



National Training and Development Curriculum

FOR FOSTER AND ADOPTIVE PARENTS

ALL SITE REPORT
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EXECUTIVE SUMMARY

The National Training and Development Curriculum (NTDC) is a new curriculum that is based on research and input from experts, families who have experience with fostering or adopting children, and former foster and adoptive youth. NTDC provides potential foster or adoptive parents with the information, resources and tools needed to parent a child who has experienced trauma, separation, or loss. NTDC includes three primary components - the self-assessment, classroom-based training, and the Right-Time training. The NTDC is being rigorously evaluated. This report is intended to give implementation sites data from the evaluation on **who** is leading and participating in the NTDC and evaluation, **what** components are being implemented, **how well** facilitators are covering the curriculum materials, and **how satisfied** participants are with the curriculum materials. This report includes data from 214 cohorts of NTDC implementation between August 2020 and August 2022. (An additional 22 cohorts were trained in Oklahoma, however OK removed themselves as a pilot site prior to completion therefor OK numbers are not included.

Who is facilitating and participating in the NTDC? 118 facilitators are using NTDC. Of these, 55 are professional trainers, 38 are foster, adoptive, or kinship parents and 25 are both. Facilitators are primarily female (109) and White (75), and 30 identified as people of color. A total of 4,154 foster, adoptive, and kinship parents participated in the curriculum within the August 2020 - August, 2022 timeline. Of that original 4,154, 1,755 agreed to participate in the evaluation. Of the 1,755, 1,721 completed the demographic survey reported an average age of 39, and the majority identified as female (62%) and White (78%) with 9 percent identifying as Hispanic.

What components are being implemented? Participants completed a self-assessment before the training and 90 days after the training. When comparing the two time points, an average of 372 participants were included for each theme. Participants' self-assessment scores from timepoint 1 (baseline) to timepoint 2 (90 days after completing the curriculum) had statistically significant improvements for all themes and all characteristics except for "Foster Care - A Means to Support Families." All classroom themes were trained virtually. The self-paced Right-Time trainings also had a positive impact on participants' self-reported competency levels.

How well was the program implemented? Overall, fidelity to the curriculum was strong with facilitators completing on average 93% (range 86-97%) of curriculum activities. Participant post tests showed statistically significant knowledge gains in 18 out of 18 themes, with the greatest improvements in "mental health considerations."

Participant Satisfaction was high. Among all NTDC sites, participant satisfaction has been strong, with an average rating of 5.4 on a 1-6 scale. The highest rated theme was 'Creating a Stable Nurturing Safe Home Environment' (rated 5.5), and the lowest rated theme was 'Attachment (rated 5.2). Overall, participants were satisfied with the virtual training format (5.6). Participants most liked the videos, real life experience, parent facilitators sharing stories and engaging with participants, and the discussion and interaction during the class.

"I liked how the training was designed to be interactive and engaging. It made me think beyond my preconceived ideas."

Outcomes. Compared to comparison participants, parents who took NTDC were better able to self-assess their capacity to become foster parents, resulting in a lower likelihood that parents took children into their home. This finding was corroborated by both AFCARS and self-report data. However, intervention participants were also more likely to foster teens and racially diverse children who have been historically harder to place. Parents who took NTDC had significantly greater knowledge gains and scores on the following scales: trauma-informed parenting; receptivity to birth family connections; potential to foster successfully; confidence to care for challenging children; confidence in caring for children of all age ranges; perceived preparation to care for children aged 0-5 years and 13 years and older; caregiver health and mental health; and parenting self-agency. Children fostered by parents who took NTDC were more likely to achieve permanency through adoption or guardianship.

Overall, there has been strong participation in the NTDC across all sites with sufficient agreement to participate in the evaluation (42%). 3,204 parents were recruited to be part of a comparison group, with 972 baseline surveys and 426 follow-up surveys completed in the comparison group.

INTRODUCTION

National Training and Development Curriculum (NTDC)

The National Training and Development Curriculum (NTDC) is a new curriculum that is based on research and input from experts, families who have experience with fostering or adopting children, and former foster and adoptive youth. NTDC is funded through a five-year cooperative agreement with Department of Health and Human Services, Administration for Children and Families, Children's Bureau. Spaulding for Children is the lead agency for the initiative, in close partnership with four other national partners. NTDC provides potential foster or adoptive parents with the information and tools needed to parent a child who has experienced trauma, separation, or loss. NTDC also gives parents access to information and resources needed to continue building skills once they have a child in their home.

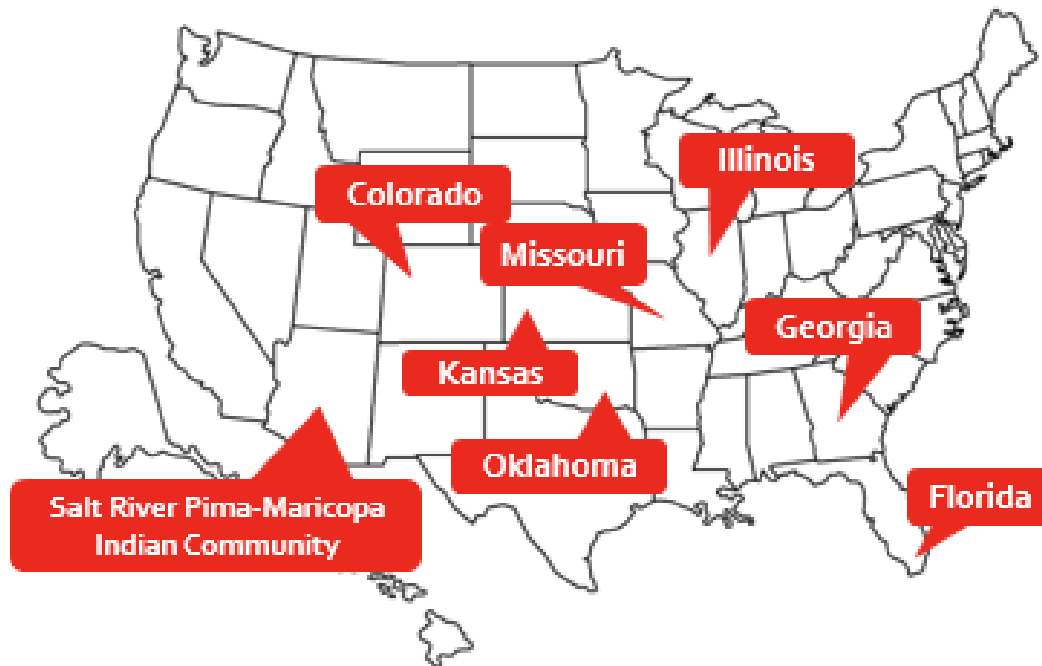
NTDC includes three primary components - 1) self-assessment, 2) classroom-based training, and 3) Right-Time training.

1. The self-assessment is an online tool that parents who are fostering, adopting or caring for relatives complete before starting the classroom-based training and again 90 days after they complete the training. This component allows parents to gauge their own levels of knowledge and growth over time. This tool is also designed to assist them in identifying areas where greater training is needed so they can make more informed decisions on the types of training to seek out post-licensure to maximize parenting success.
2. The classroom-based training involves the use of a variety of training modalities including lectures, class discussion, and learning activities based around 19 key themes determined to be essential for families who want to foster or adopt. There were also two online training themes. The effectiveness of the trainings is measured through pre and post knowledge tests, behavior-based skills checks, and participant satisfaction surveys.
3. Right-Time training is an exclusively online, self-paced curriculum which offers parents 15 themes and provides on-going learning and skill development for participants, which they can access at their convenience, 24/7 either pre- or post-licensure. Parents are required to take at least one of the Right-Time trainings as part of their preparation. Right-Time trainings can be completed individually, with a parenting partner, with a caseworker as part of a monthly home visit, or in a support group environment. The effectiveness of Right-Time is measured through pre and post knowledge tests and participant satisfaction surveys.

This report contains the results from data collected between August 2020 and February 2023, for all intervention and comparison pilot sites: Colorado (CO), Florida (FL), Georgia (GA), Illinois (IL), Kansas (KS), Missouri (MO), and the Salt River Pima-Maricopa Indian Community (SRPMIC). Oklahoma withdrew from the project in October 2021, and their data is not included in this report as a result. The data that was collected for Oklahoma before they withdrew from the study is available on request. For the other sites, data was included if participants consented to participate in the study, if

their training end date was on or before August 2022, and if they completed the assessment being analyzed.

The NTDC Pilot project was implemented in seven states and one tribal community. The map below represents sites that are implementing the NTDC.



***Note: Oklahoma withdrew from the project before completing.**

Nineteen facilitator led themes and two online self-directed themes were implemented in the intervention pilot sites. Of these, 18 classroom and both online themes were evaluated. The 'Introduction and Welcome' theme was not included for analysis as the theme included no pre test, post test, or self-assessment evaluation component. Listed below are all the themes for the NTDC training as well as the target population for whom the theme is applicable to. If 'all' is stated that means the theme is relevant to families who want to foster or adopt from the child welfare system, families who want to adopt via the intercountry or private domestics process, families who are kinship caregivers and families who are American Indian/Alaska Native.

Foundational Classes

- Introduction and Welcome (all)
- Child Development (all)
- Attachment (all)
- Separation, Grief and Loss (all)
- Trauma Related Behaviors (all)
- Trauma Informed Parenting (all)
- Effective Communication (all)

Expanding Families

- Reunification - The Primary Permanency Planning Goal (families who want to foster or adopt from the child welfare system, kinship caregivers and families who are American Indian/Alaska Native)
- Foster Care - A Means to Support Families (families who want to foster or adopt from the child welfare system, kinship caregivers and families who are American Indian/Alaska Native)
- Preparing for and Managing Intrusive Questions (all)
- Maintaining Children's Connections (families who want to foster or adopt from the child welfare system, kinship caregivers and families who are American Indian/Alaska Native)
- Cultural Humility (all)
- Parenting in Racially and Culturally Diverse Families (all)

Specialized Care Considerations

- Mental Health Considerations (all)
- Impact of Substance Use (all)

Power in Practicalities

- Creating a Stable, Nurturing, Safe Home Environment (all)
- Accessing Services and Support (families who want to foster or adopt from the child welfare system, kinship caregivers and families who are American Indian/Alaska Native)

Themes Specific to a Targeted Population

- Kinship Parenting (kinship caregivers, families who are American Indian/Alaska Native)
- Building Resilience for Kinship Caregivers (kinship caregivers, families who are American Indian/Alaska Native)

Self-directed Online Themes

- Expanding Your Parenting Paradigm
- Overview of the Child Welfare System

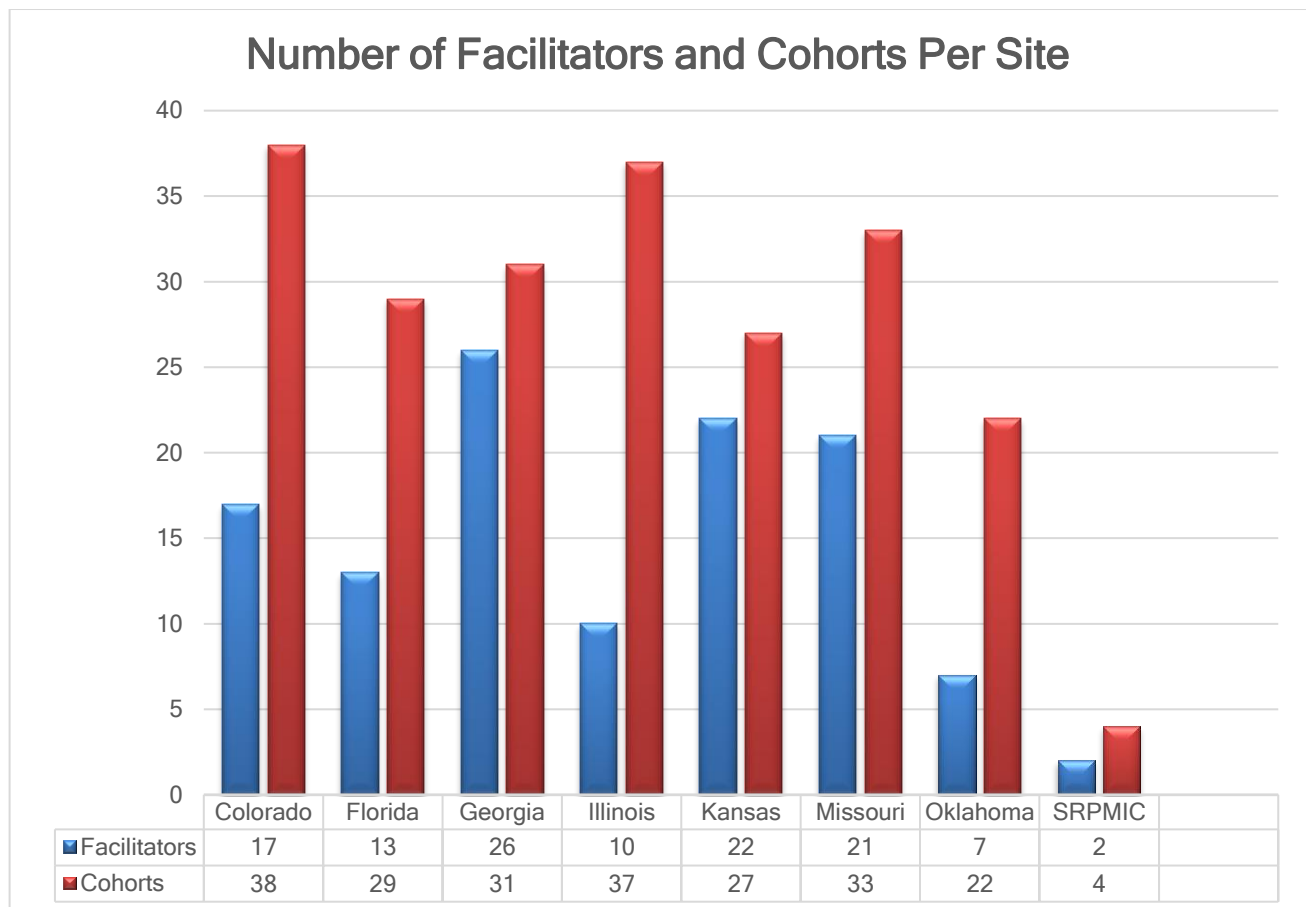
Right-Time Themes

- Accessing Services and Supports
- Building Children's Resilience
- Building Parental Resilience
- Common Feelings Associated with Being Adopted
- Education
- Family Dynamics
- Intercountry Adoptions Medical Considerations
- Life Story Birth Story and Adoption Story
- Managing Placement Transitions
- Preparing for Adulthood
- Preparing for and Managing Visitation
- Responding to Children in Crisis
- Sensory Integration
- Sexual Development and Identity
- Sexual Trauma

CHAPTER 1: FACILITATOR DEMOGRAPHICS

There were 118 trainers who completed fidelity forms for cohorts enrolled between August 2020 to July 15, 2022. This report excludes the Adoption Specialist Providers (ASP) facilitators because they completed less themes and did not complete baseline surveys. A total of 221 cohorts were trained between August 2020 to July 15, 2022. Please note this data was not rerun after July 15, 2022 facilitator demographics did not change. See Figure 1.1.

Figure 1.1 Number of Facilitators and Cohorts Per Site



Over two-thirds of facilitators identified as professional facilitators (68%), and 53% had lived experience as a resource parent. Most facilitators had over 6 years of experience (41%) and were considered part-time trainers (55%). Most facilitators were female (92%), White (64%), and college graduates (79%). It is important to note the racial ethnic make-up of facilitators is not reflective of the children and families in the child welfare system.

Table 1.1 Facilitator Demographics Across All Sites (N=118)

Characteristic	n	%
	All Site	
Role		
Professional Facilitator	55	47
Resource Parent Facilitator	38	32
Both	25	21
Years employed in social service field		
1 year or less	1	<1
2 to 5 years	20	17
6 to 10 years	12	10
11 to 20 years	23	19
21 + years	14	12
Missing	70	59
Capacity of facilitator		
Part Time	66	55
Full Time	27	23
Volunteer	7	6
Missing	18	15
How often do you train		
1 time a year	2	2
2 to 3 times a year	37	31
Monthly	23	19
Weekly	22	19
First Training	19	16
Missing	15	13
Gender		
Female	109	92
Male	9	8
Age		
20 to 29 years old	11	9
30 to 39 years old	27	23
40 to 49 years old	35	30
50 to 59	18	15

60+ years old	6	5
Missing	21	18
Race/Ethnicity		
White	75	64
African American	21	18
Hispanic	5	4
American Indian / Alaskan Native	2	2
Asian American	2	2
Missing	13	11
Education Level		
High School Graduate	1	<1
Some College	12	10
College Graduate	45	38
Some Postgraduate	6	5
Post Graduate Degree	42	36
Missing	12	10
Facilitator Experience as a Resource Parent		
One year or less	34	29
2 to 5 years	34	29
6 to 10 years	14	12
10+ years	24	19

Facilitators were asked to rate to what degree they felt they possessed characteristics of successful facilitators by selecting the rating that best fit their perception of what characteristics they brought as a trainer. These questions were completed as a baseline and prior to training the NTDC. The level of agreement was based on a five-point Likert scale ranging from 'strongly disagree' to 'strongly agree.' A mean score (M=Mean or average) was calculated for each characteristic. A higher score indicates that a facilitator identifies with the characteristic, with 5 being the highest score. The standard deviation is a number used to tell how measurements for a group are spread out from the average. A low standard deviation means that most of the numbers are close to the average, while a high standard deviation means that the numbers are more spread out. Facilitators rated themselves an average of 4.1 to 4.8 on each characteristic, indicating they agreed the characteristics represented what they brought to the training. There was a small amount of variation from the mean which ranged from 0.4 to 0.7, meaning the spread from the mean was less than 0.7. The three highest rated facilitator characteristics were 'collaborates with parents' (M=4.6, SD=0.4), 'passionate about learning' (M=4.6, SD=0.4), and 'motivated in the role' (M=4.8, SD=0.4).

Table 1.2 All Site Characteristics of Successful Facilitators

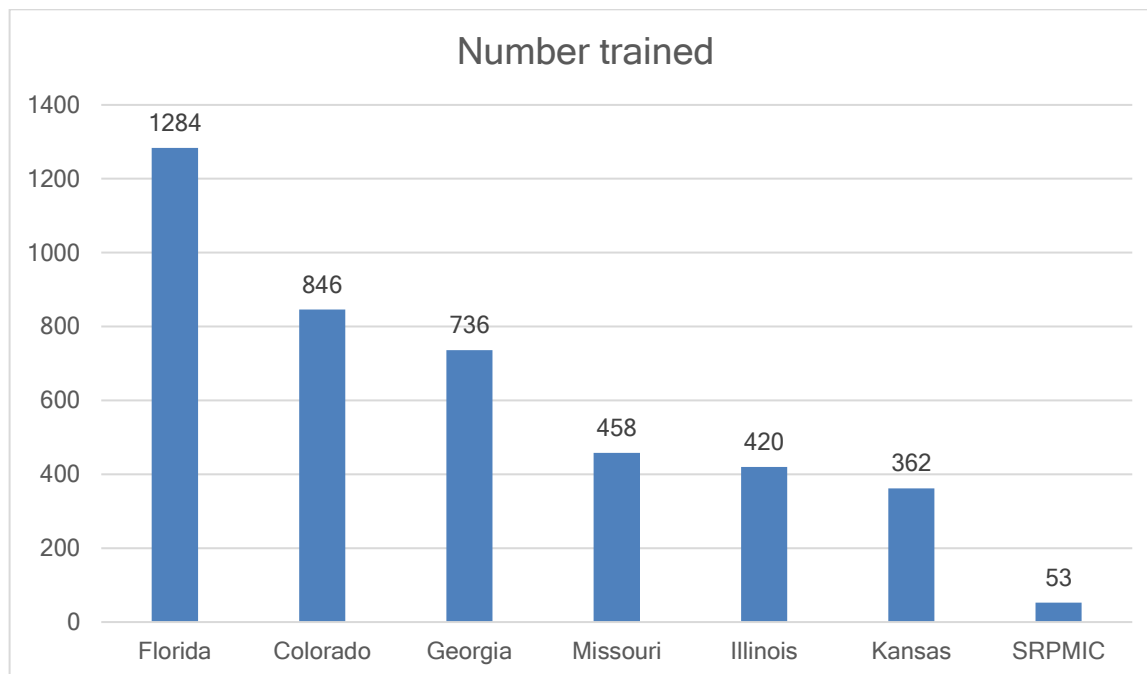
Characteristic	Average	Standard Deviation
	M	SD
Strong communication skills	4.5	0.5
Knowledgeable about child welfare system	4.4	0.6
Passionate about learning	4.6	0.4
High level of professionalism	4.5	0.5
Collaborates with parents	4.6	0.4
Flexibility	4.5	0.5
Creative	4.1	0.7
Real life experience	4.5	0.6
Engaging	4.3	0.6
Provide clear feedback	4.3	0.5
Adjust lessons to meet the needs of the parents	4.3	0.7
Plan ahead for the trainings	4.5	0.5
Motivated in the role	4.8	0.4
Average across all characteristics	4.4	0.5

CHAPTER 2: INTERVENTION AND COMPARISON PARTICIPANT DEMOGRAPHICS

Sampling plan for intervention group

The original sampling plan for this project included a goal of 548 participants across seven sites that successfully completed all aspects of the training curriculum and evaluation components. The sites recruited a total of 4,159, of which 3,679 participants successfully completed NTDC with a 88% retention rate. As of February 2023, 1,604 participants completed the baseline (consented and completed NTDC) and 547 participants completed the follow-up survey. Several sites over-recruited, resulting in a sample that exceeded the original goal.

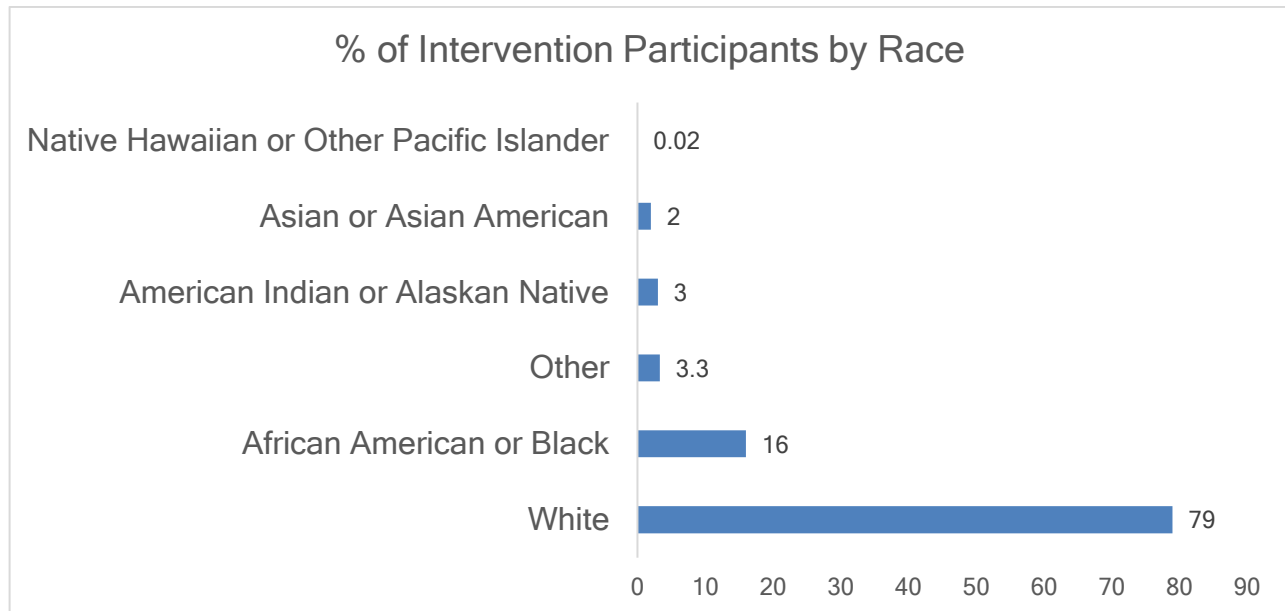
Figure 2.1 Number of Foster Adoptive and Kinship Parents Trained in Each Site in the Intervention group (N=4,159)



Intervention Group Participant demographics

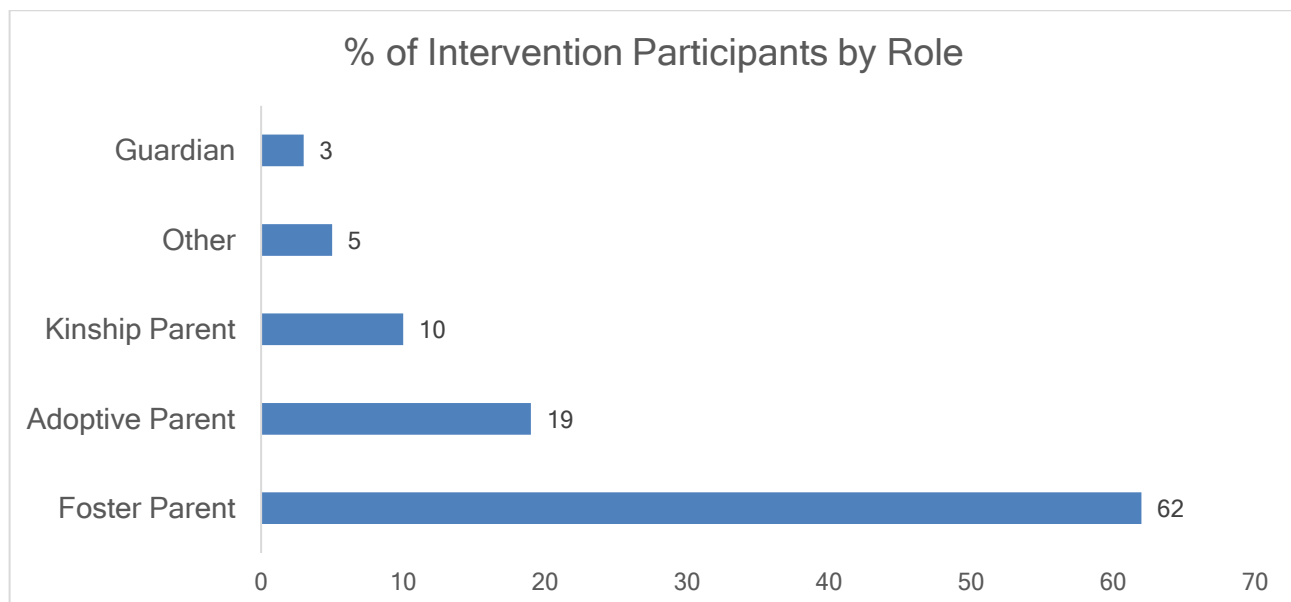
A total of 4,159 foster, adoptive, and kinship parents participated in the curriculum within the August 2020 - August 30, 2023 timeline. Of that group, 1,756 consented to participate in the study and 1,503 completed the demographics. Participants reported an average age of 41, and most of the participants identified as female (62%), straight/heterosexual (88%), and White (79%). In regard to ethnicity, 9% of the participants identified as Hispanic. No demographic information was collected for participants who did not consent to participate. See Figures 2.2 and 2.3 and Table 2.1 below for more information about participant demographics.

