Received 12/23/14
Revised 03/08/15
Accepted 04/30/15

The Development and Evaluation of a Mental Health Training for Foster Parents

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The authors outline the development, delivery, and evaluation of a mental health workshop series for foster parents. A needs assessment was conducted, and workshops were created by reviewing research on developmental psychopathology and empirically supported psychotherapies. Participants (N = 35 foster parents) reported a moderate level of satisfaction with the workshops and offered valuable open-ended feedback. This paper is intended as a resource for mental health providers conducting similar work with foster families.

Keywords: Foster care, mental health, program development and evaluation

In 2012, nearly 400,000 U.S. youth were estimated to be living in foster care, with over 250,000 entering the child welfare system that year (U.S. Department of Health and Human Services, 2013b). Foster care is defined as "24-hour substitute care for children placed away from their parents or guardians" and is provided in multiple settings (General, 2015). Data from the 2012 Adoption and Foster Care Analysis and Reporting System (AFCARS) indicate that 47% of foster youth resided in homes with nonrelative foster parents, 28% resided in homes with relative foster parents, and the remainder were placed across institutions, group homes, preadoptive placements, trial home visits, and supervised independent living programs (U.S. Department of Health and Human Services, 2013a).

Children may enter foster care as early as infancy and remain in the system up to 18 to 21 years, depending on state policies (Fostering Connections to Success and Increasing Adoptions Act, 2008). According to the 2012 AFCARS data, the median age of youth in foster care was 8.5 years, with a median age of entry of 6.5 years and a median age of exit of 8.2 years. Boys have consistently outnumbered girls in foster care over the past decade by 4% to 6%. Youth of color are also disproportionately represented. In 2012, 42% of foster youth were White, 26% were Black, 21% were Hispanic, 6% were of two or more races, 2% were years, the number of youth in foster care has decreased American Indian/Alaskan Native, and less than 1% were Asian or Native Hawaiian/Pacific Islander (Child Welfare Information Gateway, 2013). In the last 10 across all races/ethnicities (except for multiracial youth), with the most dramatic reduction for Black youth, a 47% drop (Administration of Children, Youth and Families, 2013).

The U.S. foster care system has evolved in many ways, and current priorities include: placing youth with extended family, reducing the overall length of placement, accelerating legal proceedings, reunifying youth with their preplacement families, and working toward adoption when reunification is not feasible (Simms, Dubowitz, & Szilagyi, 2000). Over time, emphasis on reunification has been tempered with securing permanent placements with caring parents, which may be with relative or nonrelative caregivers (Child Welfare Information Gateway, 2013; Levesque, 2014). Of the over 240,000 youth discharged in 2012, 51% were reunited with their families, 21% were adopted, and 10% were emancipated; the remaining youth were placed with legal guardians or experienced other outcomes. Nearly half stayed in foster care for a year or less, while a small subset, approximately 6%, remained in care for 5 or more years (Child Welfare Information Gateway, 2013). In the past decade, the average length of stay has dropped by nearly nine months (Administration of Children, Youth and Families, 2013).

Foster Youth and Mental Health

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Although foster youth are a highly heterogeneous group of children and adolescents, they display a disproportionately high rate of health problems, including chronic medical conditions, developmental delays, intellectual and learning disabilities, and mental illnesses (Chernoff, Coombs-Orme, Risley-Curtiss, & Heisler, 1994; Kavaler & Swire, 1983). Compared to children from similar demographic backgrounds, foster youth are substantially more likely to display behavior problems, be diagnosed with psychiatric disorders, and take psychotropic medication (Hulsey & White, 1989; McIntyre & Keesler, 1986; Takayama, Bergman, & Connell, 1994). Numerous psychiatric conditions are elevated in foster youth relative to peers not placed in foster care, including anxiety disorders, mood disorders, conduct disorders, and attention-deficit/hyperactivity disorder (Clausen, Landsverk, Ganger, Chadwick, & Litrownik, 1998; Halfon, Mendonca, & Berkowitz, 1995). Furthermore, youth with psychiatric diagnoses tend to remain in foster care for longer periods and are more likely to experience multiple placements (Fanshel & Shin, 1978; Simms & Halfon, 1994).

