s Feelings	0.067	0.175	0.705
Male	1.225	0.482	0.017
Race = Other	-0.589	0.803	0.479
Race = White	-0.955	0.897	0.302
Not Hispanic/Latino	0.290	0.575	0.62
At Least One Facilitator is not a Parent	-1.187	0.868	0.201
At Least One Facilitator Has Parented a Teenager	-1.399	1.727	0.442
Years with Current Employer	0.095	0.199	0.642
Years Working in Child Welfare	0.035	0.109	0.759
At Least One Facilitator Has Less than Master's Degree	1.573	1.981	0.452
At Least One Facilitator is Male	-0.750	0.842	0.432
Facilitator Age	-0.099	0.083	0.28
Parent - Any Support Service	0.040	0.553	0.943
Child - Any Support Service	-0.195	0.559	0.729
Attended 7 or more sessions	-1.098	0.767	0.163
Group Std. Dev.	0.182		
Residual Std. Dev.	1.366		

Appendix B: Instruments

TEEN CONNECT PARENT QUESTIONNAIRE – START

To better understand your answers, we need some information about your family. Some of the questions we ask about your child/youth may not apply as this questionnaire covers a wide age range and many different domains. Don't worry about this and please answer as fully as possible. You may skip any questions you do not wish to answer. Once we collect this information we will remove all identifying information and enter only anonymous responses into a database. Your answers will be confidential as specified in the Consent Form. Thank you!

Parent/Caregiver Name: 	Today's Date:
Would you prefer to complete the next surveys in Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No	

IMPORTANT: AS YOU COMPLETE THE FOLLOWING QUESTIONS FOCUS ON THE ONE CHILD/YOUTH FOR WHOM YOU ARE ATTENDING TEEN CONNECT.

Child/Youth's Name: 	Child/Youth's Date of Birth:
Child/Youth's Gender (check one): <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">• Male</div> <div style="text-align: center;">• Female</div> <div style="text-align: center;">• Other</div> </div>	Child/Youth's Ethnicity (check one): <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">• Hispanic/Latino</div> <div style="text-align: center;">• Not Hispanic/Latino</div> </div>
Child/Youth's Race (check <u>all</u> that apply): <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">• Asian/Pacific Islander</div> <div style="text-align: center;">• Black/African American</div> <div style="text-align: center;">• Native American</div> <div style="text-align: center;">• White/ Caucasian</div> <div style="text-align: center;">• Other (specify): _____</div> </div>	
What is the status of this child/youth's involvement with the child welfare system (check one): <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">• The child has never been involved with the child welfare system</div> <div style="text-align: center;">• The child currently has an open case with the child welfare system</div> <div style="text-align: center;">• The child used to have an open case with the child welfare system, but now it is closed</div> <div style="text-align: center;">• Don't know</div> </div>	
What is the status of this child/youth's involvement with the juvenile justice system (check one): <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">•</div> <div style="text-align: center;">•</div> <div style="text-align: center;">•</div> <div style="text-align: center;">•</div> </div>	

The child has never been involved with the juvenile justice system	The child currently has an open case with the juvenile justice system	The child used to have an open case with the juvenile justice system, but now it is closed	Don't know
--	---	--	------------

Where is the child/youth currently living (check one):

☐
 With parent(s)

☐
 With relative(s)

☐
 Foster Home

☐
 Group Home/
Residential Center

☐
 Other (specify): _____

How long has the child/youth lived in the above home?

Has your child/youth ever been diagnosed by a medical or mental health professional as having a behavioral or mental health problem, such as Depression, an anxiety disorder, Autism, Conduct Disorder, Oppositional Defiant Disorder, or some other mental or behavioral condition:

☐
 Yes

☐
 No

☐
 Not Sure

What support services has your child/youth received within the past 6 months (check all that apply):

- Family therapy
- Individual therapy
- Group therapy
- Medication for a mental health problem, such as ADHD, depression, anxiety, etc.
- Drug and/or alcohol treatment
- Other services (specify): _____
- None

Please Continue on Next Page

Be sure to answer all items.

Below is a list of items that describe children and youths. For each item that describes your child **now or within the past 6 months**, please circle the **2** if the item is **very true or often true** of your child. Circle the **1** if the item is **somewhat or sometimes true** of your child. If the item is **not true** of your child, circle the **0**. Please answer all items as well as you can, even if some do not seem to apply to your child.

0 = Not True (as far as you know)			1 = Somewhat or Sometimes True			2 = Very True or Often True					
0	1	2	1.	Acts too young for his/her age		0	1	2	32.	Feels he/she has to be perfect	
0	1	2	2.	Drinks alcohol without parents' approval (describe): _____		0	1	2	33.	Feels or complains that no one loves him/her	
0	1	2	3.	Argues a lot		0	1	2	34.	Feels others are out to get him/her	
0	1	2	4.	Fails to finish things he/she starts		0	1	2	35.	Feels worthless or inferior	
0	1	2	5.	There is very little he/she enjoys		0	1	2	36.	Gets hurt a lot, accident-prone	
0	1	2	6.	Bowel movements outside the toilet		0	1	2	37.	Gets in many fights	
0	1	2	7.	Bragging, boasting		0	1	2	38.	Gets teased a lot	
0	1	2	8.	Can't concentrate, can't pay attention for long		0	1	2	39.	Hangs around with others who get in trouble	
0	1	2	9.	Can't get his/her mind off certain thoughts; obsessions (describe): _____		0	1	2	40.	Hears sounds or voices that aren't there (describe): _____	
0	1	2	10.	Can't sit still, restless, or hyperactive		0	1	2	41.	Impulsive or acts without thinking	
0	1	2	11.	Clings to adults or too dependent		0	1	2	42.	Would rather be alone than with others	
0	1	2	12.	Complains of loneliness		0	1	2	43.	Lying or cheating	
0	1	2	13.	Confused or seems to be in a fog		0	1	2	44.	Bites fingernails	
0	1	2	14.	Cries a lot		0	1	2	45.	Nervous, highstrung, or tense	
0	1	2	15.	Cruel to animals		0	1	2	46.	Nervous movements or twitching (describe): _____	
0	1	2	16.	Cruelty, bullying, or meanness to others		0	1	2	47.	Nightmares	
0	1	2	17.	Daydreams or gets lost in his/her thoughts		0	1	2	48.	Not liked by other kids	
0	1	2	18.	Deliberately harms self or attempts suicide		0	1	2	49.	Constipated, doesn't move bowels	
0	1	2	19.	Demands a lot of attention		0	1	2	50.	Too fearful or anxious	
0	1	2	20.	Destroys his/her own things		0	1	2	51.	Feels dizzy or lightheaded	
0	1	2	21.	Destroys things belonging to his/her family or others		0	1	2	52.	Feels too guilty	
0	1	2	22.	Disobedient at home		0	1	2	53.	Overeating	
0	1	2	23.	Disobedient at school		0	1	2	54.	Overtired without good reason	
0	1	2	24.	Doesn't eat well		0	1	2	55.	Overweight	
0	1	2	25.	Doesn't get along with other kids		0	1	2	56.	Physical problems without known medical cause:	
0	1	2	26.	Doesn't seem to feel guilty after misbehaving		0	1	2		a. Aches or pains (not stomach or headaches)	
0	1	2	27.	Easily jealous		0	1	2		b. Headaches	
0	1	2	28.	Breaks rules at home, school, or elsewhere		0	1	2		c. Nausea, feels sick	
0	1	2	29.	Fears certain animals, situations, or places, other than school (describe): _____		0	1	2		d. Problems with eyes (not if corrected by glasses) (describe): _____	
0	1	2	30.	Fears going to school		0	1	2		e. Rashes or other skin problems	
0	1	2	31.	Fears he/she might think or do something bad		0	1	2		f. Stomachaches	
										g. Vomiting, throwing up	
										h. Other (describe): _____	

Be sure to answer all items.

0 = Not True (as far as you know)				1 = Somewhat or Sometimes True				2 = Very True or Often True			
0	1	2	57.	Physically attacks people	0	1	2	84.	Strange behavior (describe): _____		
0	1	2	58.	Picks nose, skin, or other parts of body (describe): _____	0	1	2	85.	Strange ideas (describe): _____		
0	1	2	59.	Plays with own sex parts in public	0	1	2	86.	Stubborn, sullen, or irritable		
0	1	2	60.	Plays with own sex parts too much	0	1	2	87.	Sudden changes in mood or feelings		
0	1	2	61.	Poor school work	0	1	2	88.	Sulks a lot		
0	1	2	62.	Poorly coordinated or clumsy	0	1	2	89.	Suspicious		
0	1	2	63.	Prefers being with older kids	0	1	2	90.	Swearing or obscene language		
0	1	2	64.	Prefers being with younger kids	0	1	2	91.	Talks about killing self		
0	1	2	65.	Refuses to talk	0	1	2	92.	Talks or walks in sleep (describe): _____		
0	1	2	66.	Repeats certain actions over and over; compulsions (describe): _____	0	1	2	93.	Talks too much		
0	1	2	67.	Runs away from home	0	1	2	94.	Teases a lot		
0	1	2	68.	Screams a lot	0	1	2	95.	Temper tantrums or hot temper		
0	1	2	69.	Secretive, keeps things to self	0	1	2	96.	Thinks about sex too much		
0	1	2	70.	Sees things that aren't there (describe): _____	0	1	2	97.	Threatens people		
0	1	2	71.	Self-conscious or easily embarrassed	0	1	2	98.	Thumb-sucking		
0	1	2	72.	Sets fires	0	1	2	99.	Smokes, chews, or sniffs tobacco		
0	1	2	73.	Sexual problems (describe): _____	0	1	2	100.	Trouble sleeping (describe): _____		
0	1	2	74.	Showing off or clowning	0	1	2	101.	Truancy, skips school		
0	1	2	75.	Too shy or timid	0	1	2	102.	Underactive, slow moving, or lacks energy		
0	1	2	76.	Sleeps less than most kids	0	1	2	103.	Unhappy, sad, or depressed		
0	1	2	77.	Sleeps more than most kids during day and/or night (describe): _____	0	1	2	104.	Unusually loud		
0	1	2	78.	Inattentive or easily distracted	0	1	2	105.	Uses drugs for nonmedical purposes (<i>don't</i> include alcohol or tobacco) (describe): _____		
0	1	2	79.	Speech problem (describe): _____	0	1	2	106.	Vandalism		
0	1	2	80.	Stares blankly	0	1	2	107.	Wets self during the day		
0	1	2	81.	Steals at home	0	1	2	108.	Wets the bed		
0	1	2	82.	Steals outside home	0	1	2	109.	Whining		
0	1	2	83.	Stores up too many things he/she doesn't need (describe): _____	0	1	2	110.	Wishes to be of opposite sex		
					0	1	2	111.	Withdrawn, doesn't get involved with others		
					0	1	2	112.	Worries		
								113.	Please write in any problems your child has that are not listed above: _____		
					0	1	2		_____		
					0	1	2		_____		
					0	1	2		_____		

Please be sure you answered all items.

THE NEXT SECTION OF THIS QUESTIONNAIRE IS ABOUT YOU, THE PARENT/CAREGIVER, AND YOUR HOUSEHOLD.