Figure 2.2 Participant Race from All Intervention Sites Combined



* Participants who selected the “other” race provided open-ended responses describing their race and those responses were grouped thematically. Participants who wrote, “other” were grouped among the following categories: “Hispanic/Latino” (N=30), “Mexican/Mexican American” (N=10), “Two or more” (N=8), “Puerto Rican” (N=3), “Human” (N=3), “N/A” (N=3), “Arab” (N=2), “Spanish” (N=1), “Canadian 1st nation Native” (N=1), “West Indian” (N=1), “Jewish” (N=1), “Belize/Palestinian” (N=1), “American” (N=1), “Haitian” (N=1), “Asian Indian” (N=1), “Pakistani” (N=1), “Middle Eastern” (N=1), and “Opt out” (N=1).

Figure 2.3 Participant Role Type from All Intervention Sites Combined (N=1,593)



* Participants who selected the “other” role provided open-ended responses describing their role and those responses were grouped thematically. The “other” role can be broken down to the following themes: “Parent” (N=24), “None of the above” (N=14), “Not a parent” (N=12), (N=6), “No children in the home” (N=6), “Respite caregiver” (N=4), “Multiple of the above” (N=4), “Not trained” (N=2), “Question unclear” (N=1), “Previously a foster parent” (N=1), “Therapist” (N=1), “Support” (N=1), and “Certification” (N=1).

Comparison group sampling plan

The original sampling plan for this project included a goal of recruiting 1,150 comparison participants across eight comparison sites. The sites recruited a total of 3,202, of which 2,438 comparison participants successfully complete the training as usual curriculum with a 76% retention rate. As of February 2023, 972 participants completed the baseline (consented and completed training as usual) and 426 comparison participants completed the follow-up survey.

Table 2.2 All Site Number of Recruited Comparison Participants with Completed Baseline Enrolled between August 2020 and February 2023

Pilot site	Number of participants recruited to comparison with outcome baseline completed	Completed baseline and follow-up outcome survey
Colorado	116	46
Florida	85	41
Georgia	116	42
Illinois	247	99
Kansas	121	69
Missouri STARS	106	50
Missouri STRONG	152	63
SRPMIC	29	16
Total	972	426

Comparison group participant demographics

A total of 3,202 foster, adoptive, and kinship parents were given information about participating in the NTDC as part of the comparison group. Of this group, 1,163 consented to participate in the study and 970 completed the baseline survey. The comparison group participants reported an average age of 42, and most of the participants identified as female (67%), straight/heterosexual (88%), and White (81%). In regard to ethnicity, 7% of the participants identified as Hispanic (participants answered questions about race and ethnicity separately). No demographic information was collected for participants who did not consent to participate.

Table 2.3 Number of Participants in the Intervention (n=1,726) and Comparison (n=1165) Groups at Each Site

Site	Intervention (n=1,726)		Comparison (n=1165)	
	N	%	N	%
Colorado	284	16	172	15
Florida	356	20	97	8
Georgia	348	19	126	11
Illinois	235	14	275	24
Kansas	268	16	149	13
Missouri Stars	252	15	122	10
Missouri Strong			197	17
Salt River Pima-Maricopa Indian Community	13	<1	25	2
Total	1,756	100	1163	100

Differences between comparison and intervention participant demographics

Statistically significant differences existed for certain demographic characteristics between those in the intervention and comparison groups. Those from the comparison group reported slightly younger ages, were more likely to identify as female, and were slightly more likely to identify as heterosexual/straight.

Table 2.4 Demographics for Participants for the Intervention (n=1,593) and Comparison (n=930) groups from all sites combined

Characteristic	Intervention (n=1,593)		Comparison (n=930)		Difference (M or %)	Significance ^{e4}
	M	SD	M	SD		
Age, M (SD)	39	10	38	10	1	*
Gender identity, N (%)						***
Female	981	62	628	70	-8	
Male	588	37	270	30	7	
Non-binary	5	<1	1	<1	<1	
Other ³	6	<1	0	0	<1	
Sexual Orientation, N (%)						*
Heterosexual/straight	1,395	88	822	91	-3	
LGBQPA ¹	147	9	66	7	2	
Other ³	1	<1	0	0	<1	
Choose not to identify	36	2	11	1	1	
Race, N (%) ²						
African American or Black	272	17	125	13	4	NS

American Indian or Alaskan Native	42	3	20	2	1	NS
Asian or Asian American	33	2	9	<1	1	NS
Native Hawaiian or Other Pacific Islander	5	<1	5	<1	<1	NS
White	1,244	78	745	80	-2	NS
Other	52	3	19	2	1	NS
Hispanic ethnicity N (%)	145	9	63	7	2	NS
Education, N (%)						NS
Some high school	36	2	22	2	<1	
High school graduate	141	9	99	11	-2	
Some college	319	20	177	20	<1	
Trade/technical/vocational training	122	8	66	7	1	
College graduate	504	32	290	32	<1	
Some postgraduate degree	80	5	40	4	1	
Post graduate work	377	24	205	23	1	
Marital status, N (%)						NS
Married/Living with a partner	1,269	80	708	79	1	
Single	204	13	115	13	<1	
Separated/widowed/divorced	106	7	76	8	-1	

¹LGBQPA = Lesbian, Gay, Bisexual, Queer, Pansexual, and Asexual

²Percentages may not equal 100%, due to rounding. Additionally, for the race variable, participants could select more than one option. The number of participants who answered each question may also not equal the number of participants who consented to participate, due to some participants not answering all demographic questions.

³N/A=the analysis could not be run for cells with a count of 0. For gender identity and sexual orientation, the chi-square analyses did not include participants who identified as "other".

⁴The Significance column refers to the statistical significance test. If there is a significant difference between the intervention and comparison group for any demographic characteristic, it is marked with a *. Key: *=p<.05, **=p<.01, ***=p<.001. If there is no significant difference, it is marked with NS.

CHAPTER 3: SELF-ASSESSMENT

Self-assessment description

The 244 question self-assessment includes 20 themes and 14 characteristics (see Day et al., 2022 for a more in-depth description of the self-assessment tool). Participants in the intervention group take the self-assessment before starting the curriculum and 90 days after completing the curriculum. Each participant receives a personal profile from their self-assessment. The purpose of the self-assessment is to help participants recognize their personal strengths and areas for growth. The idea is that adult learners might seek out resources and support for areas where they might not be as strong. Researchers designed this tool to examine foster, adoptive, and kinship parents' knowledge and attitudes associated with successful parenting (see Tables 3.1 and 3.2 below for the list of the themes and characteristics as well as a sample question for each). Each item was measured through questions related to knowledge as well as attitudes. The self-assessment measured the characteristics and themes using an 11-point scale that ranged from 0 (strongly disagree) to 10 (strongly agree). Foster, adoptive, and kinship parents from the intervention group took a baseline self-assessment before training and an outcome self-assessment 90 days after the training completion.

The Cronbach's alpha was calculated to measure the internal reliability of the self-assessment using data from all sites combined. This test describes the extent to which all items in a scale measure the same concept, by measuring the items' correlation to one another. The test provides a number between 0 and 1, with 1 representing no random error in the scores. As the number provided increases from 0 to 1, the fraction of that score that can be attributable to error will decrease. When the items within a scale correlate to one another, the alpha value increases and gets closer to 1. A general rule of thumb for alpha scores is that scores above .70 indicate good levels of internal reliability.

Table 3.1 Sample Questions by Theme

Item	Sample question	Alpha
Accessing Services and Supports	I believe that seeking services and supports for both children and the parent is a sign of strength.	.82
Attachment	I know parenting strategies and behaviors that strengthen healthy relationship in a way that is safe and based on the child's needs.	.78
Child Development	I believe it is my role to support children in reaching their unique and full developmental potential.	.85
Connections with Birth Families	I am aware of the challenges that may be encountered in maintaining connections with birth families after adoption.	.88
Creating a Stable Nurturing Safe Home Environment	I know strategies to help make children impacted by trauma, separation or loss feel psychologically and physically safe in the home.	.82
Cultural humility	I can understand the protective factors and strengths that come from different races, cultures, families, and communities.	.89

Effective communication	I am aware of the components of 'Effective Communication' including both verbal and non-verbal language.	.82
Expanding your parenting paradigm	I believe it is my role to validate and show compassion for the lived experiences of the children I parent.	.80
Foster care- a means to support families	I know strategies to nurture children's ongoing relationship with their birth families.	.92
Kinship Parenting	I understand how caring for a relative's child can impact existing roles and relationships within the family.	.76
Maintaining Children's Connections	I understand my role in helping children maintain connections to their siblings.	.89
Preparing for and Managing Intrusive Questions	I know how to use positive language when sharing information about children and how they are with my family.	.83
Mental Health Considerations	I know accurate and sensitive language to describe behavioral symptoms and diagnoses.	.85
Overview of the Child Welfare System	I understand common aspects of child welfare court process, including the roles of parents who are fostering/adopting.	.87
Parenting in racially and culturally diverse families	I can describe strategies to help children prepare for and handle racism and microaggressions (subtle slights or attacks based on race).	.88
Reunification- the Primary Permanency Planning Goal	I know what concurrent planning is for children in foster care.	.86
Separation, Grief, and Loss	I know the various losses that children who are adopted or from foster care may experience.	.82
Impact of Substance Use	I am committed to learning new techniques to care for children that may have been exposed to substances before birth.	.81
Trauma Informed Parenting	I know trauma informed parenting strategies and techniques.	.83
Trauma Related Behaviors	I understand how early trauma, abuse, and neglect impacts brain development.	.80

Table 3.2 Sample Questions by Characteristic

Item	Sample question	Alpha
Adaptability/flexibility	I am able to adjust rules to meet the developmental and emotional needs of a child when a parenting technique is not working.	.51
Appreciation for diversity/other world views	A child would feel welcomed and respected in my family.	.81
Attunement	When children "act out", I am usually able to figure out what triggered the behavior.	.78
Belief in self-efficacy	I believe that there is a way to address difficult parenting problems in a way that results in a positive outcome for both the parent and the child in my care.	.84
Committed	I know that even when a child is rejecting or hostile towards me, they need people who will commit to caring for them.	.70
Emotionally supportive/nurturing	I am able to meet the emotional and physical needs of the children I am parenting so that they feel safe.	.81

Empathy & Compassion	I know that children often express feelings of grief with behaviors that may seem negative to others	.81
Having a sense of humor	I think that using humor is an important way for me to deal with parenting stress or challenges.	.86
Realistic	I recognize that the success of the child I am parenting may look different than success for other children.	.90
Relationally oriented	I believe that current and former relationships have an effect on a child's self-perception and identity.	.88
Resilient and patient	I am pretty good at not letting children push my buttons.	.78
Self-awareness/self-reflection	In most situations, I can identify why I have responded inappropriately in a parenting situation.	.70
Tolerance for rejection	I don't measure my success as a parent by the way the child I am parenting views me.	.76
Trustworthiness	I understand that building a trusting relationship with a child starts with my ability to be consistent in reinforcing routines.	.81

Methodology

All participants completed the self-assessment via an online REDcap survey. Included participants completed the classroom training between August 2020 - July 15th 2022 and consented to participate in the study.

The self-assessment data was analyzed using the software R. Questions belonging to a particular theme were combined into an average score for that theme. The average score was calculated across all participants for each theme. Themes were analyzed independently, and participants with missing data for a certain construct were not included in that construct's analysis. Many of the themes included one reverse-scored question. An example includes the following question from the 'Maintaining Children's Connections' theme. "I know when children experience a transition, it is best to cut contact with their previous community, family, and friends and focus on building new relationships." The responses from these types of questions were reverse scored, meaning that if someone responded with a "0" for "strongly disagree", their score would be reversed to a 10, which indicates a high level of competency. As a quality control measure, once the reverse score of that question was calculated, that score was subtracted from 5 (chosen as a halfway point). Scores equal to or lower than five indicated that someone may not have been carefully reading the question and may have answered with the same response regardless of the question content. Participants' scores that did not meet that quality control threshold were not included in the analysis for each theme. Lower scores in each theme indicate lower levels of competency.

Summary statistics are provided for each theme and characteristic. A Wilcoxon signed-rank test was also used to compare participants' scores from the first time they took the survey (baseline) to the second time they completed the survey (90 days after completing the curriculum) in order to see if participants' scores significantly changed between the two time points.

Sample

For the baseline, an average of 1,264 participants met the inclusion requirements and completed the self-assessment. For the 90-day self-assessment, an average of 583 participants met the inclusion requirements and completed the self-assessment. More participants consented to participate in the study and completed the demographics portion of the questionnaire than completed the self-assessment. The number of participants included in the analysis for each construct varied, as some participants did not complete the questions for each construct and some participant responses did not meet the quality control standards associated with some reverse scoring questions. When comparing the two time points, an average of 372 participants were included.

Results

Table 3.3 presents the mean (average) and standard deviation scores for each theme measured by the self-assessment for all participants (combined findings across all sites). Table 3.4 presents the mean and standard deviation scores of the self-assessment characteristics at baseline and 90-day follow-up. Those with a high standard deviation (above 2) are coded in **Red** while those with a low standard deviation (below 1) are coded in **Blue**. No color indicates a medium standard deviation between 1 and 1.99.

Baseline results for themes. On average, participants rated themselves in the 6.9 - 8.9 scoring range which indicates they had some competency in that area. The theme with the lowest average score for all participants combined was 'Reunification' (M=6.9, SD=1.6). The highest rated theme was 'Accessing Services and Support' (M=8.9, SD=0.9).

90-day self-assessment results for themes. At the 90-day follow up self-assessment, participants rated themselves in the 9.0 - 9.6 scoring range which indicates a high degree of confidence in the skills. The theme with the lowest average score for all participants combined was 'Overview of the Child Welfare System' (M=9.0, SD=1.1). The highest rated theme was 'Accessing Services and Supports' (M=9.6, SD=0.6).

Comparison from timepoint one to timepoint two. Participants' scores from timepoint 1 (baseline) to timepoint 2 (90 days after completing the curriculum) had statistically significant improvements for all themes except for 'Foster Care - a Means to Support Families'. The lack of statistically significant improvements for the 'Foster Care - a Means to Support Families' theme is likely due to the very small sample size for this theme (just six resource parents are included in this analysis).

Table 3.3 Site Specific Theme Scores at Baseline and 90 Days (average n=370)

	N	Baseline	90 Days [^]
Accessing Services and Support	558	8.9	9.6***
Attachment	316	8.5	9.4***
Child Development	501	8.5	9.4***
Connections with Birth Families	67	8.2	9.5***
Creating a Stable Nurturing Safe Home Environment	495	8.7	9.4***
Cultural Humility	526	8.0	9.3***
Effective Communication	524	8.4	9.4***
Expanding Parenting Paradigm	111	8.2	9.3***
Foster Care - a Means to Support Families	6	7.8	9.2
Kinship Parenting	31	8.5	9.3***
Maintaining Children's Connections	439	7.9	9.4***
Managing Intrusive Questions	622	8.0	9.3***
Mental Health	222	8.1	9.2***
Overview of Child Welfare	482	7.1	9.0***
Parenting in Racially and Culturally Diverse	597	8.0	9.3***
Reunification	467	6.9	9.2***
Separation, Grief, and Loss	368	8.2	9.3***
Impact of Substance Use	398	8.1	9.3***
Trauma Informed Parenting	287	7.5	9.2***
Trauma Related Behaviors	373	7.8	9.1***

[^]=90 days after training was completed *= $p < .05$, **= $p < .01$, ***= $p < .001$

Baseline results for characteristics. On average participants rated themselves in the 7.8 - 9.5 scoring range which indicates they have some competency in that area. The characteristic with the lowest average score for all participants combined was “adaptability/flexibility” (M=7.8, SD=0.9). The highest rated characteristic was “resilient and patient” (M=9.5, SD=0.8).

90-day self-assessment results for characteristics. On average participants rated themselves in the 8.3 - 9.7 scoring range which indicates they have some or high levels of competency. The characteristic with the lowest average score for all participants combined was “adaptability/flexibility” (M=8.3, SD=0.7). The highest rated characteristics was “resilient and patient” (M=9.7, SD=0.6).

Comparison from timepoint one to timepoint two. Participants' scores from timepoint 1 (baseline) to timepoint 2 (90 days after completing the curriculum) had statistically significant improvements for all characteristics.

Table 3.4 Site Specific Characteristic Scores at Baseline and 90 Days (average n=375)

	N	Baseline	90 Days [^]
Adaptability/flexibility	175	7.8	8.3***
Appreciation for diversity/other world views	362	8.9	9.3***
Attunement	365	8.1	8.9***
Belief in self-efficacy	432	8.5	9.3***
Committed	350	8.8	9.3***
Emotionally supportive/nurturing	441	8.9	9.4***
Empathy & Compassion	520	8.8	9.3***
Having a sense of humor	261	7.9	8.9***
Realistic	474	9.1	9.5***
Relationally oriented	587	9.1	9.4***
Resilient and patient	280	9.5	9.7***
Self-awareness/self-reflection	197	8.3	8.8***
Tolerance for rejection	371	8.5	9.1***
Trustworthiness	431	9.3	9.6***

[^]=90 days after training was completed; *= $p < .05$, **= $p < .01$, ***= $p < .001$

CHAPTER 4: CURRICULUM

Methods

Classroom Description

The NTDC contains 19 classroom based themes and two online themes that were determined to be essential for resource parents. Themes are the individual topical content areas that constitute segments of the comprehensive child welfare training and development curriculum. They can be compared to modules in a training manual or chapters in a book. Each theme is a mini training on a specific topical area. Each theme runs approximately one to two hours in length (range 55 minutes to 105 minutes). Two of the themes – (1) ‘Expanding Your Parenting Paradigm’ and (2) ‘Overview of the Child Welfare System’ – are online self-paced trainings that participants can take outside of the face-to-face or virtual live classroom. The online (self-directed) themes include watching a short video and completing a series of questions. Facilitators informed participants of the timeframe in which they were expected to complete the online themes. However, the facilitator may have also decided to do the online themes in the classroom.

In addition to the 19 themes, two sites - Colorado and Georgia - completed two additional themes that were created specifically for kinship caregivers: ‘Kinship Parenting’ and ‘Building Parental Resilience for Kinship Caregivers’. For the purpose of analysis, the ‘Introduction and Welcome’ theme is not included in this report as no evaluation tools were developed for this theme outside of the facilitator fidelity form. Due to COVID-19, classroom sessions were primarily done virtually using platforms such as Zoom or Teams. The length of sessions and order of themes varied by site. Additionally, participants who completed the curriculum used a remote platform to assist with learning, (e.g., handouts, videos, real-time training). Each theme has competencies that were developed to address important knowledge, attitudes and skills associated with that topic. All of the classroom-based themes followed a similar construct which included:

- Prior to class, participants completed a pre test survey to establish baseline knowledge and registered for the NTDC online portal.
- The Participant Resource Manual was provided to participants at the start of training. This manual contains a summary of the prework that needs to be done for each theme, the questions that families are supposed to answer as part of their prework and any reading materials that are part of the prework. Additionally, the manual contains basic information about the curriculum including a summary of each of the three components. There is a place provided in the manual for participants to take notes and journal their thoughts. The Manual was originally created to be distributed to participants as a hard copy. We were later asked by sites to convert the manual to a PDF that could be completed online and to include all of the classroom handouts.

- Participants were expected to complete approximately 30 minutes of prework prior to coming to each class that helped them understand the topic and master the material. The prework always contained a short podcast and either a video to watch or material to read related to the topic.
- Review of the material covered in the prework.
- Content layered learning that includes 15 to 20 minutes of lecture and then some type of activity, discussion, skills check and/or media that reinforces the information relayed in the lecture.
- Reflection/relevance section where parents are asked to apply the information learned in the theme to their own life.
- Resources that parents can access on the NTDC portal to continue their learning on the topic.
- Skill checks (for themes that contain them) to evaluate skill level.
- Online post test to evaluate competency gains.

Sample

The participants included in the analysis consented to participate in the study and completed training on or before July 15, 2022. Participants were excluded if they did not complete the pre test and/or post test, or if they dropped out of training prior to completion. Due to this exclusion, the range of participants analyzed in each theme differs from the total number of participants that consented to participant.

Measures

Facilitators completed fidelity forms after training each theme. Participants completed a pre test at baseline and post test, skill checks, and satisfaction surveys at the end of each theme. These data are reported for each training theme.

Duration and completion of training activities information was gathered from the facilitator fidelity forms for each theme trained. The fidelity forms provide information on the following:

- Duration: how many minutes the training took to complete as reported by the facilitator
- Percentage of completed activities: The facilitator reported the number of activities that were completed. This was divided by the number of activities in the theme to determine the percentage.

Note: Due to variations in how the themes were delivered (training multiple themes in a single training day), the color wheel activity and review was not included in the activity count due to facilitators skipping this activity if it had already been done that day; the post test was not included in the activity count as it was an evaluation activity.

Facilitator process rating was captured from the fidelity forms. Facilitators were asked to rate their relationship with the co-facilitator and their level of confidence on their ability to train the competencies of that theme for each theme that they trained. Sample questions from the facilitator/co-facilitator relationship section include “I worked well with my co-facilitator” and “My cofacilitator and I clearly understand each other’s roles.” Facilitators scaled their level of agreement on a 6-point scale, ‘1=strongly disagree’ to ‘6=strongly agree’. The level of confidence per training theme was rated on a 5-

point scale, '1=not at all confident' to '5=extremely confident'. The questions in each theme vary and are directly related to the competency goals of each theme. The results are reported out as averages for each theme.

Pre and post tests. Participants completed a pre test electronically prior to attending the NTDC. The post test was implemented at the end of each theme (electronically for virtual training and on paper for in-person). Each post test contained two knowledge questions regarding that theme and several satisfaction questions (found in Participant Satisfaction section). The pre and post test section provides the following information:

- The number of participants that completed both the pre and post test knowledge questions.
- Average pre test score and average post test score: the percentage of correct responses at pre and post test.
- The difference between the pre and post test scores. Themes in which there were gains are indicated in bold.
- Whether there was a significant difference between the overall mean (all themes combined) of the pre test and post test

Participant satisfaction was examined using the post test survey's satisfaction section. Participants were asked to select their level of agreement with statements regarding their satisfaction with the training overall, their satisfaction with the activities, and their satisfaction with the facilitator's competence. A six-point scale ranging from 1 - 'strongly disagree' to 6 - 'strongly agree' was used to indicate the level of agreement. For overall satisfaction with the theme, participants rated their level of agreement with statements that the training was relevant and helpful, interactive, and used many techniques to keep their attention. Participants were also asked their level of agreement with the following statements: the training was rushed; boring; and organized and easy to follow. In regard to satisfaction with the activities, participants rated their level of agreement with statements that activities were organized and easy to follow; relevant and helpful; engaging; boring (reverse coded); and rushed (reverse coded). For their satisfaction with the facilitator, participants rated their level of agreement with statements that the facilitator answered questions; was disorganized (reverse coded); encouraged participation; was culturally respectful; was knowledgeable; stayed on topic; was approachable; and was engaging. We report an average score for each of the response categories (satisfaction with the training, activities, and facilitation). The negative responses were reverse coded prior to scoring. Higher scores indicate higher levels of satisfaction for each category.

Participants were also asked if they had a facilitator with experience as a foster, adoptive, or kinship parent. If the participant indicated 'yes', they were asked if it was helpful to have a facilitator with lived experience as a foster, adoptive or kinship parent. This was followed up with an open-ended question of why or how it was helpful. The results are presented as a percentage of participants who found having a facilitator with lived experience helpful.

For classes that were trained in a virtual classroom, two additional questions were asked regarding participants' experiences with the online setting. These questions include the following: 'I am comfortable with using online technology' and 'the remote online platform made it difficult to fully learn the material.' Participants responded using a Likert scale ranging from 1 - 'strongly disagree' to 6 - 'strongly agree' to indicate their level of agreement. An average score was reported out for each question. The higher the number in the first question indicates the participants are comfortable with using technology. The lower the number in the second question indicates that participants did not feel that the online platform impeded their learning.

Skill checks are comprised of two content questions and three scaled questions. The average number of correct responses were reported for each of the two content questions. The average for the scaled questions is reported for each site. The skill check scaled questions contain three types of 10 point scales; from 1 'not at all important' to 10 'extremely important' (which captures the participants perception on the importance of the skill), from 1 'not at all confident' to 10 'extremely confident' (which captures the participants perceived confidence in implementing the skill), and from 1 'not at all likely' to 10 'extremely likely' (which captures how likely they are to use the skill). Higher scores indicate higher importance, confidence, and likeliness of using the skill.