There are many pathways into foster care, such as poverty, homelessness, parental psychopathology or substance use, community violence, and child abuse or neglect (Arad, 2001; Cicchetti & Toth, 2000; Simms et al., 2000). Each of these factors has been associated with social, emotional, or behavioral difficulties in childhood (Evans & English, 2002; Fowler, Tompsett, Braciszewski, Jacques-Tiura, & Baltes, 2009; Goodman & Gotlib, 1999; Hawkins, Catalano, & Miller, 1992; Masten, Miliotis, Graham-Bermann, Ramirez, & Neemann, 1993). Moreover, many of them tend to co-occur and enhance youth's vulnerability to psychosocial disturbance in a cumulative fashion (Rutter, 1981; Sameroff, 1998).

In particular, child maltreatment and inadequate caregiving have been linked to maladaptive patterns in critical aspects of development, including attachment status and attachment-related behavior (Cyr, Euser, Bakermans-Kranenburg, & vanIJzendoorn, 2010; Stovall & Dozier, 2000) as well as physiological and behavioral regulation (Bernard, Butzin-Dozier, Rittenhouse, & Dozier, 2010; Lewis, Dozier, Ackerman, & Sepulveda-Kozakowski, 2007). Insecure or disorganized attachments, along with compromised self-regulation, could each give rise to a variety of psychiatric disorders and functional impairments over time. Accordingly, the very factors that drive youth into child welfare also appear to enhance their risk for mental health challenges, which in turn perpetuate the length of their stay and disruptions in care.

Foster youth also appear more prone to poor functional outcomes in adulthood, such as unemployment, homelessness, physical illness, substance use, suicide attempts, and interpersonal difficulties (Benedict, Zuravin, & Stallings, 1996; Cook-Fong, 2000; Dumaret, Coppel-Batsch, & Couraud, 1997; Susser, Lin, Conover, & Struening, 1991). Yancey (1992) suggests that racial/ethnic minority youth are at especially high risk for such outcomes after departing the system. In light of these findings, many have argued that foster care has failed to adequately prepare youth for their transitions to life as independent adults (Barth, 1990; Cook, 1991).

Fortunately, legislators have recognized this failure and increased funding toward supporting foster youth with their entry into independent living by offering assistance with housing, education, employment, daily living, and health care (U.S. Department of Health and Human Services, 1999). While this legislation has increased access to services for emancipated youth, it has been criticized for unrealistically emphasizing independent living at a developmental period (18 to 21 years) when many youth still require substantial support, guidance, and education as they transition toward adulthood (Freundlich, 2010).

In sum, foster youth are a vulnerable population and especially susceptible to psychosocial difficulties before, during, and after placement. Thus, foster caregivers face a daunting task in providing these youth with the support needed to help them adjust to a new family system and prepare them for successful transitions to adulthood. With that said, specialized mental health education has been recommended for all foster parents (Lawrence, Carlson, & Egeland 2006), particularly on the topics of child development and parenting (Simms et al., 2000). Specialized knowledge and skills in these areas could play a pivotal role in derailing foster youth from paths toward serious psychopathology and promoting the development of the life skills needed to function successfully as adults.

Current Community Service Project

In the spring of 2013, the president of a foster parent organization approached Arcadia University's Graduate Program in Counseling to discuss the possibility of offering mental health training to its parent members. Through ongoing conversation with the president, we learned that the program had not been able to consistently provide its parents with relevant

training in mental health. One faculty member (first author) agreed to supervise a small group of counseling students (second, third, and fourth authors) in developing, delivering, and evaluating a mental health workshop series for this organization in the following academic year.

To start this project, the authors worked with the president to design an initial needs assessment to evaluate the foster parents' interests in specific mental health topics. The needs assessment included a checklist in which parents were asked to identify 5 of 7 topics that most interested them. They were also encouraged to offer open-ended suggestions. The three topics endorsed most by parents were: (a) common emotional and behavioral difficulties in foster children, (b) ways to help children form more secure relationships and attachments, and (c) strategies to manage challenging behaviors in children and adolescents. Next, several months were spent developing three separate workshops focused on each topic.

