Kansas Intensive Permanency Project/KIPP: A summary of outcomes

GenerationPMTO
Steps to successful parenting

Kansas Intensive Permanency Project (KIPP) and GenerationPMTO:

A Randomized Trial of PMTO in Foster Care

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A study by the US Department of Health and Human Services reported that nearly 25% of children who enter foster care remain in care for 3 years or longer (2011). To reduce long-term foster care, the Permanency Innovations Initiative issued a call for proposals through the U.S. Administration for Children, Youth and Families. KIPP responded with a proposal to focus on birth parents of children in foster care with a determination of serious emotional disturbance (SED). They chose this sample because children with behavioral and mental health problems experience more placement settings, fewer and slower exits to permanency, and a greater likelihood of long stays in foster care (Akin, 2011; Akin, Bryson, McDonald, & Walker, 2012). A five-year grant awarded to KIPP began in 2010 as a statewide public-private partnership between the University of Kansas, Kansas Department for Children and Families, and private providers of foster care in Kansas. The KIPP goal was to conduct a randomized controlled trial (RCT) to test the effectiveness of an evidence-based program on well-being and permanency outcomes for families of children with SED (Akin, Testa, McDonald, Melz, Blase & Barclay, 2014). The program was GenerationPMTO (Forgatch & Domenech Rodríguez, 2016; Forgatch & Gewirtz, 2017; Forgatch & Patterson, 2010).

Children were languishing in foster care for 3 years or longer.

Kansas won a grant to test the effectiveness of GenerationPMTO on the well-being and permanency outcomes for families seeking reunification.

Several studies were conducted with the KIPP sample, which comprised 918 families. Random assignment was conducted for families to receive GenerationPMTO treatment (n=461) or Services as Usual/SAU (n=457). GenerationPMTO was provided primarily in families' homes twice weekly, once with parents and once with parents and child(ren). Studies described below are based on the full sample or subsamples, as detailed.

Kansas RCT studied over 900 families with children ages 3-16 with SED.

Participant criteria to be included in the study were as follows: a) child aged 3-16 with SED, b) case is within the first 6 months of child entering foster care, c) has a case plan goal of reunification, d) parent(s) were not incarcerated for longer than 3 months, e) parents resided in the service area, and f) family did not have a no-contact order from the court. All caregivers were seeking to regain custody.

5-year project leads to multiple evaluations, journal articles, and positive outcomes.

This summary report details four studies with published outcomes. The order of study descriptions is based on longest-term outcomes. A description of factors involved in noncompletion of the intervention is provided last.

Results: Families who received GenerationPMTO achieved higher rates of reunification (6.9% - 32%) and children spent 151 – 358 fewer days in care per child.

Parenting Intervention Effects on Reunification:
A Randomized Trial of PMTO in Foster Care
(Akin and McDonald, 2018)

This KIPP RCT used two forms of analysis: Intent to treat (ITT) and Per Protocol Analysis (PPA). Findings contrasting the ITT GenerationPMTO sample with Services as Usual (SAU) reported 151 days saved in foster care for the GenerationPMTO families compared to SAU. A separate analysis divided the ITT GenerationPMTO sample into families who completed the intervention (Completers) and those who did not complete intervention (Noncompleters). Based on the PPA analyses, 299 days in foster care were saved for Completers compared to SAU; 358 days in foster care were saved for Completers compared to Noncompleters. No statistically significant differences were found between the Noncompleters and SAU.

Results:

Rates between groups began to differ at approximately 365 days with a growing effect size over time

ITT analyses:

Sample: Assigned GenerationPMTO (n=461); Services as Usual/SAU (n=457)

Reunification Rates: 6.9% increased likelihood of reunification for GenerationPMTO (HR=1.16, p. = .083); marginal effect
GenerationPMTO 62.7%; SAU 55.8%

Days saved in foster care:
151 days earlier return for GenerationPMTO compared to SAU per child (approximately 5 months saved in foster care per child)

PPA analyses: GenerationPMTO Completers, Noncompleters and SAU comparisons

Sample: Completers (n=256); Noncompleters (n=205); SAU (n=457)

Reunification Rates: 32% increased likelihood of reunification for Completers compared to SAU and Noncompleters (HR=1.32, p.004).
No significant difference was found between the SAU and Noncompleters (HR=0.96, p=.70).