Parent/Caregiver's Age in Years: Are you the primary caregiver for this child/youth? <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="radio"/> Yes <input type="radio"/> No </div>	
How long have you been the primary caregiver for this child/youth? _____	
Parent/Caregiver's Gender (check one): <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other </div>	Parent/Caregiver's Ethnicity (check one): <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="radio"/> Hispanic/Latino <input type="radio"/> Not Hispanic/Latino </div>
Parent/Caregiver's Race (check <u>all</u> that apply): <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="radio"/> Asian/Pacific Islander <input type="radio"/> Black/African American <input type="radio"/> Native American <input type="radio"/> White/ Caucasian <input type="radio"/> Other (specify): _____ </div>	
What is your relationship to the child/youth (check one): <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> <ul style="list-style-type: none"> <input type="radio"/> Birth mother <input type="radio"/> Adoptive mother <input type="radio"/> Step-mother <input type="radio"/> Female relative (aunt, grand-mother, etc.) <input type="radio"/> Foster mother <input type="radio"/> Other female caregiver (specify): _____ </div> <div style="width: 48%;"> <ul style="list-style-type: none"> <input type="radio"/> Birth father <input type="radio"/> Adoptive father <input type="radio"/> Step-father <input type="radio"/> Male relative (uncle, grand-father, etc.) <input type="radio"/> Foster father <input type="radio"/> Other male caregiver (specify): _____ </div> </div>	
What is your current household structure (check one): <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="radio"/> 1-parent household <input type="radio"/> 2-parent household <input type="radio"/> Other (specify): _____ </div>	How many children under the age of 18 are you currently caring for/parenting?
Other than your participation in the Teen Connect parenting group, what support services have you received within the past 6 months (check <u>all</u> that apply): <ul style="list-style-type: none"> <input type="checkbox"/> Family therapy <input type="checkbox"/> Individual therapy <input type="checkbox"/> Group therapy <input type="checkbox"/> Medication for a mental health problem, such as ADHD, depression, anxiety, etc. <input type="checkbox"/> Drug and/or alcohol treatment <input type="checkbox"/> Other services (specify): _____ <input type="checkbox"/> None 	
Are you currently enrolled in, or about to enroll in, another parenting support course besides Teen Connect (check one): <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="radio"/> Yes <input type="radio"/> No </div>	

Please take a moment to think about your feelings <u>over the past few weeks, on average</u> , and indicate your agreement with each statement by circling a number using the following scale:						
1 Strongly Disagree	2 Disagree	3 Mildly Disagree	4 Mildly Agree	5 Agree	6 Strongly Agree	
1. The problems of taking care of a child/youth are easy to solve once you know how your actions affect your child, an understanding I have acquired.				1	2	3 4 5 6
2. Even though being a parent could be rewarding, I am frustrated now while my child/youth is at his/her present age.				1	2	3 4 5 6
3. I go to bed the same way I wake up in the morning - feeling I have not accomplished a whole lot.				1	2	3 4 5 6
4. I do not know why it is, but sometimes when I'm supposed to be in control, I feel more like the one being manipulated.				1	2	3 4 5 6
5. My parent was better prepared to be a good parent than I am.				1	2	3 4 5 6
6. I would make a fine model for a new parent to follow in order to learn what she/he would need to know in order to be a good parent.				1	2	3 4 5 6
7. Being a parent is manageable, and any problems are easily solved.				1	2	3 4 5 6
8. A difficult problem in being a parent is not knowing whether you're doing a good job or a bad one.				1	2	3 4 5 6
9. Sometimes I feel like I'm not getting anything done.				1	2	3 4 5 6
10. I meet my own personal expectations for expertise in caring for my child/youth.				1	2	3 4 5 6
11. If anyone can find the answer to what is troubling my child/youth, I am the one.				1	2	3 4 5 6
12. My talents and interests are in other areas, not in being a parent.				1	2	3 4 5 6
13. Considering how long I've been a parent, I feel thoroughly familiar with this role.				1	2	3 4 5 6
14. If being a parent of a child/youth were only more interesting, I would be motivated to do a better job as a parent.				1	2	3 4 5 6
15. I honestly believe I have all the skills necessary to be a good parent to my child/youth.				1	2	3 4 5 6
16. Being a parent makes me tense and anxious.				1	2	3 4 5 6

Please take a moment to think about <u>the past few weeks, on average</u> , and indicate your agreement with each statement by circling a number using the following scale:						
1 Strongly Disagree	2 Disagree	3 Mildly Disagree	4 Mildly Agree	5 Agree	6 Strongly Agree	
17. When my teen acts up, it is important to focus first on discipline and consequences; then, if my teen behaves, we can talk.				1	2	3 4 5 6
18. When my teen starts acting up, it is easy for me to put aside how their behavior makes me feel and focus on my teen's feelings, thoughts, and needs for support.				1	2	3 4 5 6
Please think about the situation in your family <u>over the past few weeks, on average</u> . We are trying to get a picture of life in your household. For each question, please circle which response fits best.						
<i>Over the past few weeks, how much of a problem was the following:</i>				<i>Not at all</i>	<i>A little</i>	<i>Some-what</i> <i>Quite a bit</i> <i>Very much</i>
1. Interruption of personal time resulting from your child/youth's emotional or behavioral problem?				1	2	3 4 5
2. You missing work or neglecting other duties because of your child/youth's emotional or behavioral problem?				1	2	3 4 5
3. Disruption of family routines due to your child/youth's emotional or behavioral problem?				1	2	3 4 5
4. Any family member having to do without things because of your child/youth's emotional or behavioral problem?				1	2	3 4 5
5. Any family member suffering negative mental or physical health effects as a result of your child/youth's emotional or behavioral problem?				1	2	3 4 5
6. Your child getting into trouble with the neighbors, the school, the community, or law enforcement due to your child/youth's emotional or behavioral problem?				1	2	3 4 5
7. Financial strain for your family as a result of your child/youth's emotional or behavioral problem?				1	2	3 4 5
8. Less attention paid to other family members because of your child/youth's emotional or behavioral problem?				1	2	3 4 5
9. Disruption or upset of relationships within the family due to your child/youth's emotional or behavioral problem?				1	2	3 4 5
10. Disruption of your family's social activities resulting from your child/youth's emotional or behavioral problem?				1	2	3 4 5
11. How socially isolated did you feel as a result of your child/youth's emotional or behavioral problem?				1	2	3 4 5
12. How sad or unhappy do you feel as a result of your child/youth's emotional or behavioral problem?				1	2	3 4 5

<i>Over the past few weeks, how much of a problem was the following:</i>	<i>Not at all</i>	<i>A little</i>	<i>Some-what</i>	<i>Quite a bit</i>	<i>Very much</i>
13. How embarrassed do you feel about your child/youth's emotional or behavioral problem?	1	2	3	4	5
14. How well do you relate to your child/youth?	1	2	3	4	5
15. How angry do you feel toward your child/youth?	1	2	3	4	5
16. How worried do you feel about your child/youth's future?	1	2	3	4	5
17. How worried do you feel about your family's future?	1	2	3	4	5
18. How guilty do you feel about your child/youth's emotional or behavioral problem?	1	2	3	4	5
19. How resentful do you feel toward your child/youth?	1	2	3	4	5
20. How tired or strained do you feel as a result of your child/youth's emotional or behavioral problem?	1	2	3	4	5
21. In general, how much of a toll has your child/youth's emotional or behavioral problem taken on your family?	1	2	3	4	5
Circle the response on the scale below that indicates how well each adjective or phrase describes your present mood.					
	Definitely do not feel	Do not feel	Slightly feel	Definitely feel	
Lively	-2	-1	1	2	
Happy	-2	-1	1	2	
Sad	-2	-1	1	2	
Tired	-2	-1	1	2	
Caring	-2	-1	1	2	
Content	-2	-1	1	2	
Gloomy	-2	-1	1	2	
Jittery	-2	-1	1	2	
Drowsy	-2	-1	1	2	
Grouchy	-2	-1	1	2	
Peppy	-2	-1	1	2	
Nervous	-2	-1	1	2	
Calm	-2	-1	1	2	
Loving	-2	-1	1	2	
Fed up	-2	-1	1	2	
Active	-2	-1	1	2	
Overall my mood is....	Very Unpleasant -10 - 9 -8 -7 -6 -5 -4 -3 -2 -1 0 1 2 3 4 5 6 7 8 9 10 Very Pleasant				

Thank you for taking the time to complete this survey!

TEEN CONNECT PARENT QUESTIONNAIRE – POST

To better understand your answers, we need some information about your family. Some of the questions we ask about your child/youth may not apply as this questionnaire covers a wide age range and many different domains. Don't worry about this and please answer as fully as possible. You may skip any questions you do not wish to answer. Once we collect this information we will remove all identifying information and enter only anonymous responses into a database. Your answers will be confidential as specified in the Consent Form. Thank you!

Parent/Caregiver Name:	Today's Date:
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IMPORTANT: AS YOU COMPLETE THE FOLLOWING QUESTIONS FOCUS ON THE ONE CHILD/YOUTH FOR WHOM YOU ARE ATTENDING TEEN CONNECT.

Child/Youth's Name:	Child/Youth's Date of Birth:
----------------------------	-------------------------------------

What is the status of this child/youth's involvement with the child welfare system (check one):

- | | | | |
|---|--|---|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The child/youth has never been involved with the child welfare system | The child/youth currently has an open case with the child welfare system | The child/youth used to have an open case with the child welfare system, but now the case is closed | Don't know |

What is the status of this child/youth's involvement with the juvenile justice system (check one):

- | | | | |
|--|---|--|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The child/youth has never been involved with the juvenile justice system | The child/youth currently has an open case with the juvenile justice system | The child/youth used to have an open case with the juvenile justice system, but now the case is closed | Don't know |

Where is the child/youth currently living (check one):

- | | | | | |
|--------------------------|--------------------------|--------------------------|-----------------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| With parent(s) | With relative(s) | Foster Home | Group Home/
Residential Center | Other (specify): _____ |

How long has the child/youth lived in the above setting?

Has your child/youth ever been diagnosed by a medical or mental health professional as having a behavioral or mental health problem, such as Depression, an anxiety disorder, Autism, Conduct Disorder, Oppositional Defiant Disorder, or some other mental or behavioral condition:

☐

Yes

☐

No

☐

Not Sure

What support services has your child/youth received since you started the Teen Connect program (check all that apply):

☐ Family therapy

☐ Individual therapy

☐ Group therapy

☐ Medication for a mental health problem, such as ADHD, depression, anxiety, etc.

☐ Drug and/or alcohol treatment

☐ Other services (specify): _____

☐ None

Please Continue on Next Page

Be sure to answer all items.

Below is a list of items that describe children and youths. For each item that describes your child **now or within the past two weeks**, please circle the **2** if the item is **very true or often true** of your child. Circle the **1** if the item is **somewhat or sometimes true** of your child. If the item is **not true** of your child, circle the **0**. Please answer all items as well as you can, even if some do not seem to apply to your child.

0 = Not True (as far as you know)

1 = Somewhat or Sometimes True

2 = Very True or Often True

0	1	2	1.	Acts too young for his/her age	0	1	2	32.	Feels he/she has to be perfect
0	1	2	2.	Drinks alcohol without parents' approval (describe): _____	0	1	2	33.	Feels or complains that no one loves him/her
0	1	2	3.	Argues a lot	0	1	2	34.	Feels others are out to get him/her
0	1	2	4.	Fails to finish things he/she starts	0	1	2	35.	Feels worthless or inferior
0	1	2	5.	There is very little he/she enjoys	0	1	2	36.	Gets hurt a lot, accident-prone
0	1	2	6.	Bowel movements outside the toilet	0	1	2	37.	Gets in many fights
0	1	2	7.	Bragging, boasting	0	1	2	38.	Gets teased a lot
0	1	2	8.	Can't concentrate, can't pay attention for long	0	1	2	39.	Hangs around with others who get in trouble
0	1	2	9.	Can't get his/her mind off certain thoughts; obsessions (describe): _____	0	1	2	40.	Hears sounds or voices that aren't there (describe): _____
0	1	2	10.	Can't sit still, restless, or hyperactive	0	1	2	41.	Impulsive or acts without thinking
0	1	2	11.	Clings to adults or too dependent	0	1	2	42.	Would rather be alone than with others
0	1	2	12.	Complains of loneliness	0	1	2	43.	Lying or cheating
0	1	2	13.	Confused or seems to be in a fog	0	1	2	44.	Bites fingernails
0	1	2	14.	Cries a lot	0	1	2	45.	Nervous, highstrung, or tense
0	1	2	15.	Cruel to animals	0	1	2	46.	Nervous movements or twitching (describe): _____
0	1	2	16.	Cruelty, bullying, or meanness to others	0	1	2	47.	Nightmares
0	1	2	17.	Daydreams or gets lost in his/her thoughts	0	1	2	48.	Not liked by other kids
0	1	2	18.	Deliberately harms self or attempts suicide	0	1	2	49.	Constipated, doesn't move bowels
0	1	2	19.	Demands a lot of attention	0	1	2	50.	Too fearful or anxious
0	1	2	20.	Destroys his/her own things	0	1	2	51.	Feels dizzy or lightheaded
0	1	2	21.	Destroys things belonging to his/her family or others	0	1	2	52.	Feels too guilty
0	1	2	22.	Disobedient at home	0	1	2	53.	Overeating
0	1	2	23.	Disobedient at school	0	1	2	54.	Overtired without good reason
0	1	2	24.	Doesn't eat well	0	1	2	55.	Overweight
0	1	2	25.	Doesn't get along with other kids	0	1	2	56.	Physical problems without known medical cause:
0	1	2	26.	Doesn't seem to feel guilty after misbehaving	0	1	2		a. Aches or pains (not stomach or headaches)
0	1	2	27.	Easily jealous	0	1	2		b. Headaches
0	1	2	28.	Breaks rules at home, school, or elsewhere	0	1	2		c. Nausea, feels sick
0	1	2	29.	Fears certain animals, situations, or places, other than school (describe): _____	0	1	2		d. Problems with eyes (not if corrected by glasses) (describe): _____
0	1	2	30.	Fears going to school	0	1	2		e. Rashes or other skin problems
0	1	2	31.	Fears he/she might think or do something bad	0	1	2		f. Stomachaches
								g. Vomiting, throwing up	
								h. Other (describe): _____	

Be sure to answer all items.

