

ABSTRACT

FINSTER, HEATHER PAYANT. The Effect of Multiple Removals from Home on the Link between Placement Disruptions and Emotional Disturbance among Children in Foster Care (Under the direction of Dr. Mary E. Haskett.)

Permanency and stability promote well-being of children leaving foster care; however, poor outcomes such as reentry are common, and little is known about children who exit to a permanent placement and the consequences associated with foster care reentry. Using data available through the Adoption and Foster Care Analysis Reporting System, I explored characteristics and removal reasons of children who re-enter foster care and analyzed the moderating effect of multiple removals from home on the link between placement disruptions and emotional disturbance. The sample was 659,105 children served by the foster care system during Fiscal Year 2018. Findings suggest that children who re-entered foster care were more likely to be older and were disproportionately from ethnic minority backgrounds. We identified an interaction effect for placement disruptions and multiple removals on the likelihood of a child in foster care having an emotional disturbance. I discuss implications for targeted permanency and post-permanency services.

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The Effect of Multiple Removals from Home on the Link between Placement Disruptions and
Emotional Disturbance among Children in Foster Care

by
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DEDICATION

This thesis is dedicated to Joseph Michael Finster.

BIOGRAPHY

Heather Finster graduated from Catholic University of America in May 2019 with a Bachelor of Arts in Psychology and minors in Theology and Child and Family Studies. She is pursuing her PhD in School Psychology at North Carolina State University.

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Introduction

Early life environment and experiences are well-studied factors influencing trajectories of long-term physical, mental, social, and emotional functioning. Adverse childhood experiences (ACEs) and early life trauma are associated with numerous adverse outcomes such as shorter lifespan, increased health issues, and increased risk for psychopathology (Felitti et. al, 1998). Early life maltreatment is a significant predictor of emotional dysregulation, internalizing and externalizing behaviors, social maladjustment, and academic difficulties. Furthermore, the developmental cascade of effects persists throughout the lifespan; child maltreatment has been linked to personality disorders (Waxman et. al, 2013), substance abuse (Halpern et. al, 2018), antisocial behavior and delinquency (Braga et. al, 2018), and financial strain in adulthood (Henry et. al, 2018). It is vital to identify children who may be most vulnerable to maltreatment in order to mitigate the effects of early adversity and promote better long-term outcomes.

Children in foster care are particularly likely to have experienced early life maltreatment and trauma. Although there is variability in adjustment of these children, it has been well-documented that children in foster care are more likely to be diagnosed with mental health disorders than children in the general population (McIntyre & Kessler, 1986). Permanent placements that are safe and stable promote well-being of children leaving care; however, placement disruptions and reentry into the welfare system following placements that were intended to be permanent are common (Konijn et. al, 2019). Despite stability and permanency being a goal for every child in foster care, eliminating disruptions remains challenging, especially for children with psychological disorders (U.S. Department of Health and Human Services [DHHS], 2016). What is not known is whether disruptions during foster care stays are particularly risky for children's emotional health if they occur in the context of more than one

removal of the child from their parents or guardians (i.e., from home). There have been very few studies conducted to understand the experiences of children following breakdown of a permanent placement and reentry into foster care, or to explore how the deterioration of a permanent placement affects children's development and well-being differently than other types of placement disruptions. To fill that gap in our knowledge, this project is designed to explore characteristics and experiences of children who re-enter foster care and to examine the effect of multiple removals from home on the link between placement disruptions during children's stays in foster care and emotional disturbance (ED; defined in this study as any psychological diagnosis from the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5)). Using the nationally mandated Adoption and Foster Care Analysis Reporting System (AFCARS), I used the most current data available to analyze the potential moderating effect of multiple removals from home on the link between placement disruptions during stays in foster care and ED. A secondary purpose was to determine whether children who re-enter foster care experience significantly more placement disruptions in their most recent removal episode than children who have experienced only one removal. To provide a foundation for this study, I will first describe the current child welfare system in the United States. I will then explore the research background for my three main variables: placement disruptions, multiple removals from home, and ED, and finally, describe the purpose of the present study.

Child Welfare in the United States

The U.S. Code of Federal Regulations refers to foster care as "24-hour substitute care for children placed away from their parents or guardians and for whom the title IV-E agency has placement and care responsibility. This includes, but is not limited to, placements in foster family homes, foster homes of relatives, group homes, emergency shelters, residential facilities, child