Each student took the lead in developing one workshop. The faculty supervisor regularly met with the students to discuss workshop content, format, and learning activities. To develop the content, relevant theory and research in developmental psychopathology were used along with empirically supported treatment manuals. For the second workshop, several attachment-based interventions (Dozier, Zeanah, & Bernard, 2013; McNeil & Hembree-Kigin, 2010) were utilized; for the third, multiple behavioral parent training protocols (Forgatch & Patterson, 2010; Kazdin, 2005) were relied upon. Some challenges were encountered with the first workshop, insofar as making it more practical and less informational. Therefore, this workshop was piloted in a graduate counseling course to get feedback from students, and it was modified accordingly.

Method

Participants

At the time of this project, there were 121 families in the participating foster care organization, which is located in one suburban county of the northeastern U.S. Twenty-six parents attended the first workshop; 4 parents attended the second, and 5 parents attended the third. There was inclement winter weather on the nights of the second and third workshops, which likely restricted attendance. Data were not collected to determine whether parents attended multiple workshops. No identifying or demographic data were gathered; however, some information about the foster parent organization is publically available.

In this county, a majority of the youth who require foster placements are relatively young (preschool and elementary school-age) and many are from racial/ethnic minority backgrounds. They require placement for multiple reasons, such as abuse, neglect, and homelessness. The county emphasizes continuity by working to keep foster youth in their communities and place siblings in the same foster home. The county also appears to strongly advocate for reunification and recently launched a program to increase the level of coordination that occurs surrounding this process. Specifically, birth parents, foster parents, caseworkers, and youth (when appropriate) collaborate to design a reunification plan that is presented to a family court judge.

According to county guidelines, all of the attendees met the following requirements to become foster parents: be at least 21 years of age, rent/own a home/apartment that meets state standards, provide a positive physical and emotional environment, and complete an orientation class and pre-service training. The initial orientation and pre-service classes require 12 hours of training. Additionally, all foster parents are required to complete a minimum of 10 hours of training each year. A foster care coordinator approved each of the mental health workshops to satisfy two training hours for all attending foster parents.

Workshops

Each workshop lasted 120 minutes and included several didactic lessons, group discussions, and learning activities. The lessons were aimed to introduce and explain major concepts and skills; lessons were kept relatively brief and included questions to stimulate group discussion, particularly the sharing of ideas and suggestions from foster parent to foster parent. Slide presentations and corresponding handouts were also used to facilitate learning. At the start of each workshop, a clear statement was offered that the goal was not only to provide information but also to guide the foster parents in sharing their experiences and expertise. At the end of each workshop, participants completed brief program evaluation measures.

1. Common emotional and behavioral difficulties. The first workshop provided attendees with a broad overview of the mental health challenges faced by many foster youth. To start, the presenters stated that

foster youth are a diverse group of children and adolescents with their own unique strengths and challenges. They then shared that despite this heterogeneity, foster youth are at increased risk for social, emotional, and behavioral difficulties (Hulsey & White, 1989; McIntyre & Keesler, 1986; Takayama, Bergman, & Connell, 1994); afterward, attendees were invited to describe the mental health challenges they have observed in their foster children. Next, it was explained that foster youth often experience a history of adversity (e.g., poverty, parental psychopathology, maltreatment, and disruptions in care) that increases their vulnerability to psychosocial difficulties (Evans & English, 2002; Fowler et al., 2009; Goodman & Gotlib, 1999; Hawkins et al., 1992; Masten et al., 1993). The presenters then discussed the therapeutic potential of foster care. In particular, they emphasized the important role that foster parents play in identifying signs of emerging or worsening mental health conditions.