0 = Not True (as far as you know)				1 = Somewhat or Sometimes True				2 = Very True or Often True			
0	1	2	57.	Physically attacks people	0	1	2	84.	Strange behavior (describe): _____		
0	1	2	58.	Picks nose, skin, or other parts of body (describe): _____	0	1	2	85.	Strange ideas (describe): _____		
0	1	2	59.	Plays with own sex parts in public	0	1	2	86.	Stubborn, sullen, or irritable		
0	1	2	60.	Plays with own sex parts too much	0	1	2	87.	Sudden changes in mood or feelings		
0	1	2	61.	Poor school work	0	1	2	88.	Sulks a lot		
0	1	2	62.	Poorly coordinated or clumsy	0	1	2	89.	Suspicious		
0	1	2	63.	Prefers being with older kids	0	1	2	90.	Swearing or obscene language		
0	1	2	64.	Prefers being with younger kids	0	1	2	91.	Talks about killing self		
0	1	2	65.	Refuses to talk	0	1	2	92.	Talks or walks in sleep (describe): _____		
0	1	2	66.	Repeats certain actions over and over; compulsions (describe): _____	0	1	2	93.	Talks too much		
0	1	2	67.	Runs away from home	0	1	2	94.	Teases a lot		
0	1	2	68.	Screams a lot	0	1	2	95.	Temper tantrums or hot temper		
0	1	2	69.	Secretive, keeps things to self	0	1	2	96.	Thinks about sex too much		
0	1	2	70.	Sees things that aren't there (describe): _____	0	1	2	97.	Threatens people		
0	1	2	71.	Self-conscious or easily embarrassed	0	1	2	98.	Thumb-sucking		
0	1	2	72.	Sets fires	0	1	2	99.	Smokes, chews, or sniffs tobacco		
0	1	2	73.	Sexual problems (describe): _____	0	1	2	100.	Trouble sleeping (describe): _____		
0	1	2	74.	Showing off or clowning	0	1	2	101.	Truancy, skips school		
0	1	2	75.	Too shy or timid	0	1	2	102.	Underactive, slow moving, or lacks energy		
0	1	2	76.	Sleeps less than most kids	0	1	2	103.	Unhappy, sad, or depressed		
0	1	2	77.	Sleeps more than most kids during day and/or night (describe): _____	0	1	2	104.	Unusually loud		
0	1	2	78.	Inattentive or easily distracted	0	1	2	105.	Uses drugs for nonmedical purposes (don't include alcohol or tobacco) (describe): _____		
0	1	2	79.	Speech problem (describe): _____	0	1	2	106.	Vandalism		
0	1	2	80.	Stares blankly	0	1	2	107.	Wets self during the day		
0	1	2	81.	Steals at home	0	1	2	108.	Wets the bed		
0	1	2	82.	Steals outside home	0	1	2	109.	Whining		
0	1	2	83.	Stores up too many things he/she doesn't need (describe): _____	0	1	2	110.	Wishes to be of opposite sex		
					0	1	2	111.	Withdrawn, doesn't get involved with others		
					0	1	2	112.	Worries		
								113.	Please write in any problems your child has that are not listed above:		
					0	1	2		_____		
					0	1	2		_____		
					0	1	2		_____		

Please be sure you answered all items.

THE NEXT SECTION OF THIS QUESTIONNAIRE IS ABOUT YOU, THE PARENT/CAREGIVER, AND YOUR HOUSEHOLD.

<p>What is your current household structure (check one):</p> <p><input type="checkbox"/> 1-parent household <input type="checkbox"/> 2-parent household <input type="checkbox"/> Other (specify): _____</p>	<p>How many children/youth under the age of 18 are you currently caring for/parenting?</p>
<p>Other than your participation in the Teen Connect parenting group, what support services have you received since starting the Teen Connect program (check <u>all</u> that apply):</p> <p><input type="checkbox"/> Family therapy</p> <p><input type="checkbox"/> Individual therapy</p> <p><input type="checkbox"/> Group therapy</p> <p><input type="checkbox"/> Medication for a mental health problem, such as ADHD, depression, anxiety, etc.</p> <p><input type="checkbox"/> Drug and/or alcohol treatment</p> <p><input type="checkbox"/> Other services (specify): _____</p> <p><input type="checkbox"/> None</p>	
<p>Are you currently enrolled in, or about to enroll in, another parenting support course besides Teen Connect (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Please Continue on Next Page

Please take a moment to think about your feelings over the past few weeks, on average, and indicate your agreement with each statement by circling a number using the following scale:

1 Strongly Disagree	2 Disagree	3 Mildly Disagree	4 Mildly Agree	5 Agree	6 Strongly Agree	
1. The problems of taking care of a child/youth are easy to solve once you know how your actions affect your child/youth, an understanding I have acquired.	1	2	3	4	5	6
2. Even though being a parent could be rewarding, I am frustrated now while my child/youth is at his/her present age.	1	2	3	4	5	6
3. I go to bed the same way I wake up in the morning - feeling I have not accomplished a whole lot.	1	2	3	4	5	6
4. I do not know why it is, but sometimes when I'm supposed to be in control, I feel more like the one being manipulated.	1	2	3	4	5	6
5. My parent was better prepared to be a good parent than I am.	1	2	3	4	5	6
6. I would make a fine model for a new parent to follow in order to learn what she/he would need to know in order to be a good parent.	1	2	3	4	5	6
7. Being a parent is manageable, and any problems are easily solved.	1	2	3	4	5	6
8. A difficult problem in being a parent is not knowing whether you're doing a good job or a bad one.	1	2	3	4	5	6
9. Sometimes I feel like I'm not getting anything done.	1	2	3	4	5	6
10. I meet my own personal expectations for expertise in caring for my child/youth.	1	2	3	4	5	6
11. If anyone can find the answer to what is troubling my child/youth, I am the one.	1	2	3	4	5	6
12. My talents and interests are in other areas, not in being a parent.	1	2	3	4	5	6
13. Considering how long I've been a parent, I feel thoroughly familiar with this role.	1	2	3	4	5	6
14. If being a parent of a child/youth were only more interesting, I would be motivated to do a better job as a parent.	1	2	3	4	5	6
15. I honestly believe I have all the skills necessary to be a good parent to my child/youth.	1	2	3	4	5	6
16. Being a parent makes me tense and anxious.	1	2	3	4	5	6
17. When my teen acts up, it is important to focus first on discipline and consequences; then, if my teen behaves, we can talk.	1	2	3	4	5	6
18. When my teen starts acting up, it is easy for me to put aside how their behavior makes me feel and focus on my teen's feelings, thoughts, and needs for support.	1	2	3	4	5	6

Please think about the situation in your family over the past few weeks, on average. We are trying to get a picture of life in your household. For each question, please circle which response fits best.

<i>Over the past few weeks, how much of a problem was the following:</i>	<i>Not at all</i>	<i>A little</i>	<i>Some-what</i>	<i>Quite a bit</i>	<i>Very much</i>
1. Interruption of personal time resulting from your child/youth's emotional or behavioral problem?	1	2	3	4	5
2. You missing work or neglecting other duties because of your child/youth's emotional or behavioral problem?	1	2	3	4	5
3. Disruption of family routines due to your child/youth's emotional or behavioral problem?	1	2	3	4	5
4. Any family member having to do without things because of your child/youth's emotional or behavioral problem?	1	2	3	4	5
5. Any family member suffering negative mental or physical health effects as a result of your child/youth's emotional or behavioral problem?	1	2	3	4	5
6. Your child/youth getting into trouble with the neighbors, the school, the community, or law enforcement due to your child/youth's emotional or behavioral problem?	1	2	3	4	5
7. Financial strain for your family as a result of your child/youth's emotional or behavioral problem?	1	2	3	4	5
8. Less attention paid to other family members because of your child/youth's emotional or behavioral problem?	1	2	3	4	5
9. Disruption or upset of relationships within the family due to your child/youth's emotional or behavioral problem?	1	2	3	4	5
10. Disruption of your family's social activities resulting from your child/youth's emotional or behavioral problem?	1	2	3	4	5
11. How socially isolated did you feel as a result of your child/youth's emotional or behavioral problem?	1	2	3	4	5
12. How sad or unhappy do you feel as a result of your child/youth's emotional or behavioral problem?	1	2	3	4	5
13. How embarrassed do you feel about your child/youth's emotional or behavioral problem?	1	2	3	4	5
14. How well do you relate to your child/youth?	1	2	3	4	5
15. How angry do you feel toward your child/youth?	1	2	3	4	5
16. How worried do you feel about your child/youth's future?	1	2	3	4	5
17. How worried do you feel about your family's future?	1	2	3	4	5

<i>Over the past few weeks, how much of a problem was the following:</i>	<i>Not at all</i>	<i>A little</i>	<i>Some-what</i>	<i>Quite a bit</i>	<i>Very much</i>
18. How guilty do you feel about your child/youth's emotional or behavioral problem?	1	2	3	4	5
19. How resentful do you feel toward your child/youth?	1	2	3	4	5
20. How tired or strained do you feel as a result of your child/youth's emotional or behavioral problem?	1	2	3	4	5
21. In general, how much of a toll has your child/youth's emotional or behavioral problem taken on your family?	1	2	3	4	5

Circle the response on the scale below that indicates how well each adjective or phrase describes your present mood.	Definitely do not feel	Do not feel	Slightly feel	Definitely feel
Lively	-2	-1	1	2
Happy	-2	-1	1	2
Sad	-2	-1	1	2
Tired	-2	-1	1	2
Caring	-2	-1	1	2
Content	-2	-1	1	2
Gloomy	-2	-1	1	2
Jittery	-2	-1	1	2
Drowsy	-2	-1	1	2
Grouchy	-2	-1	1	2
Peppy	-2	-1	1	2
Nervous	-2	-1	1	2
Calm	-2	-1	1	2
Loving	-2	-1	1	2
Fed up	-2	-1	1	2
Active	-2	-1	1	2
Overall my mood is....	Very Unpleasant Very Pleasant			
	-10 -9 -8 -7 -6 -5 -4 -3 -2 -1 0 1 2 3 4 5 6 7 8 9 10			

Thank you for taking the time to complete this survey!

TEEN CONNECT FOSTER PARENT QUESTIONNAIRE – START

To better understand your answers, we need some information about your family. Some of the questions we ask about your foster child/youth may not apply as this questionnaire covers a wide age range and many different domains. Don't worry about this and please answer as fully as possible. You may skip any questions you do not wish to answer. Once we collect this information we will remove all identifying information and enter only anonymous responses into a database. Your answers will be confidential as specified in the Consent Form. Thank you!

Foster Parent/Caregiver Name: 	Today's Date:
Would you prefer to complete the next surveys in Spanish? <input type="checkbox"/> Yes <input type="checkbox"/> No	

IMPORTANT: AS YOU COMPLETE THE FOLLOWING QUESTIONS FOCUS ON THE ONE FOSTER CHILD/YOUTH FOR WHOM YOU ARE ATTENDING TEEN CONNECT.