care institutions, and preadoptive homes” (45 C.F.R §1355.20, 2020). Overall, the number of children in foster care has been increasing since 2012, with 687,345 children served in U.S. foster care in 2018 (DHHS, 2019). For children who have experienced maltreatment, out-of-home care may be a necessary intervention to protect them from physical and psychological harm. The child welfare system exists to protect this vulnerable population, with removal from the home recognized as a drastic intervention that should be utilized in only the most necessary situations (Sankaran et. al, 2019). Research supports high quality foster care and kinship care compared to other out-of-home placements such as institutions and orphanages, as high quality foster care has been shown to significantly improve functioning and well-being in both physical and psychological domains in international research (Nelson et. al, 2014). Furthermore, high quality foster care has proven to be vitally important in reducing rates of mental disorders and substance abuse later in life and improving educational and employment outcomes for children, such that every \$1.00 invested in a child in foster care has been linked to a \$1.50 return to society (Pecora, 2010a). However, the discrepancy between demand for quality care and allotted funds for that care remains large, so many children in foster care —particularly those with physical and emotional disabilities— do not get the “high quality” foster care intervention and supplementary services they need. When foster care is safe and stable, it is a vital and effective intervention for at-risk children; however, experiences during involvement of the child welfare system —such as numerous placement disruptions in foster care or multiple removals from home— may mitigate these positive effects. As discussed in the next section, placement stability is vital for children in foster care, as placement instability in its varied forms has been linked to numerous adverse outcomes.

Placement Instability

The developing child requires basic necessities like nutritious food and safe housing, but also requires stability and consistency of care in order to thrive. In the years since the passing of the Adoption and Safe Families Act of 1997 (ASFA), the Department of Health and Human Services has identified an increase in permanence and stability among children in foster care as top priorities for the national child welfare system (DHHS, 2016). In addition to this prioritization in public policy, there has been a growing body of research on placement instability and its adverse effects on children's physical, emotional, and cognitive development. However, there is no common definition of placement instability used by all researchers. Often, it is an umbrella term that includes very different types of placement moves. For instance, Fisher et. al, define placement instability as "changes in household and caregiver that fail to result in a permanent placement, including foster care entry, moves between foster homes, failed reunifications with biological parents, and failed adoptive placements" (2014). However, deterioration of a placement which was intended to be permanent (and the corresponding disruption of this attachment with the primary caregiver(s)) and a temporary move in foster care are unique experiences and must be treated differently in psychological research (Pecora, 2010b). In this study, I distinguish between two unique categories of placement instability: placement moves while in foster care (hereafter, placement settings or disruptions) and removals from placements intended to be permanent (hereafter, removals from home or foster care reentry). The term placement disruptions refers to temporary changes in care such as moves between foster homes, group homes, kinship care, and other placements that are not legally intended to be permanent. Removals from home refer to removals from a placement that was intended to be

permanent, and may include failed reunification with birth families, failed adoptions, or breakdown of guardianship placements with subsequent reentry into foster care.

Placement Disruptions

In addition to the initial removal from home, which can be inherently traumatic, children in foster care may also be moved between placements multiple times during each removal episode. Despite efforts by political entities and the global scientific community to reduce unnecessary moves, the frequency of placement disruptions experienced by children in foster care continues to be a major problem across agencies, states, and countries throughout the western world (Konijn et. al, 2019). Children in foster care may be moved between care locations (such as kinship care, foster homes, group homes) for a variety of reasons, including inability of caregivers to manage child behavior problems, competing needs of other children in the home, and caregivers' needs for respite from the stress of caring for children. While reasoning for placement disruptions may certainly be valid, the adverse implications of moving children to multiple settings during foster care should be well understood when those in positions of authority are making decisions regarding placement disruption.

Three or more placements within one removal episode is the long-established standard definition of placement instability in psychological research and U.S. national policy (DHHS, 2016; Hartnett et. al, 1999). In the U.S., approximately 60% of children who remain in foster care for 24 months or longer experience three or more placements (DHHS, 2016). Unfortunately, placement disruptions during foster care are associated with numerous adverse outcomes. For instance, children may show decreased attachment security as they are moved between homes and introduced to numerous new caregivers, which in turn adversely affects psychological well-being (Rubin et. al, 2007). Placement disruptions involve moves that disrupt relationships with

caregivers, and also may involve a change in schools and/or neighborhoods that affect domains of social and academic functioning. For instance, placement disruptions compounded with school moves are detrimental to academic achievement across subjects, and bringing children back up to grade level is likely a long-term challenge for those who experience multiple disruptions (Clemens et. al, 2018). Unfortunately, the effects of placement disruptions in foster care may have long term impacts, such as increased risk of juvenile delinquency (Ryan & Testa, 2005), especially for youths aging out of foster care (Shpiegel & Ocasio 2015).

