



Foster Youth Discharge Outcomes:

The Association Between Pre-Placement Maltreatment and Daily Living Activities

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Abstract

There is a wide scope of socioeconomic factors that result in a child being removed from their home (Children's Bureau, 2017). Childhood adversities can cause children to lack the tools necessary to function appropriately in day-to-day life, and the impact can be seen throughout individuals' entire life (Okpych, 2015; Mares & Kroner, 2011; Brusakas, 2008). Although independent living services are available to youth aging out of care, for a variety of reasons, many of these services do not yield constructive outcomes. Existing research rarely evaluates specific form(s) of pre-placement maltreatment (PPM) in relation daily living activity (DLA) functioning for youth discharged from care. This quantitative study concentrates on three forms of PPM: neglect, physical abuse, and sexual abuse. The research focuses on a sample of youth who have been discharged from foster care in 2018. This study utilizes agency records from the National Youth Advocate Program (NYAP) to collect relevant data and information. The research study aims to explore the impact of specific form(s) of PPM in relation to Daily Living Activities Assessment (DLA-20) scores. There are a few limitations to the study, including: time, access, and geographical area size.

Keywords: foster care, maltreatment, foster care outcomes, daily living activities

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Discharged Foster Care Youth:

The Association Between Pre-Placement Maltreatment and Daily Living Activities

Statement of the problem

In any given year there are over 400,000 children in the United States foster care system (FCS) (Children's Bureau, 2017; Bruskas, 2008; Ahmann, 2017). The vast majority of individuals enter the FCS after suffering from a form, or multiple forms, of pre-placement maltreatment (PPM) (Children's Bureau, 2017; Pecora, Kessler, O'Brien, White, Williams, Hiripi, English, White, & Herrick, 2006). This study focuses on three forms of PPM: neglect, physical abuse, and sexual abuse. The long-lasting impact PPM has on foster youth becomes more noticeable as these youths enter their teenage years, facing many adversities with daily living activities and independent living skills (Scannapieco, Smith, & Blakeney-Strong, 2016; Crea, Easton, Florio, Barth, 2017; Geenen, Powers, Powers, Cunningham, McMahon, Nelson, Dalton, Swank, & Fullerton, 2013; Okpych, 2015; Mares & Kroner, 2011). Given all of the adversities this population is faced with throughout their life, they generally lack the skills necessary to be a functioning, productive, and independent member of society (Geenen et al., 2013; Crea et al., 2017). When analyzing foster care discharge outcomes it is important to factor in the differences between the form(s) of PPM experienced; these experiences must be considered variables that effect ones level of functioning. The aim of this study is to identify how forms of PPM are associated with individuals level of functioning in daily living activities.

Scope of the problem

A large proportion of the foster care population are 13 years of age or older, accounting for nearly 38% of the entire foster care population (Geenen et al., 2013). There are many circumstances associated with a child's removal, however, data shows: 61% are removed due to

neglect, 12% are removed due to physical abuse, and 4% are removed due to sexual abuse (U.S. Department of Health and Human Services, 2017). Preparing youth for daily and independent living is a critical responsibility that parents have. However, when children born into families and/or environments that are unable provide a sense of safety, security, and stability they face significant adversity. Adverse childhood experiences (ACE) leave children without the tools that are necessary for everyday functioning. Once an individual enters the child welfare system, the state takes on the responsibility of preparing youth for daily and independent living by providing services that aim to teach youth these skills (Scannapieco et al., 2016).

Justification of the Study

Children that have suffered from ACE's, such as maltreatment, are a vulnerable population at risk for a wide scope of issues that limits their knowledge on basic life skills (Rebbe, Nurius, Ahrens, & Courtney, 2016; Bruskas, 2008). Many studies examine the adversities faced by youth after being discharged from the FCS, the effectiveness of the FCS, and the effectiveness of programs and services provided by foster care agencies. However, few studies factor in the relationship between the form(s) of PPM experienced and youths daily living skills/activities. Presmanes (2017) discusses the necessity for a functional assessment tool, specifically the Daily Living Activities-20 (DLA-20) (Appendix A, Table A1, & Table A2). The DLA-20 is an assessment that involves both provider and client participation to identify specific problem areas so that the client can receive the most beneficial services (Presmanes, 2017). The implications of this study are to identify the effects that form(s) of PPM experienced have on youths daily living activities.

Background of the Problem

The life-long impact of PPM leaves this population in need of specifically targeted assessments, programs, and services (Scott & Presmanes, 2001). Although services are available for youth in the FCS, they are not always as effective as they are designed to be. Starting at fourteen years old, youth in the FCS are able to receive independent living training services, designed to help youth learn the skills that are essential for daily functioning. These services aim to help youth overcome and cope with the adversities they have experienced, while providing opportunities that cultivate positive skills. While the services provided are beneficial in many ways, they are typically very generalized and do not take into account the pre-placement experiences of foster youth. The FCS aims to protect the children being served, however, this protection results in limitations for foster youth and their capacity to grow into self-sufficient individuals (Scannapieco et. al., 2016).

Who is Affected by the Problem

The central population affected by this problem is youth discharged from foster care who lack skills necessary for daily living (Scannapieco et al., 2016). However, research shows that negative foster care outcomes impact society as a whole (Griffiths, Murphy, & Harper, 2016). Society is impacted by the economic costs that emerge from negative foster care outcomes, such as low daily living functioning (Griffiths et al., 2016).