Rates by sample: Completers 69.5%; Noncompleters 54.2%; SAU 55.8%

"32% increased likelihood of reunification for Completers compared to SAU and Noncompleters"

Days saved in foster care:
299 days saved per child for Completers compared to SAU group
358 days saved per child for Completers compared to Noncompleters 3

Changes in Parenting Practices During PMTO Intervention with Parents of Children in Foster Care

(Akin, Yan, McDonald, and Moon, 2017)

This quasi-experimental study used KIPP-only data from the GenerationPMTO subsample. The study examined trajectories of parenting practices observed by clinicians during parent-child visitations. Findings revealed improving trajectories in parenting practices over the course of 20 observations.

Sample: N=318, a subsample of the families who consented to randomization *and* were randomized to GenerationPMTO *and* had a sufficient number of observation sessions. It was not a requirement to have completed the intervention.

Measure: Parent Child Checklist/PPC. Family therapists rated parent-child interactions observed during visitations over 20 weeks during the GenerationPMTO intervention. PPC comprises 34 parent behavior items that assess the intervention's core parenting components: skill encouragement, positive involvement, communication/monitoring, family problem solving, and discipline divided into effective discipline and ineffective discipline. In addition to these individual parenting scales, an Effective Parenting Score was created by averaging the subscale scores. The PPC measure has demonstrated validity and reliability (Akin, Domenech Rodríguez, Yan, DeGarmo, McDonald, & Forgatch, 2017).

Results:

Improved parenting trajectories were observed for the overall effective parenting score and for five of the six parenting domains.

- **Improved Family Problem Solving**, the greatest improvement, increased 38% (Wald=317.95, df=1, p<.001)
- **Improved Skill Encouragement**, increased 18% (Wald 113.77, df=1, p<.001)
- **Improved Effective Discipline**, increased 17% (Wald 59.59, df=1, p<.001)
- **Improved Communication/Monitoring**, increased 4% (Wald 9.14 df=1, p<.01)
- **Improved Positive Involvement**, increased 4% (Wald 6.86, df=1, p<.01)
- **Improved Ineffective Discipline** by 5% (Wald 2.04, df=1, p<.05) $not\ statistically\ significant$
- **Improved Overall Effective Parenting**, increased 12% (Wald=168.41, df=1, p<.001)

Randomized Trial of PMTO in Foster Care:

Six-Month Child Well-Being Outcomes

(Akin, Lang, McDonald, Yan and Little, 2016)

Using a randomized controlled design and three measures of social-emotional well-being, the study investigated GenerationPMTO effectiveness with families of children in foster care with SED.

Sample: Children 3-16 years old. Parents randomly assigned to GenerationPMTO (n=461) or services as usual/SAU (n=457).

Measures

Social-emotional functioning was measured using the CAFAS (ages 6-16) and the PECFAS (ages 3-5; Hodges & Wong, 1996; Hodges et al 2004); a caseworker-administered assessment.

Child problem behaviors and prosocial skills were measured using the Social Skills Improvement System-Rating Scales (SSIS: Gresham & Elliot, 1990) by administering the parent version to parents.

Results:

PMTO demonstrated significant positive effects on the following scales:

- **Improved Social-emotional Functioning** (Cohen's d=.31)
- **Reduced Problem Behaviors** (Cohen's d=.09)
- **Improved Prosocial Skills** (Cohen's d=.09)

Randomized Study of PMTO in Foster Care:
Six Month Parent Outcomes
(Akin, Lang, McDonald, Yan and Little, 2017)

Findings report improvements for parents in terms of increases in mental health, social support, readiness for reunification, and reductions in parental substance use. No benefits were found for the measure of parenting practices based on observation of structured family interaction tasks.