Children who are at a greater risk for experiencing increased placement disruptions during foster care tend to be older, placed in non-kinship settings, spend longer periods of time in foster care, and have higher levels of emotional and behavioral problems (Konijn, et. al, 2019). The link between disruptions and child behavior problems has been well established in the literature and deserves special attention. Clinical levels of emotional and behavior problems are particularly consistent factors that challenge permanency and stability. Children with a clinical-level score on the Child Behavior Checklist are 2.5 times more likely than their nonclinical peers to experience four or more placements within their first 36 months in out-of-home care (Barth et. al, 2007). Serious behavior problems can pose a risk to others in the child's placement setting, and this is a primary concern for foster parents when dealing with difficult placements. Foster parent stress caused by a child's problematic behavior and risk to others can contribute to negative parenting experiences, which in turn predict placement disruption (Leathers et. al, 2019). The interwoven association between behavior problems, psychological disorders, and placement disruptions is vital to understand due to the cascade of effects for children in foster care, foster parents and their families, and broader society.

The interplay of psychological disorders and placement disruptions affect children's abilities to find safe, permanent homes, which is necessary to protect them from ongoing maltreatment. In order to demonstrate how the link between placement disruptions and ED will be different for children in the context of multiple removals from their home, next I will discuss the potential impact of reentry to foster care on children's adjustment.

Multiple Removals from Home

The Department of Health and Human Services has identified permanency as a primary goal for every child who enters foster care (DHHS, 2016). Permanency implies not only stability in a child's living situation but also the intended long-term stability of family connections and relationships (Bell & Romano, 2017). Ideally, involvement by the child welfare system would lead to adequate help and services for children and their caregivers to ensure children's safety and wellbeing. However, in one study it was found that parenting quality among maltreating mothers deteriorated after involvement by the child welfare system (Haskett et. al, 2013). Unfortunately, over 75% of children who have been temporarily removed from their homes due to abuse or neglect and subsequently return home experience a second substantiated maltreatment incident (Solomon & Asburg, 2012). Some estimates indicate that up to one third of children who are reunified with their parents re-enter the foster care system (LaBrenz et. al, 2020), and in the United States, reentry into foster care most often occurs in conjunction with children's additional experiences of abuse or neglect (Kimberlin et. al, 2009). Given the before-mentioned effects of maltreatment on long-term outcomes for children, it is imperative that this cycle of maltreatment be broken as early as possible for vulnerable children.

Psychological Disorders among Children in Foster Care

For children in foster care, achieving optimal mental health can be exceptionally challenging due to a complex interaction of experiences both before and during foster care. Those who enter the welfare system have often experienced maltreatment, poverty, and abandonment that may increase their likelihood of developing psychological disorders (McGuire et. al, 2018). Children enter foster care for many reasons, with the most common cited as substantiated neglect (62%), parental drug abuse (36%), and caretaker inability to cope (14%) (DHHS, 2018). Other reasons cited include inadequate housing, physical abuse, sexual abuse, and abandonment. Children in foster care often have extremely high rates of complex trauma exposure, which is linked to significantly higher rates of internalizing problems and posttraumatic stress (Greeson et. al, 2011). Children's experiences while in foster care may further contribute to risk for disorders. Regardless of baseline temperament and behavior problems, children who experience a high number of placement disruptions are likely to exhibit subsequent behavior problems (Rubin et. al, 2007). Even controlling for type, severity, or frequency of maltreatment experiences, placement stability during foster care is a critical predictor of mental health (McGuire et. al, 2018).

Emotional and behavioral difficulties during childhood may have long-term adverse implications. For instance, rates of depression and anxiety are high among adolescents in foster care, and both diagnoses in this population are associated with behaviors such as substance abuse and risky sexual activity (Stevens et. al, 2011). For children with ED, ongoing treatment is often necessary for successful recovery and positive long-term outcomes. However, children who have experienced maltreatment may be less responsive to psychological intervention, making emotional and behavioral disorders in adolescence and adulthood more severe and expensive to

treat (Nanni et. al, 2012). Thus, it is critical to understand how placement disruptions and multiple removals from home influence the prevalence of emotional disturbance among children involved with the welfare system due to the potential impacts for children, families, and society.

Purpose of the Present Study

Children in foster care are a vulnerable population and are susceptible to ongoing, long-term mental health problems, especially when they have experienced early life trauma (Assink et. al, 2018; Halpern et. al, 2018; McGuire, et. al, 2018). The foster care system cannot control the severity, duration, and frequency of maltreatment that children experience before entering the welfare system; however, factors that can be controlled, such as continuity of placement and support for placement permanency, should be prioritized. Researchers can support this endeavor by prioritizing the study of these topics and how they relate to psychological outcomes in order to understand how to best serve the hundreds of thousands of children in the U.S. foster care system.

Given the importance of placement stability for overall well-being, understanding the effect of multiple removals from a permanent home on outcomes for children is critical. The purpose of my research is to better understand the characteristics of children who experience multiple removals from home and why they re-enter foster care. I will also examine the effect of multiple removals from home on the link between placement disruptions and diagnosis of emotional disturbance (ED). The present study is novel in its focus on experiences of children who re-enter foster care following an exit to a placement that was intended to be their permanent home. This study is designed to explore failed permanency as unique from temporary placement disruptions. It is anticipated that findings will shed light on the well-established link between

behavior problems and placement instability among children in foster care (Konijn, et. al, 2019). Findings could help inform future policies and practices related to our foster care system.