The presenters proceeded to discuss the commonly diagnosed psychiatric disorders in foster youth (e.g., Clausen et al., 1998; Halfon et al., 1995). To reduce the likelihood that attendees would "self-diagnose" their foster youth, the presenters avoided using the names of specific disorders and referred to five broad diagnostic clusters: attention problems and hyperactive behavior, defiant behavior and conduct problems, anxiety and fears, trauma-related behaviors, and mood difficulties. For each category, they offered a summary of the major features of the relevant disorders and encouraged the foster parents to share their personal experiences with behaviors in any of the five categories. The attendees were willing to share and discussed specific challenges they have faced and even began offering each other advice.

To refocus parents' attention on the positive qualities of their foster children, the presenters introduced the "positive opposite" (i.e., the desired opposite of an undesired behavior; e.g., keeping hands to self versus hitting siblings; McNeil & Hembree-Kigin, 2010). They then asked attendees to complete a worksheet by identifying positive behaviors displayed by their foster children in each of the five categories and then share their answers with the larger group. Attendees were encouraged to take this worksheet home and be mindful of the "positive opposites" they observe in all their children. To close, the foster parents were advised to seek professional help if their foster children were exhibiting significantly problematic behavior or marked changes in functioning; they were also provided with a list of local mental health resources and a guide to evidence-based psychotherapies for children and adolescents.

2. Forming secure attachments and relationships. This workshop began with a general discussion of attachment. Attachment was defined as an affective bond that first emerges between infants and their primary caregivers (Bowlby, 1988) and promotes the development of emotion regulation (Sroufe, 1995). Before elaborating any further, the presenters explored attendees' understanding of attachment; a strong discussion ensued, and it was clear that many had thoroughly educated themselves on this topic. A brief overview of attachment formation was then provided, which led to a discussion of the importance of attachment security, defined simply as the level of trust internalized in a bond between a caregiver and child.

Next, the presenters introduced the concept of the internal working model, defined as the schema that individuals develop for themselves, others, and their relationships (Bretherton, 1985). The internal working model was framed as a computer program that children internalize via their early attachment experiences. It was explained that individuals are thought to carry this program into social interactions, which guides them to perceive and respond to others according to their specific models. This construct is frequently cited as the mechanism that explains the connection between the quality of infants' attachments with their caregivers and the nature of their subsequent relationships (Bernier & Dozier, 2002). The foster parents were then challenged to think about the internal working models that each of their foster children carry with them.

The rest of the workshop centered on attachment in foster youth. The presenters explained that many foster youth have a history of insecure attachment due to factors that lead to placement in child welfare; attendees were asked to explain why this may be the case with their own foster children. They highlighted many of the factors noted by research, for example, inconsistent parenting, disruptions in care, and maltreatment (Cyr et al., 2010; Stovall & Dozier, 2000). Next, a brief review was presented of the correlates and consequences thought to be linked to insecure attachment, including deficits in physiological and behavioral regulation (Bernard et al., 2010; Lewis et al., 2007) and problematic interpersonal relations (Bernier & Dozier, 2002). Of note, conversation was intentionally shifted away from the topic of Reactive Attachment Disorder, given its widespread misunderstanding and misuse (Allen, 2011).

Finally, time was spent considering ways to build strong and secure bonds with foster youth. It was explained that the foster parents are likely doing their best to provide their foster children with a corrective

emotional experience (Teyber, 2000) by offering the secure base of an available and responsive caregiver. Three key elements of attachment-focused care were highlighted: consistency, nurturance, and synchrony. Consistency was defined as providing stable and predictable caregiving; nurturance was described as offering protection and support when youth are distressed; synchrony was portrayed as parents' capacity to read their children's cues to meet their changing needs (Dozier et al., 2013). Although these concepts are typically discussed for infants, the presenters explored how they could be applied for older youth. While several methods were recommended (e.g., child-directed interaction for young children and active listening for teens), the attendees were guided to generate their own ideas as the presenters offered feedback to ensure their suggestions were in line with the three key elements.

3. Managing challenging behavior. The third and final workshop began with a discussion of common disruptive behaviors and conduct problems in children and adolescents. The presenters made an effort to distinguish behaviors from attributes to shift attendees' potential thinking away from "challenging child" to "challenging behavior." A brief summary was also offered of prominent risk factors for problematic behavior, including aspects of temperament, neuropsychological deficits, parenting style, and family dysfunction (Aguilar, Sroufe, Egeland, & Carlson, 2000; Moffitt, 1993; Russell, Hart, Robinson, & Olsen, 2003).