Significance of the Study

This studies significance in social work is very apparent in the existing body of research. Social workers serve a variety of populations, including children in foster care. The high proportion of adolescents in the foster care population has resulted in a shift of focus onto foster care outcomes. Research shows that youth discharged from foster care lack the skills that are

necessary to function daily and independently. Once this population reaches adulthood they suffer from homelessness, unemployment, criminal justice involvement, early parenting, and housing instability at a disproportionate rate when compared to the general population (Geenen et al., 2013; Scannapieco et al., 2016). To improve discharge outcomes Pecora et al. (2006) stressed the importance of independent living preparation that provides youth with a significant foundation of life skills.

Underlying assumptions

There is an underlying assumption that foster care youth are adequately prepared for adulthood and independence through programs and services. It is also generally assumed that youth in the FCS are a homogenous population that can be assessed and served in the same way (Rebbe et al., 2016). On the contrary, research provides evidence that foster care youth are not a homogenous population and cannot be treated as such; the foster care population is full of individuals with specific needs based on the PPM experienced (Rebbe et al., 2016).

Purpose of the Research

The purpose of this study is to identify an association between forms of PPM and DLA-20 assessment scores for youth discharged from foster care (Appendix A, Table A1, & Table A2). The objective of this quantitative research is to identify correlations between specific forms of maltreatment and better or worse DLA-20 scores. This study aims to discover differences in how forms of PPM affect DLA-20 scores. The correlations will be discovered through categorical separation of PPM forms and changes in assessment scores. A significant improvement to assessments for foster youth would involve comparing forms of PPM experienced and individually tailoring foster care independent living services and assessments based upon the form(s) of PPM.

Definitions of Terms

-Pre-placement maltreatment: the suffering a child experiences that leads to removal from their home. Includes, but is not limited to: neglect, parental substance abuse, physical abuse, homelessness, sexual abuse, abandonment.

-Daily Living Activity: an assessment tool that assesses individuals using a scale to get an average score that rates their abilities to function and complete daily living activities. The DLA-20 assessment and scoring can be found in Appendix A, Table A1, & Table A2.

-Adverse childhood experiences (ACEs): harmful experiences during childhood that hinders an individual's ability to develop appropriately.

-Polyvictimization: when an individual is a victim of multiple forms of maltreatment at the same time.

-Independent living services: services that provide support and education to individuals transitioning into adulthood so they can learn to function independently.

Literature Review**Forms and Effects of Maltreatment**

Rebbe et al. (2016) recognized subgroups within the foster care population based on the form(s) of PPM they experienced. Among these subgroups, neglect was found to be the most common form of PPM that children in the FCS experience (Rebbe et al., 2016; Bruskas, 2008). Prior to the development of subgroups, research generally focused on individual forms of maltreatment, not factoring in co-occurring maltreatment experiences; this is a widespread critique of past research (Rebbe et al., 2016; Rivera, Fichman, & Bray, 2017). Creating these subgroups provided a new framework for professionals to understand the differences among

PPM experiences and develop effective intervention plans for individuals who are transitioning into independent living (Rebbe et al., 2016).

Children involved in the FCS with a history of pre-placement sexual abuse are at higher risk for negative foster care experiences (Steenbakkens, Ellingsen, Steen, & Grietens, 2017). These individuals also exhibit negative external behaviors (Crea et al., 2018) and have few emotional connections with supportive adults (Steenbakkens et al., 2017). Research indicates that children with a history of pre-placement sexual abuse remain in the FCS longer than those who have experienced other forms of PPM (Pecora et al., 2006). Crea et al. (2018) found that, “Childhood neglect doubled the likelihood of youths later becoming involved in criminal activity, whereas an experience of physical or sexual abuse raised their likelihood of criminal behavior to 14 times that of non-victimized children.” Comparing forms of PPM could provide a better understanding of the relationship between PPM and DLA skills, which could lead to the development of assessments that are tailored based on PPM experience(s). The implication could result in improved foster care services and discharge outcomes.

Independent Living Services

Not long ago, the federal government began to increase involvement in the child welfare system as an attempt to improve foster care discharge outcomes (Mares and Kroner 2011). The implications of the federal governments increased involvement was seen as reform, aiming to better prepare youth aging out of care for independence (Mares and Kroner 2011). Bruskas (2008) pointed out that in the past, the government had not been held accountable for foster care outcomes. When the government began to emphasize positive foster care outcomes they stressed the need for new interventions, assessments, and overall higher standards of care for foster children (Bruskas, 2008).

This population needs help developing the skills necessary for daily functioning (Steenbakkers et al., 2017). Daily living skills can be taught through workshops, classroom activities, employment experience, manage money training, etc. based on the clients goals and developmental age (Scannapieco et al., 2016). Scannapieco et al. (2016) studied youth who received independent living services and found that, “Although 76% of youth their sample received independent living-skills training, approximately 33% did not feel prepared for independent living 1-year post-discharge.” However, there is still research evidence that independent living programs provide more opportunity for youth to practice their independent living skills in a supportive environment; and the research shows that more training is associated with better discharge outcomes. (Scannapieco et al., 2016).