Open-ended feedback on training themes. Two open ended questions were asked of participants: 'what aspect of the training did you like most?' and 'what aspects of the training could be improved? How?' The feedback and the number of times a theme was mentioned for each training session is provided.

Results

Duration and Completion of Activities

Facilitators were asked to complete a fidelity form for each curriculum theme. The overall average amount of time to complete each theme was 93 minutes, ranging from 62-121 minutes. Facilitators also rated the completion of curriculum activities. On average, 93% of curriculum activities were completed with a range of 87-97%. See Figures 4.1 and 4.2. For additional information see Table 4.1 for a complete breakdown of averages by theme.

Figure 4.1 Percentage of Activities Completed

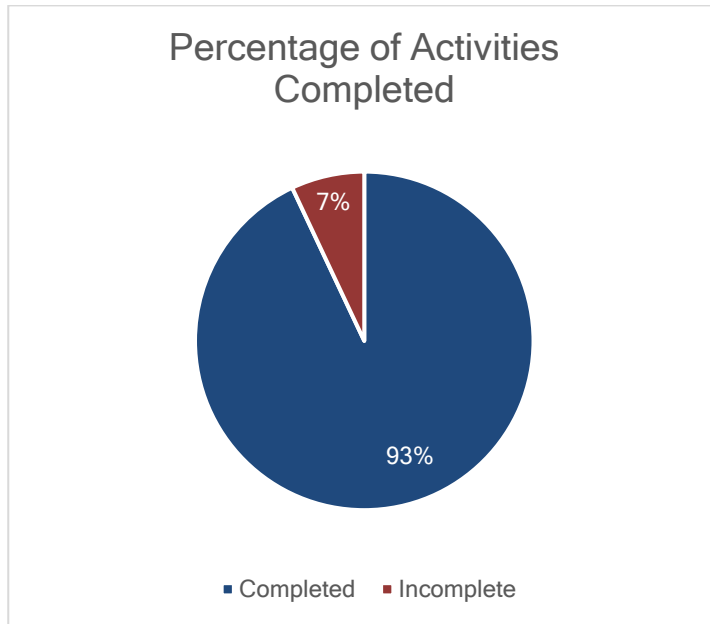


Figure 4.2 Average Minutes to Complete a Theme

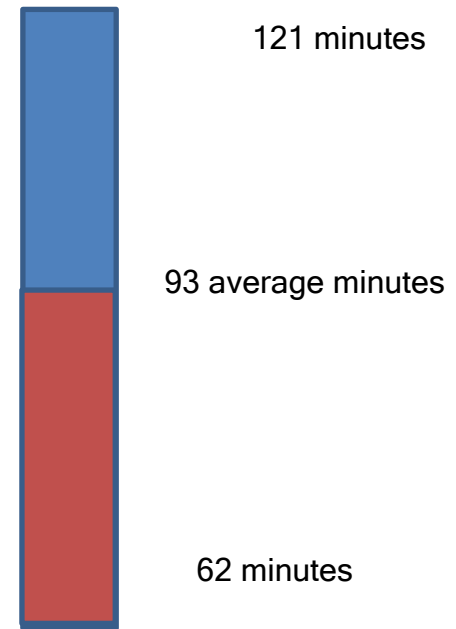


Table 4.1 All Site Duration and Average Completion of Activities (as reported by facilitators)

Theme	Average duration of theme in minutes	Expected duration (minutes)	Percent of Average completion of curriculum activities
Accessing Services and Supports	72	30	91%
Attachment	114	120	92%
Child Development	70	60	90%
Creating a Stable Nurturing Safe Home Environment	117	120	88%
Cultural Humility	66	60	95%
Effective Communication	70	60	87%
Foster Care - a Means to Support Families	112	120	92%
Impact of Substance Use	86	90	97%
Maintaining Children's Connections	80	90	92%
Mental Health Considerations	92	90	96%

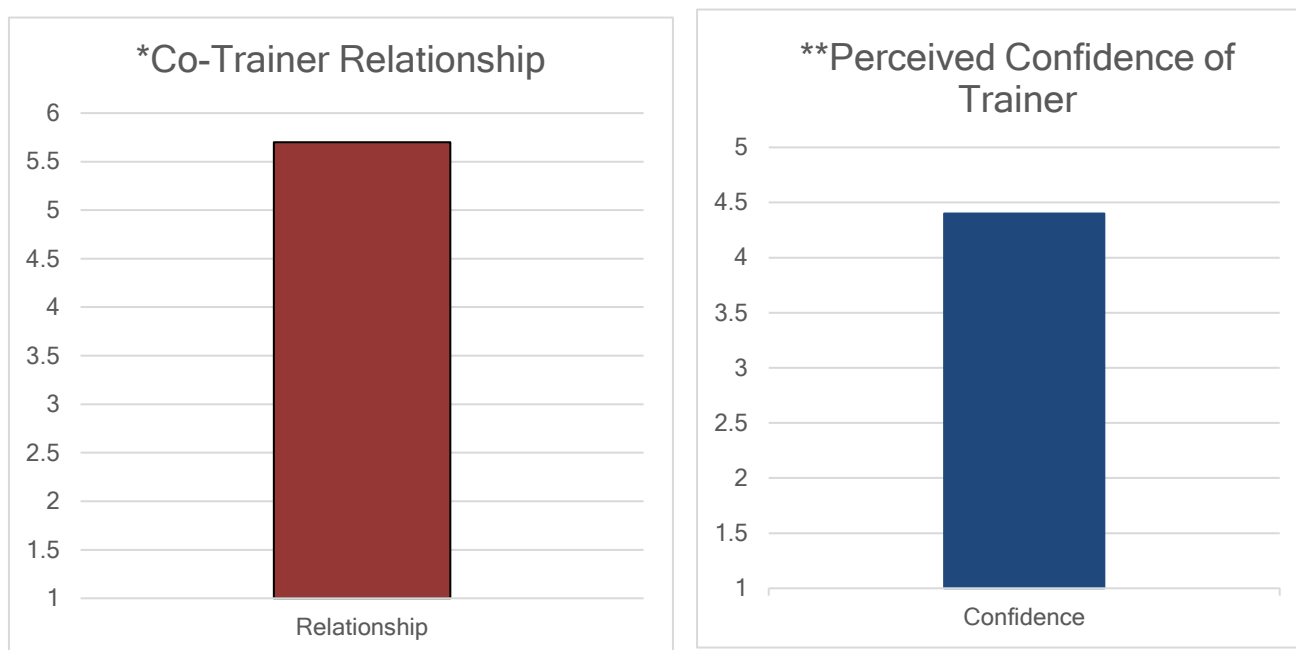
Parenting in Racially and Culturally Diverse Families	91	90	96%
Preparing for and Managing Intrusive Questions	62	60	92%
Reunification - The Primary Permanency Planning Goal	90	90	94%
Separation Grief and Loss	121	120	93%
Trauma Informed Parenting	117	120	95%
Trauma Related Behavior	121	120	95%
Kinship Themes trained by Colorado and Georgia			
Building Resilience for Kinship Caregivers	90	90	100%
Kinship Parenting	103	120	100%

Numbers have been rounded to the nearest whole.

Facilitator Process

Facilitators were asked to rate their relationship with the co-facilitator as well as their level of confidence in their ability to train the competencies in that theme. Ratings were on a 5- and 6-point scale with 1 being low confidence and 5 or 6 being high confidence. Overall, facilitators rated their relationship with their co-facilitators as good (5.7) with a range between 5.5 and 5.8 out of 6. Overall, confidence was rated a bit lower with an average confidence level of 4.4 and a range of 4.0 to 4.6 out of 5 depending on the theme. See Figure 4.3.

Figure 4.3. All Site Co-trainer Relationship and Confidence of Facilitator Ability to Train Theme



*Based off a 6-point scale with 6 indicating a higher satisfaction with co-trainer relationship. **Based off a 5-point scale with 5 indicating perceived higher confidence in ability to train main competencies of each theme.

Pre and Post test Scores

Those who agreed to participate in the study took pre and post tests during each theme. The pre and post tests include two knowledge questions per theme. On average, there were 1,132 participant responses per theme (range 917-1232). The sample size varies due to the number of participants in each theme. Significance testing was conducted using a paired samples t-test between the means of the pre test (per theme) and the post test (per theme). There was a significant increase in the test scores after training in 18 themes. Overall, there was improvement on 18 out of 18 post test measures that were trained in all sites, ranging from an increase of about 2% to 50%. The 'Mental Health Considerations' theme had the greatest score improvement. Of the kinship themes trained in Colorado and Georgia, only the 'Building Parental Resiliency for Kinship Caregivers' theme saw a score increase (12%). The 'Kinship Parenting' theme had an average score decrease of 7%. See Figure 4.4. Additional information on pre and post test scores is available in Table 4.2.

Figure 4.4 Pre and Post test Scores Per Theme and Number of Participants

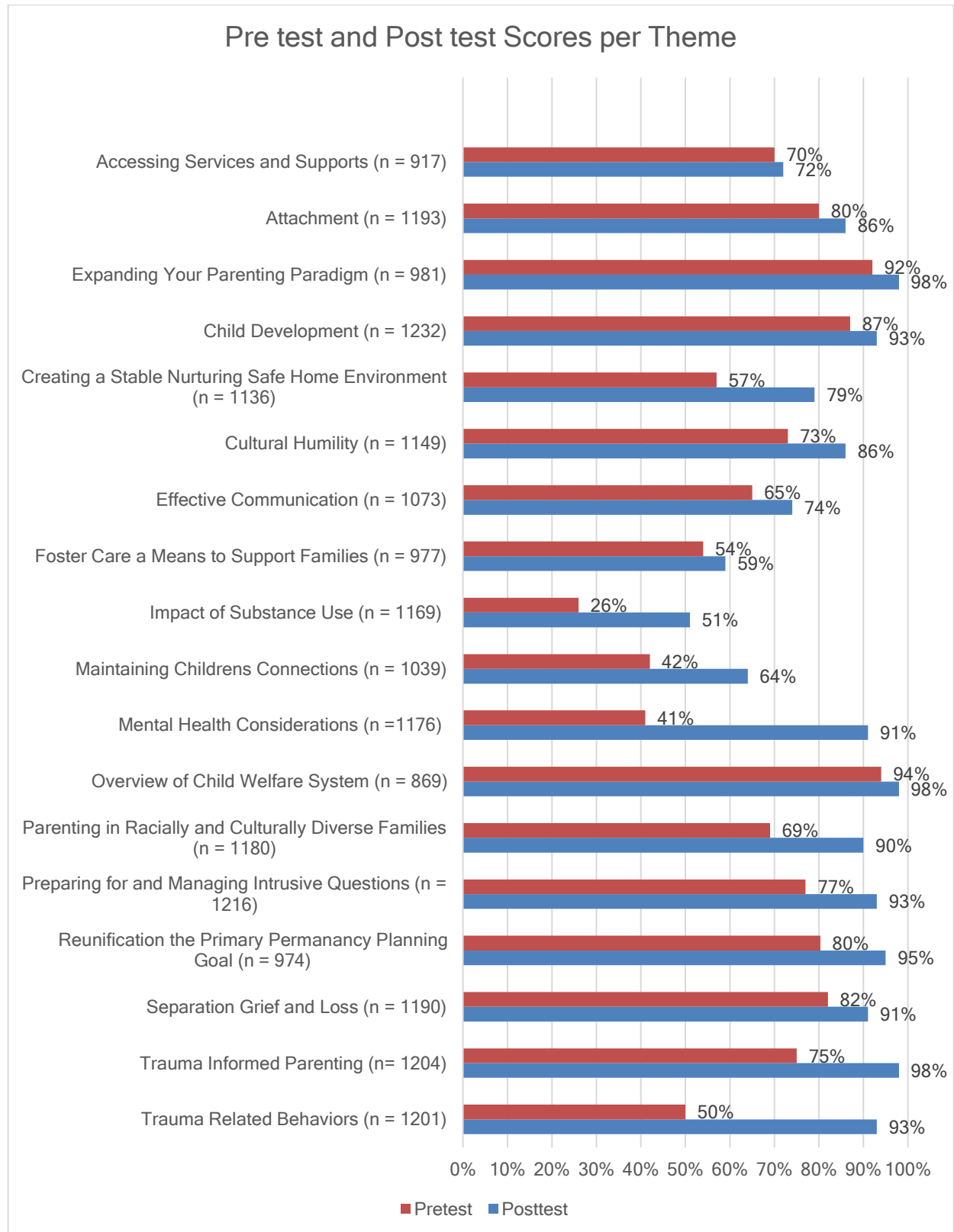


Table 4.2 All Site Pre and Post Test Scores

Theme	Number completing pre/post test	Pre test score (%)	Post test score (%)	Difference
Accessing Services and Supports	917	70	72	2*
Attachment	1193	80	86	6***
Building Your Parenting Paradigm (online)	981	92	98	6***
Child Development	1232	87	93	6***
Creating a Stable Nurturing Safe Home Environment	1136	57	79	22***
Cultural Humility	1149	73	86	13***
Effective Communication	1073	65	74	9***
Foster Care - a Means to Support Families	977	54	59	5***
Impact of Substance Use	1169	26	51	25***
Maintaining Children's Connections	1039	42	64	22***
Mental Health Considerations	1176	41	91	50***
Overview of the Child Welfare System (online)	869	94	98	4***
Parenting in Racially and Culturally Diverse Families	1180	69	90	21***
Preparing for and Managing Intrusive Questions	1216	77	93	16***
Reunification - The Primary Permanency Planning Goal	974	80	95	15***
Separation Grief and Loss	1190	82	91	9***
Trauma Informed Parenting	1204	75	98	23***
Trauma Related Behavior	1201	50	93	43***
Kinship Themes were trained in Colorado and Georgia				
Building Parental Resiliency for Kinship Caregivers	90	78	90	12***
Kinship Parenting	91	58	51	-7.0

Bold indicates *= $p < .05$, **= $p < .01$, ***= $p < .001$

Participant Satisfaction

Participant Satisfaction. Participants selected their level of agreement with statements regarding their satisfaction with training, activities, and the facilitator. A six-point scale ranging from 1 - 'strongly disagree' to 6 - 'strongly agree' was used to indicate the level of agreement. A score closer to 6 indicates greater satisfaction. The means (or average) scores of participants were calculated. In addition, the standard deviation (variance from the mean) was also calculated. Overall, participants appeared satisfied with the process and facilitation, with an overall average of 5.4 (range 5.0 to 5.7). The sample size (n) for each theme varies due to variation in responding to the post test. Figure 4.5 provides a visual of the four satisfaction categories. Figure 4.6 provides a visual of four satisfaction categories per theme. The **light blue** indicates participant satisfaction with the facilitator's knowledge, ability to stay on topic, and level of engagement. **Grey** indicates participants felt the group activities were easy to follow,

relevant and helpful, and engaging. The **red** indicates participants felt the training was not rushed or boring and was organized and easy to follow. Lastly, the **dark blue** indicates the participants felt the training was relevant and helpful, interactive, and used many techniques to keep their attention. See Figures 4.5 and 4.6. Table 4.3 provides the averages and standard deviation of the four satisfaction categories.

Figure 4.5 Overall Participant Satisfaction

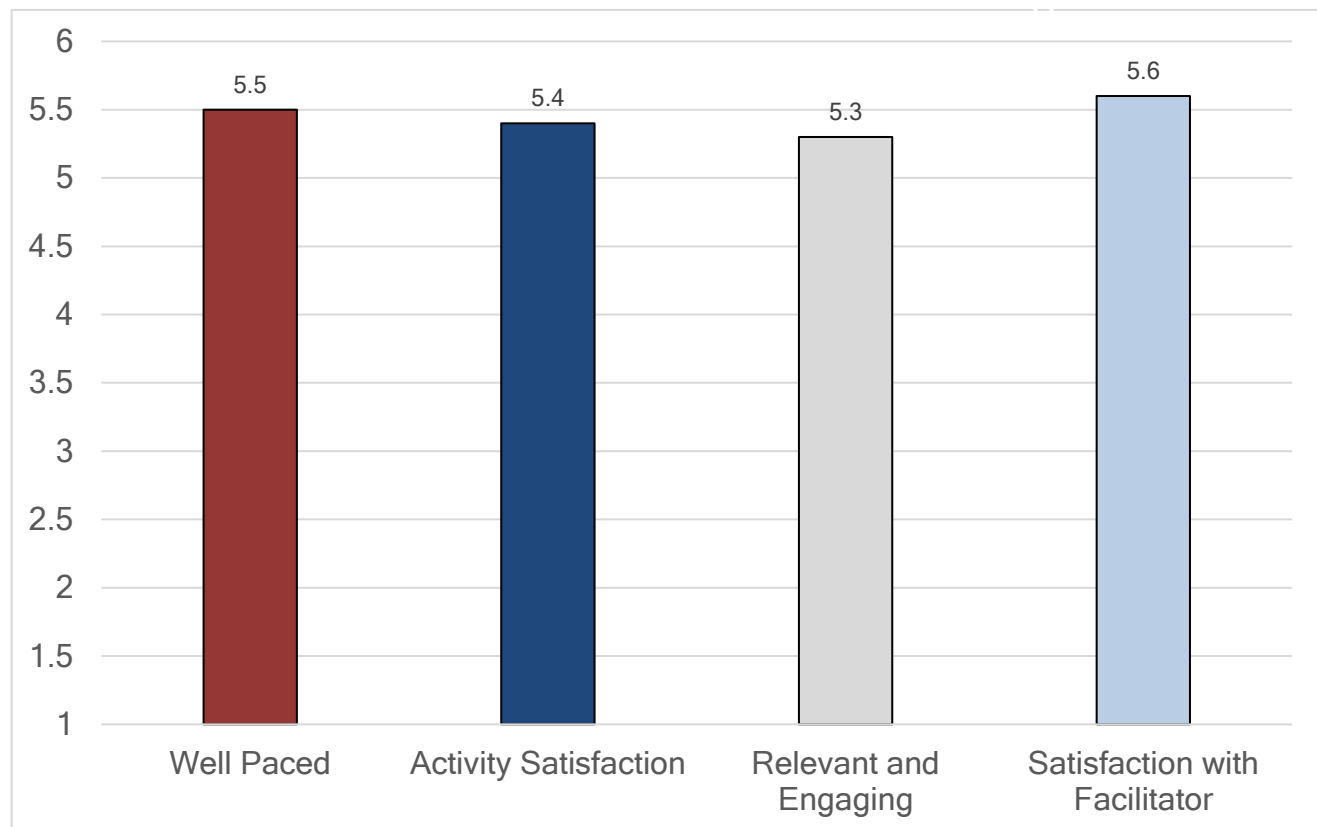
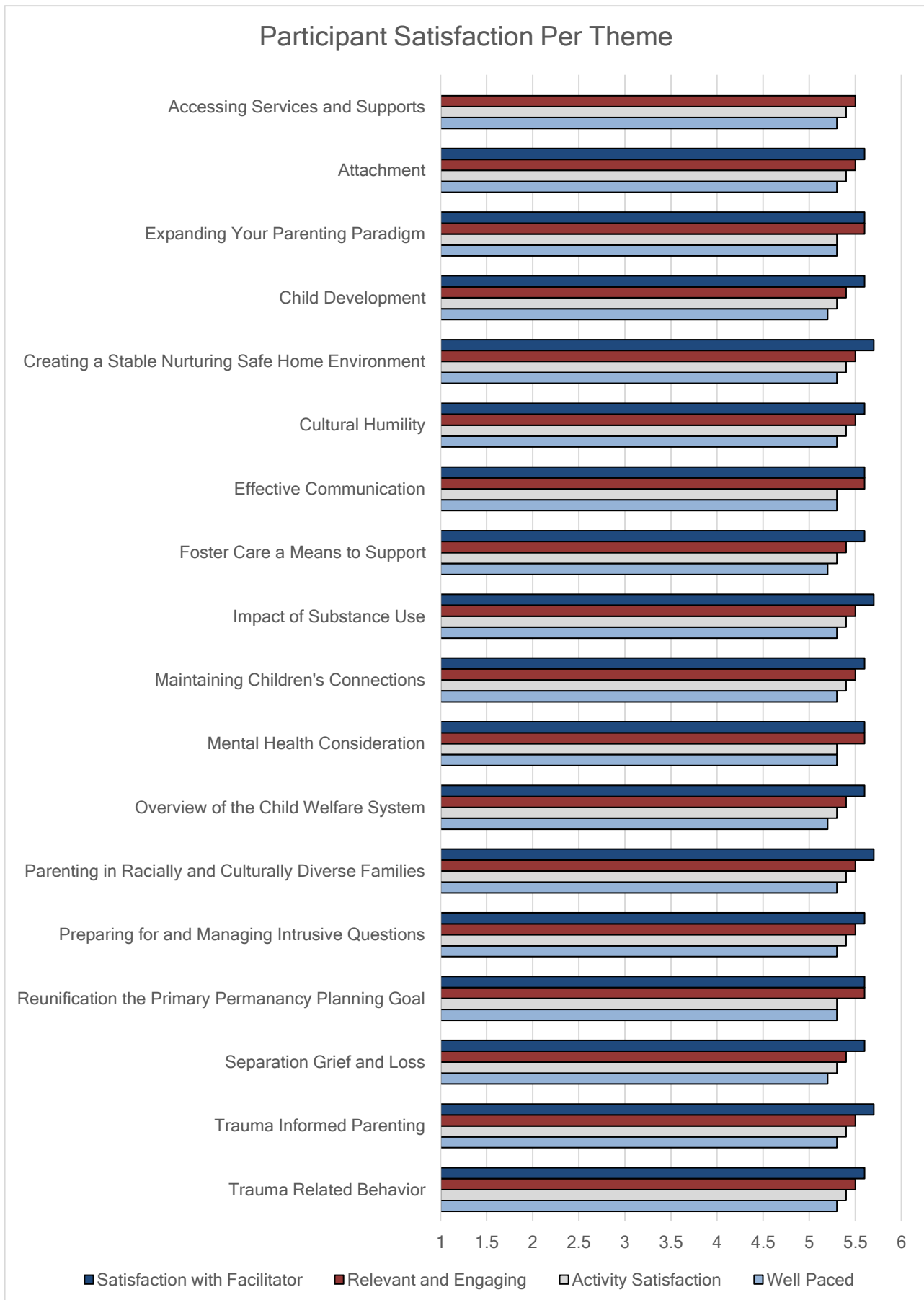


Figure 4.6 Participant Satisfaction Per Theme



Satisfaction with facilitator= participants were satisfied with the facilitator’s knowledge, ability to stay on topic, and level of engagement. Activity Satisfaction=participants felt the group activities were easy to follow, relevant and helpful, and engaging. Well Paced=participants felt the training was not rushed or boring and was organized and easy to follow. Relevant and engaging=participants felt the training was relevant and helpful, interactive, and used many techniques to keep their attention.

Table 4.3 All Site Participant Satisfaction (1-6 scale)

Theme	Training was relevant and engaging helpful, interactive, and used many techniques to keep their attention		Training was well paced not rushed or boring and was organized and easy to follow		Group activities were easy to follow, relevant and helpful, and engaging core		Participants were satisfied with the facilitator’s knowledge, ability to stay on topic, and level of engagement	
	M	SD	M	SD	M	SD	M	SD
Accessing Services and Supports.	5.5	0.7	5.4	0.8	5.5	0.7	5.6	0.6
Attachment	5.4	0.7	5.0	0.9	5.2	0.7	5.5	0.5
Child Development	5.4	0.7	5.2	0.8	5.2	0.7	5.5	0.5
Creating a Stable Nurturing Safe Home Environment	5.6	0.6	5.4	0.7	5.5	0.6	5.7	0.5
Cultural Humility	5.6	0.6	5.3	0.8	5.4	0.6	5.6	0.6
Effective Communication	5.5	0.6	5.2	0.8	5.3	0.7	5.6	0.5
Foster Care as a Means to Support	5.6	0.6	5.3	0.8	5.4	0.6	5.6	0.5
Impact of Substance Use	5.6	0.6	5.4	0.7	5.4	0.6	5.6	0.5
Maintaining Children’s Connections	5.5	0.6	5.2	0.8	5.4	0.6	5.6	0.5
Mental Health Considerations	5.5	0.7	5.4	0.7	5.4	0.6	5.6	0.5
Parenting in Racially and Culturally Diverse Families	5.5	0.7	5.3	0.8	5.4	0.7	5.5	0.6
Preparing for and Managing Intrusive Questions	5.6	0.6	5.4	0.7	5.4	0.6	5.6	0.5
Reunification - The Primary Permanency Planning Goal	5.5	0.7	5.3	0.8	5.4	0.7	5.6	0.5
Separation Grief and Loss	5.5	0.6	5.3	0.7	5.4	0.6	5.6	0.5
Trauma Informed Parenting	5.6	0.6	5.4	0.7	5.5	0.6	5.6	0.5
Trauma Related Behavior.	5.5	0.6	5.3	0.8	5.4	0.7	5.6	0.5
Kinship Themes trained by Colorado and Georgia								
Building Parental Resilience	5.8	0.5	5.0	1.7	5.2	1.7	4.6	1.5
Kinship Parenting	5.7	0.6	5.4	0.8	5.5	0.7	4.9	0.5

In addition to the classroom themes, two online themes were developed and implemented: 'Building Your Parenting Paradigm' and 'Overview of the Child Welfare System.' A six-point scale ranging from 1 - 'strongly disagree' to 6 - 'strongly agree' was used to indicate the level of agreement. Participants on average agreed the online training courses were organized and easy to follow, relevant and helpful, and used many techniques to keep their attention. Participants agreed that the online platform was easy to navigate and use, the video played without issue, and they were able to start and stop the online theme without issue. The standard deviation indicates there was little variation from the mean, 0.9 or less. See Table 4.4.