Foster Child/Youth's Name: 	Foster Child/Youth's Date of Birth:
Foster Child/Youth's Gender (check one): <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other </div>	Foster Child/Youth's Ethnicity (check one): <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino </div>
Foster Child/Youth's Race (check <u>all</u> that apply): <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/African American <input type="checkbox"/> Native American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Other (specify): _____ </div>	
What is the status of this foster child/youth's involvement with the child welfare system (check one): <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"><input type="checkbox"/> The child has never been involved with the child welfare system</div> <div style="text-align: center;"><input type="checkbox"/> The child currently has an open case with the child welfare system</div> <div style="text-align: center;"><input type="checkbox"/> The child used to have an open case with the child welfare system, but now it is closed</div> <div style="text-align: center;"><input type="checkbox"/> Don't know</div> </div>	
What is the status of this foster child/youth's involvement with the juvenile justice system (check one): <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div style="text-align: center;"><input type="checkbox"/> The child has never been involved with the juvenile justice</div> <div style="text-align: center;"><input type="checkbox"/> The child currently has an open case with the juvenile</div> <div style="text-align: center;"><input type="checkbox"/> The child used to have an open case with the juvenile justice system, but now it is</div> <div style="text-align: center;"><input type="checkbox"/> Don't know</div> </div>	

system	justice system	closed
<p>Where is the foster child/youth currently living (check one):</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;"> <input type="checkbox"/> With parent(s) </div> <div style="text-align: center;"> <input type="checkbox"/> With relative(s) </div> <div style="text-align: center;"> <input type="checkbox"/> Foster Home </div> <div style="text-align: center;"> <input type="checkbox"/> Group Home/ Residential Center </div> <div style="text-align: center;"> <input type="checkbox"/> Other (specify): _____ </div> </div>		
<p>How long has the foster child/youth lived in the above home?</p>		
<p>Has your foster child/youth ever been diagnosed by a medical or mental health professional as having a behavioral or mental health problem, such as Depression, an anxiety disorder, Autism, Conduct Disorder, Oppositional Defiant Disorder, or some other mental or behavioral condition:</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input type="checkbox"/> Yes </div> <div style="text-align: center;"> <input type="checkbox"/> No </div> <div style="text-align: center;"> <input type="checkbox"/> Not Sure </div> </div>		
<p>What support services has the foster child/youth received within the past 6 months (check <u>all</u> that apply):</p> <div style="margin-top: 10px;"> <input type="checkbox"/> Family therapy <input type="checkbox"/> Individual therapy <input type="checkbox"/> Group therapy <input type="checkbox"/> Medication for a mental health problem, such as ADHD, depression, anxiety, etc. <input type="checkbox"/> Drug and/or alcohol treatment <input type="checkbox"/> Other services (specify): _____ <input type="checkbox"/> None </div>		

Please Continue on Next Page

Be sure to answer all items.

Below is a list of items that describe children and youths. For each item that describes your foster child **now or within the past 6 months**, please circle the **2** if the item is **very true or often true** of your foster child. Circle the **1** if the item is **somewhat or sometimes true** of your foster child. If the item is **not true** of your foster child, circle the **0**. Please answer all items as well as you can, even if some do not seem to apply to your foster child.

0 = Not True (as far as you know)			1 = Somewhat or Sometimes True			2 = Very True or Often True			
0	1	2	1.	Acts too young for his/her age	0	1	2	32.	Feels he/she has to be perfect
0	1	2	2.	Drinks alcohol without parents' approval (describe): _____	0	1	2	33.	Feels or complains that no one loves him/her
0	1	2	3.	Argues a lot	0	1	2	34.	Feels others are out to get him/her
0	1	2	4.	Fails to finish things he/she starts	0	1	2	35.	Feels worthless or inferior
0	1	2	5.	There is very little he/she enjoys	0	1	2	36.	Gets hurt a lot, accident-prone
0	1	2	6.	Bowel movements outside the toilet	0	1	2	37.	Gets in many fights
0	1	2	7.	Bragging, boasting	0	1	2	38.	Gets teased a lot
0	1	2	8.	Can't concentrate, can't pay attention for long	0	1	2	39.	Hangs around with others who get in trouble
0	1	2	9.	Can't get his/her mind off certain thoughts; obsessions (describe): _____	0	1	2	40.	Hears sounds or voices that aren't there (describe): _____
0	1	2	10.	Can't sit still, restless, or hyperactive	0	1	2	41.	Impulsive or acts without thinking
0	1	2	11.	Clings to adults or too dependent	0	1	2	42.	Would rather be alone than with others
0	1	2	12.	Complains of loneliness	0	1	2	43.	Lying or cheating
0	1	2	13.	Confused or seems to be in a fog	0	1	2	44.	Bites fingernails
0	1	2	14.	Cries a lot	0	1	2	45.	Nervous, highstrung, or tense
0	1	2	15.	Cruel to animals	0	1	2	46.	Nervous movements or twitching (describe): _____
0	1	2	16.	Cruelty, bullying, or meanness to others	0	1	2	47.	Nightmares
0	1	2	17.	Daydreams or gets lost in his/her thoughts	0	1	2	48.	Not liked by other kids
0	1	2	18.	Deliberately harms self or attempts suicide	0	1	2	49.	Constipated, doesn't move bowels
0	1	2	19.	Demands a lot of attention	0	1	2	50.	Too fearful or anxious
0	1	2	20.	Destroys his/her own things	0	1	2	51.	Feels dizzy or lightheaded
0	1	2	21.	Destroys things belonging to his/her family or others	0	1	2	52.	Feels too guilty
0	1	2	22.	Disobedient at home	0	1	2	53.	Overeating
0	1	2	23.	Disobedient at school	0	1	2	54.	Overtired without good reason
0	1	2	24.	Doesn't eat well	0	1	2	55.	Overweight
0	1	2	25.	Doesn't get along with other kids	0	1	2	56.	Physical problems without known medical cause:
0	1	2	26.	Doesn't seem to feel guilty after misbehaving	0	1	2	a.	Aches or pains (not stomach or headaches)
0	1	2	27.	Easily jealous	0	1	2	b.	Headaches
0	1	2	28.	Breaks rules at home, school, or elsewhere	0	1	2	c.	Nausea, feels sick
0	1	2	29.	Fears certain animals, situations, or places, other than school (describe): _____	0	1	2	d.	Problems with eyes (not if corrected by glasses) (describe): _____
0	1	2	30.	Fears going to school	0	1	2	e.	Rashes or other skin problems
0	1	2	31.	Fears he/she might think or do something bad	0	1	2	f.	Stomachaches
								g.	Vomiting, throwing up
								h.	Other (describe): _____

Be sure to answer all items.

0 = Not True (as far as you know)				1 = Somewhat or Sometimes True				2 = Very True or Often True			
0	1	2	57.	Physically attacks people	0	1	2	84.	Strange behavior (describe): _____		
0	1	2	58.	Picks nose, skin, or other parts of body (describe): _____	0	1	2	85.	Strange ideas (describe): _____		
0	1	2	59.	Plays with own sex parts in public	0	1	2	86.	Stubborn, sullen, or irritable		
0	1	2	60.	Plays with own sex parts too much	0	1	2	87.	Sudden changes in mood or feelings		
0	1	2	61.	Poor school work	0	1	2	88.	Sulks a lot		
0	1	2	62.	Poorly coordinated or clumsy	0	1	2	89.	Suspicious		
0	1	2	63.	Prefers being with older kids	0	1	2	90.	Swearing or obscene language		
0	1	2	64.	Prefers being with younger kids	0	1	2	91.	Talks about killing self		
0	1	2	65.	Refuses to talk	0	1	2	92.	Talks or walks in sleep (describe): _____		
0	1	2	66.	Repeats certain actions over and over; compulsions (describe): _____	0	1	2	93.	Talks too much		
0	1	2	67.	Runs away from home	0	1	2	94.	Teases a lot		
0	1	2	68.	Screams a lot	0	1	2	95.	Temper tantrums or hot temper		
0	1	2	69.	Secretive, keeps things to self	0	1	2	96.	Thinks about sex too much		
0	1	2	70.	Sees things that aren't there (describe): _____	0	1	2	97.	Threatens people		
0	1	2	71.	Self-conscious or easily embarrassed	0	1	2	98.	Thumb-sucking		
0	1	2	72.	Sets fires	0	1	2	99.	Smokes, chews, or sniffs tobacco		
0	1	2	73.	Sexual problems (describe): _____	0	1	2	100.	Trouble sleeping (describe): _____		
0	1	2	74.	Showing off or clowning	0	1	2	101.	Truancy, skips school		
0	1	2	75.	Too shy or timid	0	1	2	102.	Underactive, slow moving, or lacks energy		
0	1	2	76.	Sleeps less than most kids	0	1	2	103.	Unhappy, sad, or depressed		
0	1	2	77.	Sleeps more than most kids during day and/or night (describe): _____	0	1	2	104.	Unusually loud		
0	1	2	78.	Inattentive or easily distracted	0	1	2	105.	Uses drugs for nonmedical purposes (don't include alcohol or tobacco) (describe): _____		
0	1	2	79.	Speech problem (describe): _____	0	1	2	106.	Vandalism		
0	1	2	80.	Stares blankly	0	1	2	107.	Wets self during the day		
0	1	2	81.	Steals at home	0	1	2	108.	Wets the bed		
0	1	2	82.	Steals outside home	0	1	2	109.	Whining		
0	1	2	83.	Stores up too many things he/she doesn't need (describe): _____	0	1	2	110.	Wishes to be of opposite sex		
					0	1	2	111.	Withdrawn, doesn't get involved with others		
					0	1	2	112.	Worries		
								113.	Please write in any problems your foster child has that are not listed above:		
					0	1	2		_____		
					0	1	2		_____		
					0	1	2		_____		

Please be sure you answered all items.

THE NEXT SECTION OF THIS QUESTIONNAIRE IS ABOUT YOU, THE PARENT/CAREGIVER, AND YOUR HOUSEHOLD.

Foster Parent/Caregiver's Age in Years:**Are you the primary caregiver for this child/youth?**☐

Yes

☐

No

How long have you been the primary caregiver for this child/youth? _____**Foster Parent/Caregiver's Gender** (check one):☐

Male

☐

Female

☐

Other

Foster Parent/Caregiver's Ethnicity (check one):☐

Hispanic/Latino

☐

Not Hispanic/Latino

Foster Parent/Caregiver's Race (check all that apply):☐Asian/Pacific
Islander☐Black/African
American☐Native
American☐White/
Caucasian☐Other
(specify): _____**What is your relationship to the child/youth** (check one):☐

Birth mother

☐

Birth father

☐

Adoptive mother

☐

Adoptive father

☐

Step-mother

☐

Step-father

☐

Female relative (aunt, grand-mother, etc.)

☐

Male relative (uncle, grand-father, etc.)

☐

Foster mother

☐

Foster father

☐

Other female caregiver (specify): _____

☐

Other male caregiver (specify): _____

What is your current household structure (check one):☐1-parent
household☐2-parent
household☐

Other (specify): _____

How many children under the age of 18 are you currently caring for/parenting?**Other than your participation in the Teen Connect parenting group, what support services have you received within the past 6 months** (check all that apply):☐

Family therapy

☐

Individual therapy

☐

Group therapy

☐

Medication for a mental health problem, such as ADHD, depression, anxiety, etc.

☐

Drug and/or alcohol treatment

☐

Other services (specify): _____

☐

None

Are you currently enrolled in, or about to enroll in, another parenting support course besides Teen Connect (check one): ☐ Yes ☐ No

Please take a moment to think about your feelings over the past few weeks, on average, and indicate your agreement with each statement by circling a number using the following scale:

1 Strongly Disagree	2 Disagree	3 Mildly Disagree	4 Mildly Agree	5 Agree	6 Strongly Agree
1. The problems of taking care of a foster child/youth are easy to solve once you know how your actions affect your foster child, an understanding I have acquired.				1	2 3 4 5 6
2. Even though being a foster parent could be rewarding, I am frustrated now while my foster child/youth is at his/her present age.				1	2 3 4 5 6
3. I go to bed the same way I wake up in the morning - feeling I have not accomplished a whole lot.				1	2 3 4 5 6
4. I do not know why it is, but sometimes when I'm supposed to be in control, I feel more like the one being manipulated.				1	2 3 4 5 6
5. My parent was better prepared to be a good parent than I am.				1	2 3 4 5 6
6. I would make a fine model for a new foster parent to follow in order to learn what she/he would need to know in order to be a good foster parent.				1	2 3 4 5 6
7. Being a foster parent is manageable, and any problems are easily solved.				1	2 3 4 5 6
8. A difficult problem in being a foster parent is not knowing whether you're doing a good job or a bad one.				1	2 3 4 5 6
9. Sometimes I feel like I'm not getting anything done.				1	2 3 4 5 6
10. I meet my own personal expectations for expertise in caring for my foster child/youth.				1	2 3 4 5 6
11. If anyone can find the answer to what is troubling my foster child/youth, I am the one.				1	2 3 4 5 6
12. My talents and interests are in other areas, not in being a foster parent.				1	2 3 4 5 6
13. Considering how long I've been a foster parent, I feel thoroughly familiar with this role.				1	2 3 4 5 6
14. If being a foster parent of a child/youth were only more interesting, I would be motivated to do a better job as a foster parent.				1	2 3 4 5 6
15. I honestly believe I have all the skills necessary to be a good foster parent to my child/youth.				1	2 3 4 5 6
16. Being a foster parent makes me tense and anxious.				1	2 3 4 5 6

Please take a moment to think about the past few weeks, on average, and indicate your agreement with each statement by circling a number using the following scale:

1 Strongly Disagree	2 Disagree	3 Mildly Disagree	4 Mildly Agree	5 Agree	6 Strongly Agree
17. When my foster teen acts up, it is important to focus first on discipline and consequences; then, if my foster teen behaves, we can talk.				1	2 3 4 5 6
18. When my foster teen starts acting up, it is easy for me to put aside how their behavior makes me feel and focus on my foster teen's feelings, thoughts, and needs for support.				1	2 3 4 5 6
19. By the time they are a teenager, foster youth should be able to separate their past experiences from the better life they are offered in a good foster home like mine.				1	2 3 4 5 6
20. My willingness and interest in developing a positive relationship with the foster youth in my home is as important as providing them with food and shelter.				1	2 3 4 5 6

Please think about the situation in your family over the past few weeks, on average. We are trying to get a picture of life in your household. For each question, please circle which response fits best.