Discharge Outcomes

The adversities that foster children face cause great vulnerability among this population, leaving them to struggle with various issues (Pecora et al., 2006; Crea, et al., 2017; Geenen et al., 2013). Rebbe et al. (2016) found that evidence-based research confirms that outcome risks are not distributed equally among this population. One negative outcome that individuals who have aged out of care experience is poor mental health (Scannapieco et al., 2016; Pecora et al., 2006; Crea, et al., 2017). Bruskas (2008) found that over half of the children in the FCS suffer from at least one mental disorder; of these children experiencing mental disorders, 63% experienced pre-placement neglect. Mental health issues are a significant barrier to individuals functioning in daily life activities. Former foster youth struggle with is education attainment, with only 1.8% of discharged foster youth receive a college education (Bruskas, 2008; Ahmann, 2017; Scannapieco et al., 2016). Scannapieco et al. (2016) found evidence that children with histories of PPM in the

form of physical abuse experience lower education outcomes compared to the general population.

Methodology

Rationale for Research Design

The purpose of this quantitative research is to identify whether a relationship exists between the form(s) of PPM and DLA-20 scores. This study utilizes secondary data, in the form of agency records, on former foster youth to discover if specific form(s) of PPM effect DLA-20 assessment scores at discharge. The implications of the study are to improve assessments by developing independent living services and assessments based on form(s) of PPM experienced by individuals coming into care.

Type of Study

This explanatory research study examines the association between form(s) of PPM and DLA functioning for discharged foster youth. This quantitative study utilizes client assessments and data outcomes of youth who have been discharged from foster care to examine the effects form(s) of maltreatment have on DLA skills.

Research question

1. Does the DLA-20 assessment show improved or diminished scores for children who have experienced different form(s) of PPM?

Variables of interest: Independent and Dependent

The dependent variable in this study is DLA-20 scores for youth discharged from the FCS; it is a continuous variable. The independent variable in this study is the form of PPM

experienced, which is a nominal and categorical variable. The independent variable includes three categories of PPM: sexual abuse, physical abuse, and neglect.

Operational Definitions of Variables and Units of Analysis

The independent and dependent variables will be measured using agency records from the National Youth Advocate Program (NYAP). The records will provide intake and discharge scores from the DLA-20, which will measure the dependent variable. The independent variable will be identified in each clients' discharge summary.

Measurement instruments

NYAP agency records include primary documents such as: Foster Services Data Outcome (Appendix C), Daily Living Activities assessment (DLA-20) and scores (Appendix A, Table A1, and Table A2), and Discharge Summaries (Appendix B). The foster services data outcome provides the pre-test and post-test DLA-20 scores, allowing the difference between intake and discharge scores can be analyzed. Discharge summaries will be use qualitative data that describes the circumstances that led to a child entering the foster care system, which includes the form of PPM experienced. The DLA-20 scale assessment is conducted at the time of intake and at discharge (Appendix A, Table A1, Table A2, and Appendix C). DLA-20 is an ordinal level scale that scores how often, or how well, an individual independently performs a series of twenty daily living activities.

Validity and Reliability of Instruments

The DLA-20 is a functional assessment tool with high face validity that is useful for addressing youths current symptoms and issues they are experiencing (Appendix A, Table A1, & Table A2) (Presmanes, 2017). The DLA-20 is designed to be both an early, and comprehensive assessment tool (Appendix A, Table A1, & Table A2). Presmanes (2017) states, "Providers

typically complete the DLA-20 within 2 visits and reassess progress every 90 days.” This assessment aligns with the studies that suggest early and comprehensive assessments are effective for this population because it is done right around the time of intake, it is reassessed every 90 days, and it is completed again at time of discharge. The DLA-20 is a well-researched, reliable, valid and academically peer-reviewed tool.” The foster services data outcome has validity due to the fact that it records DLA-20 scores at intake and discharge, measuring improvement or deterioration of functioning based on a numerical score. These both have reliability because if they were to be completed again, the same process would occur to measure the results.

Hypothesis

Due to the quantitative nature of this study, there is no hypothesis.

The Setting

The study will take place in Cincinnati, Ohio at The National Youth Advocate Program (NYAP), a therapeutic foster care agency.

The Sample

The sample is limited to NYAP foster care discharged youth, who were discharged in 2018. The sample only includes individuals who have reported DLA-20 scores at intake and discharge, resulting in a sample size of 39 participants. The sample includes males and females of all races and ethnicities.

Protection of Human Subjects

To maintain confidentiality of the participants in the sample, all participants names are excluded and their records will be kept private. The information used in this study is accessible

only by NYAP employees and will strictly be used for the purpose of this research study. The data could be misused if the study included individuals last names because of the age and name association, they could be identifiable.

Data Collection Procedures

This study uses secondary data analysis to examine the form of PPM experienced by each individual in the sample which is identified in the Discharge Summaries, the DLA-20 score at intake and discharge, and the Foster Services Data Outcome (Appendix A, Table A1, Table A2, Appendix B, and Appendix C). By looking at discharge summaries subject participants will be categorized based on the form(s) of PPM experienced; the categories include neglect, sexual abuse, and physical abuse. Once the three categorical subgroups are identified, the Foster Services Data Outcome for each individual will be reviewed and their DLA-20 scores at intake and discharge will be recorded. This study will determine whether individuals in a certain PPM experience category have DLA-20 scores that improved or declined during their time in care to identify a correlation.

Data Collection Schedule

Data for this study was collected from August 2018 through February 2019.