Extra emphasis was placed on positive parenting, particularly the authoritative parenting style (Baumrind, 1966), which was described as a combination of high demand (e.g., clear expectations, monitoring and supervision, and enforced consequences) and responsiveness, such as positive affect, physical affection, active listening (Maccoby & Martin, 1983). The presenters announced that while all children require a somewhat individualized parenting approach, the authoritative style provides an excellent foundation from which to build. Some common parenting behaviors that inadvertently contribute to misbehavior (e.g., general inconsistency, modeling negative behavior, accidental reinforcement, yelling, shaming, and corporal punishment; Kazdin, 2005) were also discussed.

Next, an adapted version of the basket system was introduced (Greene, 1998). This system is a visual model for classifying and responding to children's desired and undesired behavior; it is intended to equip parents with a clear and efficient repertoire of responses to the wide spectrum of behaviors that children exhibit. There are three baskets, each filled with different categories of behavior: (a) positive behavior (e.g., following directions and completing chores), (b) minor misbehavior (e.g., whining and repeated questions), and (c) serious misbehavior (e.g., physical aggression and property destruction). The first step in applying this model is to catch a behavior and decide in which basket it belongs. Attendees were challenged to categorize several example behaviors and also asked to generate examples of their own.

Then, the presenters explained how to respond to the behaviors in each basket. For the first basket holding positive behaviors, some form of positive attention is needed, and multiple methods of positive reinforcement (e.g., attention, affection, praise, recognition, privileges, and rewards) were discussed. The foster parents were then asked to practice using labeled praise via brief role-plays. For the second basket, which holds undesired yet minor misbehavior, planned ignoring was recommended to extinguish these behaviors. It was acknowledged how challenging it can be to ignore such behaviors and parents were warned about a possible extinction burst (i.e., some behaviors might increase before they decrease). The parents also practiced planned ignoring in brief role-plays. Finally, non-aversive consequences (e.g., time-out, removal of privileges, positive practice, and overcorrection) were described to address the serious misbehaviors in the third basket. In covering each basket, the parents shared their experiences managing foster youths' difficult behaviors and noted what has worked and has not.

Measures

After every workshop, all attendees were asked to complete a brief survey, the Client Satisfaction Questionnaire (CSQ-8; Larsen, Attkisson, Hargreaves, & Nguyen, 1979). The CSQ-8 was developed for use in mental health programs and includes eight rating scale items (Likert-type scale of 1 to 4) intended to assess consumers' satisfaction with the services received. A total satisfaction score is calculated by summing a respondent's ratings for all items (range of 8 to 32), and higher scores indicate greater satisfaction. For clarity, seven of the eight items were adapted by replacing the term "service" with "workshop" (e.g., "To what extent has our workshop met your needs?"). The CSQ-8 evidenced high test-retest reliability (LeVois, Nguyen, & Attkisson, 1981), strong internal consistency (Cox, Brown, Peterson, & Rowe, 1982; Roberts & Attkisson, 1983), and concordance with several service-related

outcomes (Attkisson & Zwick, 1982).

Following the CSQ-8, workshop attendees were asked to complete two open-ended items. The first item ("Please list two topics that you understand better after the workshop") was intended to identify the specific concepts and skills that participants understood better via the workshop. The second item ("Please offer any comments or suggestions to make this workshop more helpful") was aimed to gather more precise information on attendees' perceptions of the workshop, along with their ideas for strengthening future workshops.

Results

Across workshops, the 35 participants reported a mean CSQ-8 total satisfaction score of 24.69 (SD = 3.53). There was relatively limited variability in total satisfaction means between the workshops: 1 (n = 26, M = 24.08, SD = 3.48), 2 (n = 4, M = 25.75, SD = 4.57), and 3 (n = 5, M = 27.00, SD = 2.12). Given the small number of attendees for the second and third workshops, we did not test the statistical significance of differences in satisfaction among the three workshops. Also, because no demographic data were collected, relations of individuals' characteristics were not examined (e.g., age, sex, race/ethnicity, marital status, length of time spent fostering youth, and number of current/past foster children served) with their ratings.