<i>Over the past few weeks, how much of a problem was the following:</i>	<i>Not at all</i>	<i>A little</i>	<i>Some-what</i>	<i>Quite a bit</i>	<i>Very much</i>
1. Interruption of personal time resulting from your foster child/youth's emotional or behavioral problem?	1	2	3	4	5
2. You missing work or neglecting other duties because of your foster child/youth's emotional or behavioral problem?	1	2	3	4	5
3. Disruption of family routines due to your foster child/youth's emotional or behavioral problem?	1	2	3	4	5
4. Any family member having to do without things because of your foster child/youth's emotional or behavioral problem?	1	2	3	4	5
5. Any family member suffering negative mental or physical health effects as a result of your foster child/youth's emotional or behavioral problem?	1	2	3	4	5
6. Your foster child getting into trouble with the neighbors, the school, the community, or law enforcement due to your foster child/youth's emotional or behavioral problem?	1	2	3	4	5
7. Financial strain for your family as a result of your foster child/youth's emotional or behavioral problem?	1	2	3	4	5
8. Less attention paid to other family members because of your foster child/youth's emotional or behavioral problem?	1	2	3	4	5
9. Disruption or upset of relationships within the family due to your foster child/youth's emotional or behavioral problem?	1	2	3	4	5

10. Disruption of your family's social activities resulting from your foster child/youth's emotional or behavioral problem?	1	2	3	4	5
11. How socially isolated did you feel as a result of your foster child/youth's emotional or behavioral problem?	1	2	3	4	5
12. How sad or unhappy do you feel as a result of your foster child/youth's emotional or behavioral problem?	1	2	3	4	5
13. How embarrassed do you feel about your foster child/youth's emotional or behavioral problem?	1	2	3	4	5
14. How well do you relate to your foster child/youth?	1	2	3	4	5
15. How angry do you feel toward your foster child/youth?	1	2	3	4	5
16. How worried do you feel about your foster child/youth's future?	1	2	3	4	5
17. How worried do you feel about your family's future?	1	2	3	4	5
18. How guilty do you feel about your foster child/youth's emotional or behavioral problem?	1	2	3	4	5
19. How resentful do you feel toward your foster child/youth?	1	2	3	4	5
20. How tired or strained do you feel as a result of your foster child/youth's emotional or behavioral problem?	1	2	3	4	5
21. In general, how much of a toll has your foster child/youth's emotional or behavioral problem taken on your family?	1	2	3	4	5

Circle the response on the scale below that indicates how well each adjective or phrase describes your present mood.	Definitely do not feel	Do not feel	Slightly feel	Definitely feel
Lively	-2	-1	1	2
Happy	-2	-1	1	2
Sad	-2	-1	1	2
Tired	-2	-1	1	2
Caring	-2	-1	1	2
Content	-2	-1	1	2
Gloomy	-2	-1	1	2
Jittery	-2	-1	1	2
Drowsy	-2	-1	1	2
Grouchy	-2	-1	1	2
Peppy	-2	-1	1	2
Nervous	-2	-1	1	2
Calm	-2	-1	1	2
Loving	-2	-1	1	2
Fed up	-2	-1	1	2
Active	-2	-1	1	2
Overall my mood is....	Very Unpleasant -10 - 9 -8 -7 -6 -5 -4 -3 -2 -1 0 1 2 3 4 5 6 7 8 9 10 Very Pleasant			

Thank you for taking the time to complete this survey!

TEEN CONNECT FOSTER PARENT QUESTIONNAIRE – POST

To better understand your answers, we need some information about your family. Some of the questions we ask about your foster child/youth may not apply as this questionnaire covers a wide age range and many different domains. Don't worry about this and please answer as fully as possible. You may skip any questions you do not wish to answer. Once we collect this information we will remove all identifying information and enter only anonymous responses into a database. Your answers will be confidential as specified in the Consent Form. Thank you!

Foster Parent/Caregiver Name:	Today's Date:
--------------------------------------	----------------------

IMPORTANT: AS YOU COMPLETE THE FOLLOWING QUESTIONS FOCUS ON THE ONE FOSTER CHILD/YOUTH FOR WHOM YOU ARE ATTENDING TEEN CONNECT.

Foster Child/Youth's Name:	Foster Child/Youth's Date of Birth:
-----------------------------------	--

What is the status of this foster child/youth's involvement with the child welfare system (check one):

- | | | | |
|---|--|---|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The child/youth has never been involved with the child welfare system | The child/youth currently has an open case with the child welfare system | The child/youth used to have an open case with the child welfare system, but now it is closed | Don't know |

What is the status of this foster child/youth's involvement with the juvenile justice system (check one):

- | | | | |
|--|---|--|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| The child/youth has never been involved with the juvenile justice system | The child/youth currently has an open case with the juvenile justice system | The child/youth used to have an open case with the juvenile justice system, but now it is closed | Don't know |

Where is the child/youth currently living (check one):

- | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| With parent(s) | With relative(s) | Foster Home | Group Home/ Residential Center | Other (specify): _____ |

How long has the child/youth lived in the above setting?

Has your foster child/youth ever been diagnosed by a medical or mental health professional as having a behavioral or mental health problem, such as Depression, an anxiety disorder, Autism, Conduct Disorder, Oppositional Defiant Disorder, or some other mental or behavioral condition:

☐
Yes

☐
No

☐
Not Sure

What support services has your foster child/youth received since starting the Teen Connect program (check all that apply):

- ☐ Family therapy
- ☐ Individual therapy
- ☐ Group therapy
- ☐ Medication for a mental health problem, such as ADHD, depression, anxiety, etc.
- ☐ Drug and/or alcohol treatment
- ☐ Other services (specify): _____
- ☐ None

Please Continue on Next Page

Be sure to answer all items.

Below is a list of items that describe children and youths. For each item that describes your foster child **now or within the past two weeks**, please circle the **2** if the item is **very true or often true** of your foster child. Circle the **1** if the item is **somewhat or sometimes true** of your foster child. If the item is **not true** of your foster child, circle the **0**. Please answer all items as well as you can, even if some do not seem to apply to your foster child.

0 = Not True (as far as you know)			1 = Somewhat or Sometimes True			2 = Very True or Often True			
0	1	2	1.	Acts too young for his/her age	0	1	2	32.	Feels he/she has to be perfect
0	1	2	2.	Drinks alcohol without parents' approval (describe): _____	0	1	2	33.	Feels or complains that no one loves him/her
0	1	2	3.	Argues a lot	0	1	2	34.	Feels others are out to get him/her
0	1	2	4.	Fails to finish things he/she starts	0	1	2	35.	Feels worthless or inferior
0	1	2	5.	There is very little he/she enjoys	0	1	2	36.	Gets hurt a lot, accident-prone
0	1	2	6.	Bowel movements outside the toilet	0	1	2	37.	Gets in many fights
0	1	2	7.	Bragging, boasting	0	1	2	38.	Gets teased a lot
0	1	2	8.	Can't concentrate, can't pay attention for long	0	1	2	39.	Hangs around with others who get in trouble
0	1	2	9.	Can't get his/her mind off certain thoughts; obsessions (describe): _____	0	1	2	40.	Hears sounds or voices that aren't there (describe): _____
0	1	2	10.	Can't sit still, restless, or hyperactive	0	1	2	41.	Impulsive or acts without thinking
0	1	2	11.	Clings to adults or too dependent	0	1	2	42.	Would rather be alone than with others
0	1	2	12.	Complains of loneliness	0	1	2	43.	Lying or cheating
0	1	2	13.	Confused or seems to be in a fog	0	1	2	44.	Bites fingernails
0	1	2	14.	Cries a lot	0	1	2	45.	Nervous, highstrung, or tense
0	1	2	15.	Cruel to animals	0	1	2	46.	Nervous movements or twitching (describe): _____
0	1	2	16.	Cruelty, bullying, or meanness to others	0	1	2	47.	Nightmares
0	1	2	17.	Daydreams or gets lost in his/her thoughts	0	1	2	48.	Not liked by other kids
0	1	2	18.	Deliberately harms self or attempts suicide	0	1	2	49.	Constipated, doesn't move bowels
0	1	2	19.	Demands a lot of attention	0	1	2	50.	Too fearful or anxious
0	1	2	20.	Destroys his/her own things	0	1	2	51.	Feels dizzy or lightheaded
0	1	2	21.	Destroys things belonging to his/her family or others	0	1	2	52.	Feels too guilty
0	1	2	22.	Disobedient at home	0	1	2	53.	Overeating
0	1	2	23.	Disobedient at school	0	1	2	54.	Overtired without good reason
0	1	2	24.	Doesn't eat well	0	1	2	55.	Overweight
0	1	2	25.	Doesn't get along with other kids	0	1	2	56.	Physical problems without known medical cause:
0	1	2	26.	Doesn't seem to feel guilty after misbehaving	0	1	2	a.	Aches or pains (not stomach or headaches)
0	1	2	27.	Easily jealous	0	1	2	b.	Headaches
0	1	2	28.	Breaks rules at home, school, or elsewhere	0	1	2	c.	Nausea, feels sick
0	1	2	29.	Fears certain animals, situations, or places, other than school (describe): _____	0	1	2	d.	Problems with eyes (not if corrected by glasses) (describe): _____
0	1	2	30.	Fears going to school	0	1	2	e.	Rashes or other skin problems
0	1	2	31.	Fears he/she might think or do something bad	0	1	2	f.	Stomachaches
								g.	Vomiting, throwing up
								h.	Other (describe): _____

Be sure to answer all items.