Table 4.4 Classroom Satisfaction for Online Themes (1-6 scale)

Theme	The training was organized and easy to follow, relevant and helpful, not boring or rushed, interactive, and used many techniques to keep my attention		The online platform was easy to navigate, video played without issue, was not difficult to use, and able to start and stop the online theme without issue.	
	M	SD	M	SD
Building Your Parenting Paradigm	5.2	0.6	5.1	0.5
Overview of the Child Welfare System	5.1	0.7	5.3	0.7

Overall, participants appeared satisfied with the virtual implementation of the NTDC. Overall, participants reported feeling comfortable using online technology (M=5.6), with a range of 5.5 to 5.7. Participants disagreed with the statement that remote online platform impeded their learning (M=2.2), ranging from 2.0 to 2.3. The 'online impeded learning' items had larger standard deviations than the comfort with using technology items. This means that while the average overall score for 'online impeded learning' was 2.2 out of 6, the variation from the mean ranged from 1.3 to 1.8 points. This tells us that while most did not feel the online training impeded learning, there were people who felt the online presentation impacted their ability to learn. The sample size (n) varies due to variation in responding to the post test. See Figure 4.7 and Table 4.5.

Figure 4.7 Participants Rated Comfort with Online Technology and Impeding Learning

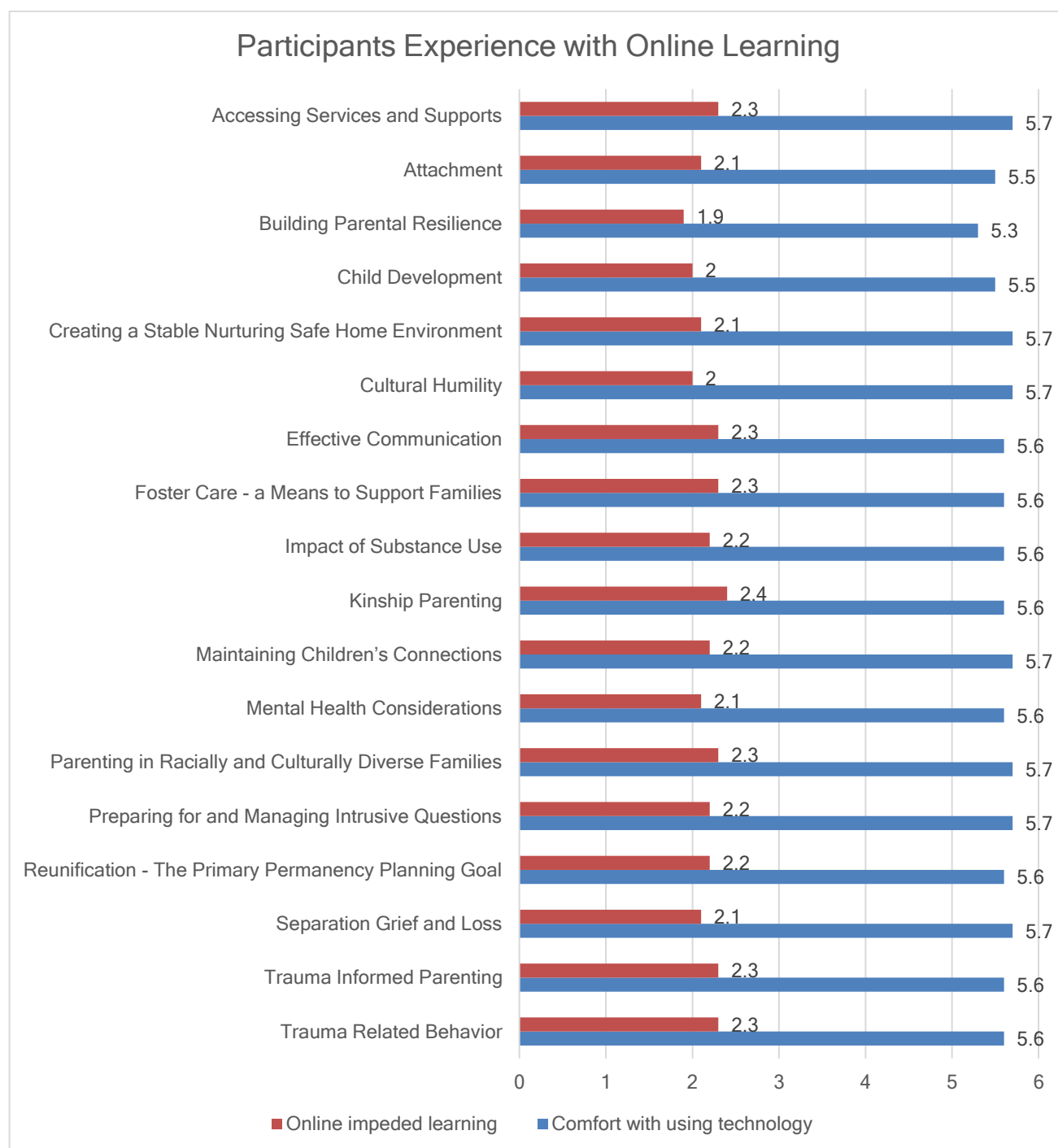


Table 4.5 All Site Impact of Online learning (1-6 scale)

Theme	Comfort with using technology		Online impeded learning	
	M	SD	M	SD
Accessing Services and Supports	5.7	0.7	2.3	1.7
Attachment	5.5	0.7	2.1	1.4
Child Development	5.5	0.8	2.0	1.3
Creating a Stable Nurturing Safe Home Environment	5.7	0.6	2.1	1.7
Cultural Humility	5.7	0.6	2.0	1.6
Effective Communication	5.6	0.6	2.3	1.7
Foster Care - a Means to Support Families	5.6	0.7	2.3	1.7
Impact of Substance Use	5.6	0.6	2.2	1.7
Maintaining Children's Connections	5.7	0.6	2.2	1.7
Mental Health Considerations	5.6	0.6	2.1	1.5
Parenting in Racially and Culturally Diverse Families	5.7	0.6	2.3	1.8
Preparing for and Managing Intrusive Questions	5.7	0.6	2.2	1.7
Reunification - The Primary Permanency Planning Goal	5.6	0.7	2.2	1.7
Separation Grief and Loss	5.7	0.7	2.1	1.6
Trauma Informed Parenting	5.6	0.7	2.3	1.7
Trauma Related Behavior	5.6	0.8	2.3	1.7
Kinship Themes were trained by Colorado and Georgia				
Building Parental Resilience	5.3	1.7	1.9	1.8
Kinship Parenting	5.6	0.8	2.4	1.9

Facilitator Experience as Foster, Adoptive, or Kinship Parent

Of the participants who indicated they had a facilitator who was an adoptive, foster, or kinship parent, 96% reported having a facilitator with parental experience was helpful. Participants reported having a facilitator with foster, adoptive or kinship experience was helpful because of the knowledge and experience they bring, the ability to take the curriculum and provide real life examples and application, and that those facilitators understood what the participants were going through and were able to provide feedback and support.

Open-ended Questions

After each post test participants were asked two open-ended questions (this is known as qualitative data). Participants were asked, 1) What aspects of the training did you like the most?, and 2) What

aspects of the training could be improved and how? As a part of the analysis, the written responses were placed in thematic categories and counted. It is important to note that not all participants wrote in answers to the open-ended questions.

The most common responses to what aspects of the training participants enjoyed were the videos, the shared real-life experience by facilitators and other parents, the engagement and interaction with other parents, the examples and case studies presented, the group activities, the handouts, learning something new, and the delivery style of the facilitator.

The most common responses to what aspect of the training could be improved was that there was nothing to be improved. Additional responses included wanting more interaction time, addressing issues with order of handouts and technology issues, and reducing the amount of information or the length of the training theme.

Detailed feedback, including the frequency in which participants mentioned each of the above categories, can be found in the appendix. The details are broken out by theme and sometimes include specific feedback on topics and suggested additions. See the list below for the page number of each theme in the Appendix.

Accessing Services and Supports.....	75
Attachment.....	78
Building Parental Resilience.....	80
Child Development.....	81
Creating a Stable Nurturing Safe Home Environment.....	83
Cultural Humility.....	85
Effective Communication.....	87
Foster Care as a Means to Support Families.....	89
Impact of Substance Use.....	91
Kinship Parenting.....	93
Maintaining Children's Connections.....	94
Mental Health Considerations.....	95
Overview of the Child Welfare System.....	97
Parenting Paradigm.....	101
Parenting in Racially and Culturally Diverse Families.....	102
Preparing for and Managing Intrusive Questions.....	104
Reunification - The Primary Permanency Planning Goal.....	107
Separation Grief and Loss.....	109
Trauma Informed Parenting.....	111
Trauma Related Behavior.....	113

Skill Checks

Skill checks are comprised of two content questions and three behavioral questions related to the importance and likelihood of using the material from the class. Overall, between 104 and 1,377 participants completed the skill checks for most sessions. Skills checks were conducted during the following themes: 'Attachment', 'Creating a Stable Nurturing Safe Home Environment', 'Cultural Humility', "Effective Communication", 'Foster Care - a Means to Support Families', 'Impact of Substance Use', 'Kinship Parenting', 'Maintaining Children's Connections', 'Preparing for and Managing Intrusive Questions', 'Separation Grief and Loss', 'Trauma Informed Parenting', and 'Trauma Related Behavior'. On average, the skill check content had a high accuracy rate, 88% with an average range from 54%-97% accuracy.

The skill-check asked questions about the importance, the participant's confidence, and the likelihood that they would use the skill taught in that theme. Participants rated questions on a 1-10 point scale; 'not at all important' to 'extremely important' (which captures the participant's perception of the importance of the skill); 'not at all confident' to 'extremely confident' (which captures the participant's perceived confidence in implementing the skill), and 'not at all likely' to 'extremely likely' (which captures how likely they are to use the skill). Higher scores indicate higher importance, confidence, and likelihood of using skill.

Importance. Overall, participants reported recognizing the content as highly important, with an average importance rating of 9.6 out of 10. The range was from 9.2 to 9.8. The 'Separation Grief and Loss' skill of recognizing the signs of grief and loss underlying children's behavior was the highest rated important behavior and 'Attachment' was rated as the lowest.



Confidence. The confidence rating was rated a bit lower overall, suggesting that learning the skills takes time and practice. The average confidence rating was 8.9 out of 10 with a range of 8.4 to 9.5. Participants rated their confidence lowest for the 'Attachment' skill (confident using the jar activity) and highest confidence in 'Kinship Parenting' (confidence in ability to set limits with the child's parents).



Likelihood to use the skill. Importantly, participants indicated they were likely to use the skill with an average rating of 9.3 out of 10 to use the skills and a range between 8.8 and 9.6, with the lowest rated theme being 'Attachment' (likelihood of using the jar activity) and the highest being 'Kinship

Parenting' (likelihood to set limits with the child's parents when they demonstrate behavior that is not protective of the child's physical or emotional safety).



CHAPTER 5: SUPERVISOR OBSERVATION

Introduction

The purpose of supervisor observations was to triangulate different perspectives in terms of identifying strengths and weaknesses in the curriculum across supervisors and facilitators as well as for fidelity monitoring purposes. Supervisors were asked to observe each facilitator once during a single training theme. Not all trainers were observed on the same theme. Some of the observations were conducted live and some were completed using a recorded session observed by the supervisor. Supervisors completed a supervisor observation form for each observation. Of the 19 themes, 17 themes were observed (see Table 5.1).

Methods

The supervisor observation form included details such as the facilitator's ID, what theme was observed, whether it was online or in-person, if the facilitator had all the materials needed, and whether the facilitator completed all the activities for that theme. In addition, supervisors rated facilitators in two categories.

Facilitator knowledge competencies. Supervisors were asked to write in the competencies from the facilitator fidelity forms for the theme they are observing. Then they were asked to rate the facilitators they observed using a 5-point scale. The 5-point scale ranged from 1=not at all competent to 5=very competent.

Facilitator observed interactions. Supervisors were asked to rate seven statements regarding the engagement, skills, and interaction of the facilitators. The seven statements are listed below:

- Facilitator was skilled at managing the virtual learning platform
- Facilitator interacted with parents in a positive way that encouraged participation
- Facilitator asked clear questions that generated valuable discussion
- Facilitator delivered the content in a conversational yet articulate manner
- Facilitator managed time appropriately
- Facilitator recognized signs of difficulty and other learner reactions and responded appropriately
- Facilitator provided a warm and friendly learning environment

Facilitator co-trainer relationship. Supervisors were asked to rate six statements about the co-trainer relationship, and characteristics of the facilitator on a 5-point scale (1=strongly disagree and 5=strongly agree). The six statements are listed below, facilitator and co-facilitator:

- Managed the virtual learning platform well together
- Worked well together

- Had clearly identified roles
- Shared the same commitment to the training
- Have mutual respect for each other's knowledge and expertise
- Presented themselves as equals in training.

Facilitator characteristics. Supervisors were asked to rate the facilitators characteristics. The characteristics were focused on successful traits of facilitators. The characteristics are listed in Table 5.2.

Overall facilitator rating. Supervisors provided an overall rating for the facilitators training abilities. The overall rating includes four categories: 'needs assistance: having difficulty performing the competencies', 'progressing', 'proficient', and 'exemplary: excels at all competencies (could train others)'.

Open ended questions. Supervisors were asked to provide written feedback on three questions, 1) What were the strengths that the facilitator(s) brought to this learning experience, 2) What recommendations would you give the facilitator to improve their training skills, and 3) Any observations you may have had related to the training being offered through a virtual platform (if applicable). Please consider how it may have impacted the learner or the facilitator and provide any suggestions for improvement and/or alterations to the online curriculum.

Results

Sixty-six facilitators were observed over 17 different themes. Each observation took place remotely. Supervisors reported that 89% of facilitators completed all required activities and 98% had the necessary materials ready for the theme.

Table 5.1 Number of Facilitators Observed by Theme and Observation Type (n=70)

Themes Observed	Number of Facilitators Observed	Number of In-person Observations	Number of Virtual Classroom Observations
Accessing Services and Supports	3	3	
Attachment	3	3	
Child Development	3	2	1
Creating a Stable Nurturing Safe Home Environment	9	8	1
Cultural Humility	5	4	1
Effective Communication	2	2	
Foster Care - A Means to Support Families	4	3	1

Impact of Substance Use	2	2	
Kinship Parenting	1	1	
Maintaining Children's Connections	4	4	
Mental Health Considerations	3	3	
Parenting in Racially and Culturally Diverse Families	3	3	
Preparing for and Managing Intrusive Questions	2	1	1
Reunification - the Primary Permanency Planning Goal	6	6	
Separation Grief and Loss	6	4	2
Trauma Informed Parenting	6	6	
Trauma Related Behaviors	4	4	
Total	66	59	11

Facilitator knowledge competencies. Supervisors were asked to rate the level of facilitator competency on the main learning objectives for each theme. Supervisors rated the competency of the facilitators as an average of 4.5 out of 5, which means the supervisors rated the facilitators as 'competent'.

Facilitator observed interactions. Supervisors agreed the facilitators were highly interactive, engaging, able to read the participants and address concerns appropriately, and able facilitate meaning discussion. The average score was 4.6 out of 5.

Facilitator co-trainer relationship. Supervisors agreed the facilitators and co-facilitators worked well together, had clearly defined roles, shared a commitment to the training, demonstrated mutual respect, and presented themselves as equals. The average score was 4.6 out of 5.

Facilitator characteristics. Supervisors were asked to rate their level of agreement for statements on successful characteristics of the facilitator. Supervisors rated the facilitators with an overall average of 4.5 out of 5 in all categories. See Table 5.2.

Table 5.2 Supervisor Rating of Facilitator Characteristics (n=66)

Characteristic	M	SD
Strong technical skills	4.2	0.7
Strong communication skills	4.7	0.5
Passionate about learning	4.7	0.5
High level of professionalism	4.7	0.5
Flexible	4.7	0.5
Share real life experience	4.5	0.7

Engaging	4.6	0.5
Responsive	4.6	0.6
Planned for today's training	4.8	0.5

Overall facilitator rating. In addition, supervisors were asked to provide an overall rating for facilitators. Supervisors rated the facilitators on average of 3.2 out of 4, 'proficient', which is the second highest overall rating.

Open ended questions. Lastly, supervisors were asked to provide written feedback. Specifically, to write in what were strengths that the facilitator(s) brought to this learning experience. The responses are categorized below:

- The facilitators are incredibly knowledgeable
- Facilitators were very engaging and encouraged participation verbally and in the chat
- Facilitators presented information true to fidelity
- Is truly an expert in kinship and foster care and is an incredible resource
- Facilitator and Co-facilitator worked well together
- Facilitator and Co-facilitator were both engaged and provided input throughout
- Facilitators were prepared
- The facilitators are incredibly knowledgeable
- Foster parent trainer brought in advice which was valuable.
- Facilitator shared experiences from personal life which were good examples
- Great communication skills
- Facilitator was able to navigate and manage the virtual platform
- Great multi-tasking
- Referred back to content covered in other themes
- Encouraged participation from folks who were quieter
- Facilitator provided training in a conversational way that puts the participants at ease
- Flexible and adaptative. Prepared, professional and articulate.
- Competent in curriculum.
- Strong technology skills
- Relatable, friendly, and welcoming
- Interjects appropriate and quick real-life examples.
- Passionate about training new families.
- Knowledge and experienced
- Well prepared and presented material professionally
- Adhered well to fidelity
- Strong teaching skills
- Brought personal experience and expertise to the class
- Facilitator was engaging and brought curriculum to life
- Facilitator were prepared and had technical skills
- Did an excellent job using a conversational tone while presenting
- This facilitator is very competent with the Zoom platform.
- Facilitator has been a foster parent for many years and is open and warm, but practical, when sharing their expertise & experience. Facilitator is very friendly and engaging with participants.

Supervisors were asked to write in recommendations for the facilitator that would assist in improving training skills. The responses are categorized below:

- To continue to build confidence in their facilitation skills and continue to master the curriculum. This was the first cohort that this facilitator co-facilitated.
- I would encourage to slow down speaking. They spoke very quickly which made it more difficult to follow all she was communicating.
- I would also continue encouraging to work on paraphrasing the content and adding her own experiences to the content.
- Another suggestion would be to allow a little more time for people to respond even if the silence feels long.
- Use co-facilitator more.
- Watch the time - the class ran long
- Work with the co-facilitator to get through technical issues.
- Building competence in navigating zoom and managing a virtual classroom
- Utilizing co-facilitators more
- Prepare more and not rely on the manual so much
- Continue to practice technical skills, has improved over the past year, and asks for assistance as needed
- Continued familiarity with content will help create more conversational tone.
- Better time management
- Continue to increase Zoom skills.
- Work on making presentation more conversational (I think you may have been nervous).
- Incorporate more back and forth between facilitators during presentation of material.
- Ask more questions to engage the participants and be sure they are following along.
- Continue to work on delivering material in a conversational manner.
- Just repetition in the training curriculum, and this will come with time.
- Make sure to check equipment compatibility before training.
- Connect PM pages to training. Remember to incorporate Prework info as can into training.
- Continue to become familiar with the curriculum, pre-work and videos.
- Watch the overuse of "oks" while presenting. Be careful not to use too many illustrations.
- Be careful not to elaborate on each bullet point of the curriculum.
- Becoming more comfortable with the technical aspects of the Zoom platform

Supervisors were asked to write out any observations they had related to the training being offered.

- Engagement is challenging virtually. We have been successful in finding ways to engage but it's harder to do virtually than in person.
- Small group activities are challenging in the virtual environment
- It is hard when you ask someone to share something very personal (personal loss in this case) to adequately thank them for sharing. One participant shared she had had a miscarriage and another shared about being in foster care as a teen and while it was freely done, it would have been received differently if the class was in person.
- I think the virtual platform is awesome for our families! You can tell people are still engaged and participating. The only thing I noticed is that some people had children home with them, which might be distracting for them.
- It took a very long time to break the class into breakout rooms for the mental health diagnosis activity.
- It is a challenge to get everyone on camera and engaged. The facilitators did call directly on participants for input. This was an expectation set early on in the course.

- Again I would like to consider changing the order of these themes if they are to continue being trained together: Attachment seems a bit more captivating to the audience and they seemed spent when Effective Communication was delivered. Very long session.
- JAR activity instructions should have been given in a written format for clarification.
- I think it is a learning experience and time will improve their ability to facilitate.
- Having to do the skills checks and post tests eats into the class time. It takes way longer in a virtual setting which means less time for discussion and activities.
- Improve virtual participation to get caregivers to understand that the same rules apply as if in a face to face setting, and non-negotiables will not be tolerated (such as driving while attempting to attend training), which causes a delay in training requirements.
- I think training virtually is very challenging. Eliminating the skills checks and post tests would save time online - it feels pushed for time every single theme trying to make sure we have enough time to complete those and also get through all of the material. Many couples are sharing a device so they have to take turns doing the forms, and that takes double, or more, the time it would take to do in a classroom.
- It likely would be easier to get participant responses in a classroom setting.
- Adapted the "board game" activity into an interactive virtual experience.
- Although I could hear the video it sounded distant. I didn't know if share sound box was checked.
- When discussions are active try turning off PowerPoint temporarily.
- Some curriculum was missed due to time constraints.
- Tried breakout rooms for the first time and did great!
- The Foster Parents build a bond when things are held in person, and it is essential to support systems with people in like situations.
- Sometimes the videos are fuzzy; but both trainers handle this very well.
- Thank you for being open to trying something new with Zoom.
- This theme is very heavy on all the information to get through in a short amount of time. It does not provide a lot of opportunity for open discussion due to the theme and all the material to get through. This does make it more difficult to get through in a virtual setting, but I am unsure how this would be mitigated because the information is so important. (Child Development Theme)
- The Instant Family clip is excellent, but there is no real effective way to show it in the virtual setting (We have to use Amazon Prime) and it's very time consuming to find all the time stamps.

CHAPTER 6: RIGHT-TIME

Executive Summary

The most popular Right-Time themes that resource parents opted to take were 'Family Dynamics' (12.8% of participants), 'Sexual Trauma' (10.3%), and 'Life Story - Birth and Adoption Story' (9.7%). Alternatively, the least popular themes for participants were 'Preparing for and Managing Visitation' (3.7%), Preparing for Adulthood (4.0%), and 'Building Parental Resilience' (4.5%).

In general, the Right-Time trainings had a positive impact on participants' self-reported competency levels. After the Right-Time training, mean rates of perceived competency increased with statistical significance ($p \leq .001$) for all themes.

Additionally, participants improved their accuracy in answering the knowledge-based quiz questions after completing the Right-Time trainings. The overall accuracy rate improved with statistical significance ($p \leq .001$) from 77.5% to 82.3%. Although significant, it should be noted that the improvement was marginal at 4.8 percentage points. Individually, the accuracy of each of the 14 themes improved from pre test to post test, and eight of those improvements were statistically significant at a p-value of .05 or less.

Moreover, the Right-Time training measured self-reported usability, usefulness, and efficacy of each training theme. Overall, participants reported that they agreed that Right-Time trainings were relevant to their needs, that the trainings were applicable to real life, that they would recommend the training session to other parents, and that they planned to use the information and skills they learned to take care of the child they are parenting despite already being acquainted with much of the information prior to the trainings. On average, they reported the trainings to be "very useful." Participants also reported the three learning segments (i.e., videos, 'My Story' podcasts, and discussion questions) to be "very useful." Participants also generally agreed with the usability of each training. Additionally, participants reported that they received the right amount of information from the training.

Background

Right-Time training is an online training resource for caregivers who wish to reinforce their knowledge and skills after the classroom-based curriculum (Salazar et al., 2020). Right-Time training is a trauma-informed learning program that provides timely access to information about emergent areas of need for caregivers. Caregivers can access Right-Time training themes online as needed. There are 15 Right-Time themes, each containing some combination of a video, a "My Story" podcast, and discussion questions intended to help participants learn more about the theme. The videos showcase two to three professionals' perspectives on the theme along with real-life examples of an adoptive or foster parent. The podcast features either a former foster youth, adopted youth, or kinship youth who describe their

perspectives on the theme of a specific Right-Time training. Finally, the discussion questions provide opportunities for parents who are fostering or adopting to think through, discuss, and process training content.

Families who participated in this study were foster/adoptive/kinship parents whose status was pre-service (i.e., interested in adopting or fostering children but not yet licensed). Based on the state in which the participants live, they were either assigned themes to review or they selected themes based on their own interests.

Each Right-Time theme takes approximately one hour to complete. Each is designed for parents to complete on their own online, in support group settings, or in partnership with parenting partners or caseworkers (Salazar et al., 2020).

Caregivers complete a pre- and post test immediately prior to and after completion of each Right-Time training theme. The pre- and post tests of caregiver competency are designed to measure parenting attitude, motivation, preparedness, and knowledge base of each training theme. Caregivers were also asked to report their opinions about the usability, usefulness, and efficacy of each training after completion.

Methodology

Number of Training Surveys Completed by Participants

Participants were required to complete at least one Right-Time training theme in order to become licensed foster or adoptive parents. Some states assigned themes to participants while others allowed participants to choose freely. Florida and Kansas assigned the Family Dynamics theme, Illinois and Oklahoma assigned the Sexual Trauma theme, and two cohorts (Cornerstones of Care and Crittenton) in Missouri were assigned the Preparing for and Managing Visitation theme to participants. Alternatively, Colorado, Georgia, one cohort (Missouri Alliance) in Missouri, and the SRPM tribe allowed participants to choose themes freely. Also, 31% of participants (N = 682) chose to complete more than one theme, and some completed many more than one theme. Regardless of location, participants chose these additional themes freely. Because some participants chose to complete multiple themes, the number of each type of training survey completed by participants (i.e., the quantities provided in this report) is higher than the number of individuals who participated in the trainings.

Popularity of themes was analyzed by considering all survey responses from participants in locations where themes were allowed to be chosen freely as well as those from locations with assigned themes who completed additional themes outside of those assigned. The relative popularity of themes was inferred by considering the distribution of themes chosen by this set of participants.