Data Analysis Plan

This study will use a single-system statistical analysis design to identify a relationship between the two variables. The data will be presented using 3 line graphs to show both pre-test and post-test scores of each participant for all three forms of PPM. This is a single-system design because the baseline phase is the pre-test scores and the follow up phase is the post-test scores.

Limitations of the Study

The limitations of this study include time, access, and geographical area availability. With the set time limit on this study, it is not possible to follow the research participants after their discharge from our agency. Along with the time limitations, the DLA-20 is based on the past 30 days which makes it difficult to assess long-term skills and abilities. The DLA-20 was also not used as an assessment tool at NYAP until the beginning of 2018, which limits my sample population to those discharged in 2018. With the limited time and access to examine how the participants are functioning in their daily activities, it is not possible to draw a complete conclusion. Another limitation is that the participants in the sample population cannot represent the entire population of individuals who have been discharged from the FCS because this sample only includes participants from NYAP agencies Cincinnati, Ohio location.

Findings

The sample used for the purpose of this research study included 39 individuals who have been discharged from the NYAP foster care program. The sample included: 20 African Americans and 19 Caucasians, 20 were female and 19 were male, and participants age ranged from 14 to 18 years-old. All participants came into foster care after suffering from pre-placement neglect, physical abuse, and/or sexual abuse. Out of the three forms of PPM that this study focused on, 21 of the participants experienced pre-placement neglect, 7 experienced pre-placement sexual abuse, and 11 experienced pre-placement physical abuse. The participants time in care varied from 1 month to 2 years. Based on the data analysis sheet in Appendix C; 25 of the participants were discharged at a lower level of care, 27 participants moved two or less times while in care, and 20 participants engaged in independent living activities. The primary results of the study focused on answering the research question, “does the DLA-20 assessment show

improved or diminished scores for children who have experienced different form(s) of PPM?”

The results of the study are illustrated using line graphs. Pre-test scores are recorded on one line and post-test scores are recorded on separate lines, with the numerical scores recorded for each client/participant. On the graphs, participants names are replaced with numbers to keep anonymity and protect clients rights.