0 = Not True (as far as you know)				1 = Somewhat or Sometimes True				2 = Very True or Often True			
0	1	2	57.	Physically attacks people	0	1	2	84.	Strange behavior (describe): _____		
0	1	2	58.	Picks nose, skin, or other parts of body (describe): _____	0	1	2	85.	Strange ideas (describe): _____		
0	1	2	59.	Plays with own sex parts in public	0	1	2	86.	Stubborn, sullen, or irritable		
0	1	2	60.	Plays with own sex parts too much	0	1	2	87.	Sudden changes in mood or feelings		
0	1	2	61.	Poor school work	0	1	2	88.	Sulks a lot		
0	1	2	62.	Poorly coordinated or clumsy	0	1	2	89.	Suspicious		
0	1	2	63.	Prefers being with older kids	0	1	2	90.	Swearing or obscene language		
0	1	2	64.	Prefers being with younger kids	0	1	2	91.	Talks about killing self		
0	1	2	65.	Refuses to talk	0	1	2	92.	Talks or walks in sleep (describe): _____		
0	1	2	66.	Repeats certain actions over and over; compulsions (describe): _____	0	1	2	93.	Talks too much		
0	1	2	67.	Runs away from home	0	1	2	94.	Teases a lot		
0	1	2	68.	Screams a lot	0	1	2	95.	Temper tantrums or hot temper		
0	1	2	69.	Secretive, keeps things to self	0	1	2	96.	Thinks about sex too much		
0	1	2	70.	Sees things that aren't there (describe): _____	0	1	2	97.	Threatens people		
0	1	2	71.	Self-conscious or easily embarrassed	0	1	2	98.	Thumb-sucking		
0	1	2	72.	Sets fires	0	1	2	99.	Smokes, chews, or sniffs tobacco		
0	1	2	73.	Sexual problems (describe): _____	0	1	2	100.	Trouble sleeping (describe): _____		
0	1	2	74.	Showing off or clowning	0	1	2	101.	Truancy, skips school		
0	1	2	75.	Too shy or timid	0	1	2	102.	Underactive, slow moving, or lacks energy		
0	1	2	76.	Sleeps less than most kids	0	1	2	103.	Unhappy, sad, or depressed		
0	1	2	77.	Sleeps more than most kids during day and/or night (describe): _____	0	1	2	104.	Unusually loud		
0	1	2	78.	Inattentive or easily distracted	0	1	2	105.	Uses drugs for nonmedical purposes (don't include alcohol or tobacco) (describe): _____		
0	1	2	79.	Speech problem (describe): _____	0	1	2	106.	Vandalism		
0	1	2	80.	Stares blankly	0	1	2	107.	Wets self during the day		
0	1	2	81.	Steals at home	0	1	2	108.	Wets the bed		
0	1	2	82.	Steals outside home	0	1	2	109.	Whining		
0	1	2	83.	Stores up too many things he/she doesn't need (describe): _____	0	1	2	110.	Wishes to be of opposite sex		
					0	1	2	111.	Withdrawn, doesn't get involved with others		
					0	1	2	112.	Worries		
								113.	Please write in any problems your child has that are not listed above:		
					0	1	2		_____		
					0	1	2		_____		
					0	1	2		_____		

Please be sure you answered all items.

THE NEXT SECTION OF THIS QUESTIONNAIRE IS ABOUT YOU, THE FOSTER PARENT/CAREGIVER, AND YOUR HOUSEHOLD.

<p>What is your current household structure (check one):</p> <p><input type="checkbox"/> 1-parent household <input type="checkbox"/> 2-parent household <input type="checkbox"/> Other (specify): _____</p>	<p>How many children/youth under the age of 18 are you currently caring for/parenting?</p>
<p>Other than your participation in the Teen Connect parenting group, what support services have you received since starting the Teen Connect program (check <u>all</u> that apply):</p> <p><input type="checkbox"/> Family therapy</p> <p><input type="checkbox"/> Individual therapy</p> <p><input type="checkbox"/> Group therapy</p> <p><input type="checkbox"/> Medication for a mental health problem, such as ADHD, depression, anxiety, etc.</p> <p><input type="checkbox"/> Drug and/or alcohol treatment</p> <p><input type="checkbox"/> Other services (specify): _____</p> <p><input type="checkbox"/> None</p>	
<p>Are you currently enrolled in, or about to enroll in, another parenting support course besides Teen Connect (check one): <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	

Please Continue on Next Page

Please take a moment to think about your feelings over the past few weeks, on average, and indicate your agreement with each statement by circling a number using the following scale:

1 Strongly Disagree	2 Disagree	3 Mildly Disagree	4 Mildly Agree	5 Agree	6 Strongly Agree
1. The problems of taking care of a foster child/youth are easy to solve once you know how your actions affect your foster child/youth, an understanding I have acquired.					1 2 3 4 5 6
2. Even though being a foster parent could be rewarding, I am frustrated now while my foster child/youth is at his/her present age.					1 2 3 4 5 6
3. I go to bed the same way I wake up in the morning - feeling I have not accomplished a whole lot.					1 2 3 4 5 6
4. I do not know why it is, but sometimes when I'm supposed to be in control, I feel more like the one being manipulated.					1 2 3 4 5 6
5. My parent was better prepared to be a good parent than I am.					1 2 3 4 5 6
6. I would make a fine model for a new foster parent to follow in order to learn what she/he would need to know in order to be a good foster parent.					1 2 3 4 5 6
7. Being a foster parent is manageable, and any problems are easily solved.					1 2 3 4 5 6
8. A difficult problem in being a foster parent is not knowing whether you're doing a good job or a bad one.					1 2 3 4 5 6
9. Sometimes I feel like I'm not getting anything done.					1 2 3 4 5 6
10. I meet my own personal expectations for expertise in caring for my foster child/youth.					1 2 3 4 5 6
11. If anyone can find the answer to what is troubling my foster child/youth, I am the one.					1 2 3 4 5 6
12. My talents and interests are in other areas, not in being a foster parent.					1 2 3 4 5 6
13. Considering how long I've been a foster parent, I feel thoroughly familiar with this role.					1 2 3 4 5 6
14. If being a parent of a foster child/youth were only more interesting, I would be motivated to do a better job as a foster parent.					1 2 3 4 5 6
15. I honestly believe I have all the skills necessary to be a good foster parent to my foster child/youth.					1 2 3 4 5 6
16. Being a foster parent makes me tense and anxious.					1 2 3 4 5 6
17. When my foster teen acts up, it is important to focus first on discipline and consequences; then, if my foster teen behaves, we can talk.					1 2 3 4 5 6
18. When my foster teen starts acting up, it is easy for me to put aside how their behavior makes me feel and focus on my foster teen's feelings, thoughts, and needs for support.					1 2 3 4 5 6
19. By the time they are a teenager, foster youth should be able to separate their past experiences from the better life they are offered in a good foster home like mine.					1 2 3 4 5 6
20. My willingness and interest in developing a positive relationship					1 2 3 4 5 6

with the foster youth in my home is as important as providing them with food and shelter.	
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Please think about the situation in your family <u>over the past few weeks, on average</u> . We are trying to get a picture of life in your household. For each question, please circle which response fits best.					
Over the past few weeks, how much of a problem was the following:	Not at all	A little	Some-what	Quite a bit	Very much
1. Interruption of personal time resulting from your foster child/youth's emotional or behavioral problem?	1	2	3	4	5
2. You missing work or neglecting other duties because of your foster child/youth's emotional or behavioral problem?	1	2	3	4	5
3. Disruption of family routines due to your foster child/youth's emotional or behavioral problem?	1	2	3	4	5
4. Any family member having to do without things because of your foster child/youth's emotional or behavioral problem?	1	2	3	4	5
5. Any family member suffering negative mental or physical health effects as a result of your foster child/youth's emotional or behavioral problem?	1	2	3	4	5
6. Your foster child/youth getting into trouble with the neighbors, the school, the community, or law enforcement due to your foster child/youth's emotional or behavioral problem?	1	2	3	4	5
7. Financial strain for your family as a result of your foster child/youth's emotional or behavioral problem?	1	2	3	4	5
8. Less attention paid to other family members because of your foster child/youth's emotional or behavioral problem?	1	2	3	4	5
9. Disruption or upset of relationships within the family due to your foster child/youth's emotional or behavioral problem?	1	2	3	4	5
10. Disruption of your family's social activities resulting from your foster child/youth's emotional or behavioral problem?	1	2	3	4	5
11. How socially isolated did you feel as a result of your foster child/youth's emotional or behavioral problem?	1	2	3	4	5
12. How sad or unhappy do you feel as a result of your foster child/youth's emotional or behavioral problem?	1	2	3	4	5
13. How embarrassed do you feel about your foster child/youth's emotional or behavioral problem?	1	2	3	4	5
14. How well do you relate to your foster child/youth?	1	2	3	4	5
15. How angry do you feel toward your foster child/youth?	1	2	3	4	5
16. How worried do you feel about your foster child/youth's future?	1	2	3	4	5
17. How worried do you feel about your family's	1	2	3	4	5

future?					
<i>Over the past few weeks, how much of a problem was the following:</i>	<i>Not at all</i>	<i>A little</i>	<i>Some-what</i>	<i>Quite a bit</i>	<i>Very much</i>
18. How guilty do you feel about your foster child/youth's emotional or behavioral problem?	1	2	3	4	5
19. How resentful do you feel toward your foster child/youth?	1	2	3	4	5
20. How tired or strained do you feel as a result of your foster child/youth's emotional or behavioral problem?	1	2	3	4	5
21. In general, how much of a toll has your foster child/youth's emotional or behavioral problem taken on your family?	1	2	3	4	5

Circle the response on the scale below that indicates how well each adjective or phrase describes your present mood.	Definitely do not feel	Do not feel	Slightly feel	Definitely feel
Lively	-2	-1	1	2
Happy	-2	-1	1	2
Sad	-2	-1	1	2
Tired	-2	-1	1	2
Caring	-2	-1	1	2
Content	-2	-1	1	2
Gloomy	-2	-1	1	2
Jittery	-2	-1	1	2
Drowsy	-2	-1	1	2
Grouchy	-2	-1	1	2
Peppy	-2	-1	1	2
Nervous	-2	-1	1	2
Calm	-2	-1	1	2
Loving	-2	-1	1	2
Fed up	-2	-1	1	2
Active	-2	-1	1	2
Overall my mood is....	Very Unpleasant -10 -9 -8 -7 -6 -5 -4 -3 -2 -1 0 1 2 3 4 5 6 7 8 9 10 Very Pleasant			

Thank you for taking the time to complete this survey!

Parent/Caregiver Focus Group Protocol

Timing and Logistics

- Invite parents from any 3 groups to participate.
- Allow 120 minutes for focus group.
- Bring gift cards and receipt page for recordkeeping.

Informal Welcome (-0:15)

Note-Taker:

- Ask participants to complete any required paperwork (e.g., consent form) and collect forms after moderator explains consent process.
- Invite participants to help themselves to food.

Introduction (0:00-0:10)

Group facilitators will introduce focus group and evaluation team. Facilitators leave room.

Moderator:

We are part of the team that's studying the Teen Connect program [introduce staff]. We are really glad to meet you and hear your feedback about your participation in the Teen Connect program.

Purpose. The purpose of this focus group is to learn more about your experiences with this group. The main points of our discussion today will be reported to the program creators and the Annie E. Casey Foundation. Because this is the first time that Teen Connect has been done in the United States, your input will help us understand what works well with the program, and what additional things need to be considered to make the program more beneficial for American parents.

We are asking you to consent to taking part in the focus group by signing the consent form that you received when entering the room. The consent form also gives us permission to record this session to ensure that our notes are correct. We will keep our notes secure and will not use your names in any of the reports.

To consent to participating in this focus group and having this session audio recorded, please check the box and sign the form.

Gift cards will be distributed at the end of the session as our thank you for your time and feedback.

Process and Ground Rules. Before we begin, there are a few items that we need to cover:

- We ask that you keep confidential the information that is shared here today.
- Please say your first name when you talk so that we can follow your ideas through the discussion.
- Please silence your cell phones so we do not have any interruptions.
- It is ok to disagree, and there are no right or wrong answers.
- We are hoping that you share both positive and negative experiences and opinions.
- We have several topics to cover, so I will be trying to keep us on topic. I will also be trying to make sure we hear from everyone during the session.

Let's begin with brief introductions. Please tell us:

- a. Your first name.
- b. In one or two sentences, describe the most important thing you learned from participating in Teen Connect.

Program Interest and Overall Experience (0:10-0:20)

1. Why were you interested in participating in this group?

Follow up: What kept you coming to the group sessions?

- a. PROBE: What made it easier to participate? Did participants encounter additional barriers? *Probe for location, scheduling, length, meeting requirements; non-agency factors*

Group Facilitation (0:20-0:35)

2. Did you feel comfortable working with your facilitators?

- a. What did you like and dislike about his/her approach?

PROBE: Did you feel respected by the facilitators? Specifically probe for respect of culture and background.

Cultural Adaptation (0:35-0:45)

The Connect program was created in Canada and not in the United States. Part of what we are trying to assess is how this program translates to the cultural norms of parents in the United States.

3. Was your cultural background reflected in the group sessions? *How? Why not?*

PROBE: Session materials, role plays, philosophies of parenting, the entire structure of the group.

Follow-up: How could this program be more relevant for you or others who share your background?

Behavior and Learning (0:45-0:55)

4. Which of the topics or activities were difficult for you?

Follow-up: Why?

5. What aspects of your parenting style did the Teen Connect program reinforce?

Follow-up: How has your perspective on parenting changed because of the Teen Connect program? Have your practices changed?

6. Has your participation in the program resulted in changes in your child's behavior? How?

Foster Parents (0:55-1:05)

7. *Foster parents:* Have you applied the concept of the "attachment suitcase" in parenting your child? How?

Follow-up: How have you applied this to parenting your other children?