The first four authors examined qualitative data to identify common themes and categories for each workshop. For both open-ended items, the authors first reviewed responses separately to generate lists of recurring themes and categories. They then met together to compare lists, resolve differences, and consolidate their findings into one final list. Across workshops, attendees reported learning most about three topics: (a) common behavior problems, (b) difficulties with attention, and (c) the importance of consistency in parenting. They also commented on several positive aspects of the workshops, including their basic organization and the workshop facilitators' presentation skills. Moreover, they provided two consistent suggestions: (a) offer more specific examples of challenging behaviors and how to address them and (b) provide greater opportunity for interactive learning via discussion and activities.

Discussion

Over the course of one year, three counseling students worked with a counselor educator to develop three separate workshops and deliver them to 35 foster parents. Overall, the attendees were moderately satisfied with the workshops and reported increased knowledge in several areas. They also appeared to appreciate several specific aspects of the workshops and offered constructive suggestions to strengthen future workshops.

Strengths of Workshops

The current project has several strengths. First, the authors made an effort to collaborate with the foster parent organization to design workshops to match their specific needs and interests. This was accomplished through ongoing conversation with the organization's president and an initial needs assessment of its members. As a result, the authors identified three topics for the workshops and learned of group members' preferred training formats and methods.

By gathering these data ahead of time, the authors were able to individualize the workshops to the foster parents' specific interests and preferences. This approach is similar to participatory action research (PAR), a framework for engaging and empowering communities in developing and evaluating programs (Hughes, 2003). Following this model, professionals work with communities to collaboratively design, assess, and adapt programs. A PAR framework is strongly recommended for professionals who develop mental health programs for foster parents. Given the unique mental health challenges faced by foster families along with variation between foster care agencies (e.g., in policies, practices, and populations), it is critical to integrate the unique interests, concerns, and needs of foster care communities into programs for its members.

A second strength of this project is the team's commitment to following an evidence-based model in developing the content of all workshops. As noted earlier, relevant theories and research were reviewed and evaluated in selecting the specific concepts and skills to share with foster parents. Throughout this process, the authors made an effort to identify pertinent empirically supported interventions; two resources were especially useful: (a) Weisz and Kazdin's (2010) volume of evidence-based interventions for children and adolescents and (b) the Journal of Clinical Child and Adolescent Psychology's ten-year update on empirically supported treatments for youth (Silverman & Hinshaw, 2008).

Notably, some initial difficulty was encountered in identifying attachment-focused interventions with a

solid base of evidence. In fact, several attachment-oriented interventions (e.g., rebirthing and holding therapy) are largely unscientific and have been found to be harmful, even lethal in some cases (Allen, 2011; Lilienfeld, 2007). Unfortunately, these interventions may have tarnished the name for other attachment-based therapies that are firmly grounded in scientific theory and research, such as Mary Dozier's Attachment and Biobehavioral Catch-up and Charles Zeanah's New Orleans Intervention (Dozier et al., 2013).

Third, participants reported that the workshops were organized and presented well. This is likely attributable to several factors. During the development process, just as much time was spent discussing what to present as was discussing how to present it. The faculty supervisor met with students individually and as a group to introduce a variety pedagogical strategies and group facilitation methods. As noted previously, the first workshop was piloted in a counseling course to gain feedback from students. By emphasizing process as much as content in designing the workshops, the presenters were able to engage the foster parents and promote greater learning. The students also reported feeling more confident in delivering the workshops.

Areas for Improvement in the Workshops

Participants provided valuable open-ended feedback regarding ways to strengthen the workshops. In particular, they requested additional concrete examples (e.g., specific child behaviors and caregiver responses) during the lecture portions of the workshops. During several workshops, attendees asked for examples, and the student facilitators had some difficulty generating them; however, they did successfully elicit examples from the other foster parents. As students, the presenters obviously lacked some field experience; thus, it is important for them to think of possible examples ahead of time and for their supervisors to share clinical examples with them, which they can then share with the larger group as needed.