Research Questions and Hypotheses.

1. Do children who experience multiple removals from home differ in age, gender, race, and reasons(s) for removal compared to children who have only been removed from home once?

Research regarding risk factors for foster care reentry informed hypotheses for this question (Davidson et. al, 2019). It was hypothesized that children who have experienced multiple removals from home will be significantly older than those who have only been removed once, and that a larger proportion of the multiple removals group will be Black/African American. Parental substance abuse was hypothesized to be the most common reason for reentry. Based on a lack of conclusive research, no hypothesis could be made based on gender.

2. Do children who re-enter foster care experience significantly more placement disruptions in their most recent removal episode than children who have experienced only one removal?

Frequent placement disruptions during a first foster care stay may predict reentry into foster care following exit (Hayward & DePanfilis, 2007); however, the relation between reentry and subsequent placement disruptions while in foster care is less understood. Due to the greater likelihood of further trauma, behavioral problems, and psychological disorders among children who re-enter foster care, is hypothesized that these children will experience significantly more placement disruptions in their most recent removal episode than children who have experienced only one removal.

3. Does the number of removals from home moderate the relation between placement disruptions and ED?

Given that children with ED are likely to experience more placement disruptions in foster care than their counterparts without ED (Rubin et. al, 2007) (McGuire et. al, 2018), it is hypothesized that multiple removals from home will moderate the relation between placement disruptions and ED, such that the link between number of disruptions and ED will be stronger for children who experienced two or more removals from home. In other words, facing more than one removal from home will essentially exacerbate the negative effect of multiple disruptions while in the foster care system on children's mental health.

Method

Data were drawn from the Fiscal Year 2018 Adoption and Foster Care Analysis and Reporting System (AFCARS), a dataset compiled annually by the Children's Bureau, with funding by the Children's Bureau, Administration on Children, Youth and Families, Administration for Children and Families, and the U.S. Department of Health and Human Services. The National Data Archive on Child Abuse and Neglect (NDACAN) manages and distributes the dataset for research and program evaluation purposes.

Participants

Each child who is removed from their home and placed in the legal responsibility of the state child welfare system, under the purview of The Children's Bureau, is accounted for in AFCARS. This sample consists of children in United States foster care during Fiscal Year 2018. This sample included 659,105 children with a mean age of 7.86. 51.5% were male and 48.5% were female. Regarding race/ethnicity, 45.5% of the children were White, 21.6% were Black/African American, 20.7% were Hispanic (any race), 2.3% were American Indian or

Alaskan Native, 0.5% were Asian, 0.2% were Native Hawaiian or other Pacific Islander, 7.3% were Multi-racial, and 1.8% were unknown race/ethnicity.

Procedure

Every year, agencies from all 50 states, the District of Columbia, and Puerto Rico are required to submit data files to NDACAN that include information on each child's demographic characteristics, number of previous stays in foster care, service goals, availability for adoption, dates of removal and discharge, funding sources, and data on parents and other caretakers. State agencies may be subject to financial retributions for failure to report, and rigorous data checks are employed at the close of every reporting period. Data are collected electronically by the Children's Bureau twice per fiscal year: at the close of the "A" reporting period (October 1 through March 31) and "B" reporting period (April 1 through September 30). The data used in the current study were collected at these two timepoints between October 1, 2017 and September 20, 2018 and were combined into a single annual database covering the federal fiscal year 2018.

NDACAN takes steps to ensure that all entries meet rigorous data quality standards: the information must be complete, submitted on time, and internally consistent. Statutory penalties are implemented if a local Title IV-E agency fails to meet any of the required standards. Multiple internal data consistency checks are employed to evaluate the internal consistency of all semi-annual data submissions. A formal request and data use agreement were submitted and approved by NDACAN, and this study was approved by the authors' Institutional Review Board.

Measures

Placement Settings. Placement disruptions refer to the total number of placement settings during a child's most recent stay in foster care. This variable differs from the removal variable (described below) because placement settings only account for temporary placements during the

welfare system's direct, legal management of the child's time in out-of-home care. This continuous variable is defined as "the number of places the child has lived during the current removal episode" (NDACAN, 2019). This number does not include "trial home visits", which are typically only a few days in length and are meant to be short-term.