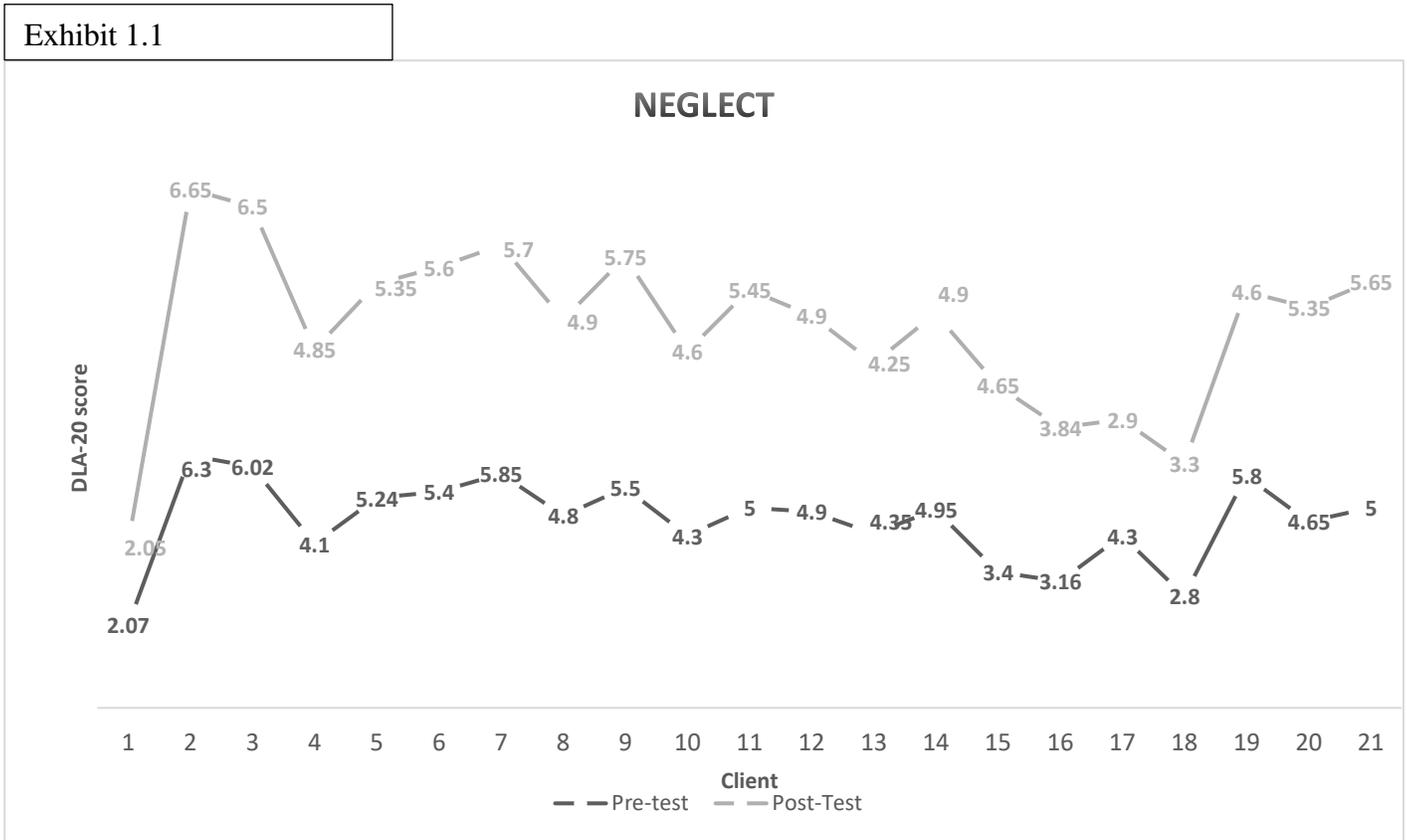


Exhibit 1.1 displays DLA-20 pre and post-test results recorded for children who experienced neglect as a form of PPM. The results show improvements in test scores from pre-test to post-test for the majority of client. Only 6 clients who suffered pre-placement neglect had lower DLA-20 score on their post-test. A majority of clients who experienced pre-placement neglect show a significant increase in test scores. These results address the research question by

showing that, based on this sample, children who suffer from neglect show improved DLA-20 scores.

Exhibit 1.2

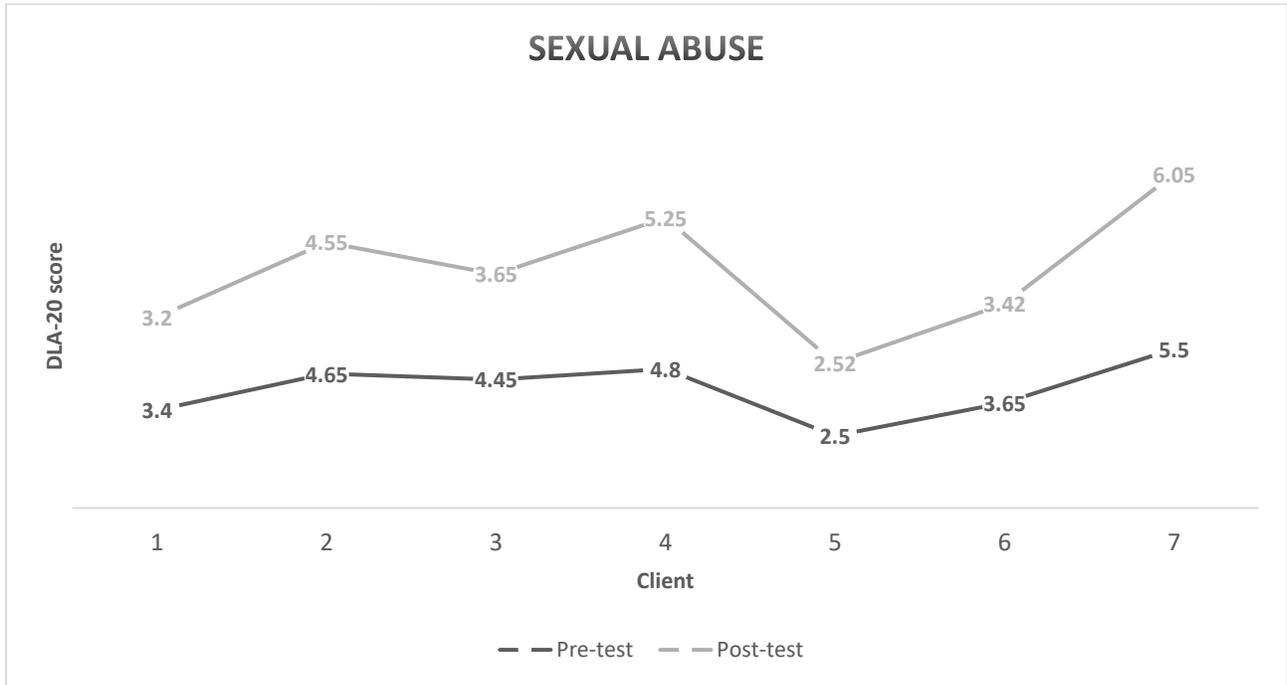


Exhibit 1.2 displays DLA-20 pre and post-test results recorded for children who experienced sexual abuse as a form of PPM. The results show a decrease in test scores for a majority of the clients who experienced sexual abuse prior to coming into care; 4 out of 7 clients had diminished test scores. The results have implications about the research question, showing that clients who sustained sexual abuse have diminished DLA-20 scores. However, it is critical to point out that the sample of participants who experienced sexual abuse PPM is much smaller than the sample of participants who experienced neglect PPM.