Perceived Competency

The assessment of caregiver competency is developed to reflect on parenting attitude, motivation, preparedness, and knowledge base of the training theme. The scale evaluates participants' degree of agreement with caregiver competency. Caregiver competency was assessed through self-report using a Likert-scale. The number of questions range from five to eight per Right-Time theme. Each question is rated on a ten-point ordinal scale, ranging from 0 to 10 (i.e., 0 = Strongly Disagree, 1 = In between Strongly Disagree and Moderately Disagree, 2 = Moderately Disagree, 3 = In between Moderately Disagree and Slightly Disagree, 4 = Slightly Disagree, 5 = In between Slightly Disagree and Slightly Agree, 6 = Slightly Agree, 7 = In between Slightly Agree and Moderately Agree, 8 = Moderately Agree, 9 = In between Moderately Agree and Strongly Agree, 10 = Strongly Agree). Participants' scores indicate their degree of agreement with the scale items. The total score indicates participants' overall self-rated caregiver competency. For most questions, the higher the score, the more competent the participant perceives themselves as a foster/resource/adoptive parent in a given area. A few questions (called "reverse scoring" questions) are negatively worded so that a lower score indicates a higher degree of caregiver competency.

To evaluate participants' perceived caregiver competency in a given area, participant responses were recoded into a numeric score. For any of the negatively worded "reverse scoring" questions, the reciprocal of the score out of 10 (e.g., 3 out of 10 becomes 7 out of 10) was taken so that all analysis of all questions is going in the same direction (i.e., higher scores indicate greater perceived competence). Then, the average of each item was calculated, indicating their degree of agreement with the scale item (i.e., any specific area of the training theme). The average perceived competency score across all trainings was also presented.

Finally, in order to evaluate participants' level of change for each theme after the Right-Time training, a series of paired-sample t-tests were performed for all participants who completed both the pre- and post test. Specifically, t-test were run to determine if the mean score of each theme changed at a statistically significant level after the Right-Time training. If the resultant p-value of the t-test was lower than at least the significance level of $\alpha = .05$, we are at least 95% confident that the tested competency increased or decreased significantly between the pre test and post test.

Knowledge-Based Quiz Scores

Participants were asked to answer two quiz questions before (pre test) and after (post test) each Right-Time training theme. Quiz questions were developed to measure participants' general knowledge base in each specific training theme. All themes had two quiz questions presented to participants before and after the training. Participant responses to the quiz questions were then coded into Correct (if the

participant selected the correct answer) and Incorrect (if the participant selected the incorrect answer). Average participant accuracy for each theme and across all questions were then presented.

In order to evaluate if the quiz results varied significantly between pre test and post test, we conducted McNemar's tests for each question for all participants who completed both the pre- and post test. Used rather than the similar Chi-squared test of independence, McNemar's test is appropriate for our data as each quiz question was analyzed at a level where there existed only two possible nominal and mutually exclusive results (i.e., Correct and Incorrect), and our data is paired between pre- and post test for each individual. Using this test analyzes the accuracy between pre- and post test at the individual respondent level, rather than the overall pre- and post test scores. To prep the data for this analysis, we created a 2x2 contingency table. Then we performed McNemar's test on the difference in response accuracy for both questions in each theme between pre test and post test. If the p-value of the statistic result is smaller than .05, we are at least 95% confident that there is a significant difference in the accuracy between pre test and post test groups. Through this procedure, we can see if the Right-Time training had a significant impact of participants' response accuracy and knowledge in specific area of the training theme and across all themes as a whole.

Training Usefulness, Usability, and Efficacy

After each Right-Time training, caregivers provide an evaluation of their individual experience. The evaluation includes self-reported usefulness of each learning segment, usability of the training, and perceived efficacy of the training. In the usefulness assessment, caregivers rate the usefulness of the three different learning segments on a five-point ordinal scale. The scale ranges from one ("Not at all useful") to five ("Extremely useful"). In the usability assessment, caregivers rate their agreement with items reflecting on the various dimensions of usability, including the relevance, clarity, applicability, likelihood of recommending to others, planned use of, and amount of prior knowledge related to each training. The usability metrics are measured on a five-point Likert scale. Caregivers rate their degree of agreement with each item of the scale ranging from one ("Strongly Disagree") to five ("Strongly Agree"). Caregivers also rate their agreement with the training efficacy by reporting their perception of the amount of information received in each Right-Time training based on a five-point ordinal scale ranging from one ("Far Too Little") to five ("Far Too Much").

The usability analysis required the reversal of scores for two metrics that were negatively worded. By reversing these two usability scores, all usability data points in the same direction so that the closer to five each metric is rated, the more usable the training is for the participant.

Average training usefulness, usability, and efficacy were then presented to get a sense of how easy to use and effective participants found the trainings.

Number of Training Surveys Completed by Participants

Across all themes of the Right-Time training, there were 4,636 pre test survey responses, 4,224 post test survey responses, and 4,064 satisfaction survey responses submitted by participants. The themes that received the most attention from participants were Family Dynamics, Sexual Trauma, and Preparing for and Managing Visitation. However, these three themes were all assigned to some participants by certain states so it is unsurprising that they were the most commonly represented themes. See Figure 6.1 for the number of participants who completed each type of survey for each theme.

To get a better sense of theme popularity, choice of theme was considered when participants were not assigned a theme or when participants completed trainings in addition to the ones that they were assigned. 3,274 trainings were completed by participants under these criteria. For this group, Family Dynamics (12.8%) and Sexual Trauma (10.3%) remained the two most popular themes, and Life Story - Birth & Adoption Story (9.7%) was the third most popular theme. Alternatively, the least popular themes for participants were Preparing for and Managing Visitation (3.7%), Preparing for Adulthood (4.0%), and Building Parental Resilience (4.5%). See Figure 6.2 for the full distribution of trainings completed by choice by participants.

Figure 6.1 shows the number of surveys completed by participants for each of the Right-Time themes. The themes are organized in descending order by the total number of surveys completed. For each theme, the grey bars indicate the number of pre test surveys completed, red bars indicate the number of post test surveys completed, and blue indicates the number of satisfaction surveys completed.

Figure 6.1 Number of Participants who Completed each Survey

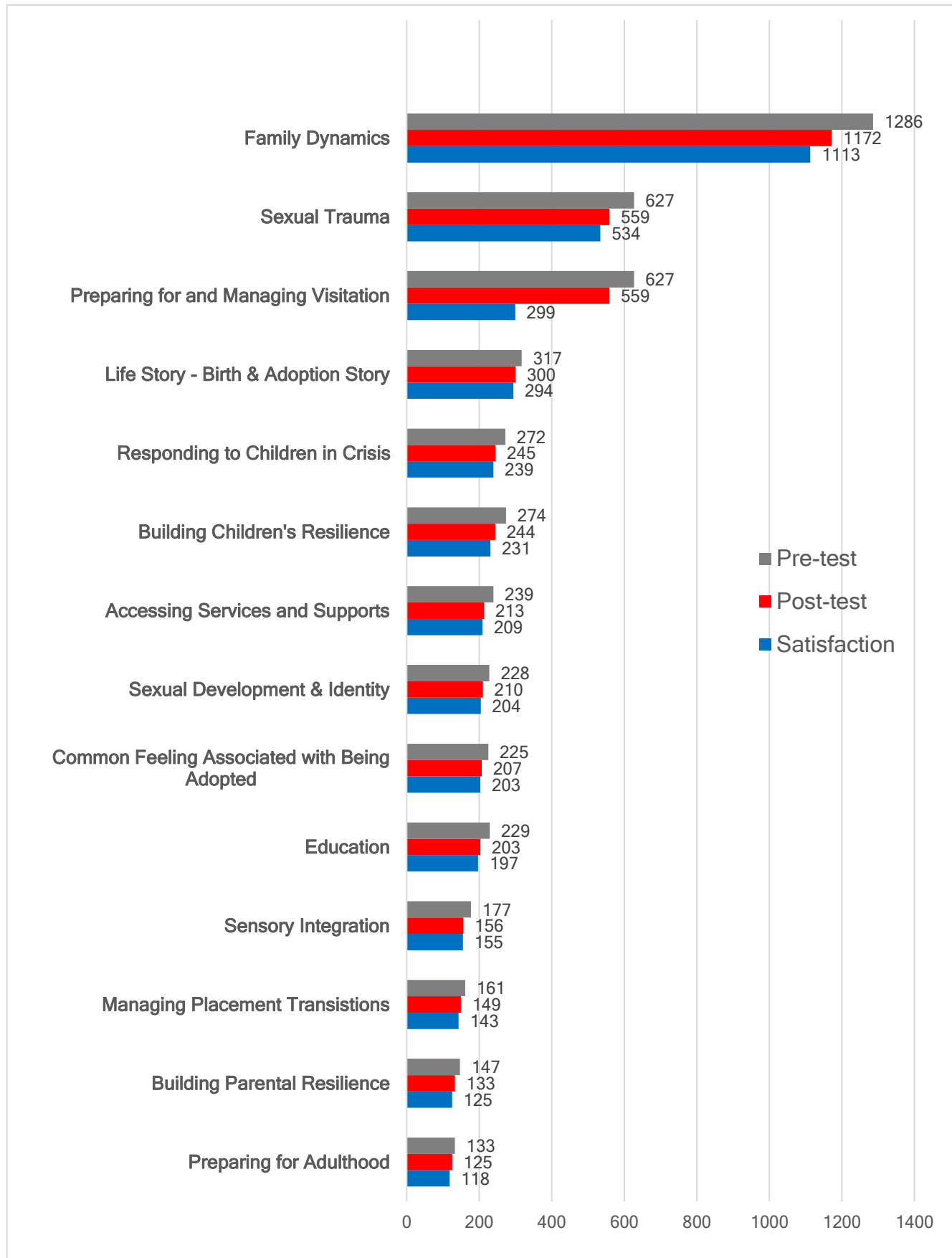
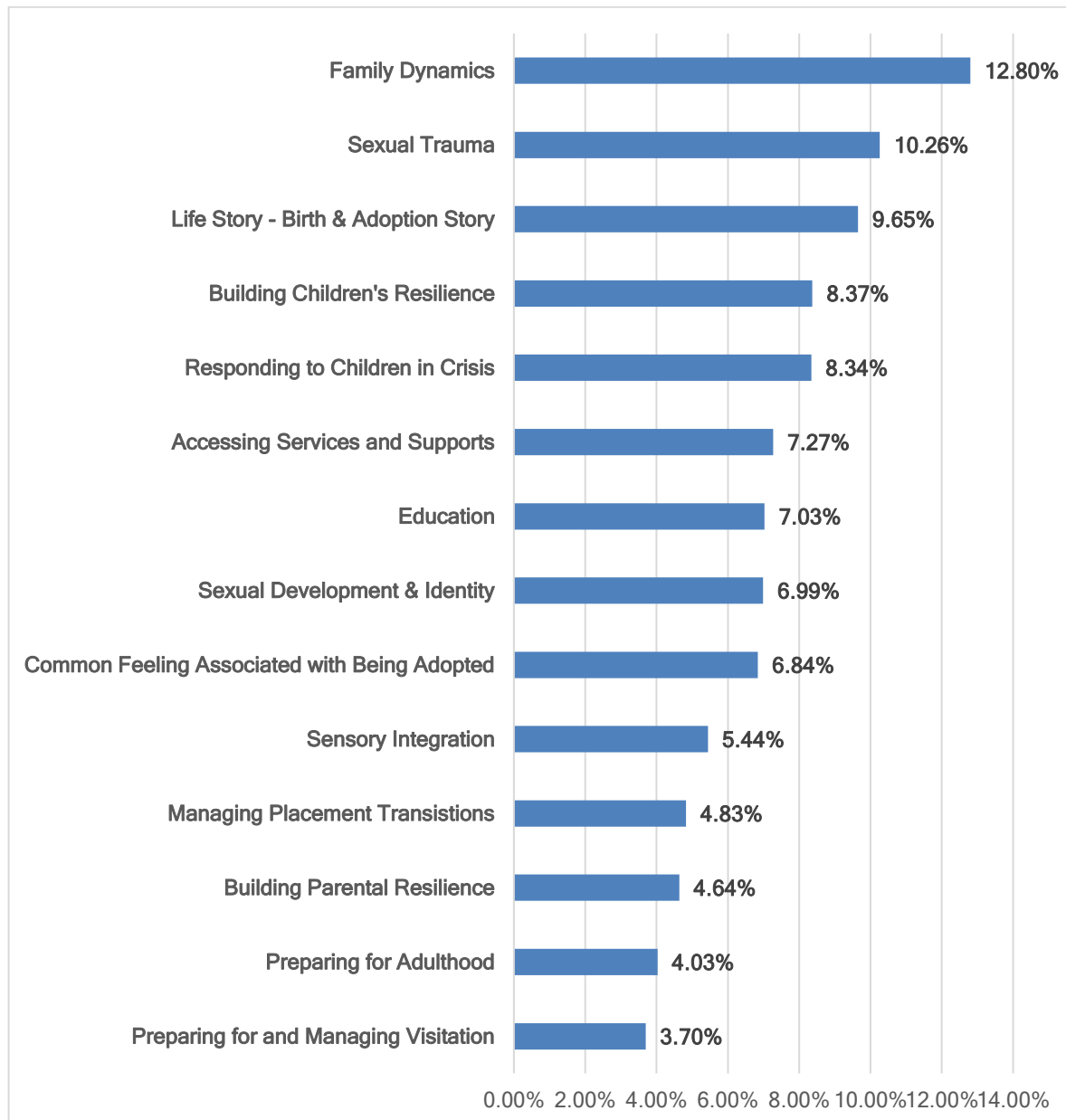


Figure 6.2 shows the percentage of trainings completed by theme among participants who were not assigned to any particular training or who completed additional trainings to the ones that they were assigned. The themes are listed in descending order of how frequently they were chosen.

Figure 6.2 Choice of Themes Among Participants who were Unassigned or Completed Additional Trainings

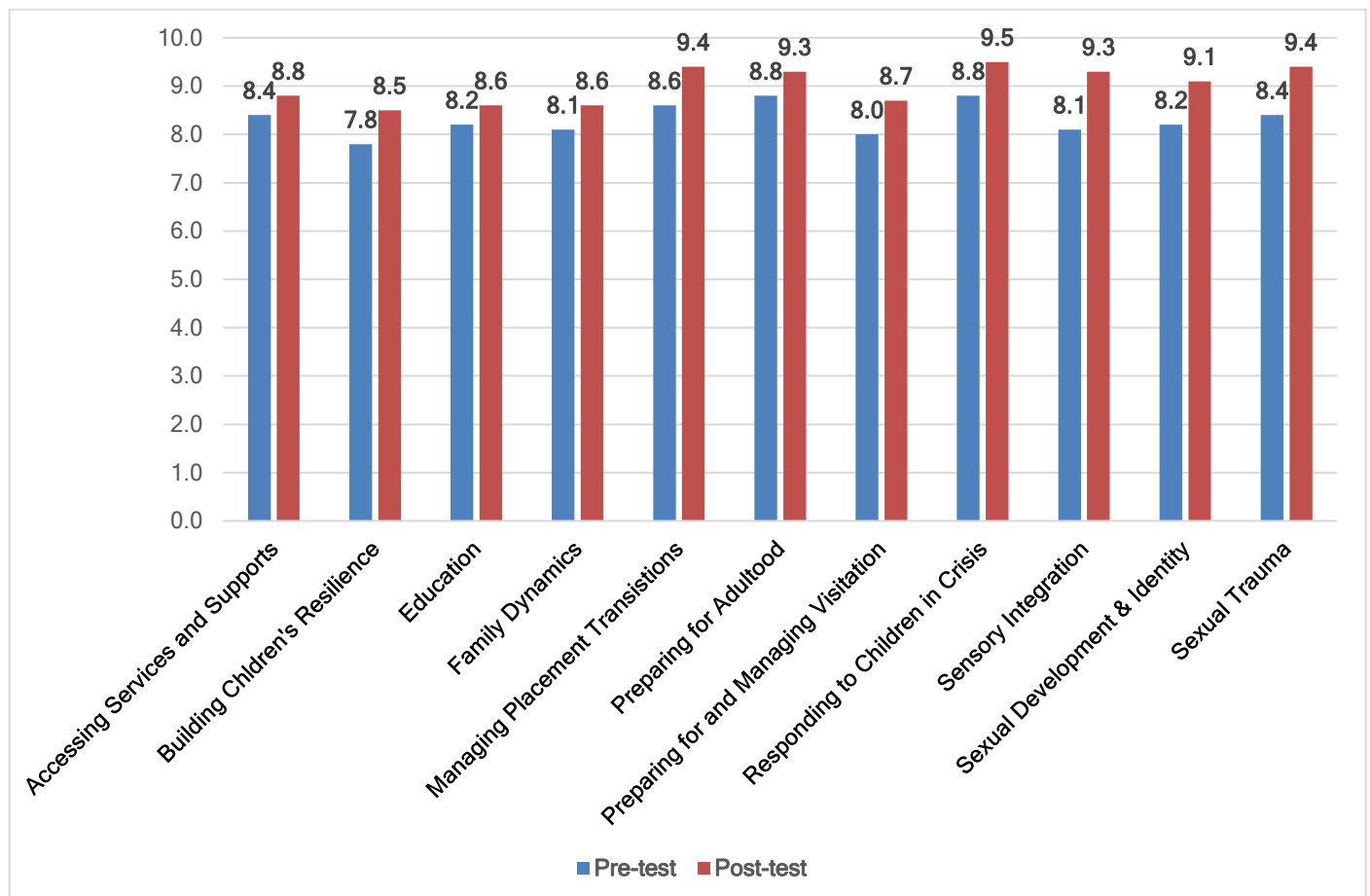


Perceived Competency

Across all themes of the Right-Time training, the average self-reported competency rating was 8.3 on questions from pre tests and 9.0 on questions from post tests. These averages were calculated using inverse scores out of 10 for the five negatively worded reverse scoring questions so that higher scores in the analysis always indicate greater perceived competency. For individual questions, scores indicated higher competency from pre test to post test for 70 questions and lower competency for 3 questions after completing the training.

Figure 6.3 shows average self-rated competency for each theme in the Right-Time training. Blue bars show the average pre test scores for each theme and red bars show the post test scores. Average self-reported competency for each theme improved with statistical significance ($p \leq .001$).

Figure 6.3 Perceived Competency Before and After Training by Theme



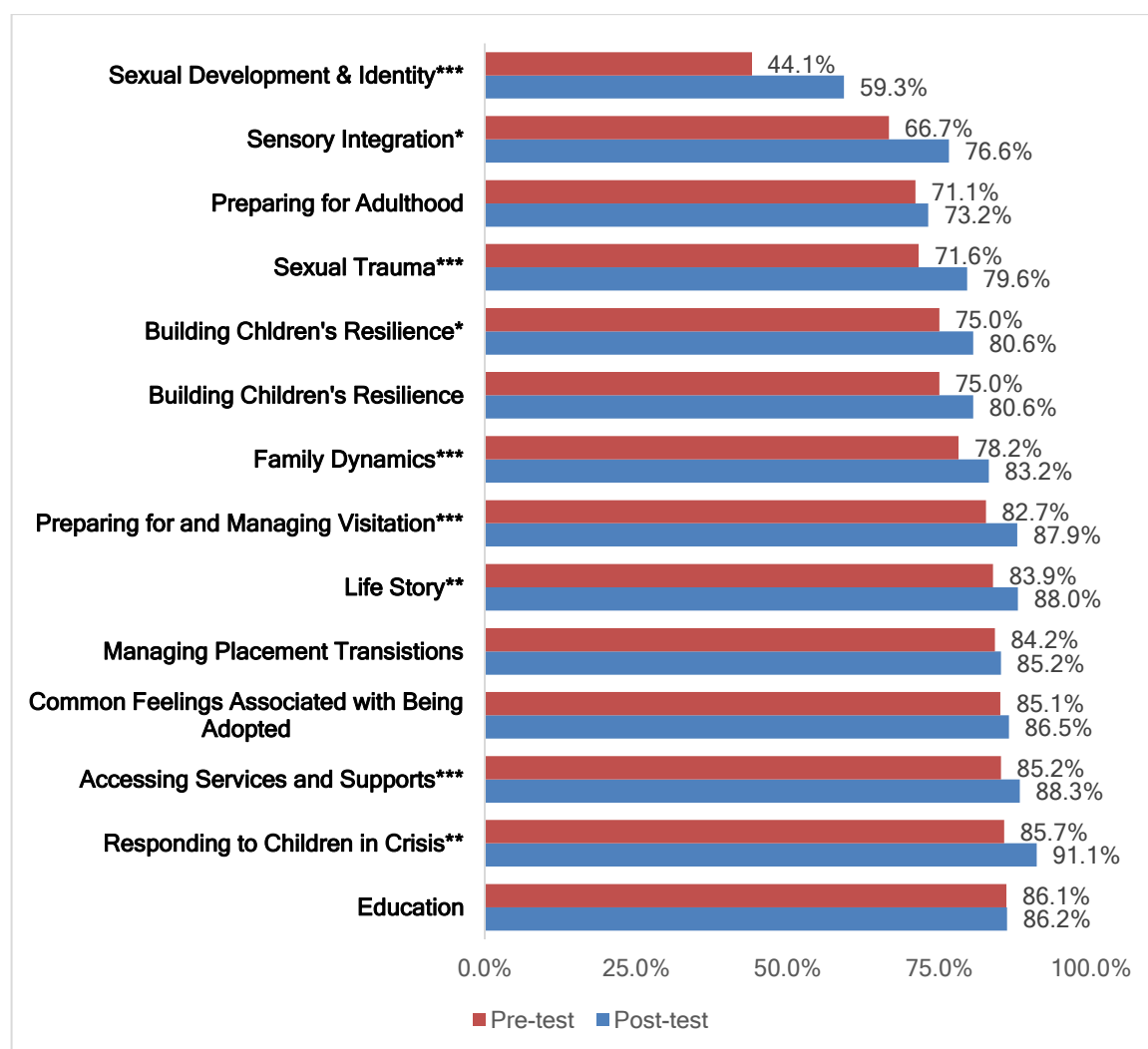
Knowledge-Based Quiz Scores

Across all themes of the Right-Time training, the average knowledge-based quiz score improved with statistical significance ($p \leq .001$) from 77.5% on the pre test surveys to 82.3% on the post test surveys.

For individual questions, average quiz scores decreased for 4 questions and increased for 24 questions after taking the training. At a theme level, average quiz scores increased for all 14 themes after taking the training. Eight of the themes showed improvement with statistical significance at a p-value of .05 or less.

Figure 6.4 shows quiz results for each theme of the Right-Time training. Red bars indicate average pre test scores and blue bars indicate average post test scores for both of the questions in each theme. The themes are listed in descending order by average pre test score. Statistical significance of the change for each question is denoted by the number of stars.

Figure 6.4 Quiz Results by Theme Before and After Right Time Training



* $p \leq .05$; ** $p \leq .01$; *** $p \leq .001$

Training Usefulness

Overall, participants reported the Right-Time trainings to be very useful. This was true for all themes and all three training segments (i.e., video, discussion questions, podcast). All themes and segments

received ratings that indicate consistent perceptions of usefulness (each theme and segment 4.3 or higher out of 5). The mean usefulness rating for the 14 video trainings was 4.6, for the 14 discussion question trainings was 4.5, and for the 10 “My Story” podcast trainings was 4.6.

Training Usability

Overall, participants reported the Right-Time trainings to be very usable despite already knowing a lot of what was covered. On average across all of the themes, participants indicated that they found the trainings relevant (mean = 4.3), easy to understand (mean = 4.1), learned things applicable to their life (mean = 4.4), would recommend them to other parents (mean = 4.4), and plan to use the information they had learned (mean = 4.5). On the other hand, participants did indicate that they already knew a lot of what is covered in the trainings (mean = 2.7). This finding is not necessarily a negative, as the other categories indicate that the training is still perceived as relevant and helpful for learning and application. A refresher can be useful even for caregivers with previous knowledge.

Training Efficacy

Overall, participants reported that they received an “about right” amount of information from the trainings (mean = 3.0). This “about right” designation can be accurately applied to the individual theme trainings as well, as all training themes received mean efficacy ratings of 3.0 from participants.

CHAPTER 7: CROSS SITE BASELINE OUTCOME SURVEY

Introduction

A key component of the NTDC evaluation is the caregiver outcome survey, which assesses the short-, intermediate-, and long-term outcomes identified in the NTDC logic model, such as increased confidence to care for children placed in their homes, increased understanding of the impact of trauma, and increased knowledge in core competency areas, among others. The purpose of this report is to share findings from the baseline and 6-month follow-up caregiver outcome survey to assess whether there were outcome differences in caregivers who received the NTDC training versus training-as-usual, and in particular to determine whether the NTDC training seemed to better prepare caregivers for their role.

Methodology

This chapter contains analyses of baseline caregiver outcome survey data collected from 794 propensity score-matched participants (397 NTDC caregivers, 397 control group caregivers) who completed both the baseline and 6-month follow-up caregiver survey between June 2020 and January 2023. The primary goal of this report's data analyses was to assess whether there were statistically significant differences in caregiver outcomes based on the type of training they received (NTDC versus training-as-usual). To ensure that any differences in caregiver outcomes between the NTDC and control groups were due to group assignment and not underlying demographic differences, we used propensity-score matching to perform the analysis. The analysis approaches used in this report included frequencies and descriptive statistics, t-tests, Chi squares, ANCOVA, and binary logistic regression, depending on the nature of the data being analyzed.

Findings

Overall, NTDC caregivers were found to have more positive differences from baseline to follow-up in a variety of areas including NTDC pre-post test knowledge; trauma-informed parenting; receptivity to birth family connections; potential to foster successfully (as assessed by the Foster Child Development scale); confidence to care for challenging children; confidence in caring for children of all age ranges; perceived preparation to care for children aged 0-5 years and 13 years and older; and caregiver health and mental health. In addition, NTDC caregivers scored higher on parenting self-agency, which was only assessed at the 6-month follow-up. There was one area where control group caregivers were found to have a more positive outcome, which was having a lower likelihood to have second thoughts about being a foster/relative/adoptive caregiver, although the difference was quite small and only approached but did not reach statistical significance.