Removals from Home. According to NDACAN, the number of removals variable is defined as "the number of times the child was removed from home, including the current removal" (NDACAN, 2019). This variable was dichotomized in our analyses to account for the distinction between (a) a first removal from home and (b) an initial removal from home into the foster care system, followed by formal exit from foster care, subsequent breakdown(s) of any permanent placement, and reentry into foster care. Children who experienced only one removal from home or were in their first stay in foster care at the end of the fiscal year were in the "One Removal" group. Children who experienced two or more removals from home—in other words, re-entered into foster care—were in the "Multiple Removals" group. The terms "multiple removals from home" and "reentry group" are used interchangeably to describe the experience of these children. For children who have experienced multiple removals, these subsequent removals could have occurred as a result of "failed" reunification with the birth family, "failed" adoption, or breakdown of a permanent guardianship placement.

Emotionally disturbed. The emotionally disturbed (ED) variable is defined as "A condition exhibiting one or more of the following characteristics over a long period of time and to a marked degree: An inability to build or maintain satisfactory interpersonal relationships; inappropriate types of behavior or feelings under normal circumstances; a general pervasive mood of unhappiness or depression; or a tendency to develop physical symptoms or fears associated with personal problems" (NDACAN, 2019). The term ED is an umbrella term to

describe psychological diagnoses based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5). This variable is based on the availability of documentation within a child's case file of an official psychological evaluation and diagnosis from a qualified clinician. It is coded as either: yes, the child has an identified emotional disturbance, or no, the child does not have an emotional disturbance.

All variables, including demographic characteristics, reasons for removal, number of removals, placement settings, and ED variables are described in detail in the AFCARS codebook (NDACAN, 2019).

Results

All statistical analyses were conducted using SPSS v. 25. Variables were first screened to check for missing cases and outliers. Skewness and kurtosis values revealed a highly non-normal distribution for the placement settings variable. Mahalanobis Distances identified participants with 15 or more placement settings in the current foster care episode as outliers. Given that these cases represented only 1.4% of the sample, they were excluded from analyses. Doing so resulted in skewness and kurtosis values within an acceptable range. The remaining sample ($n = 659,105$) had no missing data on any of the three primary analytic variables (i.e., placement settings, number of removals, and ED).

Descriptive Statistics

The first objective of this study was to explore the descriptive characteristics of children who re-enter foster care. Table 1 presents demographic information for children who experienced two or more removals from their home ($n = 123,951$) and children who have experienced only one removal ($n = 535,147$). To determine whether observed demographic differences between the two removal groups (i.e., one removal versus multiple removals) were

statistically significant, Chi-square difference tests were conducted on all categorical variables. There was no statistically significant difference between the groups in terms of gender distribution; however, statistically significant differences emerged for race/ethnicity ($\chi^2 (6) = 727.39, p < .001$). An examination of the standardized residuals for each cell revealed that children identified as White, Asian, or Hawaiian/Pacific Islander were more likely to have experienced only one removal, whereas children identified as Black/African American, American Indian, or Multiracial were more likely to have experienced multiple removals. Hispanic children were equally represented across the removal groups. Finally, in terms of the reason for removal, children who had experienced two or more removals were significantly more likely to have been removed from their home for the following reasons ($\chi^2 (14) = 12,165.13, p < .001$): child behavior problems, abandonment, parent inability to cope, parent death, and parent alcohol abuse.

Independent samples *t*-tests were also conducted to determine whether children who have reentered foster care vary significantly in age or experience significantly more placement disruptions in their most recent removal episode than children who have experienced only one removal. For these analyses, the independent variable was the dichotomized removals variable (0 = one removal, 1 = multiple removals) and the dependent variables were placement settings and age, respectively. Results indicated that children in the multiple removals group were significantly older than children in the one removal group ($t (195,889.22) = -235.40, p < .001$). Similarly, results revealed that children who had been removed from home only once experienced fewer placement settings in their current removal episode ($t (162,907.994) = -64.34, p < .000$).

Moderation Analyses

To test whether the association between placement settings during most recent foster care stay and ED is moderated by the number of removals a child experiences from home, a hierarchical, binomial logistic regression analysis was employed. Identification of ED (0 = not classified ED, 1 = classified ED) served as the dichotomous outcome variable. Given the observed statistical differences between removal groups on race/ethnicity and age, these variables were entered into Step 1 of the model to control for their effects. Age was grand mean centered and race/ethnicity was dummy coded to create separate variables for each race/ethnicity category. The majority of the sample identified as White; therefore, this category served as the reference category and accordingly was excluded from all models. Child gender (male = 0, female = 1) was also included in this step, as more males in our sample had ED than females. In Step 2, the number of placement settings during foster care stay was entered as a continuous predictor, and the number of removals (i.e., 0 = one removal, 1 = two or more removals) was included as a dichotomous predictor. Finally, in Step 3, the interaction between placement settings and removals was entered to determine whether there was a moderation effect. Results from the final model are reported in Table 2.