Exhibit 1.3

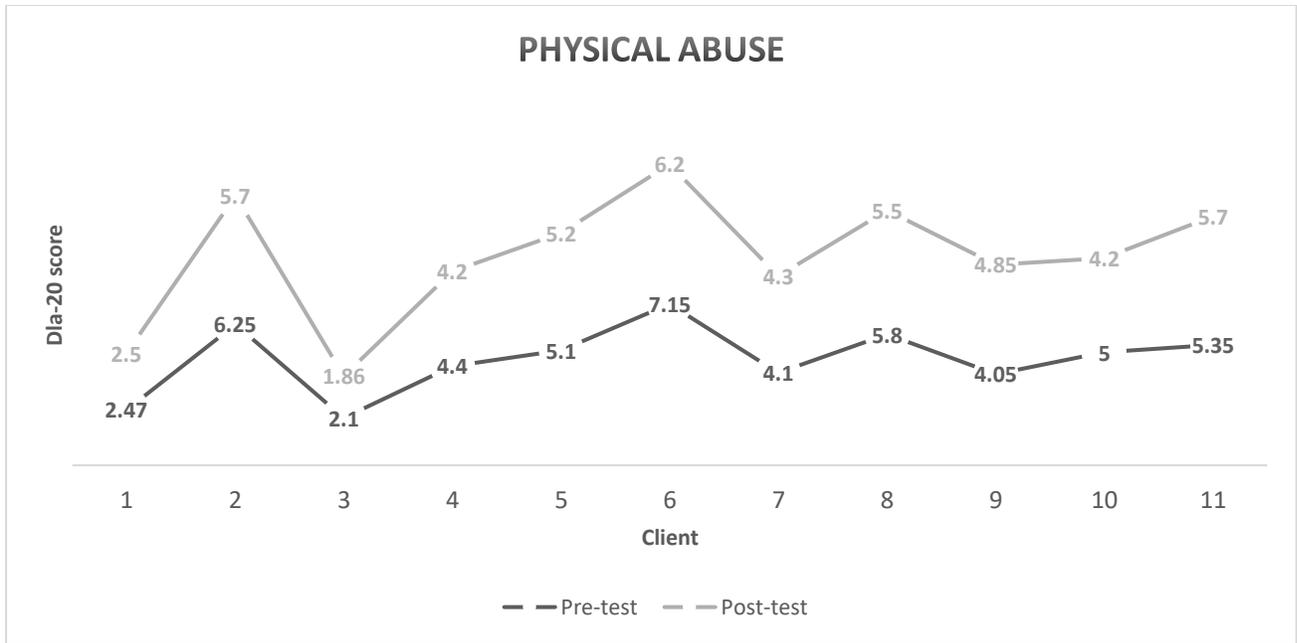


Exhibit 1.3 displays DLA-20 pre and post-test results recorded for children who experienced physical abuse as a form of PPM. The results have no evident trend. Although 6 out of 11 clients who experienced pre-placement physical abuse had diminished test scores, 5 out of 11 had improved test scores. One possible reason these results appear to be very split is due to the lower sample size of participants with pre-placement physical abuse experiences. Regardless, these results have implications regarding the research question because they display data with the lowest trend in test score changes compared to the other forms of PPM in the study. The implications of these results could be that children with a history of physical abuse maltreatment vary in their level of functioning, possibly related to the severity and/or frequency of their experience.

Discussion

The research topic and methods from this proposal were impacted by the work done at the National Youth Advocate Program (NYAP), as a way to identify possible gaps in services

based on data outcomes. Personal values played into the decision to focus on foster youth significantly, as the population of focus was chosen because of personal beliefs that these individuals would benefit from more individualized services and assessments. The structure of NYAP affected the topic chosen for this study because the organization focuses on how to best serve foster youth and prepare them for their life after care. NYAP's structure affected the interpretation of the research results because majority of the youth placed at NYAP have suffered from neglect prior to coming into care, or have sustained polyvictimization which is generally documented just as neglect. The primary results of the study show that, based on the sample, children who experienced PPM in the form of neglect had improved DLA-20 scores; while children who experienced sexual or physical abuse had diminished DLA-20 scores. Based on these results, children who experienced neglect discharge from foster care with better daily living skills/functioning than children who experienced sexual or physical abuse. These findings could also imply that a significant improvement to the DLA-20 assessment would involve creating separate assessments based on subgroups of pre-placement maltreatment.

The results of this study shed light on the existing research about how PPM affects foster youths level of functioning when it comes to daily living activities. In a research study that also divides forms PPM into subgroups, Rebbe et al. (2016) found that neglect is the most common form of PPM experienced; which is consistent with this study, as over 50% of the participants experienced neglect. Steenbakkens et al. (2017) suggested that children with PPM histories involving sexual abuse are at a higher risk for negative foster care experiences, which supports the findings of this research study because the participants who experienced sexual abuse displayed diminished test scores compared to the other participants. On the contrary, in research done by Scannapieco et al. (2016), 76% of his sample received independent living-skills training,

while just 51% of the sample for this research received independent living-skills training. The reason for the lack of independent living-skills training could be related to many different factors. The implications of this study could lead to more specific, less generalized, services and assessments for individuals in the foster care system; meaning services and assessments that are broken down and based on PPM subgroups as Rebbe et al. (2016) suggested in a study. Other implications could lead to policy change, making independent living-skills training a mandatory service for foster youth after a certain age to increase discharge outcomes. Future research could look at a larger sample of discharged foster youth from multiple foster care agencies to compare results. The reason future research should look at results from multiple agencies is to eliminate the chance that results are due to organizational/agency structure(s), service(s), and/or policies.

This study had many strengths that were key components of the findings. For this study there was a significant amount of secondary data available, so the information that was able to be utilized was vast. This strength could have been applied more in this study if certain limitations did not exist; such as time and sample size. If there was more time to conduct the research, the sample size could have increased which may have led to more accurate findings. This study is strong in how diverse the sample participants are because the clients range in age, race, level of care, form of maltreatment experienced, and gender. A limitation in the diversity is the lack of diversity in race, with only African Americans and Caucasians included. Given the multitude of limitations, this sample is not representative of the entire population so definite conclusions cannot be made. Regardless, this study is significant to furthering the body of knowledge that exists about foster youth discharge outcomes. The significance is apparent in the lack of existing research about how assessments and individual-skill trainings should be tailored based on the specific forms of PPM experienced. This is critical to note because the different form(s) of

maltreatment individuals experience are associated with, and effect, individuals level of functioning in daily living activities differently and in order to appropriately and effectively serve this population, these differences need to be accounted for.