Sample: N=461 GenerationPMTO (n=461) and Services as Usual/SAU (457). Analysis was Intent to treat: all families randomized were included in analysis.

Measure:
Caregiver functioning: North Carolina Family Assessment Scale/NCFAS (Reed-Ashcraft, Kirk, & Fraser, 2001). Assessed by foster care case managers at BL and 6 months.

Results:

- **Improved Parental Mental Health** (OR/odds ratio 2.01, Wald=5.658, p. <.001); e.g., twice as likely as SAU to score higher on mental health
- **Improved Social Support** (OR 2.37, Wald=6.902, p <.001)
- **Improved Readiness for Reunification** (OR 1.64, Wald=3.953, p <.001)
- **Reduced Substance Use** (OR 1.67, Wald=4.098, p <.001)

Noncompletion of Evidence-Based Parent Training:
An Empirical Examination Among Families of Children in Foster Care
(Akin and Gomi, 2017)

This study examined differences in the KIPP sample between Completers and Noncompleters of GenerationPMTO and reasons for treatment noncompletion. About 2/3 of the families randomly assigned to GenerationPMTO were Completers.

Sample: 315 parents (254 children) randomly assigned to GenerationPMTO drawn at the midpoint of the five-year project between November 2001 and November 2013. More than one parent could be working toward reunification. Of the 461 families randomized to GenerationPMTO, 352 consented to treatment. Of the 352 consenters, 256 (73.3%) completed the intervention; 96 did not complete the intervention, of which 90 families received no intervention and 6 families received some intervention.

Treatment Completion: Treatment completion was indicated when all required GenerationPMTO modules were completed within a maximum of 6 months. Noncompletion occurred when parents expressed desire to terminate or when they missed multiple sessions and did not respond to the clinician's attempts to reschedule and then failed to return after further contact.

Results:

Completers took an average of 167.2 (SD=25.0) days to complete the GenerationPMTO modules. The median number of sessions was 40 over a median of 24 weeks. Typically, clinicians met with families twice weekly, one session with parent(s) and one with parent(s) and child(ren).

Noncompleters:

- 109 families did not consent to treatment
- 90 families consented to participate but did not receive any treatment
- 6 families were treated for 6 months but did not complete curriculum

Results Cont'd

Noncompletion risks included contextual factors and lower child and parent well-being, as follows:

- Single fathers about half as likely to complete compared to single mothers (OR=.407, p=.011)
- Employed compared to unemployed caregivers about twice as likely to complete (OR=1.939, p=.024)
- Caregivers living in homeless or domestic violence shelter compared to those living in a house or apartment showed a trend to be less than half as likely to complete (OR-.413, p=.092)
- Caregivers without a high school degree or GED trended to be slightly more than half as likely to complete (OR=.604, p=.117)
- Caregivers with higher function in parental substance abuse trended toward higher completion (OR=1.127, p=.087)

Qualitative findings—% parent-reported reasons for noncompletion:

- Stressors and obstacles (52%) (e.g., parental substance abuse, parental mental health issues, intimate partner violence)
- Treatment relevance (24%) (e.g., if families were no longer working toward reunification, the intervention became less useful)
- Treatment demand (12%) (e.g., parents reported the time requirements were too demanding in the context of their life)
- Turnover/organizational issues (6%) (e.g., clinician turnover)
- Unknown (6%)

For more information about several published articles based on KIPP using the GenerationPMTO intervention, see the following:

- Defining the target population (Akin, Bryson, McDonald, & Walker, 2012)
- Selecting GenerationPMTO as the intervention (Bryson, Akin, Blase, McDonald, & Walker, 2014)
- Usability testing (Akin, Bryson, Testa, Blase, McDonald, & Melz, 2013)
- Formative evaluation (Akin et al., 2014)
- Noncompletion of intervention (Akin & Gomi, 2017)
- Validation of the Parent Child Checklist/PCC (Akin, Domenech Rodríguez, McDonald, Yan, DeGarmo, McDonald, & Forgatch, 2017)

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