Very few differences were found between children placed with NTDC versus control group caregivers, which were only assessed via caregiver report at the 6-month follow-up survey since they were not yet

placed with caregivers at baseline. In particular, children in the control group had a higher mean number of physically unhealthy days, as well as higher mean participation in after-school sports activities or other extracurricular activities compared to children placed with NTDC caregivers. Regarding training satisfaction, NTDC participants reported higher satisfaction than control group participants on most training satisfaction items including how well the training worked for their learning style, how knowledgeable and responsive the trainer was, how well they felt the training prepared them for their role, and how useful they felt the content was, while control group participants reported being more likely to have gone back and reviewed materials from the training when they needed support. No other differences between groups were found.

There are several factors that must be taken into account when interpreting the findings included in this report.

- Not all participants who participated in the baseline NTDC caregiver survey also completed the 6-month follow-up survey. This study attrition could possibly skew the findings.
- The training-as-usual was different across the multiple study sites, so there was not one consistent training experienced by the comparison group. Site-specific findings may give more insight into how specific trainings-as-usual may compare to NTDC.
- The survey items used to assess child well-being were only asked at one timepoint, and children were in the placements for various lengths of time. Due to the rather brief length of time between training completion and follow-up, children could have been in their placements for quite a short amount of time, so it is not advised to make strong conclusions regarding child well-being as a result of being placed with NTDC versus control group caregivers based on the results of the caregiver outcome survey. Long-term assessment of placement outcomes is a better indicator of how different training modes may impact child outcomes.

Conclusion

Analyses suggest that when compared to caregiver training-as-usual, the NTDC training better prepared caregivers for their role in several areas. NTDC offers a promising new comprehensive training approach for state child welfare systems to prepare prospective caregivers. The full report is available for review upon request.

CHAPTER 8: ADMINISTRATIVE OUTCOMES (AFCARS)

Introduction

One way to evaluate the effectiveness of a caregiver training program is through administrative data records. This report does exactly that, as it compares data from the Adoption and Foster Care Analysis and Reporting System (AFCARS) of children taken into the home by caregivers after completion of either the NTDC training program (i.e., the intervention group) or one of several other caregiver training programs (i.e., the comparison group). In this report, participants in both the intervention and comparison groups came from the following sites: Florida, Georgia, Illinois, and Missouri. The report presents a study comparing the significance of any differences between the intervention and comparison groups in the areas of: (1) the likelihood of becoming a foster parent after completing training; (2) the likelihood of caregivers to foster a diverse range of children; (3) the short-term likelihood of children to end up with various permanency outcomes; and (4) the likelihood of children to have placement stability. The remainder of this report will provide an overview of the methodology, results, and finally a summary of the significant findings.

Methodology

Inclusion criteria. To be included in this quasi-experimental study, caregivers needed to identify as a participant of the study (not a facilitator), complete either the NTDC or a comparison training between the start of 2020 and the end of 2022, and consent to participate in the study. Children of caregivers who met these inclusion criteria and had an AFCARS record between the completion of their caregiver's training and the latest available AFCARS report date of 9/31/2022 were also included in the study.

Measures. Caregivers were evaluated on a measure of whether they had "Fostered a child." Participants were considered to have fostered a child if there existed at least one AFCARS record of a child associated with the caregiver. Children were then evaluated based on observed differences in their demographics, and short-term permanency and placement stability outcomes controlling for any differences in demographics.

The demographics considered were all derived from AFCARS data. "Teen" is a binary variable based on whether the child was at least 13 years old on the placement date. "Biological Sex" is a categorical variable with possible responses of "Female" and "Male." The race and ethnicity measures (i.e., "American Indian / Alaskan Native," "Asian / Asian American," "Black / African American," "Hispanic / Latinx," "Native Hawaiian / Other Pacific Islander," and "White") are each binary variables based on whether the child is identified with that race or ethnicity in the AFCARS data. Children can be identified with multiple of these categories. Additionally, an "Aggregated Race/Ethnicity" measure is

used as a control variable in statistical testing. It is derived from the individual race and ethnicity measures by denoting any child who is identified with at least one of “American Indian / Alaskan Native,” “Asian / Asian American,” “Black / African American,” “Hispanic / Latinx,” and “Native Hawaiian / Other Pacific Islander” as “BIPOC” and otherwise denoting the child as “White (Non-Hispanic).” Finally, “Clinical Diagnosis” is a binary measure based on whether the child’s AFCARS record indicates that they have been diagnosed with at least one of the following AFCARS measures: “Mental Retardation,” “Visually or Hearing Impaired,” “Physically Disabled,” “Emotionally Disturbed,” or “Other Medically Diagnosed Condition Requiring Special Care.” The one measure (used as a control variable in statistical testing) that is not derived from AFCARS data is “State,” which is based on the designated site of the caregiver and includes possible responses of “Florida,” “Georgia,” “Illinois,” and “Missouri.”

The first of the child outcome measures is “Permanency Outcomes,” which is derived from the “Discharge Reason” AFCARS variable. Possible responses include: “Reunification,” “Adoption,” “Emancipation,” “Guardianship,” “Death of Child,” “Living with Other Relatives,” “Transfer to Another Agency,” “Runaway,” or a blank indicating that the child remains in the same foster care placement. The short-term nature of this measure is emphasized here, as ideally this would be considered multiple years after the placements had occurred. The second of the child outcomes measures is “Placement Stability,” which is a binary variable indicating either (1) no state record of a placement end date or the placement ended in reunification, adoption, emancipation, or guardianship, or (2) a state record of a placement end date (for reasons other than reunification, adoption, emancipation, or guardianship) or a record of the death of the child, living with other relatives, or transfer to another agency. Note that only Missouri provided the data required for “Placement Stability” to be measured, so the measure is specific to outcomes in that state.

Quantitative analytic method. The statistical software program R was used to calculate descriptive statistics and perform statistical tests. Duplicate AFCARS records were removed from the analysis. Differences between whether participants in the intervention and comparison groups fostered at least one child after training completion were calculated using a chi-squared test and were presented along with descriptive statistics and an odds ratio to understand the size of the effect. For the children who were fostered by caregivers in the intervention and comparison groups, logistic regressions were used with “State” as a control variable for each demographic measure (i.e., “Teen,” “Biological Sex,” each of the individual race and ethnicity measures, and “Clinical Diagnosis”) to examine any differences in the observed frequencies of these demographics between the two groups. Finally, two outcome analyses were performed using logistic regression on analytic samples of children established using propensity-score matching. The first of these outcome analyses was a permanency outcome analysis that included “Age,” “Biological Sex,” “Aggregated Race/Ethnicity,” “Clinical Diagnosis,” and “State” as the

matching variables and controls in the regression. The second of these outcome analyses was a placement stability outcome analysis that included “Age,” “Biological Sex,” “Aggregated Race/Ethnicity,” and “Clinical Diagnosis” as the matching variables and controls in the regression. The results of these regressions were reported along with descriptive statistics and odds ratios to understand the size of the effect.

Propensity-score matching (PSM) was used to ensure that any differences in child outcomes between the two groups (i.e., intervention and comparison) were due to group assignment and not underlying demographic differences. To do this, PSM is used to create a comparison group of dyads (Rosenbaum & Rubin, 1983; Stuart, 2010) based on a propensity score, which is an estimate of the likelihood that any given individual would be in the intervention group, given a set of measured characteristics (Starks & Garrido, 2014). PSM’s basic logic is to compare intervention and comparison individuals who have similar propensities (or likelihoods) for receiving intervention, conditional on a set of several variables. Estimated propensity scores typically range from 0 to 1. Cases are matched on proximity of scores to each other (Starks & Garrido, 2014). Through this process, PSM creates a matched group of comparison and intervention participants. For our analysis, these variables included the demographics described in the previous paragraph. Separately for each of the two outcome analyses, a single composite score for matching participants between the intervention and comparison groups was computed using a logistic regression with nearest neighbor matching, a ratio of 1, and the treatment group as the dependent variable. The Absolute Standard Mean Difference and Variance Ratios of the demographic measures are reported to understand the quality of the PSM matching and determine baseline equivalence. After establishing baseline equivalence between the two groups in the analytic sample, the logistic regressions were performed as described at the end of the previous paragraph.

Results

Likelihood of becoming a foster parent after training. A total of 2,550 participants in the intervention group and 1,272 participants in the comparison group successfully completed foster parent training while meeting the inclusion criteria for the study. Of these participants, 26.7% (681 participants) from the intervention group and 37.3% (475 participants) from the comparison group were recorded to have taken a child into their home after training completion. A chi-squared test showed this difference to be statistically significant ($p < .001$), indicating the comparison caregivers were 1.7 times as likely to foster a child after training completion than intervention caregivers. See Figure 8.1 and Table 8.1 for more details.

Figure 8.1. The percentage of participants in the intervention (26.7%) and comparison (37.3%) groups who fostered a child after completion of a caregiver training program. This difference was statistically significant ($p < .001$).

Figure 8.1 Percentage of caregivers who fostered a child after training completion

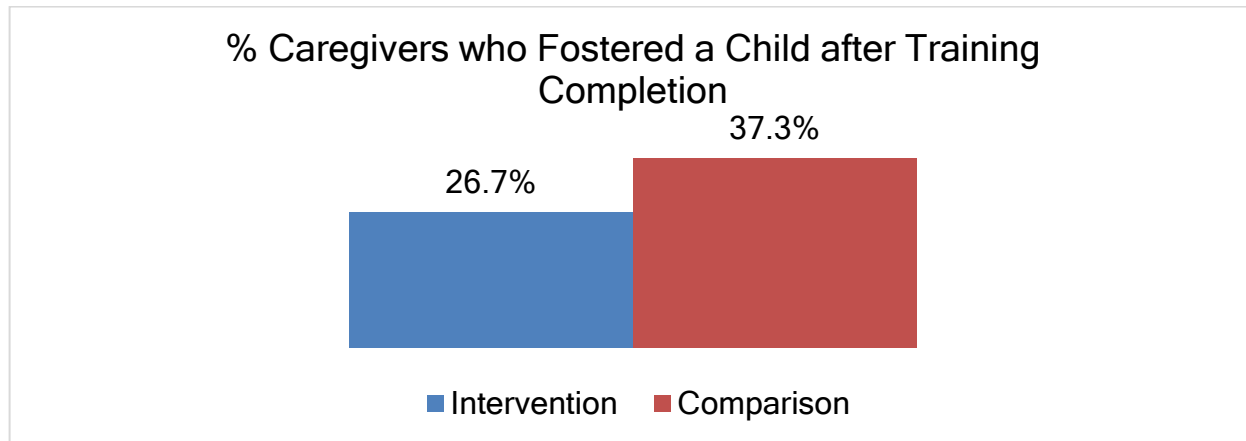


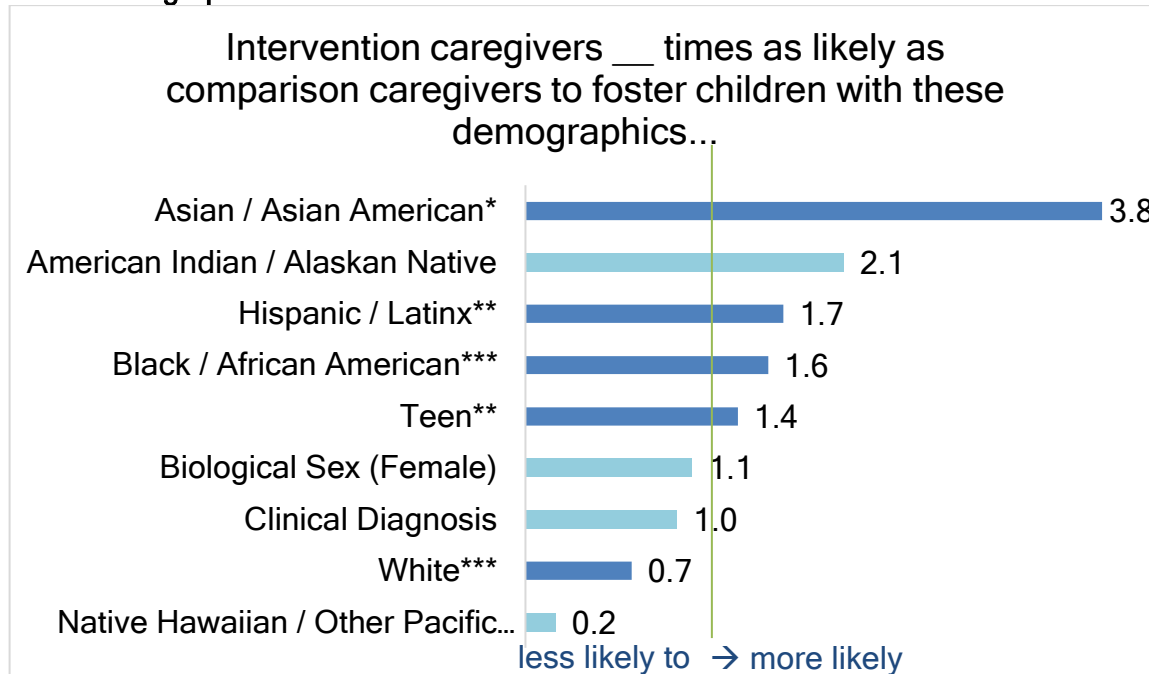
Table 8.1. Numbers of intervention (n=2,550) and comparison (n=1,272) participants who have fostered a child since completion of a caregiver training program

	Intervention (n=2550)		Comparison (n=1272)		p	Chi-Squared Result	Odds Ratio
	n	%	n	%			
Fostered a child	681	26.7	475	37.3	<.001***	$\chi^2(1, N = 3822) = 45.0$	0.6

Likelihood of caregivers to foster a diverse range of children. Participants who fostered children after completion of caregiver training programs have taken in a total of 1,554 children in the intervention sites and 1,011 children in the comparison sites. Between these two groups, logistic regression showed several statistically significant differences in terms of the demographics of children taken into the home. Specifically, intervention participants were more likely to take teens (1.4 times as likely; $p = .004$), Asian / Asian American children (3.8 times as likely; $p = .02$), Black / African American children (1.6 times as likely; $p < .001$), and Hispanic / Latinx children (1.7 times as likely; $p = .002$) into their homes than comparison participants. On the other hand, comparison participants were more likely to take White children (1.4 times as likely; $p < .001$) as intervention participants into their homes. Other variables that were evaluated but did not have statistically significant differences in observed frequencies between the intervention and comparison groups included the biological sex of the child, American Indian / Alaskan Native children, Native Hawaiian / Other Pacific Islander children, and whether the child had a clinical diagnosis. See Figure 8.2 and Table 8.2 for more details.

Figure 8.2. Odds ratios describing the likelihood of intervention caregivers as compared to comparison caregivers to foster children with a variety of demographics. Statistical significance is indicated by dark blue bars, with the number of * denoting the level of statistical significance.

Figure 8.2 Intervention caregivers times as likely as comparison caregivers to foster children with these demographics



* $p < .05$; ** $p < .01$; *** $p < .001$

Table 8.2. Demographics of the children taken into the home in intervention (n=1,554) and comparison (n=1,011) sites

	Intervention (n=1554)		Comparison (n=1011)		z	p	Odds Ratio [95% CI]
	n	%	n	%			
Teen	348	22.4	202	20.0	2.91	.004**	1.4 [1.1, 1.7]
Biological Sex (Female)	795	51.2	505	50.0	0.58	.56	1.1 [0.9, 1.2]
American Indian / Alaskan Native	9	0.6	3	0.3	1.06	.29	2.1 [0.6, 10.0]
Asian / Asian American	20	1.3	4	0.4	2.37	.02*	3.8 [1.4, 13.6]
Black / African American	614	39.6	289	28.6	5.06	<.001***	1.6 [1.4, 2.0]
Hispanic / Latinx	171	11.2	69	7.0	3.18	.002**	1.7 [1.2, 2.3]

Native Hawaiian / Other Pacific Islander	2	0.1	6	0.6	-1.75	.08	0.2 [< 0.1, 1.1]
White	993	64.1	695	68.8	-4.41	<.001***	0.7 [0.5, 0.8]
Clinical Diagnosis	410	26.4	393	38.9	-0.24	.81	1.0 [0.8, 1.2]

Baseline equivalence of demographic variables for permanency analysis. Propensity-score matching (PSM) was used to create an analytic sample with baseline equivalence of demographic variables between the intervention and comparison groups so that the effect of the intervention on permanency outcomes could be analyzed. The matching process resulted in an analytic sample of n=948 children in the intervention group and n=948 children in the comparison group. All the standardized mean differences were under 0.25 and variance ratios of continuous variables were all close to one, indicating that a well-matched sample was made (see Table 8.3). Thus, the PSM method achieved a balance in the distribution of matching variables between the two groups and the underlying demographics of those groups was determined to be sufficiently similar to proceed with the permanency analysis.

Table 8.3. Propensity-score matching results for demographic control variables in the permanency outcome analytic sample

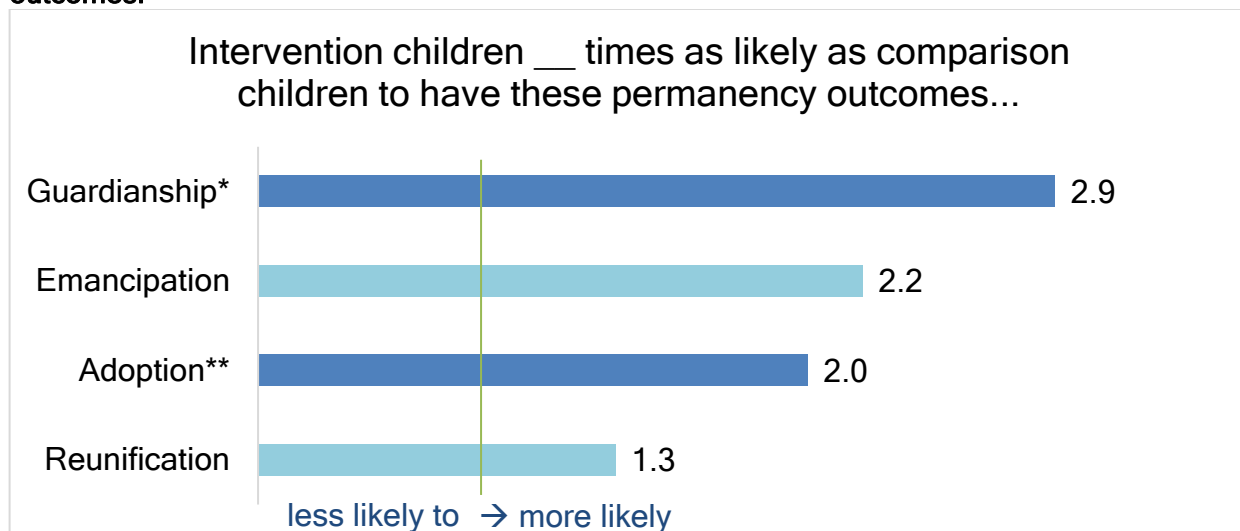
Measure	Levels	Absolute Standard Mean Difference	Variance Ratio
Age	Numeric (e.g., 7.4)	0.03	1.06
Biological Sex	Female / Male	< 0.01	-
Aggregated Race/Ethnicity	BIPOC / White (Non-Hispanic)	0.03	-
Clinical Diagnosis	Yes / No	0.07	-
State	Florida	0.24	-
	Georgia	0.02	-
	Illinois	0.06	-
	Missouri	0.14	-

Likelihood of children to end up with various short-term permanency outcomes. There were 948 children in the intervention group and 948 children in the comparison group in the permanency outcome analytic sample. Between these two groups, logistic regression controlling for age, biological sex, aggregated race/ethnicity, clinical diagnosis, and state showed several statistically significant differences with regards to the children's short-term permanency outcomes. Specifically, intervention children were more likely to have found permanent homes through adoption (2.0 times as likely; p

= .003) and guardianship (2.9 times as likely; $p = .03$). The most common permanency outcome observed in both groups was reunification, with 12.1% of children in the intervention group and 11.1% of children in the comparison group reunifying with their parents. See Figure 8.3 and Table 8.4 for more details.

Figure 8.3. Odds ratios describing the likelihood of intervention children as compared to comparison children to have various permanency outcomes. Statistical significance is indicated by dark blue bars, with the number of * denoting the level of statistical significance. Only showing results for outcomes with $n = 5$ or greater.

Figure 8.3 Intervention children times as likely as comparison children to have these permanency outcomes.



* $p < .05$; ** $p < .01$; *** $p < .001$

Table 8.4. Permanency outcomes of children in the intervention ($n=948$) and comparison ($n=948$) sites in the PSM sample controlling for demographics

	Intervention ($n=948$)		Comparison ($n=948$)		z	p	Odds Ratio [95% CI]
	n	%	n	%			
Reunification	115	12.1	105	11.1	1.61	.11	1.3 [0.9, 1.7]
Adoption	54	5.7	29	3.1	2.98	.003**	2.0 [1.3, 3.3]
Emancipation	18	1.9	11	1.2	1.93	.05	2.2 [1.0, 4.9]
Guardianship	14	1.5	6	0.6	2.17	.03*	2.9 [1.2, 8.3]
Death of Child	3	0.3	1	0.1	1.10	.27	3.6

							[0.5, 73.0]
Living with Other Relatives	1	0.1	1	0.1	0.16	.87	1.3 [< 0.1, 32.1]
Transfer to Another Agency	1	0.1	0	0	0.04	.97	> 100 [< 0.1, > 100]

Baseline equivalence of demographic variables for placement stability. Propensity-score matching (PSM) was also used to create another analytic sample with baseline equivalence of demographic variables between the intervention and comparison groups so that the effect of the intervention on placement stability could be analyzed. Only Missouri provided data that allowed for this analysis, which is why it was performed separately. The matching process resulted in an analytic sample of n=403 children in the intervention group and n=403 children in the comparison group. All the standardized mean differences were under 0.25 and variance ratios of continuous variables were all close to one, indicating that a well-matched sample was made (see Table 8.5). Thus, the PSM method achieved a balance in the distribution of matching variables between the two groups and the underlying demographics of those groups was determined to be sufficiently similar to proceed with the placement stability analysis.

Table 8.5. Propensity-score matching results for demographic control variables in the placement stability outcome analytic sample

Measure	Levels	Absolute Standard Mean Difference	Variance Ratio
Age	Numeric (e.g., 7.4)	0.02	1.14
Biological Sex	Female / Male	0.02	-
Aggregated Race/Ethnicity	BIPOC / White (Non-Hispanic)	0.05	-
Clinical Diagnosis	Yes / No	0.02	-

Likelihood of children to have placement stability. There were 403 children in the intervention group and 403 children in the comparison group in the placement stability outcome analytic sample. Between these two groups, logistic regression controlling for age, biological sex, aggregated race/ethnicity, and clinical diagnosis showed no statistically significant difference with regards to the children's placement stability. Specifically, 54.3% of children in the intervention group and 54.1% of children in the comparison group had placement stability (i.e., a single on-going placement during the observation period or a placement that ended in reunification, adoption, guardianship, or emancipation). See Figure 8.4 and Table 8.6 for more details.

Figure 8.4. The percentage of children in the intervention (54.3%) and comparison (54.1%) groups who experienced placement stability. This difference was not statistically significant

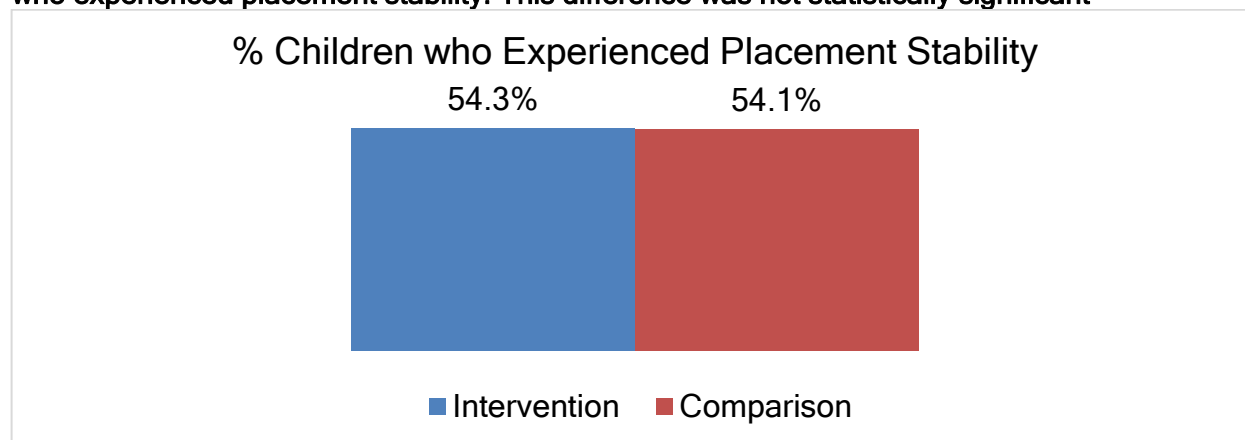


Table 8.6. Placement stability outcome of children in the intervention (n=403) and comparison (n=403) sites in the PSM sample controlling for demographics

	Intervention (n=403)		Comparison (n=403)		z	p	Odds Ratio [95% CI]
	n	%	n	%			
Placement Stability	219	54.3	218	54.1	0.10	.92	1.0 [0.8, 1.3]

Summary

The findings in this report indicate that NTDC training implementation is having a largely positive effect. While caregivers in the intervention group are slightly less likely to take a child into their home after completion of training, the children who are taken into the home tend to be more diverse. In particular, children fostered by caregivers in the intervention group are more likely to be teens, Asian / Asian American, Black / African American, or Hispanic / Latinx, and less likely to be White. After being taken into the home, children of caregivers in the intervention group were more likely to achieve permanency via adoption or guardianship. Notably, this does not seem to be at the expense of reunification, as children in the intervention group were more likely to achieve reunification, though not at a statistically significant level. Overall, the NTDC training program seems to be effective in properly educating and preparing caregivers for the realities of fostering a diverse set of children, resulting in improvements in legal permanency for a broader set of children.