Number of placement settings and removal group were both independently associated with having an ED classification. Using the odds ratios to determine the probability of being classified as ED, the results in Table 2 suggest that for each additional placement setting that children experienced, their probability of being classified as ED increased by an estimated 54.5% when holding all other variables in the model constant. Similarly, the odds of being classified as ED were about 76% higher for children in the two or more removals group than for children in the one removal group. Finally, the interaction between placement settings and removal group

was statistically significant, indicating a moderation effect. This interaction is presented in Figure 1. Children who experienced one removal and multiple placement settings were, on average, about three times more likely to be classified as ED than children who experienced one removal and one placement setting. However, this difference was attenuated for children in the multiple removals group. Specifically, children who experienced two or more removals and multiple placement settings were only about 1.17 times more likely to be classified as ED than children who experienced two or more removals and one placement setting.

Discussion

Children in foster care are a vulnerable population and are susceptible to ongoing, long-term mental health problems, especially when they have experienced placement instability (McGuire et. al, 2018). Progress has been made by the national welfare system toward identifying these as priorities, but much work remains so that every child receives the highest quality, stable stay in foster care and ultimately, placement in a safe, permanent home (Pecora, 2010b). Although the U.S. DHHS has identified stability and permanency of care as vital to the promotion of optimal outcomes for children in foster care (2016), this study indicates that reentry remains a significant problem, with over 123,000 children served in U.S. foster care in 2018 being the victims of multiple removals from home. Given the importance of placement stability for overall well-being, understanding the effect of multiple removals from a permanent home is critical. The present study was novel in its focus on the characteristics and experiences of children who re-enter foster care, particularly related to their demographics, reasons for removal, placement disruptions in foster care, and mental health.

Results from our study demonstrated that children who re-enter foster care tend to be significantly older than those who enter for the first time, and that gender representation is

relatively even between male and female. In terms of race, we found that the foster care system is especially failing the goal of permanency for children of color. Specifically, we found a disproportionate percentage of Black/African American, American Indian, and Multiracial children in the reentry group. This finding indicates that the foster care system is less successful at achieving permanency for children of color when they exit care compared to success for white children. Disparities in the child welfare system have been acknowledged for some time (Child Welfare Information Gateway, 2016), and our findings provide further evidence of racial disparities. We must move beyond recognition of the disparities to actions that will reduce racial disproportionality and disparities in outcomes for children who have been in foster care.

Our study also explored why children reenter foster care, with the most common reasons being neglect, parental drug abuse, caretaker inability to cope, and child behavior problems. Though neglect and parental drug abuse made up the largest proportion of reasons for reentering care, which is consistent with prior research (LaBrenz et. al, 2020), their respective percentages as removal reasons were lower in the reentry group than they were as a reason for a first removal. However, caretaker inability to cope and child behavior problems as removal reasons increased in proportion for the reentry group and should be identified as important targets for post-permanency services and interventions. Collectively, these findings help to identify the most common reasons why children re-enter foster care, which could be helpful in the development of effective post-permanency services.

Our study was also novel in its identification of poor outcomes in terms of rates of placement disruptions and emotional disturbance for children who re-enter foster care. Our study extended prior research by showing that children who re-enter foster care experience significantly more placement disruptions in subsequent removal episodes than do children in

foster care who were removed only once. Our study also demonstrated that the proportion of children in the reentry group with an identified emotional disturbance was double that of children who had experienced only one removal. Given the long-term implications of placement instability and mental health challenges, these findings emphasize the urgency of reducing reentry into foster care and finding effective permanency and post-permanency services for children and families.

We also probed how multiple removals affected the link between placement disruptions in foster care and diagnosis of an emotional disturbance. We found that gender, race/ethnicity, and age each independently predicted ED classification. Further, placement disruptions and multiple removals proved to be risk factors for ED on their own, with the interaction effect emphasizing the importance of utilizing number of removals to predict ED classification. Children with one removal differed significantly on their likelihood for ED classification based on the number of placement settings they experienced. However, children with two or more removals were more likely to have ED than those with only one removal regardless of the number of placement settings they experienced in their most recent foster care stay.

Research, Clinical, and Policy Implications

Multiple removals emerged as a critical risk factor for ED, indicating the predictive value of evaluating reentry independently from, or in addition to, placement settings. These findings indicate the importance of distinguishing between temporary and permanent placement moves in psychological research without lumping them into a uniform category of “placement instability.” This consideration is particularly important when attempting to predict mental health outcomes. This study emphasized the more detrimental effect of multiple removals from home than

temporary placement disruptions on the likelihood of children in foster care being diagnosed with ED.