Attendees also indicated that they desired more group discussion during the workshops. While discussion questions were planted throughout, it appears that the presenters could have worked to facilitate greater discussion among attendees. Furthermore, the participants requested more time to practice skills. Although the third workshop included two skills-based role-play activities, the other workshops were quite limited in their emphasis on skill building. In future workshops, additional examples will be offered along with more opportunity for both group discussion and skills-based practice activities; however, to accomplish this, it may be necessary to extend the length of the workshops (e.g., from 2 to 3 hours).

Limitations of Evaluation

The authors were asked to design a workshop series to fit within the parameters of an existing foster parent training program. In doing so, they were asked to maximize the amount of instruction time by keeping assessment brief; thus, a short 8-item measure was used (CSQ-8; Larson et al., 1979) with just two additional open-ended items. Accordingly, relatively scant data were collected from which to evaluate the workshops. With additional time, a slightly longer and more complex measure of consumer satisfaction would have been helpful, especially one that includes multiple dimensions of satisfaction such as the Reid-Gundlach Social Service Satisfaction Scale (Reid & Gundlach, 1983). Also, it would have been useful to offer a stronger assessment of attendees' learning (i.e., gains in knowledge). For the current assessment, just one open-ended item was used to assess participants' perceived learning, not their actual learning.

In addition to limited data, relatively few foster parents attended the workshops, particularly the second and third workshops. With the hazardous weather, the presenters considered rescheduling the final two workshops; however, this was not feasible for the foster care organization. Therefore, it is difficult to gauge whether the data collected is representative of the larger organization. Furthermore, due to small subsample sizes, it was not possible to test whether participants were significantly more satisfied with certain workshops over others. In future work with this organization, it will be important to attract more attendees to not only reach a greater number of foster parents but also evaluate the workshops more effectively.

Benefits for Counseling Students

The current project appeared to provide numerous benefits to the graduate students involved. First, the students gained practical experience developing a mental health educational program. In designing each workshop, they also learned specific knowledge about foster youth, foster families, and the larger child welfare system. Throughout this process, they practiced using an evidence-based model of program development by reviewing and evaluating relevant theory and research on their workshop topics.

Additionally, the students were able to further develop their teaching and group facilitation skills. At least two of the students hope to make teaching a part of their eventual careers as professional counselors. Accordingly, such projects can provide students who hope to teach with practical experience in this area.

In delivering the workshops, students were also able to practice honing a number of important counseling skills (e.g., reflecting, normalizing, and validating) and also practice discussing and demonstrating specific techniques from empirically supported therapies (i.e., behavioral parent training and attachment-based interventions). By collecting, reviewing, and interpreting the evaluation data, students also practiced applying data to assess a program and refine it for future implementation. Lastly, it should be noted that one student joined this project to work on her own anxiety about public speaking, which she managed well. Accordingly, program development and evaluation projects provide counseling students with opportunities for academic, clinical, and personal growth; and hopefully, they inspire graduates to continue this type of community-based work throughout their careers.

Despite these apparent benefits, it is important to systematically evaluate student outcomes from service-based training experiences. Multiple methods (e.g., interviews, surveys, and written reflections) have been used to gather quantitative and qualitative data to assess the benefits of service learning (Koch, Ross, Wendell, & Aleksandrova-Howell, 2014; Smith, Jennings, & Lakhan, 2014). Smith and colleagues (2014) developed a brief open-ended survey to evaluate a study abroad service learning program with five items gauging the impact on students' personal development and professional growth as counselors (i.e., their theoretical perspectives, approach to providing services, and cultural competency). The final survey item asks students for feedback to strengthen the program itself. This survey could be easily adapted to assess the current project with foster families and for other similar training experiences. It will also be helpful to have students set personal goals prior to the project (e.g., developing stronger group facilitation skills) and repeatedly assess their progress toward reaching their objectives.

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