Closing (1:05-1:15)**Moderator:**

We realize you are busy and appreciate your time and thoughts. As you know, this entire project is based on feedback, and it is really important to hear your perspective.

Thank you all for your contributions today! [Shut off recorder.]

Note-Taker:

- Go around to each person, providing the incentive. Have person sign to acknowledge receipt.

Facilitator Focus Group Protocol

Timing and Logistics

- Invite all trained facilitators to participate
- Allow 120 minutes for focus group.

Informal Welcome (-0:15)

Note-Taker:

- Pass out and collect any required paperwork (e.g., consent form)

Introduction (0:00-0:10)

Moderator:

Thank you for taking the time to meet with us today. We are really glad to see you all again and hear your feedback on the implementation of the Teen Connect program.

Purpose. The purpose of this focus group is to learn more about your experiences as facilitators of the Teen Connect program. The main points of our discussion today will be reported to the program creators and the Annie E. Casey Foundation. Because this is the first time that Teen Connect has been done in the United States, your input will help us understand what works well with the program, and what additional things need to be considered to make the program more beneficial for American parents.

We are asking you to consent to taking part in the focus group by signing the consent form that you received when entering the room. The consent form also gives us permission to record this session to ensure that our notes are correct. We will keep our notes secure and will not use your names in any of the reports.

To consent to participating in this focus group and having this session audio recorded, please check the box and sign the form.

Process and Ground Rules. Before we begin, there are a few items that we need to cover:

- We ask that you keep confidential the information that is shared here today.
- Please say your first name when you talk so that we can follow your ideas through the discussion.
- Please silence your cell phones so we do not have any interruptions.
- It is ok to disagree, and there are no right or wrong answers.
- We are hoping that you share both positive and negative experiences and opinions.
- We have several topics to cover, so I will be trying to keep us on topic. I will also be trying to make sure we hear from everyone during the session.

Let's begin with brief introductions. Please tell us:

- a. Your first name.
- b. In a few sentences, share what one thing surprised you the most about facilitating Teen Connect.

Program Interest and Overall Experience (0:10-0:20)

1. What has been the most satisfying aspect of facilitating the Teen Connect parent group?
 - a. Did Teen Connect address an important need in your clinical practice? How?
2. What has been the most challenging?
 - a. What, if anything, did your agency do to help make it easier to convene and facilitate groups? Anything that impeded the process?

Facilitator Training (0:20-0:25)

3. In what ways did the Teen Connect training prepare you for the experience of facilitating this group?
 - a. What could the training have included to make you better prepared to facilitate focus groups?

Group Facilitation (0:25-0:50)

4. Did any of you facilitate groups that were made up of parents that you already knew?
 - a. How did that affect your approach to facilitation?
PROBE: Did knowing parents' background and needs lead facilitators to modify any content, examples, etc.?
5. Did you feel that the program was working better for some parents in your group versus others? Which parents and why?
 - a. Which parents seem to benefit the most from participating in the program?
PROBE for clinical severity, parents who have received programs in the past vs. new parents, etc.
6. Did you make or feel you would have like to have made any adaptations to any of the sessions to better fit the needs of your parents?
 - a. What changes did you have to make?
PROBE: Role-play scripts, visual materials, etc.
7. Did you find it easy or difficult to follow the session format as described in the manual?
 - a. Did the program provide sufficient time for clients to discuss personal issues?
 - b. To build strong rapport between you as a facilitator and your clients?

- c. To develop a sense of trust and safety?

Cultural Adaptation (0:50-1:00)

- 8. How would you or how did you make the adaptations to make the content more culturally relevant?

Supervision (1:00-1:10)

- 9. Have you found the supervision to be helpful in your role as facilitators?

Satisfaction with Teen Connect Overall (1:10-1:25)

- 10. Do you think that your experience with Teen Connect changed how you approach your clinical work with clients? Your work with [agency] overall?
 - a. Has Teen Connect had any impact on how this agency approaches working with parents and families?
 - b. For those working with foster parents: Have you brought the “attachment suitcase” principles to your work outside of Teen Connect?
 - c. How has your professional background and training impacted the way that you approached facilitating this group?

- 11. Compared to other group-based parenting programs you have delivered or are familiar with, how would you compare Teen Connect?

PROBE: Prior experience leading groups, education/training.

Closing (1:25-1:30)

Moderator:

We realize you are busy and appreciate your time and thoughts. As you know, this entire project is based on feedback, and it is really important to hear your perspective. Thank you all for your contributions today! [Shut off recorder.]

Point-of-Contact Interview Questions

1. What is your general impression of Teen Connect after working with facilitators over the last few months?
Follow-up: Did the professional background of your staff affect their success with facilitating group sessions?
PROBE for degrees, experience with group facilitation.
2. How did your agency approach recruiting for the Teen Connect program?
Follow-up: What worked well? What did not work so well?
3. What barriers, if any, did your participants face in attending the Teen Connect parent groups?
Follow-up: How did your agency seek to alleviate those barriers? What worked best? What barriers did your facilitators encounter in implementing this program?
4. Are there any structural issues within the child welfare system in the United States that facilitate or impede the implementation or success of this program?
5. Did you feel that this intervention was appropriate and effective for the parents in your agency?
6. What challenges did you face in implementing the Teen Connect program?
PROBE: If you had to change one thing about this process, what would it be?
7. Before wrapping up, we have a few logistical questions to clear up: How are support services arranged (e.g., child care, meals, access to counseling) for parents attending the Teen Connect parenting sessions?
Follow-up: Ask about anything else that is not clear from video sessions or other rollout feedback.
8. Is there any question about your experience implementing Teen Connect that we have not asked that we should have?

Supervisor Interview Protocol

1. What is your general impression of the Teen Connect sessions after working with groups at _____ and _____ over the last few months?
2. What did the facilitators need the most coaching with?
Follow-up: What challenges did they face? How did you work with trainees to address those challenges?
3. The next set of questions will focus only on one of the sites, _____.
 - a. Did they adhere to all of the elements:
 - Facilitators completed training
 - Pre-inclusion interviews
 - Optimal group size
 - Separate birth and foster parent groups
 - b. Have you had to put in place any accommodations or changes to what was originally laid out by Casey?
4. Turning our attention to the other site in Cohort _____, _____.
 - a. Did they adhere to all of the elements:
 - Facilitators completed training
 - Pre-inclusion interviews
 - Optimal group size
 - Separate birth and foster parent groups
 - b. Have you had to put in place any accommodations or changes to what was originally laid out by Casey?
5. How many facilitators were successfully certified after their first group at each of the sites?
6. Did the issue of culture and diversity come up during the supervision sessions?
Follow-up: Did you observe facilitators struggling with that cultural adaptation at all?
7. In general, has this experience been similar to supervising facilitators in other countries?
Follow-up: Have you found any challenges that have been common or is it specific to this group of U.S. facilitators that have not been common in other countries?
Follow-up: How have you addressed these challenges with the facilitators?
8. Have you discussed sustainability plans with any of the sites? What are their current plans for moving the Teen Connect model forward in their agency?

Model Developer Interview Questions

1. How did you feel about the opportunity to expand Connect to the U.S.? Did you ever have any trepidation about bringing Connect to the United States? What were you worried about?
2. Based on what you know about the piloting of Connect in the U.S., has there been anything about the U.S. rollout that has been a concern?
 - a. What are your thoughts about Casey trying it with such a wide range of parents with different levels of experience/history with the child welfare system?
 - b. What are your thoughts about trying Connect with Probation families?
 - c. What has your experience been in offering this as a community-based service rather than to families who are involved in the child welfare system already? More or less effective? Easier to implement?
3. Have you found that Connect is especially effective with some populations and less so for others?
4. What populations have you adapted the training for?
5. Have they ever considered a child version of the program?
6. When Connect was implemented in Canada and other countries (besides the U.S.), what things helped it succeed? What implementation challenges did you face?
 - a. Did you have trouble recruiting birth families involved in the child welfare system to participate? What was behind this?
 - b. Did you ever receive feedback that these families were “serviced out”? That Connect was a voluntary service that competed for their time against other court-ordered service?
7. How is Connect funded in Canada?
8. Can you share a little bit about how the child welfare system in Canada works to help us determine if there are differences in child welfare systems that may affect how Connect is received in the U.S.?

[How system works? Public-private? Private nonprofits? Were they targeting any cases in the system? Were they getting kids at the beginning of their experience with child welfare? Details about recruitment/selection process? What does a typical child welfare case look like? What are the behavioral issues that those kids were coming in with? Were they gang-affiliated, engaged with human trafficking or child sex work? Did same agencies/locations serve both birth and foster parents?]

9. Now we have some questions about your evaluation research on Connect in Canada and other countries. Did you have cohorts or sites that didn't seem to benefit or that had trouble implementing the program? Did you ever do any research/data collection on a population and found that it didn't work (published or unpublished)? Which population? For your studies, how experienced were the trainers?
10. Has there ever been an effect size or direction of effect different than what we have seen in published work? Did you ever see a dip in caregiver stress, caregiver competency, or child behavior measures from pre-test to post-test? Does it pick back up in the follow-up survey?

Model Adherence Checklist

	Yes	No
<u>Administrative Structure</u>		
Source: Key Informant interviews, document review		
All facilitators have completed required training		
All facilitators participate in required supervision		
Sessions are videotaped		
All parents completed a pre-inclusion interview		
Sites secured on-site clinical support for acute needs		
Notes (provide relevant contextual information especially for ‘no’ responses)		
<u>Group Structure</u>		
Source: Key informant interviews, document review		
Group size ⁽¹⁾ is within optimal range of 8-14 parents/caregivers		
Group is entirely comprised of either foster or birth parents		
Two facilitators are available for 10 consecutive sessions		
Sites provide the necessary supportive services during each training session (i.e., a meal, child care, and a gas card or other transportation support)		
Notes (provide relevant contextual information especially for ‘no’ responses)		
<u>Session 4 Content Covered *</u>		
Source: session video		
Facilitators welcomed parents/caregivers		
Take-home message and key learning from previous session reviewed		
Guiding principle for session presented		
“Balancing connection and Independence” section presented		
“Parent-Baby Relationship” section presented		
“Parent-Teen Relationship” section presented		

Active learning exercise (infant, toddler, adolescent) completed		
Role-Play 1 completed and discussion addressed: What was teen feeling and thinking? What was parent feeling and thinking?		
Role-Play 2 completed and discussed		
Role-Play 3 completed and discussed		
Take-home message provided		
Notes (provide relevant contextual information especially for 'no' responses)		
*Session 4 outline is the same in content for birth parents and foster parents.		

^[1] Number of participants who began and completed the group (i.e., attended at least 7 sessions)

Appendix C: Research Participant Information and Consent Forms_____

Focus Group Participant Information and Consent Form

You are being asked to participate in an evaluation study of the *Teen Connect* parenting program. You have been selected as a participant in this focus group because of your attendance in the *Teen Connect* parenting group in the United States. Participation in this focus group involves meeting with the evaluation team one time for approximately 90-120 minutes. You will be compensated for your time (see details below). Please note that If you are under 18, you cannot be in this study without parental permission.

PURPOSE OF RESEARCH

The purpose of this focus group is to learn more about your experiences with the *Teen Connect* program. The main points of our discussion today will be reported to the program creators and Annie E. Casey Foundation. Because this is the first time that *Teen Connect* has been done in the United States, your input will help us understand what works well with the program, and what additional things need to be considered to make the program more beneficial for American parents.

This study is being conducted by Michigan State University and Public Policy Associates on behalf of the Annie E. Casey Foundation.

Study Title: **Teen Connect Evaluation**

Researcher and Title: **Dr. Sacha Klein, MSW, PhD**

Department and Institution: **Michigan State University School of Social Work**

Address and Contact Information: **246 Baker Hall, 655 Auditorium Rd., East Lansing, MI 48824**

Sponsor: **Annie E. Casey Foundation / Public Policy Associates**

WHAT YOU WILL DO

As a participant in this focus group, you will respond to questions posed by the evaluation team and discuss your experience with the *Teen Connect* program. The session will be audio-recorded to ensure the accuracy of the research team notes.

POTENTIAL BENEFITS

You will not directly benefit from your participation in this study. However, your participation in this study may contribute to the understanding of whether *Teen Connect* is helpful for parents and caregivers of youth in the U.S.

POTENTIAL RISKS There is little risk to you associated with participation in this study given the steps that will be taken to keep your information private and confidential.