Findings from this study also emphasize the urgency of reducing reentry into foster care, as reentry is a poor post-permanency outcome that is associated with numerous adverse effects for children. Though AFCARS does not provide information on services provided to families, the present study can be a helpful tool to inform which children might be most at risk of poor outcomes and what reasons for reentry are most common and should be addressed in service development. Most notably, child mental health and behavior problems emerge as a necessary focus for targeted permanency, and especially, post-permanency services. Indeed, there is evidence that increased child behavior problems after reunification predict reentry into foster care, even when intervention has been provided to support the reunification process (DeGarmo et. al, 2013). In addition to a focus on services for the child, reasons for removal such as neglect, parental drug abuse, and caretaker inability to cope indicate that parents and caregivers should also be recipients and active participants in targeted permanency and post-permanency services. To improve parenting skills and address children's behavioral health problems, interventions have been delivered to biological parents while their children are in foster care (Akin et. al, 2018) or immediately after reunification (Oxford et. al, 2016), but our findings and prior studies showing devastating effects of reentry into foster care indicate that interventions should continue well beyond the reunification phase. Future research should focus on the effects of mental health and behavioral services for children and ongoing parenting interventions for families even after they have achieved permanency. Ideally, successful interventions will employ a multi-systems care model that involves family, social services, mental health, and schools. Furthermore, we

recommend that a future direction for federal policy could be a universal mandate for standardized mental health screening and evaluations for every child who enters foster care.

Limitations and Future Directions

We analyzed data from every child in U.S. foster care in 2018 using a dataset that is carefully collected and rigorously checked for validity by NDACAN and is heavily cited by both researchers and policymakers. However, some limitations to the current study should be noted. As a large administrative dataset that is contributed to by hundreds of caseworkers across the country, there may be some variability in understanding of variables across sites. A very small number of participants had very large values for certain variables such as placement disruptions, which is why the method of detecting outliers through Mahalanobis Distances was utilized to identify and remove these cases. The ED variable was limited because it combines psychological diagnoses into one category; thus, it was not possible to determine the impact of placement disruptions on specific disorders. In addition, caseworkers have access only to information available in each child's file at the time data are reported and there is no systematic method of evaluating every child for psychological disorders. Thus, the total number of children with ED was likely underestimated.

Future studies could extend the current findings by examining the association between placement disruptions and multiple disruptions on internalizing vs. externalizing disorders. In addition, future studies could distinguish between types of permanency outcomes (i.e. reunification, guardianship, and adoption) in terms of how reentry from these permanent placements affect outcomes for children differently. Finally, targeted permanency and post-permanency services that are effective, efficient, and sustained should be studied in relation to

their specific success for children of various racial and ethnic groups, risk of specific removal factors, history of placement disruption and foster care reentry, and mental health needs.

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Tables

Table 1

Characteristics of Children in 1 Removal vs. 2 or More Removals Groups

	<i>N</i> (%)	<i>N</i> (%)	<i>N</i> (%)
	1 Removal <i>N</i> = 535147	2 or More Removals <i>N</i> = 123958	Total <i>N</i> = 659105
Child Gender			
Male	275336 (51.5)	64097 (51.7)	339433 (51.5)
Female	259733 (48.5)	59854 (48.3)	319587 (48.5)
Race/Ethnicity			
Non-Hispanic Caucasian	246146 (46.0)	53845 (43.4)	299991 (45.5)
Black/African American	113691 (21.2)	28500 (23.0)	142191 (21.6)
Hispanic	110371 (20.6)	25885 (20.9)	136256 (20.7)
American Indian	11552 (2.2)	3618 (2.9)	15170 (2.3)
Asian	2946 (.6)	455 (.4)	3401 (.5)
Native Hawaiian	1361 (.3)	254 (.2)	1615 (.2)
Two or more races	38370 (7.2)	10056 (8.1)	48426 (7.3)
Removal Reason			
Physical Abuse	69531 (13.0)	14383 (11.7)	83914 (12.8)
Neglect	355095 (66.5)	72441 (59.1)	427536 (65.1)
Sexual Abuse	21321 (4.0)	4580 (3.7)	25901 (3.9)
Parental Drug Abuse	206230 (38.6)	33826 (27.6)	240056 (36.6)
Parental Alcohol Abuse	29495 (5.5)	7002 (5.7)	36497 (5.6)
Parent Death	4702 (.9)	1316 (1.1)	6018 (.9)
Parent Incarceration	41748 (7.8)	8266 (6.7)	50014 (7.6)
Child Drug Abuse	12242 (2.3)	2605 (2.1)	14847 (2.3)
Child Alcohol Abuse	1862 (.3)	629 (.5)	2491 (.4)
Child Behavior Problems	34130 (6.4)	17985 (14.7)	52115 (7.9)
Caretaker Inability to Cope	75591 (14.2)	21815 (17.8)	97406 (14.8)
Inadequate Housing	64209 (12.0)	10832 (8.7)	75041 (11.4)
Child Disability	9466 (1.8)	2969 (2.4)	12435 (1.9)
Abandonment	25116 (4.7)	7002 (5.7)	32118 (4.9)
Relinquishment	4818 (.9)	2381 (1.9)	7199 (1.1)
Age	<i>M</i> = 7.13, <i>SD</i> = 5.54	<i>M</i> = 11.02, <i>SD</i> = 5.16	<i>M</i> = 7.86, <i>SD</i> = 5.68
Placement Settings	<i>M</i> = 2.40, <i>SD</i> = 2.03	<i>M</i> = 2.89, <i>SD</i> = 2.52	<i>M</i> = 2.49, <i>SD</i> = 2.14

Note: The removal reason categories are not mutually exclusive.