Statistically significant findings in this report:

- Caregivers in the intervention group were 0.6 times as likely ($p < .001$) as those in the comparison group (i.e., caregivers in the comparison group were 1.7 times as likely as those in the intervention group) to foster a child after completion of training

- Caregivers in the intervention group were 1.4 times as likely ($p = .004$) as those in the comparison group to foster a teen
- Caregivers in the intervention group were 3.8 times as likely ($p = .02$) as those in the comparison group to foster an Asian / Asian American child
- Caregivers in the intervention group were 1.6 times as likely ($p < .001$) as those in the comparison group to foster a Black / African American child
- Caregivers in the intervention group were 1.7 times as likely ($p = .002$) as those in the comparison group to foster a Hispanic/Latinx child
- Caregivers in the intervention group were 0.7 times as likely ($p < .001$) as those in the comparison group (i.e., caregivers in the comparison group were 1.4 times as likely as those in the intervention group) to foster a White child
- Children of caregivers in the intervention group were 2.0 times as likely ($p = .003$) as those in the comparison group to be adopted
- Children of caregivers in the intervention group were 2.9 times as likely ($p = .03$) as those in the comparison group to gain a legal guardian

Potentially promising but not quite statistically significant results in this report:

- Children of caregivers in the intervention group were 1.3 times as likely ($p = .11$) as those in the comparison group to be reunited with a parent

CHAPTER 9: CONCLUSION

The National Training and Development Curriculum (NTDC) was implemented in seven sites across the United States between August 2020 and August 2022. The training was well-received by participating resource parents. Average participant satisfaction with the training was 5.4 on a 1-6 scale, and most participants felt there was nothing that needed to be improved. NTDC participants reported higher satisfaction than control group participants on most training satisfaction items including how well the training worked for their learning style, how knowledgeable and responsive the trainer was, how well they felt the training prepared them for their role, and the usefulness of the training content. Participants were also satisfied with the virtual training format (5.6). Participants most liked the videos, real life experience, parent facilitators sharing stories and engaging with participants, and the discussion and interaction during the class.

Participant post tests showed statistically significant knowledge gains in 17 out of 18 themes. Participants' self-assessment scores also had statistically significant improvements for all themes and all characteristics except 'Foster Care - A Means to Support Families'. The Right-Time trainings mean rates of perceived competency increased for all but one theme. For the knowledge-based quiz questions, the overall accuracy rate increased from 77.5% to 82.3%.

Compared to comparison participants, resource parents who took NTDC were less likely overall to foster a child. However, NTDC participants were more likely to foster teens and racially diverse children who have been historically harder to place. NTDC caregivers were also better prepared for their role, and had more positive differences from baseline to follow-up in a variety of areas including NTDC pre-post test knowledge; trauma-informed parenting; receptivity to birth family connections; potential to foster successfully (as assessed by the Foster Child Development scale); confidence to care for challenging children; confidence in caring for children of all age ranges; perceived preparation to care for children aged 0-5 years and 13 years and older; and caregiver health and mental health. In addition, NTDC caregivers scored higher on parenting self-agency, which was only assessed at the 6-month follow-up. There was one area where control group caregivers were found to have a more positive outcome, which was having a lower likelihood to have second thoughts about being a foster/relative/adoptive caregiver, although the difference was quite small and only approached but did not reach statistical significance.

Overall, the results of the NTDC evaluation are positive. Analyses suggest that when compared to caregiver training-as-usual, the NTDC training better prepared caregivers for their role in several areas. NTDC offers a promising new comprehensive training approach for state child welfare systems to prepare prospective caregivers. Participants' improvements on measures such as the self-assessment and pre/post tests coincided with resource parents being better prepared to become resource parents, resulting in parents fostering historically harder to place children with greater confidence in their role.

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APPENDIX

Open-ended Feedback by Theme

After each post test participants were asked two open-ended questions (this is known as qualitative data):

Q1: “What aspects of the training did you like the most?”

Q2: “What aspects of the training could be improved? How?”

As part of the analysis, the written responses were placed in thematic categories and counted. Some themes may contain additional categories. If a piece of qualitative data recurred frequently and was not adequately captured by existing categories, a new category was created for that theme. To assist in understanding the results of the qualitative data, the most common categories of feedback and their definitions are listed below.

Question 1: “What aspects of the training did you like the most?”

Category	Description
Videos	Brief video clips illustrating concepts being taught.
Real life experience	Shared stories by experienced parents
Engagement/interaction	The discussion and interaction during the class
Examples/case studies	The presentation of examples and/or case studies to review
Activities	This included general mention of activities, however, with some themes specific activities were mentioned. When that occurred, a theme was created for that specific activity
Delivery style	The facilitator’s style and/or personality, the way the material was presented.
Resources offered	The handouts, definition sheets, visuals, etc. that were provided to support the content.
Knowledge attainment	The participant indicated that they learned something new.
Skill building	The participant indicated they developed practical techniques for parenting.
Everything	Participant said they liked everything about the training, or did not provide any feedback more specific than saying it was great.
Podcasts	Episode of a podcast played to participate in order to illustrate concepts pertinent to the training, or provide testimony from experts or those with lived experience.

Q2: “What aspects of the training could be improved? How?”

Category	Description
None	Participants reported nothing, n/a, or described how the training was great and needed no changes
Interaction time:	Participants requested an increase in engagement.
Stop reading from script	Participant indicated that they felt like the trainers spent too much time reading verbatim from the training materials.
Repetitive	Participants described that the theme felt redundant, that the information being covered was too similar to that of prior themes.
Fixing the manual/handouts	Participants described disorganized manual or difficulty finding handouts.
Technology issues	Issues due to virtual implementation of the curriculum, such as difficulty playing videos or audio concerns.
Lessening the amount of information/reducing the length of training	Participants reported being overwhelmed by the information or feeling like the training theme was too long.
Suggestions	Participants provided some specific suggestions on the content or delivery of the NTDC. These were placed in bullet points since they could not be categorized.

Below you will find each theme, the frequency (n) by which each category was mentioned, and the percentage of total participants at the site endorsing each theme. Reporting the percentage is intended to provide a measure of how prevalent that piece of feedback is relative to the entire sample at each site. Note that the percentages will not equal 100% because each participant’s feedback could be coded under more than one thematic category, when appropriate.

Accessing Services and Supports.

A total of 711 participants were included for analysis of this theme. Of the 711, 369 wrote in a response for the first question and 324 wrote in a response to the second.

Q1: “What aspects of the training did you like the most?” (N=711)

Category	N	%
Engagement/interaction	100	14
Handouts, materials, resources offered	50	7
Examples/case studies	41	6
Activities (Map Activity)	33	5
Delivery style	24	3
Knowledge attainment	22	3
Everything	19	3
Skill building	18	3
Real life experience	15	2
Simple and accessible	7	1
Podcasts	5	<1
Engagement/interaction	100	14

Q2: “What aspects of the training could be improved? How?” (N=711)

Category	N	%
None	224	32
Lessening the amount of information/reducing the length of training	25	4
Technology issues	16	2
Interaction time	14	2
Suggestions	11	2
Fixing the manual/handouts	7	1
Repetitive	6	1
More videos	3	<1
More case studies/examples	3	<1
In person	2	<1

Suggested improvements for Accessing Services and Supports include the following:

- “More detail on what might be expected for involvement with families and counselors (individual vs. group; both?)” (CO)
- “Consider providing a full range of examples of the possible services that do exist” (n=2) (FL)

- “It seemed like it could be covered better if it was personalized to each region. I’m not sure we needed a full training on it.” (FL)
- “More detail about available resources” (IL) (KS) (MO)
- “More detail in topics” (IL)
- “More detailed lists of what... to have in place. Action-plan” (IL)
- I would have liked to learn more about LGBTIQ issues with foster children and how it affects them. I would like to learn more about teenagers and what to expect with teenagers. (KS)
- Providing a list of what may be considered in our therapeutic network. (MO)

Attachment.

A total of 951 participants were included for analysis of this theme. Of the 951, 678 wrote in a response for the first question and 589 wrote in a response to the second.

Q1: “What aspects of the training did you like the most?” (N=951)

Category	N	%
Knowledge attainment	112	12
Engagement/interaction	100	14
Examples/case studies	82	9
Activities (JAR Activity)	68	7
Handouts, materials, resources offered	50	7
Skill building	47	5
Delivery style	17	2
Everything	17	2
Real life experience	12	1
Podcasts	11	1
Resources offered	5	1
Simple/accessible	3	<1

Q2: “What aspects of the training could be improved? How?” (N=951)

Category	N	%
None	294	31
Technology issues	99	10
Interaction time	45	5
Lessening the amount of information/reducing the length of training	30	3
Fixing the manual/handouts	25	3
Suggestions	22	2
More case studies	19	2
In person	9	1
Stop reading from script	7	1
More videos	6	1
Repetitive	2	<1

Suggested improvements for Accessing Services and Supports include the following:

- ‘I would like to see more on the younger aged children to help in these areas as well.’ (CO)
- “Addressing younger children’s behaviors.” (CO)
- More in depth material, identifying variations of the four major groups. (n=3) (FL)
- Giving examples for all ages from birth to teens and varying attachment styles (n=2) (FL)
- The dark matter videos could have been better introduced - back story, what they are about before playing the first video. (FL)
- Explaining JAR more, giving more examples, how to use with lower functioning kids and kids that are younger. (FL)
- More detail surrounding the child welfare system and how to navigate it as a foster parent. (FL)
- More skill-building (n=3) (IL)
- “I like statistics. So I would like to hear the average percentages of wins and losses in terms of the children.” (IL)
- “Cutting down explanations of tasks.” (IL)
- I wish we could go further into coping, punishment, and support methods for kids facing these issues (IL)
- Please do not encourage teenagers to do a sharing circle, they will be harassed. (KS)
- More specific walkthroughs of how to help children in specific situations (n=2) (KS)
- Explain the theory better, high anxiety/low anxiety, low avoidance/high avoidance. (KS)
- Maybe some stats about generally how many foster kids have the most common types of attachment. (MO)
- Attachment descriptions to narrow - assume all good or all bad. (OK)

Building Parental Resilience.

This theme was completed by Colorado and Georgia only. A total of 44 participants were included for analysis of this theme. Of the 44, 24 wrote in a response for the first question and 22 wrote in a response to the second.

Q1: "What aspects of the training did you like the most?" (N=44)

Category	N	%
Engagement/interaction	7	16
Examples/case studies	5	11
Knowledge attainment	5	11
Skill building	4	9
Delivery style	3	7
Everything	1	2
Real life experience	1	2

Q2: "What aspects of the training could be improved? How?" (N=44)

Category	N	%
None	6	14
Suggestions	3	7
Repetitive	2	5
More time	2	5
Interaction time	1	2
Lessening the amount of information/reducing the length of training	1	2
In person	1	2

Suggested improvements include the following:

- Need a small break when doing more than one module (n=2) (CO)
- Having the videos and slides easier for the instructors to access. (GA)

Child Development.

A total of 987 participants were included for analysis of this theme. Of the 987, 797 wrote in a response for the first question and 686 wrote in a response to the second.

Q1: "What aspects of the training did you like the most?" (N=987)

Category	N	%
Engagement/interaction	213	22
Knowledge attainment	176	18
Examples/case studies	143	14
Podcasts	97	10
Handouts, materials, resources offered	58	6
Real life experience	40	4
Delivery style	37	4
Videos	26	3
Activities	24	2
Everything	22	2
Simple/accessible	8	1
Skill building	1	<1

Q2: "What aspects of the training could be improved? How?" (N=987)

Category	N	%
None	367	37
Suggestions	71	7
Interaction time	65	7
Fixing the manual/handouts	52	5
Lessening the amount of information/reducing the length of training	42	4
Technology issues	38	4
In person	19	2
Repetitive	10	1
Stop reading from script	4	<1

Suggested improvements include the following:

- More depth on developmental age differences (n=3) (CO) (KS)
- More skill-building regarding developmental delays (n=7) (CO) (MO) (KS)
- More variation in the kind of media being used to teach the theme (n=4) (CO)
- More case studies or the different stages that are the most common. Also curious to learn whether certain ages in foster care are particularly affected (aka. is it more common for older foster children to have a different developmental age, than babies/toddlers who are in a stable home right away?). (n=3) (CO)
- If there was more information on how trauma affects some stages, not just info on the regular stages and then stating that trauma affects them (CO)
- More examples of children with different developmental and chronological ages and what to do. (n=11) (FL) (GA)
- Include list of resources at end of PowerPoint (n=2) (FL)
- Some of the expectations were not clear such as when due, etc. (FL)
- More details recognizing trauma delays vs cognitive diagnoses (autism, etc.) (FL) (KS)
- More video examples of childhood behavior related to lack of development (n=9) (FL)
- I think regression needed to be discussed further and how that can happen at any time, even if you are doing everything "right", if something triggers the child. (FL)
- More streamlined for adoption vs foster care (FL)
- Using videos rather than podcasts (n = 3) (IL)
- Including content on building skills to adapt parenting to development age (n = 3) (IL)
- Including an agenda of the theme's curriculum to track progress (n = 1) (IL)
- Greater research related to chronological/developmental age differences (n =2) (IL)
- "It's geared towards older children when we're in the domestic infant adoption program. Examples pertaining to a baby would be most relevant." (IL)
- More information on ways to support different children needs due to delays (KS)
- More real-life stories and walk throughs and how to handle behaviors (n=5) (KS)
- More in depth diving into other characteristics for other ages. (KS)
- I would like to focus more on the age group we are hoping to adopt (KS)
- The hypothetical example, Randy, wasn't very helpful. (KS)
- I felt like we blew through the older years and focused more on the younger ages, where I felt like we should know this information across the age spectrum, since not all of us will be working with younger children (MO)

Creating a Stable Nurturing Safe Home Environment.

A total of 553 participants were included for analysis of this theme. Of the 553, 300 wrote in a response for the first question and 256 wrote in a response to the second.

Q1: "What aspects of the training did you like the most?" (N=553)

Category	N	%
Videos	88	16
Engagement/interaction	66	12
Examples/case studies	44	8
Skill building	43	8
Everything	22	4
Real life experience	20	4
Knowledge attainment	20	4
Delivery style	9	2
Activities	4	1
Handouts, materials, resources offered	4	1
Simple/accessible	1	<1

Q2: "What aspects of the training could be improved? How?" (N=553)

Category	N	%
None	177	32
Interaction time	9	2
Technology issues	22	4
Lessening the amount of information/reducing the length of training	15	3
Suggestions	10	2
More case studies	7	1
Repetitive	5	1
In person	4	1
Stop reading from script	2	<1
Fixing the manual/handouts	2	<1
More videos	2	<1
Issues with surveys	2	<1

Suggested improvements include the following:

- Learning more on how to handle kids who have been sexually traumatized. (FL)
- Less talking during test (FL)
- Include practical tips in every section for different age groups of how the topics we have been taught actually look like with kids. (FL)
- ‘Too trauma heavy’ (IL)
- “This was very tailored to foster care, though our facilitator made it more tailored to infant adoption” (IL)
- It seemed like this topic would have been a good one for the foster parent to present. (KS)
- The video involving the foster child with autism spectrum disorder. The foster parent's behavior is inconsistent with behaviorism and ABA therapy, the gold standard treatment for autism spectrum disorder. Please take this video out! (KS)
- Less story talking (MO)
- Maybe could have gone over some more physical safety measures for a child who lashes out or is self-harming. (MO)
- Eliminate the role play (OK)

Cultural Humility.

A total of 921 participants were included for analysis of this theme. Of the 921, 536 wrote in a response for the first question and 256 wrote in a response to the second.

Q1: "What aspects of the training did you like the most?" (N=921)

Category	N	%
Engagement/interaction	172	19
Videos	72	8
Examples/case studies	60	7
Knowledge attainment	59	6
Skill building	38	4
Real life experience	29	3
Delivery style	29	3
Everything	28	3
Activities	27	3
Role play	24	3
Podcasts	12	1
Handouts, materials, resources offered	6	1
Survey	1	<1
Simple/accessible	1	<1

Q2: "What aspects of the training could be improved? How?" (N=921)

Category	N	%
None	314	34
Interaction time	41	4
Suggestions	38	4
Lessening the amount of information/reducing the length of training	25	3
Technology issues	24	3
Fixing the manual/handouts	14	2
Repetitive	9	1
Stop reading from script	6	1
In person	5	1

Suggested improvements include the following:

- “A little more understanding on what culture and what's not.” (CO)
- “This is such an important topic! I wonder how you might incorporate more around examining our own biases” (CO)
- More scenarios of ways to ally with the child (n=2) (FL) (IL)
- More insight on different types of cultures and how to help in each type. (n=4) (FL)
- More open to different parenting styles (n=2) (FL)
- I thought it was over all pretty vague, basic could provide more depth (n=3) (CO)(FL) (IL)
- Tailor class to age you want to foster (FL)
- I think the workbook over emphasizes sexual orientation and gender identity expression. (FL)
- More talking points to help child through tough times such as adjusting to new peer group, bullying, etc. (FL)
- It is difficult to keep up with the definition of culture. Explaining how this has changed and why would be beneficial and examples (n=2). (FL) (GA)
- “The bead activity was good except the colors used were racist (yellow for Asians, red for Native Americans) and that was really quite offensive. I think it would have been effective to incorporate an activity like the Harvard implicit bias test to help people develop awareness of and own their own biases.” (IL)
- The Christmas box video did not entirely fit (KS)
- It seemed like a hard topic for the group to talk about, not much conversation, maybe some more interactive things to help it come to life (KS)
- No role playing. I think it's better just to have conversations. in my experience, role playing is a super anxious activity and it's hard for people to open up and answer truthfully. (KS)
- That first definitions slide is cluttered and distracted from the information. The isms slide...some of them weren't isms (KS)
- It's really distracting when the facilitators continue to chatter during activities. These conversations are really important and there wasn't enough time to discuss. (KS)
- I think it is important that we don't label American culture as "White" culture. When we were listing examples of milestones, our instructor used the term American when speaking about things that are actually just White culture. (KS)
- Discuss LGBTQ individuals as part of diversity/culture more (n=4) (FL)(KS)(MO)
- Include some statistics about what cultures/ethnicities are likely to be placed in foster care in our area. (KS)

Effective Communication.

A total of 801 participants were included for analysis of this theme. Of the 801, 495 wrote in a response for the first question and 421 wrote in a response to the second.

Q1: "What aspects of the training did you like the most?" (N=801)

Category	N	%
Videos	186	23
Engagement/interaction	107	13
Examples/case studies	83	10
Skill building	67	8
Knowledge attainment	57	7
Delivery style	18	2
Everything	17	2
Podcasts	13	2
Activity	8	1
Resources offered	5	1
Simple/accessible	5	1
Role play	2	<1

Q2: "What aspects of the training could be improved? How?" (N=801)

Category	N	%
None	229	29
Interaction time	36	4
Technology issues	40	5
Lessening the amount of information/reducing the length of training	30	4
More videos	15	2
Fixing the manual/handouts	14	2
Suggestions	11	1
In person	7	1
Repetitive	6	1
More case studies/examples	3	<1
Stop reading from script	2	<1
Phrasing of questions	1	<1

Suggested improvements include the following:

- “I didn't like how it specified active listening is wrong, I think if you're trying there isn't a wrong way to listen” (CO)
- More examples in age ranges from early childhood to teens. (FL)
- “I would have liked more specific examples of language to use with young children about the trauma they have experienced.” (IL)
- “[stop] having to read a script out loud” (IL)
- The book needs to be better organized/ utilized (KS)
- More suggestions about how to talk to teens (KS)
- More case studies (KS)
- Maybe a bit more guidance/examples of different levels of information based on developmental age (MO)
- More for teens (MO)
- Keeping class on topic and limiting their personal stories (OK)

Foster Care as a Means to Support Families

A total of 810 participants were included for analysis of this theme. Of the 810, 530 wrote in a response for the first question and 465 wrote in a response to the second.

Q1: “What aspects of the training did you like the most?” (N=810)

Category	N	%
Videos	202	25
Engagement/interaction	154	19
Examples/case studies	64	8
Knowledge attainment	41	5
Delivery style	38	5
Everything	18	2
Skill building	15	2
Activities	9	1
Podcasts	8	1
Handouts, materials, resources offered	7	1
Real life experience	6	1
Simple/accessible	6	1

Q2: “What aspects of the training could be improved? How?” (N=810)

Category	N	%
None	277	34
Technology issues	35	4
Lessening the amount of information/reducing the length of training	35	4
Interaction time	28	3
Repetitive	23	3
Suggestions	14	2
More videos	11	1
Improving phrasing of questions	11	1
In person	10	1
Fixing the manual/handouts	9	1
More case studies/examples	7	1

Suggested improvements include the following:

- Provide journals / photo albums for foster parent to collect info for bio parents. (FL)
- More relevant information towards adopting instead of fostering and what our relationship would be like with the foster family. (n=6) (FL)
- Show a couple who does not want to get their lives straight. (FL)
- Tailor to the age you want to foster. It would be nice to have more time to talk with other participants who are going through the same thing (FL)
- More coverage on family court process and timelines (n=1). (GA)
- It glorifies a lot of the interactions and minimizes the differences in comfort levels that could be there. (KS)
- There are a few blind spots in the training that we have to stop and address as we go through it. (KS)
- Make it relatable to parents who are only adopting and not fostering. (KS)
- Relevant for our state. (MO)

Impact of Substance Use

A total of 899 participants were included for analysis of this theme. Of the 899, 473 wrote in a response for the first question and 428 wrote in a response to the second.

Q1: "What aspects of the training did you like the most?" (N=899)

Category	N	%
Examples/case studies	139	15
Engagement/interaction	107	12
Knowledge attainment	85	9
Everything	31	3
Activities	22	2
Skill building	20	2
Gibberish Activity	19	2
Real life experience	17	2
Videos	15	2
Delivery style	9	1
Podcasts	6	1
Handouts, materials, resources offered	3	<1
Simple/accessible	1	<1

Q2: "What aspects of the training could be improved? How?" (N=899)

Category	N	%
None	285	32
Interaction time	11	1
Suggestions	28	3
Lessening the amount of information/reducing the length of training	23	3
More case studies/examples	17	2
Technology issues	15	2
More videos	13	1
Fixing the manual/handouts	7	1
In person	5	1
Stop reading from script	2	<1
Repetitive	2	<1

Suggested improvements include the following:

- “Explaining our role in it as opposed to specialists/professionals” (CO)
- “I think this is such a broad topic that we should encourage people to do further study.” (CO)
- Felt like it could have expanded on talking about other substances or issues not just FASD (n=8) (FL) (GA) (MO)
- Talking about the differences between mild vs more severe FASD in more detail and how to identify potential FASD if undiagnosed. Link it to diagnoses that might apply in school (e.g. ID). The case studies were complicated and hard to follow when only presented in an auditory format. More universal design would make the whole training more accessible. (FL)
- Separate class for kinship adoption. (FL)
- Discussion about withdrawal from drugs in infants. (FL)
- Tailor the class to the age you want to foster (FL)
- “Material was pretty basic. Would be very helpful to have deeper content” (IL)
- FASD isn't even prevalent, but a whole lesson on it? Meth, heroin, and other drugs on the child is what we need to be learning about. (n=5) (KS)
- And a suggestion of yelling at cars in traffic is irresponsible in today's age of road rage. And no dancing outside of the car in traffic. (n=5) (KS)
- The behavior examples didn't seem to in depth. Seemed like general tantrums. (KS)
- I think it would be beneficial to see some examples of behavior/delayed development in kids (MO)
- It would be helpful to discuss more about the similarities and differences between FASD and other developmental disabilities (autism in particular) as there is significant overlap in the symptoms despite their different etiologies. We'd also benefit from seeing videos of children with FASD (not necessarily in foster care) to accustom ourselves more with what the challenges look like and what they don't look like -- to help break down stigma barriers, etc. (MO)

Kinship Parenting.

This theme was completed by Colorado and Georgia only. A total of 24 participants were included for analysis of this theme. Of the 24, 23 wrote in a response for the first question and 21 wrote in a response to the second.

Q1: "What aspects of the training did you like the most?" (N=24)

Category	N	%
Engagement/interaction	8	33
Knowledge attainment	8	33
Examples/case studies	3	13
Everything	3	13
Activities	2	8

Q2: "What aspects of the training could be improved? How?" (N=24)

Category	N	%
None	16	67
Lessening the amount of information/reducing the length of training	3	13
Case studies/examples	2	8

Maintaining Children's Connections.

A total of 865 participants were included for analysis of this theme. Of the 865, 496 wrote in a response for the first question and 428 wrote in a response to the second.

Q1: "What aspects of the training did you like the most?" (N=865)

Category	N	%
Videos	204	24
Engagement/interaction	106	12
Knowledge attainment	49	6
Activities	40	5
Real life experience	39	5
Examples/case studies	35	4
Skill building	25	3
Everything	22	3
Delivery style	19	2
Podcasts	7	1
Simple/accessible	4	<1
Resources offered	3	<1
Pework	3	<1

Q2: "What aspects of the training could be improved? How?" (N=865)

Category	N	%
None	274	32
Suggestions	39	5
Lessening the amount of information/reducing the length of training	27	3
Technology issues	26	3
Repetitive	21	2
Interaction time	17	2
More case studies/examples	13	2
In person	6	1
More videos	4	<1
Fixing the manual/handouts	2	<1
No podcasts	2	<1

Suggested improvements include the following:

- "A little more emphasis on children disrupted life." (CO)

- “The video where the mom and adopted daughter talked for 12 minutes was not very informative to me.” (CO)
- It's stressful the way these tests are sent to us to fill out while the instructor is still talking and asking for other feedback in the chat...hard to multitask all this (n=4) (FL)
- Patience, remember you are teaching adults not children, facilitator is aggressive. (FL)
- Many people are not willing to speak up in breakout rooms. (FL)
- We talked about many of the trials but not a lot of ways to overcome those trials. (FL)
- Tailor the class to the age group you want to foster (FL)
- More interviews with children and learning from their perspective. (FL)
- “The group activities are often so obvious; they sometimes don't add as much value for the time spent on them. (GA)
- “The facilitator could ask more questions rather than giving own perspectives.” (GA)
- “Maybe making this a class of its own instead of combining it.” (GA)
- “Class that was just one theme so it could be in more depth” (GA)
- The participants need to engage and unmute and be a part of discussions. (KS)
- Learn about assignments earlier (KS)
- Closed captions on the videos, slides in advance, page numbers or at least section numbers on every page in the book. (KS)
- Many of the questions in the skills checks and post test are poorly designed. We never get feedback on the skills check. (KS)
- Would have liked to have spent more time on possible challenges in forming/maintaining connections and how to manage/overcome (n=2) (KS)
- I would like to hear more positive anecdotes (KS)
- Match the materials on site and that it is easily found (n=4) (MO)
- I'd like to hear more about the adoption component and how to help children maintain connections when they move out of state for adoption. (MO)
- More statistics about how many retain their connections and the average time span a child might have to wait before a connection is rekindled or remade. (MO)
- Less of being off topic and time management (n=2) (MO)
- Watch videos on our own time to have more time to focus on in class things! (MO)
- Provide time during class (vs. during break) to complete post assessment. (SRPMIC)

Mental Health Considerations.