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Appendix A

Daily Living Activities (DLA-20): Adult Mental Health

The Daily Living Activities (DLA-20) score assessment is a questionnaire focused on clients daily living activities that are considered important. The questionnaire targets daily living activities and functioning. These activities are important to daily functioning because some symptoms cause problems with youths independent functioning long-term. The DLA-20 helps professionals gain an understanding of where to focus their efforts; there are twenty categories assessed. The categories are: healthcare, housing stability, communication, safety, time management, money management, nutrition, problem solving, family relationships, alcohol/drug use, leisure, community resources, social networks, sexual health and sexuality, productivity, coping skills, behavioral norms, hygiene, grooming, and dress (Presmanes & Scott, n.d.; Presmanes, n.d.).

The instructions for using the DLA-20 include using a scale to rate how often the individual performed each of the twenty Activities of Daily Living (ALDS) independently within the last thirty days (Presmanes & Scott, n.d.; Presmanes, n.d.). For the score, impairments in functioning due to physical barriers are considered in the score but environmental limitations are not taken into consideration (Presmanes & Scott, n.d.; Presmanes, n.d.). A minimum of fifteen out of twenty categories must be answered (Presmanes & Scott, n.d.; Presmanes, n.d.).

Refer to Table A1 for a model of the DLA-20 assessment sheet and score system, and Table A2 for scoring instructions and rules. Note that in Table A1 “WNL” stands for “within normal limits” (Presmanes & Scott, n.d.).

Table A1

Daily Living Activities (DLA-20): Youth Mental Health

1	2	3	4	5 (WNL)	6 (WNL)	7 (WNL)
None of the time; extremely severe impairment of problems in functioning; pervasive level of continuous paid supports needed.	A little of the time; severe impairment or problems in functioning; extensive level of continuous paid supports needed.	Occasionally; serious to moderately severe impairment or problems in functioning; moderate level of continuous paid supports needed.	Some of the time; moderate impairment or problems in functioning; low level of continuous paid supports needed.	A good bit of the time; mild impairment or problems in functioning; moderate level of intermittent paid support needed.	Most of the time; strength w/ very mild impairment or problems in functioning; low level of intermittent paid supports needed.	All of the time; independently managed DLA in community ; no impairment or problem in functioning requiring paid supports.

Activities	Examples of scoring strengths as WNL behaviors (Scores 5-7)	Evaluation
1. Health practices	Takes care of health issues, manages moods, infections; takes medication as prescribed; follows up on medical appointments.	
2. Housing stability, maintenance	Maintains stable housing; organizes possessions, cleans, abides by rules and contributes to maintenance if living with others	
3. Communication	Listens to people, expresses opinions/feelings; makes wishes known effectively.	
4. Safety	Safely moves about community-adequate vision, hearing, makes safe decisions. Safely uses small appliances, ovens/burners, matches, knives, razors, other tools.	
5. Managing time	Follows regular schedule for bedtime, wake-up, meal times, rarely tardy or absent for work, day programs, appointments, scheduled activities.	
6. Managing money	Manages money wisely (independent source of funds); controls spending habits.	
7. Nutrition	Eats at least 2 basically nutritious meals daily.	
8. Problem solving	Resolves basic problems of daily living, asks questions for clarity and setting expectations	
9. Family relationships	Gets along with family, positive relationships as parent, sibling, child, significant other family member.	
10. Alcohol/drug use	Avoids abuse or abstains from alcohol/drugs, cigarettes; understands signs and symptoms of abuse or dependency; avoids misuse or combining alcohol, drugs, medication.	
11. Leisure	Relaxes with a variety of activities; attends/participates in sports or performing arts events; reads newspapers, magazines, books; recreational games with others; involved arts/crafts; goes to movies	
12. Community resources	Uses other community services, self-help groups, telephone, public transportation, religious organizations, shopping.	
13. Social network	Gets along with friends, neighbors, coworkers, other peers.	
14. Sexuality	Appropriate behavior toward others; comfortable with gender, respects privacy and rights of others, practices safe sex or abstains.	
15. Productivity	Independently working, volunteering, homemaking, or learning skills for financial self-support	
16. Coping skills	Knows about nature of disability/illness, probable limitations, and symptoms of relapse; behaviors that cause relapse or make situation/condition worse; makes plans and uses options for coping, improving, preventing relapse, restoring feelings of self-worth, competence, being in control.	
17. Behavior norms	Complies with community norms, probation/parole, court requirements, if applicable; controls dangerous, violent, aggressive, bizarre, or nuisance behaviors; respects rights of others.	
18. Personal hygiene	Cares for personal cleanliness, such as bathing, brushing teeth.	
19. Grooming	Cares for hair, hands, general appearance; shaves.	
20. Dress	Dresses self; wears clean clothes that are appropriate for weather, job, and other activities; clothing is generally neat and intact.	

Table A2

DLA-20© Scoring

DLA-20 ≥ 6.1 = adequate independence; no significant to slight impairment in functioning.

DLA-20: 5.1-6.0 = Mild impairments, minimal interruptions in recovery.