PRIVACY AND CONFIDENTIALITY

The data for this project will be kept confidential to the maximum extent allowable by law. Consent forms, notes, recordings any other documents with participants' names will be shared with the Research Team only. They will be stored in a locked filing cabinet in the lead researcher's locked office, and will be permanently destroyed three years after the completion of the study. The results of this study may be published or presented at professional meetings, but only collective results will be shared and the identities of all research participants will remain anonymous.

YOUR RIGHTS TO PARTICIPATE, SAY NO, OR WITHDRAW

Participation in this study is voluntary. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You have the right to say no. You may choose not to answer specific questions. You may change your mind at any time and leave the focus group session. Choosing not to participate or withdrawing

Focus Group Participant Information and Consent Form

change your mind at any time and leave the focus group session. Choosing not to participate or withdrawing from this study will not make any difference in the quality of any *Teen Connect* services or other services you may receive.

COSTS AND COMPENSATION FOR BEING IN THE STUDY

There is no cost to you for participating in this study; rather, we will compensate you with a \$50 gift cards for participating.

CONTACT INFORMATION

If you have concerns or questions about this study, please contact the researcher Dr. Sacha Klein, 246 Baker Hall, 655 Auditorium Rd., East Lansing, MI 48824; kleinsa@msu.edu (818) 744-6445.

DOCUMENTATION OF INFORMED CONSENT & CONTACT INFORMATION

Your signature below means that you voluntarily agree to participate in this evaluation.

1. _____
Print Your Name Your Signature Date

Upon completing the focus group session, you will be provided with a \$50 gift card as a thank you for your time. Please sign below confirming your receipt of the \$50 gift card.

2. _____
Print Your Name Your Signature Date

If you are a minor younger than 18 years old, you need parental permission to participate in this evaluation. Your signature below means that you are the parent/legal guardian of the minor named above, and that you give your permission for him/her to participate in this evaluation.

3. _____
Print Parent/Legal Guardian's Name Parent/Legal Guardian Signature Date

You will be given a copy of this form to keep.

Research Participant Information and Consent Form

You are being asked to participate in an evaluation study of the *Teen Connect* parenting program. You have been selected as a possible participant in this study because of your decision to enroll in a *Teen Connect* parenting group in the United States. Participation in this study involves completing 3 surveys over 8-9 months. They should take you approximately 30 minutes each to complete. You will be compensated for your time (see details below). Please note that If you are under 18, you cannot be in this study without parental permission.

PURPOSE OF RESEARCH

The researchers are doing this study to learn about the effectiveness of the *Teen Connect* parenting program for families in the U.S. Specifically, we hope to learn about the program's effect on parent/ caregiver's feelings of confidence and distress and the program's effect on their children's behavior. This study is being conducted by Michigan State University and Public Policy Associates on behalf of the Annie E. Casey Foundation.

Study Title: **Teen Connect Evaluation**

Researcher and Title: **Dr. Sacha Klein, MSW, PhD**

Department and Institution: **Michigan State University School of Social Work**

Address and Contact Information: **246 Baker Hall, 655 Auditorium Rd., East Lansing, MI 48824**

Sponsor: **Annie E. Casey Foundation / Public Policy Associates**

WHAT YOU WILL DO

As a participant in this study, you will be asked to complete 3 written surveys.

1. The first survey will be filled out during, or around the time of, your first *Teen Connect* parenting session, and should take approximately 30-40 minutes to complete.
2. The second survey will be filled out during or around the time of your last *Teen Connect* parenting session, and will take approximately 30 minutes to complete.
3. The third survey will be mailed to you with a pre-addressed, stamped return envelope approximately 6 months after you complete the *Teen Connect* parenting program, and it should take approximately 30 minutes to complete.

All three surveys contain the same set of questions about behavior problems that your child may be having, your feelings about parenting them, and some additional questions about your family's background. The first survey contains a few extra child and family background questions.

POTENTIAL BENEFITS

You will not directly benefit from your participation in this study. However, your participation in this study may contribute to the understanding of whether *Teen Connect* is helpful for parents and caregivers of youth in the U.S.

POTENTIAL RISKS There is little risk to you associated with participation in this study given the steps that will be taken to keep your information private and confidential.

PRIVACY AND CONFIDENTIALITY

The data for this project will be kept confidential to the maximum extent allowable by law. Surveys, consent forms, and any other documents with participants' names will be shared with the Research Team only. They will be stored in a locked filing cabinet in the lead researcher's locked office, and will be permanently destroyed three years after the completion of the study. The research team will enter the survey data into an electronic database for analysis, but will replace all names with non-identifying code numbers to help maintain confidentiality. There will be only one key linking these non-identifying subject codes to research participants' names, and this key will be kept in the lead researcher's locked filing cabinet in her locked office until 3 years after project completion when the key will be permanently destroyed. The results of this study may be published or presented at professional meetings, but only collective results will be shared and the identities of all research participants will remain anonymous.

or presented at professional meetings, but only collective results will be shared and the identities of all research participants will remain anonymous.

YOUR RIGHTS TO PARTICIPATE, SAY NO, OR WITHDRAW

Participation in this study is voluntary. Refusal to participate will involve no penalty or loss of benefits to which you are otherwise entitled. You have the right to say no. You may choose not to answer specific questions. You may change your mind at any time and withdraw from the study. Choosing not to participate or withdrawing from this study will not make any difference in the quality of any Teen Connect services or other services you may receive.

COSTS AND COMPENSATION FOR BEING IN THE STUDY

There is no cost to you for participating in this study; rather, we will compensate you up to \$50 in Walmart gift cards for participating. Specifically, for completing the first survey you will receive a \$15 Walmart gift card. For completing the second survey you will receive a \$15 Walmart gift card. For completing and mailing the third survey back to the research team, you will receive a \$20 Walmart gift card.

CONTACT INFORMATION

If you have concerns or questions about this study, please contact the researcher Dr. Sacha Klein, 246 Baker Hall, 655 Auditorium Rd., East Lansing, MI 48824; kleinsa@msu.edu (818) 744-6445.

DOCUMENTATION OF INFORMED CONSENT & CONTACT INFORMATION

Your signature below means that you voluntarily agree to participate in this evaluation.

1. _____
Print Your Name Your Signature Date

To assist us in making sure that you get an opportunity to complete the third survey and receive the \$20 Walmart gift card as compensation, please provide your contact information below, as well as contact information for two relatives or friends who can help us get in touch with you should you move or change your phone number or email address.

2. _____
Your Current Mailing Address Your Cell Phone Number Your Other Phone Number

3. _____
Name of Friend/Relative Who Can Reach You Cell Phone Number Email Address

4. _____
Name of Friend/Relative Who Can Reach You Cell Phone Number Email Address

If you are a minor younger than 18 years old, you need parental permission to participate in this evaluation. Your signature below means that you are the parent/legal guardian of the minor named above, and that you give your permission for him/her to participate in this evaluation.

5. _____
Print Parent/Legal Guardian's Name Parent/Legal Guardian Signature Date

You will be given a copy of this form to keep.

Appendix D: Logic Model

TEEN CONNECT U.S. PILOT LOGIC MODEL

INPUTS	OUTPUTS	SHORT TERM OUTCOMES	MEDIUM TERM OUTCOMES	LONG TERM OUTCOMES (Not Part of PPA Evaluation)
<p><i>Funding:</i></p> <ul style="list-style-type: none"> ○ for personnel, food, child care, materials per site ○ for training personnel ○ for supervision/coaching personnel <p><i>Training workshop</i> for group leaders</p> <p><i>Personnel (per site):</i></p> <ul style="list-style-type: none"> □ 1 supervisor/coach □ 2 trained & certified leaders per group □ 6 group leaders available for 3 teams each doing 1-2 groups of 10 consecutive sessions over 10 weeks □ 2 finger-printed/cleared caregivers for child care <p><i>Referrals & Participants:</i> ~12-14 per group</p> <p><i>Time:</i></p> <ul style="list-style-type: none"> □ 3 days for facilitator training (9am-5pm 2 days & 9am-3pm 1 day) □ 1 hour per participant for pre-inclusion interviews (additional 30 minutes to 1 hour to complete Parent/Caregiver START survey) □ 3-5 hrs to prepare for first training session □ 2-3 hrs per week to prepare for subsequent training sessions 	<p><i>Activities:</i></p> <ul style="list-style-type: none"> □ Train & certify 1 group leader per pilot site to serve as future supervisor/coach for that site □ Outreach (information sessions at schools, host family agencies, MH units, CW agencies, etc.; distribute brochures) □ Pre-group motivational interviews with interested parents/ caregivers □ Form and train groups of 12-14 parent/caregiver group participants □ Drop-out prevention activities (determine parent/caregiver's ability to attend all 10 weeks in advance; call parents who miss; make attendance easy by addressing barriers like child care, transportation, food, etc.) □ Supervision: review video each week, discuss with coleader, & identify 2+ segments to focus on; complete Session Adherence Form; Weekly 1-hour supervision meetings in person or via teleconference <p><i>Participation:</i></p>	<p>6 staff from each site trained in 9 Teen Connect Principles and Teen Connect group facilitation</p> <p>Increase parents/caregivers' understanding and application of the 9 Teen Connect principles to parenting their teen</p> <ol style="list-style-type: none"> 1. Attachment is a basic human need that shapes behavior. <i>(All behavior has meaning)</i> 2. The need for attachment continues from the cradle to the grave, but how we express this need changes with development. <i>(Attachment is for life)</i> 3. Conflict is part of all relationships. When conflict is expressed and managed constructively it offers new opportunities for understanding, connection and growth. <i>(Conflict is part of attachment)</i> 4. Secure attachment is a balance between connection and independence. <i>(Autonomy includes connection)</i> 5. Understanding growth and change begins with empathy. <i>(Empathy: The Heartbeat of Attachment)</i> 6. Relationships thrive when we recognize and balance our needs with the needs of others. <i>(Balancing our needs with the needs of others)</i> 	<p><i>Parents/Caregivers:</i></p> <ul style="list-style-type: none"> □ Reduced caregiver strain □ Increased parental sense of competence <p><i>Teen:</i></p> <ul style="list-style-type: none"> □ Reduced behavioral problems 	<p><i>Parent-Child Relationship:</i> Parent/caregiver-teen bond strengthened</p> <p><i>Permanency:</i></p> <ul style="list-style-type: none"> □ Birth parent families <ul style="list-style-type: none"> ○ Family Maintenance (teen remains safely in parent(s)' care) □ Foster/kinship families <ul style="list-style-type: none"> ○ Placement stability ○ Timely Family Reunification ○ Timely Adoption or Legal Guardianship

TEEN CONNECT U.S. PILOT LOGIC MODEL

INPUTS	OUTPUTS	SHORT TERM OUTCOMES	MEDIUM TERM OUTCOMES	LONG TERM OUTCOMES (Not Part of PPA Evaluation)
<ul style="list-style-type: none"> <input type="checkbox"/> 2 hrs per week over 10 weeks to run 10 consecutive weekly group sessions <input type="checkbox"/> 1-2 hrs per week over 10 weeks for supervision/ coaching <p><i>Site location</i> large enough to accommodate 10-16 people comfortably; seating</p> <p><i>Food</i> for each session (ample food to provide a meal for all involved) & for children in child care</p> <p><i>Child care:</i> separate space in same building</p> <p><i>Materials:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> 6 training manuals for facilitators <input type="checkbox"/> Note-taking materials, flip charts, markers <input type="checkbox"/> Video equipment to record trainers' first groups for supervision to become certified 	<p><i>Participation:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Goal: Serve ≥ 10 parent-child dyads per group <input type="checkbox"/> Goal: > 60 parents/caregivers complete the program per site <p><i>Engagement:</i> Retention of families for at least 7 meetings out of 10</p>	<p>7. Growth and change will involve moving forward while understanding the past. (<i>Growth and change are part of relationships</i>)</p> <p>8. Attachment brings joy and pain. (<i>Celebrating attachment</i>)</p> <p>9. Attachment allows us to trust the relationships even during turbulent times. Adversity is often an opportunity for learning. (<i>2 steps forward, 1 step back: Staying the course</i>)</p> <p>Increase parents/caregivers' understanding and use of skills, including:</p> <ol style="list-style-type: none"> 1. Stepping back with curiosity 2. Identifying underlying attachment needs in the behaviors 3. Ability to respond with sensitivity 4. Increasing sense of partnership between the parent and teen 		