Table 2

Logistic Regression Predicting Likelihood of Emotional Disturbance based on Age, Gender, Race/Ethnicity, Placement Settings, and Number of Removals

	<i>B</i>	S.E.	<i>df</i>	<i>p</i>	Odds ratio	95% CI	
						Lower	Upper
Gender	-.288	.008	1	.000	.750	.74	.76
Black/African American	.145	.010	1	.000	1.156	1.13	1.18
American Indian	-.443	.031	1	.000	.642	.60	.68
Asian	-.407	.061	1	.000	.666	.59	.75
Hawaiian	-.972	.114	1	.000	.378	.30	.47
Two or more races	.051	.016	1	.001	1.052	1.02	1.09
Hispanic	-.249	.011	1	.000	.779	.76	.80
Age	.140	.001	1	.000	1.150	1.15	1.15
Removals Group	.565	.014	1	.000	1.760	1.71	1.81
Placement Settings	.181	.002	1	.000	1.199	1.20	1.20
Placement Settings by Removals Group	-.064	.003	1	.000	.938	.93	.94
Constant	-2.694	.009	1	.000	.068		

Note: Gender is for males compared to females. Race is compared to Non-Hispanic White. Age is mean centered.

Figures

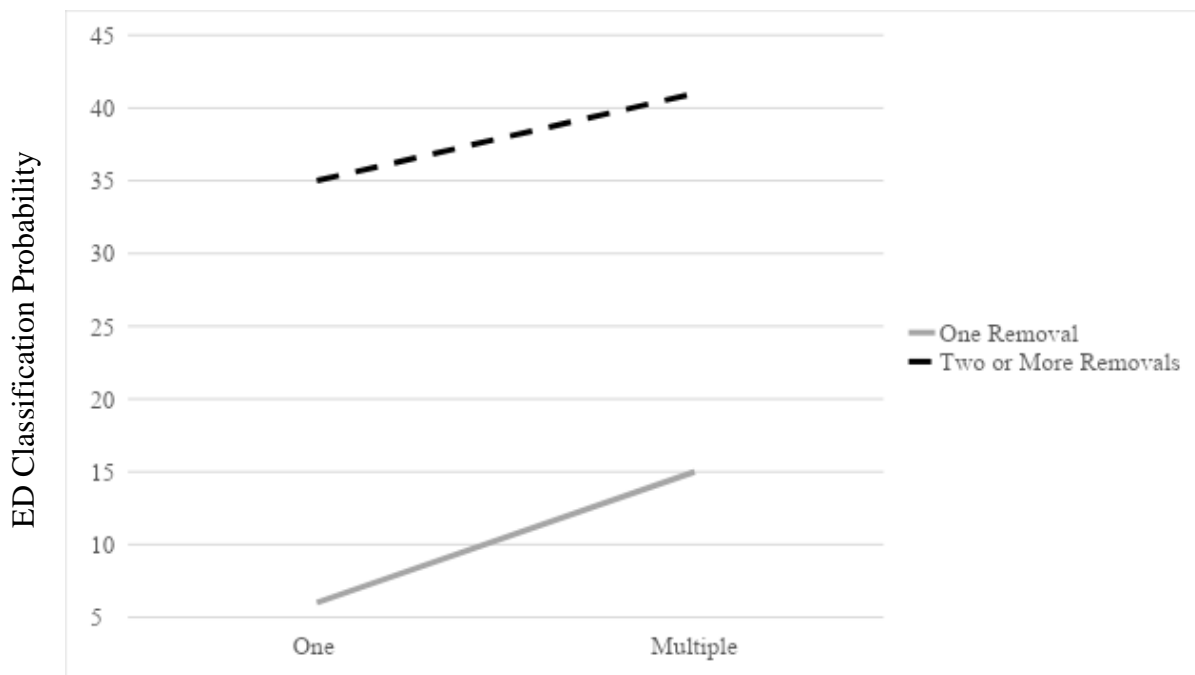


Figure 1. The moderating effect of removal group in the association between placement settings and probability of being classified as ED. The values presented reflect the probability of being classified as ED for children who experienced one placement setting (1 SD below the mean) or multiple placement settings (1 SD above the mean) and were at the mean on all other variables (Aiken & West, 1991).