DLA-20: 4.1-5.0 = Moderate impairment in functioning.

DLA-20: 3.1-4.0 = Serious impairments in functioning.

DLA-20: 2.1-3.0 = Severe impairments in functioning

DLA-20: ≤ 2.0 = Extremely severe impairments in functioning.

Appendix B

Discharge Summary

SORC Discharge Summary <i>(Every question must be answered. If there is no information write "N/A ")</i>				
<input type="checkbox"/>	Planned Discharge	<input type="checkbox"/>	Unplanned Termination	<input type="checkbox"/> Transfer to: <input style="width: 50px;" type="text"/>
Client Name:		DOB		SACWIS # <input style="width: 50px;" type="text"/>
Admission Date:		Discharge Date:		
Presenting Problems: <i>(Include presenting problems at admission and any additional problems addressed during treatment.)</i>				
Reason for Discharge/Termination/Transfer:				
<input type="checkbox"/> Successful completion/reunification-adoption <input type="checkbox"/> Successful completion/ reduced LOC <input type="checkbox"/> Disruption/unsuccessful completion		<input type="checkbox"/> Age out/termination <input type="checkbox"/> Age out/transition to another system of care/ funding		
Diagnosis at Admission:		Diagnosis at Discharge:		
Axis I	<input style="width: 50px;" type="text"/>	Axis I	<input style="width: 50px;" type="text"/>	
Axis II	<input style="width: 50px;" type="text"/>	Axis II	<input style="width: 50px;" type="text"/>	
Axis III	<input style="width: 50px;" type="text"/>	Axis III	<input style="width: 50px;" type="text"/>	
Axis IV <small>(Psychosocial/ Environmental Problems)</small>	<input style="width: 50px;" type="text"/>	Axis IV <small>(Psychosocial/ Environmental Problems)</small>	<input style="width: 50px;" type="text"/>	
Axis V <small>(GAF)</small>	<input style="width: 50px;" type="text"/>	Axis V <small>(GAF)</small>	<input style="width: 50px;" type="text"/>	
Indicate goals addressed and progress made as written in ISP:				
Goal 1	Goal 2	Goal 3	Goal 4	Goal 5
<input type="checkbox"/> Met	<input type="checkbox"/> Met	<input type="checkbox"/> Met	<input type="checkbox"/> Met	<input type="checkbox"/> Met
<input type="checkbox"/> Partially Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Partially Met	<input type="checkbox"/> Partially Met
<input type="checkbox"/> Not Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> Not Met	<input type="checkbox"/> Not Met
<input type="checkbox"/> Discontinued	<input type="checkbox"/> Discontinued	<input type="checkbox"/> Discontinued	<input type="checkbox"/> Discontinued	<input type="checkbox"/> Discontinued
Overall progress in treatment:				
<input type="checkbox"/> Much Improved	<input type="checkbox"/> Improved	<input type="checkbox"/> No Change	<input type="checkbox"/> Worse	

Narrative summary of treatment: <i>(Include progress/gains achieved, strengths and abilities, and current status.)</i>				
List types of services provided while in care: <i>(Address all services include medical, dental, optical and all therapeutic services. If not provided state "not provided")</i>				
Current medications at time of discharge: N/A				
Medication	Dosage	Frequency	30 day discharge prescription given?	
█	█	█	<input type="checkbox"/> Yes	<input type="checkbox"/> No
█	█	█	<input type="checkbox"/> Yes	<input type="checkbox"/> No
█	█	█	<input type="checkbox"/> Yes	<input type="checkbox"/> No
█	█	█	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Client's response to treatment and discharge:				
Discharge plan recommendation for ongoing or after care:				
New location of the child :				
Name and title of person to whom child was released?				
Was a copy of the discharge summary given to custodian? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Signature of Person Completing Summary:		█		
Credentials:	█	Date:	█	

Appendix C



NATIONAL YOUTH ADVOCATE PROGRAM
Caring for People - Connecting Communities - Promoting Peace

**FOSTER SERVICES DATA OUTCOME
 OHIO**

Regional Office: _____

Assigned Worker: _____
 Last, First

Name: _____
 Last, First

Gender: Female Male D.O.B. _____

Race: African American Caucasian American Indian Asian
 Native Hawaiian/Pacific Islander Unknown Other: _____

Admission Date: _____ Discharge Date: _____

Referring Agency: _____

Did client receive mental health services in addition to their primary services? Yes No
 by NYAP staff by referral

1. Was client discharged to a lower level of care (defined as family of origin, adoption, independent living or kinship)? Yes No

2. Did client experience two (2) or less moves while in foster care with NYAP? (do not count respites) Yes No

3. Per DLA 20 item 4, did client's safety improve? Yes No
 N/A - client prior to 1/1/18

4. Per DLA 20 item 8, did client's ability to solve problems improve? Yes No
 N/A - client prior to 1/1/18

5. Per DLA 20 item 9, did client's family relationship improve? Yes No
 N/A - client prior to 1/1/18

6. Did client participate in independent living activities as identified on the Ansel Casey or Daniel Memorial? Yes No
 N/A - under age 14

7. Did client establish, maintain or strengthen connections to an adult he/she considers important in his/her life during their stay in foster care? Yes No

8. Did the client's overall scores improve on the DLA-20? Yes No
 N/A - client prior to 1/1/18

Total DLA-20 Scores: Pre Test _____ Post Test _____