A total of 915 participants were included for analysis of this theme. Of the 915, 486 wrote in a response for the first question and 436 wrote in a response to the second.

Q1: "What aspects of the training did you like the most?" (N=915)

Category	N	%
Engagement/interaction	131	14
Knowledge attainment	117	13
Videos	47	5
Examples/case studies	39	4
Everything	31	3
Real life experience	27	3
Activities (Map Activity)	18	2
Skill building	18	2
Handouts, materials, resources offered	15	2
Delivery style	11	1
Podcasts	9	1
Simple/accessible	2	<1

Q2: "What aspects of the training could be improved? How?"

Category	N	%
None	267	29
Suggestions	37	4
Interaction time	28	3
Technology issues	22	2
Lessening the amount of information/reducing the length of training	20	2
More videos	15	2
More case studies/examples	10	1
Stop reading from script	8	1
Fixing the manual/handouts	8	1
In person	7	1
Repetitive	3	<1

Suggested improvements include the following:

- "Thought it was great. Maybe more pointing out that this is worst case scenario and doesn't mean you will necessarily foster kids with these needs." (CO)
- "The presentation of the various highlighted mental illness diagnoses was a bit confusing; not clear what steps are taken to differentiate between loss/trauma behaviors and mental illness" Maybe a better chart or Venn diagram" (n=2) (CO) (GA)

- I felt like I wanted more in-depth information about trauma induced behaviors (FL)
- Separation of trauma and disorder need to be more in depth (n=2) (FL)
- I think another slide where there is a toolkit for each would be helpful, so foster parents walk away with a larger toolbox filled with practical strategies (more than therapy & meds which are important but not the only tool to help). (n=2) (CO)(FL)
- Need to learn about other disabilities (ASD, etc.) (FL)
- Information about how this looks in all aged children- from birth to teenage (n=6) (FL)
- Separate class for adoption kinship. (n=3) (FL)(GA)(KS)
- More in depth on medications vs diagnosis (FL)
- Describing more behaviors and how they could lead to a mental health diagnosis (FL)
- Focus on how to be aware when a doctor may overprescribe or misdiagnose. (FL)
- “More data on types of mental illnesses and medication for certain traumas. (GA)
- “Could explain more about how to seek help” (GA)
- Increasing the amount of content on skill building (n = 3) (IL)
- “Maybe a discussion on drug withdrawal in babies” (IL)
- It was too descriptive with no opportunity to think through the most difficult questions that most foster parents are likely to face. (n=3) (KS)
- Post test question can be taken one of two ways. (KS)
- more detail of behaviors/characteristics of the mental health diagnosis
- I am curious if there are any studies on generational trauma differences. (KS)
- Exploring what diagnoses could look like for various ages (n=2) (KS)
- I would love for some background to be included about the science of behavior and what it teaches about the functions of behavior. Emphasis on challenging behavior as something that has been studied extensively and that there are evidence-based solutions for managing could provide a lot of empowerments to foster parents when challenging behavior comes their way. (MO)

Overview of the Child Welfare System

A total of 740 participants were included for analysis of this theme. Of the 740, 736 wrote in a response for the first question and 736 wrote in a response to the second.

Q1: “What aspects of the training did you like the most?” (N=740)

Category	N	%
Knowledge attainment	257	35
Videos	194	26

Delivery style	81	11
Engagement/interaction	67	9
Handouts, materials, resources offered	64	9
Simple/accessible	58	8
Everything	47	6
Real life experience	19	3
Activities	19	3
Examples/case studies	15	2
Podcasts	14	2
Skill building	13	2

Q2: "What aspects of the training could be improved? How?" (N=740)

Category	N	%
None	379	51
Suggestions	92	12
Improve videos	76	10
Interaction time	68	9
Better instructions/organization of online	28	4
More case studies/examples	28	4
Lessening the amount of information/reducing the length of training	23	3
Technology issues	21	3
Fixing the manual/handouts	14	2
More videos	11	1
Repetitive	9	1
Stop reading from script	8	1

Suggested improvements include the following:

- "I wish that I had a hard copy of the manual so I could write next to things. (CO)
- Video subtitles (n = 2) (CO) (GA)
- Breaking video into smaller pieces (n = 8) (CO) (FL) (GA) (KS)
- No music (n = 1) (CO)
- "Showing how a hypothetical case moves through the system." (CO)
- Next/Previous buttons, to go from overview to video to test. (CO)
- Warranted was spelled wrong on one of the slides. (CO)
- The more multimedia, the better! More engagement (n=5) (CO) (FL)
- Using anecdotes from all stakeholders to build meaning and hold engagement instead of just bullet points/lecturing (CO)
- A lot of information that took place over a 200-year period, we could eliminate the information that isn't relevant (n=2) (CO) (FL)
- The discuss question page following the video page had grammatical errors. (FL)

- Discussion could be worked into the training sessions with live participants (FL)
- Having a slideshow with a voice talking behind it made it difficult to stay engaged. (FL)
- The option to slightly speed up or slow down the rate of speech with speakers who were too slow or hard to understand from speaking too fast and not enunciating. (FL)
- I would like more state specific information. (n=4) (FL)(KS)
- Videos of real cases of course actors (FL)
- Done as group would be better (FL)
- Further discussion on resources (FL)
- Having classes tailored to the individual need of the adopters. (n=7) (FL)
- Highlight differences in tribal adoptions and foster. (FL)
- Being able to give an answer in your own words (FL)
- Do not make me do the same opinion questions each time. (FL)
- A little more information about the GAL role (FL)
- Former foster/adoptive parents take a condensed course what is new. (FL)
- Navigating the courses could be grouped a bit different (n=2) (FL)
- The resources combined (FL)
- Add more reading materials that was gone over in the video (FL)
- Possibly include interviews from different people on the child's team to explain their role. (FL)
- More options for when to take training (n=1) (GA)
- Better integration of prework and classwork (n=2) (GA) (KS)
- Better organization of online portion (n=1) (GA)
- Increase font size on slides (n = 2) (IL)
- Spelling error in video subtitles (n = 2) (IL)
- State-specific detail on mandatory reporting (n = 1) (IL)
- "Less discussion about each participant. I don't like sharing." (IL)
- "Zooming is not always smooth, when facilitator screen shares and the jumps all over the screen. It's very hard to follow (IL)
- The roles of foster parents in court (KS)
- Customize training to include state specific material/regulations (KS)
- Repetition between videos. Perhaps integrate the two, although it does offer a chance to review some information. (KS)
- In regard to the types of abuse, it would have been helpful to know generally what percentage of children are affected by each type. (KS)
- Talk a little more about path to adoption and how it works (KS)
- Explain the process in a flow chart type presentation (KS)
- I really enjoyed this video but did tend to get a little bored at the end. So maybe updating the end a bit so more engaging or shorten video. (KS)
- more info and presented earlier in the class schedule (KS)
- The videos had spelling errors (warrented is spelled warranted) and they are rather dull, but tolerable to get information across. (KS)
- An outline (KS)
- More information on current guidelines. (KS)
- The narration of the slides was very slow and monotone- would be nice to have an option to just read through or maybe some self quizzes to break things up (KS)
- Organization of the topics (KS)
- Having an audio/read aloud option for the articles would be super handy and would allow the online students of this course the opportunity to listen while in the car, or while they're doing home tasks. (KS)
- An example of a child going through the system. Also, include information regarding children "aging out" and the importance of adoption of those children. (n=3) (KS)
- How the foster parents can help with documentation for the case workers. (KS)
- I like resources I can go back and look at using ctrl+F so I can quickly find what I need. If you choose to do videos it might be helpful to provide a transcript of the material. (MO)

- Combine videos to show likeness and differences. (OK)
- I believe there should have been more content regarding mental health, IEP, 504 Plans and resources for foster parents. Although extremely important to be culturally competent, I felt a lot of content regarding traditions, and culture was repetitive. (SRPMIC)

Parenting Paradigm

A total of 756 participants were included for analysis of this theme. Of the 756, 755 wrote in a response for the first question and 755 wrote in a response to the second.

Q1: "What aspects of the training did you like the most?" (N=755)

Category	N	%
Videos	217	29
Real life experience	169	22
Knowledge attainment	102	14
Engagement/interaction	92	12
Everything	53	7
Skill building	44	6
Resources offered	43	6
Delivery style	40	5
Simple/accessible	36	5
Examples/case studies	27	4
Reflecting on own parenting paradigm	21	3
Activities	10	1
Podcasts	8	1
Breakout	6	1

Q2: "What aspects of the training could be improved? How?" (N=755)

Category	N	%
None	488	65
Suggestions	49	6
Lessening the amount of information/reducing the length of training	46	6
Interaction time	42	6
Improve navigation of online platform	23	3
Repetitive	19	3
Technology issues	17	2
In person	11	1
Fix quizzes	11	1
More videos	8	1
Fixing the manual/handouts	5	1
Resources	5	1
Improve podcast	4	1

Suggested improvements include the following:

- “More specific references. ‘Science tells us’ is a lazy, erudite reason with no power of persuasion.” (CO)
- Subtitles on video (CO)
- it’d be great to have the ability to speed up the playback speed if wanted. (CO)
- This quiz won’t let me finish until I answer all the questions, even the ones that don’t relate to the material and don’t relate to my experience (CO)
- This took much longer than 1 hour. The certificates are only for 1 hour each (CO)
- Maybe list the handouts after the post test as supportive documentation, rather than making it necessary to review them before attempting it. (CO)
- I would have liked to have heard more of the stories of children who have been in foster care. (CO)
- Make it to the age of kids the foster parent wants. (n=2) (FL)
- More in the video of how to raise foster children. (FL)
- Show scenarios that depict poor parenting and show what we can do to parent better in those situations... 2 similar scenarios, one done wrong, the other done right. (FL)
- Information on younger children (FL)
- Knowing that adults just like children learn in different ways. (FL)
- Shorten some of these videos. It’s a lot to expect people to spend this much time between all these extra courses, the prework, and the training. (FL)
- Include a range of ages in the children interviewed, those who are currently in care, those who have been in care, and those who have exited. (FL)
- Change up the dialog (FL)
- The steps given on how to get to the training (FL)
- Having the homework clearly stated, with locations and verbally the same as what is in the presentation (FL)
- More time for assignments before the class (FL)
- Splitting the training for fosters and adoptive parents (FL)
- How to understand triggers, practicing my time on what is causing their triggers (FL)
- Maybe some interaction. Popup windows that ask for feedback (FL)
- The Bruce Perry handout in the resources area had a few typos. (FL)
- Being more in depth on how to connect to children who have experienced trauma. (FL)
- Providing adoptive parents a separate class (FL)
- Captions on videos (n=1) (GA)
- Giving participants a choice of when class can be taken (n=1) (GA)
- “More information on the expectation and timelines for the online training” (n=1) (GA)
- “Hard to find the required training ; too many portals; need a syllabus or home site with links” (IL)
- “Having to re-introduce selves at every session is wasteful in time” (IL)
- “Wish we could have been mailed an actual workbook, versus having to print all these loose pages on black and White.” (IL)
- I honestly don’t care for videos during the in-person training. I would like to watch the videos then have more discussion time with the facilitators and class members. (MO)
- Different images for the separate tasks on dashboard (MO)
- Videos that would illustrate what it looks like to builds that attachment with teens (MO)
- I actually enjoyed this topic and would love more of the TBRI Karyn Purvis as it applies to different ages. (MO)

Parenting in Racially and Culturally Diverse Families.

A total of 915 participants were included for analysis of this theme. Of the 915, 539 wrote in a response for the first question and 459 wrote in a response to the second.

Q1: "What aspects of the training did you like the most?" (n=915)

Category	N	%
Engagement/interaction	185	20
Activities (How diverse is your world)	73	8
Knowledge attainment	71	8
Delivery style	44	5
Activities	40	4
Examples/case studies	35	4
Videos	33	4
Real life experience	29	3
Skill building	27	3
Everything	26	3
Self-reflection	20	2
Podcast	9	1
Resources offered	5	1

Q2: "What aspects of the training could be improved? How?" (n=915)

Category	N	%
None	272	30
Not enough information	47	5
More case studies/examples	35	4
More/better videos	26	3
Suggestions	26	3
Lessening the amount of information/reducing the length of training	22	2
Interaction time	17	2
Technology issues	12	1
Fixing the manual/handouts	11	1
More diverse examples	6	1
Bead activity stereotypical	3	<1

Suggested improvements include the following:

- "I feel like this section was very surface level, I think that the resources should be buffed out." (CO)
- This topic was strictly and very focused on "White Privilege" and was racist in its own. I understand the intended message was to be open minded that other races might come into your house. This topic was focused on the assumed mindset of the White race, which is not

correct. Regardless of your race, anyone can view another race in a negative way depending on their personal perception. (n=4) (FL)

- This training is very limited in scope and narrow minded. (FL)
- There seemed to be a dismissive attitude towards racially White people having their own cultural aspects. (FL)
- Link accounts. (FL)
- Stop talking during the test. It's so hard to concentrate. (FL)
- Perhaps more training for the facilitators on how to address, instead of validating, White fragility as it is expressed by the class attendees. (n=2) (KS)
- We need to talk more/at all about how structural White supremacy impacts all of us, whether we have a marginalized/racialized identity or not. This was a missed opportunity for us to take an implicit bias test. Cc on videos, slides ahead of time, page numbers in the book. (KS)
- The fact that the slides are not as diverse. seem to be putting Whites in a category above all other races and that they can't feel prejudice. (KS)
- I felt like the presupposition that White families will need to change in order to be proper parents to the children is unfair (n=4) (KS)
- This training was definitely eye opening - more thought-provoking challenges would be great. (KS)
- Remove that tripe "White Privilege" I immediately checked out and quit listening (KS)
- The use of the term "White fragility" seems to be in itself a micro-aggression. Lumping a race into a group and determining they are "fragile" for whatever reason seems to undermine the value of individualistic cultural upbringing. I understand the general message behind the idea, but the term alone seems to put people on the defensive rather than focus their thinking on improving themselves and ultimately those around them. (MO)
- More exercises and more opportunities for people to heed and understand their blind spots. (MO)
- I think they shouldn't point out the fact that we are missing out of parts of the program because it's online instead of in person. If an activity has to be skipped, then just skip it, and don't tell us. (MO)
- Maybe have someone of color present the topic tonight (OK)
- Not pushing class for answer when no one answers. Remembering most, it not all are parents and humans and deal with most of this subject matter everyday like most people. It open feels as if they are teaching to someone from another planet. (OK)
- I felt a little uncomfortable when we watched the video on White privilege, the class was very quiet afterwards nobody had any comments about it. I wish it would've talked about other races. (OK)
- Speech control. It's important to pause to gather your thoughts because on one occasion I started counting "um's" just for because they are distracting (SRPMIC)

Preparing for and Managing Intrusive Questions.

A total of 925 participants were included for analysis of this theme. Of the 925, 579 wrote in a response for the first question and 480 wrote in a response to the second.

Q1: "What aspects of the training did you like the most?" (n=925)

Category	N	%
Videos	150	16

Engagement/interaction	133	14
Examples/case studies	94	10
Skill building	53	6
Everything	38	4
Real life experience	29	3
Knowledge attainment	26	3
Delivery style	11	1
Podcasts	9	1
Activities	8	1
Simple/accessible	3	<1
Resources offered	2	<1

Q2: “What aspects of the training could be improved? How?” (n=925)

Category	N	%
None	326	35
Interaction time	28	3
Technology issues	35	4
Lessening the amount of information/reducing the length of training	19	2
More case studies	19	2
Fixing the manual/handouts	10	1
In person	10	1
Suggestions	7	1
Repetitive	6	1
Stop reading from script	2	<1
More videos	1	<1

Suggested improvements include the following:

- “Maybe more written guidance on who is considered 'need to know' (physicians/nurses, coach, teacher)”
- Have the class tailored to the age you want in your home
- Separating adoptive and foster classes (n=1)
- Holding in-person classes (n=1)
- Including more guest speakers who are current foster parents (n=2)

- “I would have liked more specific examples of language that could be used to address intrusive questions. I feel like this was covered with a broad brush and I still don't feel very confident about how to talk about a child's story.”
- Would like a bit more on guiding children of different ages as to what is ok to share and what probably isn't and how you do that without making them feel uncomfortable about their story or circumstances
- There could be more info about how to address questions to different groups of people, such as giving different answers to close family, than strangers.

Reunification - The Primary Permanency Planning Goal

A total of 799 participants were included for analysis of this theme. Of the 799, 497 wrote in a response for the first question and 425 wrote in a response to the second.

Q1: "What aspects of the training did you like the most?" (n=799)

Category	N	%
Videos	136	17
Engagement/interaction	132	17
Knowledge attainment	70	9
Examples/case studies	47	6
Real life experience	35	4
Skill building	30	4
Everything	28	4
Delivery style	15	2
Podcasts	8	1
Activities	5	1
Resources offered	2	<1
Simple/accessible	1	<1

Q2: "What aspects of the training could be improved? How?" (n=799)

Category	N	%
None	245	31
Interaction time	38	5
Technology issues	32	4
Lessening the amount of information/reducing the length of training	27	3
More case studies/examples	20	3
Suggestions	9	1
Fixing the manual/handouts	8	1
More videos	7	1
Repetitive	5	1
In person	4	1
Stop reading from script	3	<1

Suggested improvements include the following:

- “Talk more about emancipation and runaways - give definition (child ran away once? ran away and aged out/was emancipated during period of running away?)” (CO)
- Wish there was an adoption specific track to focus on that more. (n=2) (FL)
- I think there should be some mention of what to do if a bio parent is angry or violent. Foster parents can be well-trained and willing, but they also need to keep everyone safe if the bio parent is not. (FL)
- Tailor to age group you want to foster (FL)
- “I'd like more information about the success of reunification” (IL)
- Was difficult to apply as prospective adoptive parents. (KS)
- I'd like to hear more about how some of the fostering information relates to those who are on the adopt-only track. (MO)
- More info on adopt only families. (MO)

Separation Grief and Loss.

A total of 935 participants were included for analysis of this theme. Of the 935, 670 wrote in a response for the first question and 569 wrote in a response to the second.

Q1: "What aspects of the training did you like the most?" (N=935)

Category	N	%
Engagement/interaction	185	20
Videos	124	13
Examples/case studies	90	10
Knowledge attainment	88	9
Activities	84	9
Real life experience	54	6
Skill building	54	6
Everything	24	3
Delivery style	22	2
Podcasts	12	1
Resources offered	10	1
Simple/accessible	1	<1

Q2: "What aspects of the training could be improved? How?" (N=935)

Category	N	%
None	309	33
Interaction time	70	7
Technology issues	35	4
Fix phrasing of questions	28	3
Suggestions	27	3
Lessening the amount of information/reducing the length of training	24	3
Fixing the manual/handouts	20	2
More videos	14	1
In person	11	1
Repetitive	8	1
Stop reading from script	6	1

Suggested improvements include the following:

- “Sometimes I feel like the suggestions / trainings /videos make everything look like it is easy or cookie cutter/ should work for every situation, and I 100% disagree with that” (CO)
- “I think there should be a section to talk about how to have conversations surrounding grief and loss.” (CO)
- “More resources available would help” (CO)
- The information should be more relevant and useful in what we're being trained to do. Much of this is far too theoretical. (FL)
- The case study, going into more detail, more real-life examples (n=4) (FL)
- I'd like to see more stories from real foster families/children weaved in. (FL)
- Learning more techniques to help a child deal with their losses. (n=2) (FL)
- Speaking rather than using chat function (n=1) (GA)
- Evaluation questions were confusing (n=2). (GA)
- More explanation of things brought up, ex. life book (KS)
- I wish there were more techniques taught for recognizing / responding to children with these issues (n=3) (KS)
- Providing more knowledge in class that is new to that which is in prework. (KS)
- I think putting the stages of grief at the very beginning would help to frame unresolved grief and other relevant vocabulary. (KS)
- Having the slides ahead of time would help me take notes (KS)
- More in-depth (MO)
- Make less reading, focusing on examples and experiences from other fosters and kids. (MO)
- Greater emphasis on how foster parents can address grief related behaviors (MO)

Trauma Informed Parenting.

A total of 967 participants were included for analysis of this theme. Of the 967, 640 wrote in a response for the first question and 514 wrote in a response to the second.

Q1: "What aspects of the training did you like the most?" (N=967)

Category	N	%
Videos	249	26
Engagement/interaction	158	16
Knowledge attainment	113	12
Examples/case studies	108	11
Real life experience	45	5
Delivery style	31	3
Everything	30	3
Skill building	21	2
Activities (role play)	19	2
Podcasts	13	1
Activities	5	1
Simple/accessible	5	1
Resources offered	2	<1

Q2: "What aspects of the training could be improved? How?" (N=967)

Category	N	%
None	329	34
Interaction time	54	6
Technology issues	43	4
Suggestions	28	3
More case studies/examples	22	2
More videos	18	2
Lessening the amount of information/reducing the length of training	15	2
Fix skill checks	12	1
Fixing the manual/handouts	7	1

Suggested improvements include the following:

- I think it as very beneficial to have the conversations about planning for how you will need to act on the different behaviors your child will have at you. have more of that. (FL)
- Giving the microphone to kids who have experienced adoption and learned from it.
- Include in the delivery better visuals, more charts, and more details (n=5)
- maybe having the slideshow being presented printed out to take notes on/could help keep our attention during a long presentation
- Understanding the situation from the Childs point of view.
- more gearing toward older kids or teens
- Understanding that the child has to be willing to meet halfway at some point but that it may never happen so that the 3Rs could be a viscous cycle
- Understanding that all actions still have a consequence. Do the 3Rs but the action still has to have even a small consequence.
- to improve on knowing your position and not going off course. sorry to say it like that but some foster parents, adoption parents, and kinship parents can be so judge mental to the parents . that they bring more trauma to the child. The goal is for the child to return home hopefully. Love and support the child in every way and if you are feeling that you don't support the plan talk to the caseworker for guidance.
- Role plays don't work well in this situation. Even reading through them is an improvement.
- I guess to define what discipline is for the traumatized child. is there no discipline?
- more experiential learning....having the participants actually try out the examples...of self-regulation...etc.
- It not being so much of the same thing or holding the trauma themes together
- Again did not focus on infant adoption
- I would love to hear more examples of ways that foster parents can help regulation with older teens.
- Talking with adoptive or foster children that are grown and have experienced these things and can related them to us.
- less didactic
- tailor the class to the age you want to foster
- The class portion of the training was not helpful. I would have liked to hear more from professionals in trauma.
- For this specific training, during the planning for challenges part asking us what we would do in a situation that none of us have experienced seemed out of place. It would have been more helpful to give us some information/training first and then discuss it more.
- The color wheel could be updated for these trainings specifically... should have overwhelmed, tired, stressed, etc. - things that are more applicable to adults (rather than scared).
- Ways to provide consequences to bad behavior.
- Continue with examples of teenage behavior

Trauma Related Behavior

A total of 946 participants were included for analysis of this theme. Of the 946, 660 wrote in a response for the first question and 553 wrote in a response to the second.

Q1: "What aspects of the training did you like the most?" (N=946)

Category	N	%
Videos	329	35
Engagement/interaction	99	10
Knowledge attainment	87	9
Examples/case studies	44	5
Skill building	40	4
Everything	33	3
Activities (Identifying states)	29	3
Real life experience	24	3
Delivery style	14	1
Podcasts	14	1
Handouts, materials, resources offered	11	1
Activities	7	1
Simple/accessible	2	<1

Q2: "What aspects of the training could be improved? How?" (N=946)

Category	N	%
None	351	37
Interaction time	54	6
Technology issues	50	5
Fixing the manual/handouts	13	1
More videos	10	1
In person	9	1
Lessening the amount of information/reducing the length of training	7	1
Stop reading from script	3	<1
Suggestions	3	<1
Repetitive	2	<1

Suggested improvements include the following:

- In the section with movie sections from "Instant Family," and the "identifying states handout," the activity was very disorganized. The first clip should have been shown and then walked through in the handout. This activity was not well explained or demonstrated. Also, the video inserts were very hard to see and follow. I know that some of these issues are due to covid curriculum/structure change. However, it was very challenging to engage with. (CO)
- For the section on Sound Triggers, while I appreciated that most of the triggers were not agitating or stereotypical. I felt like our ability to relate to the children in our care who get triggered by certain sounds was limited with these examples. While I understand that not all trauma or triggers are the same for everyone, things like sirens, a dog barking, a door slamming, or a glass breaking would be a better representation of some sound triggers. (CO)
- I would have liked to spend some additional time discussing the disassociation and how to get a child out of this mode. It feels like it would be hard to get parallel if/when a child is not reacting. (CO)
- To improve on how a foster parent really need to control them self in their mind and not let the child drive them crazy. and to let them know it's nothing wrong asking for a lot of help with children with a trauma back ground. (IL)