Treatment Foster Care-OR
Overview and Supporting Research
OSLC Method
Treatment Foster Care-O
(formerly MTFC)

- **Objective**
  - Change the trajectory of negative behavior by improving social adjustment across settings

- **How is this achieved?**
  - Simultaneous & well-coordinated treatments in multiple settings
    - Home
    - School
    - Community
    - Peer group

Adapted from Bronfenbrenner, 1979
TFC-O is Based on Social Learning Theory

- Individuals learn to behave in social contexts
- Interactions between children and adults shape behavior.
- Adult reinforcement can be powerful in changing child/adolescent emotion and behavior problems.
- Hundreds of studies throughout the US and Europe confirm social learning theory.
TFC-O

Intervention Model

- Youth are placed individually in foster homes
- Treatment in a family setting focusing on the youth and the family
- Intensive support and treatment in a setting that closely mirrors normative life
- Intensive parent management training
- Youth attend public schools
Critical Components of TFC-O: Known Risk and Protective Factors

• Provision of close supervision
• Provision of consistent limits and consequences for rule violations and antisocial behavior (non-harsh discipline)
• Minimization of influence of delinquent peers
• Daily adult mentoring
• Encouragement/reinforcement for normative appropriate behavior and attitudes
• Youth’s parents increase skills at supervision, limit setting, reinforcement
**Intervention Components**

- **Foster parent**
  - Enhanced foster parenting skills

- **Biological parent**
  - Support and training for aftercare family

- **Child/adolescent**
  - Strength-building
  - Social skills coaching
  - Academic support

- **Service system**
  - Coordinated services across home & school

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**Resilience mechanisms**

**Supportive interpersonal relations**
- Secure attachment & positive reinforcement from foster parents
- Normative peer group
- Mentoring adults
- Parent social support
- Stable home context

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**Adaptive neurobiological functioning (child)**
- HPA axis
- Prefrontal cortex

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**Resilience outcomes**

- **Child/adolescent**
  - Social competence
  - Positive mental health
  - Positive behavioral adjustment

- **Caregiver**
  - Reduced stress
  - Increased stability
  - Increased attachment

- **Societal**
  - School success
  - Positive peer relation
Foster Parents: The Key to Success

- Interest in treatment aspect of role
- Preference for team work
- Tends toward reinforcement, encouragement rather than discipline
- Ability to provide mentoring and supervision
- Willingness to learn and follow structure of program
- Collaborative
- Flexible
Staff Role Descriptions

- Treatment Foster Parents
- Program Supervisor (1.0 FTE)
- Family Therapist (.50 FTE)
- Youth Therapist (.50 FTE)
- Skills Trainers (hourly)
- PDR Caller/Foster Parent Recruiter (0.75 FTE)
- Consulting Psychiatrist (hourly)
- Agency Program Director/Program Champion
The Point and Level system is a daily behavior management program. It provides a concrete way for parents to:

- teach appropriate skills
- reinforce desired behaviors or attitudes
- provide negative consequences for problem behavior

Goal is 4-1 Positive Reinforcement

Developed by PS and implemented by FP
Which program components drive the positive results?

- Effects mediated by:
  - Supervision
  - Relationship with a mentoring adult
  - Consistent non-harsh discipline

- Less association with delinquent peers
- Homework completion

Who has participated in the studies?

8 randomized trials
- Children and adolescents from CWS leaving a state psychiatric hospital
- Boys from juvenile justice for chronic delinquency
- Girls from juvenile justice with severe mental health problems and abuse histories (2)
- Child welfare “challenging” children
- Child welfare children receiving a next placement
- 6th grade girls in foster care
- Young children in foster care
Days in Psychiatric Hospitals or Incarcerated (locked settings)

2 year follow-up

Chamberlain, Leve, & DeGarmo Journal of Consulting and Clinical Psychology, 07
Boys’ Outcomes in Follow-Up Compared to Group Care

• Safety
  • ½ the number of arrests (and significantly lower violence rates)
  • 2/3 fewer days incarcerated
  • Significantly less hard drug use

• Permanency
  • Significantly more time living with family
  • Fewer runaways
  • Less time with antisocial friends on the street

• Well-being
  • Higher rates of school attendance and homework completion
  • Higher ratings of life satisfaction
The problems in girls’ families of origin are more dysfunctional and their treatment needs are more complex than boys (Henggeler et al., 1987).

- Biological parent criminality predicts girl’s age of first arrest (Leve & Chamberlain, 2004).
- Girls are more likely than males to have been a victim of child abuse and to have been placed out of their family homes (Leve & Chamberlain, 2005).
- Family conflict has been found to predict a larger portion of female than male offenses (OJJDP Girls Study Group, 2008).
- Girls who were subjected to multiple changes in caregivers are first arrested at an earlier age.
The Oregon Juvenile Justice Girls Studies

National Institute of Mental Health (R01 MH046690, 1996-2001);
National Institute on Drug Abuse (R01 DA015208, 2002-2006);
National Institute on Drug Abuse (R01 DA024672, 2009-present);
National Institute of Mental Health (R03 MH091611, 2010-present);
Oregon Youth Authority, 1996-2006

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Girl Specific Adaptations

- Providing reinforcement and sanctions for coping with and avoiding social/relational aggression
- Developing and practicing strategies for emotion regulation such as early recognition of their feelings of distress and problem solving coping mechanisms
- Developing peer relationship building skills, such as initiating conversations and modulating their level of self disclosure to fit the situation
- Teaching strategies to avoid and deal with sexually risky and coercive situations
- Increasing understanding of personal risks for drug use and providing interventions with urinalysis
Motivational Interviewing Strategies

Goal Setting
- The individual therapist helped the girl identify steps toward her personal goals.
- The skills coach worked to set up opportunities for making progress on those goals.

Urinalysis
- Girls were given random urinalysis tests
- UAs were given if there was a suspicion of use (e.g., missed classes at school, after visits, runaway).
- Foster parents and skills coaches reinforced clean UAs with points and verbal statements.
- Girls earned a reward for each negative test
- Girls were given consequences such as restricted free time, work chores, and lower privilege levels for positive tests.

Refusal Skills
- The individual therapist role played substance use refusal skills
Sample Characteristics: Baseline

- 11.5 arrests (first at age 12 ½; 72% had at least 1 felony)
- 57% clinical-level and 17% borderline-level internalizing scores (CBCL)
- 47% clinical level depression
- Over 3/4 of study girls meet criteria for 3+ DSM-IV Axis 1 diagnoses
- 57% report an attempted suicide
- 26% had been pregnant
- 66% used hard drugs in last year
- 36% used weekly
History

Physical Abuse 88%
Sexual Abuse 69%
Physical or Sexual 93%
Both 63%
Family Violence 79%
At least one act of sexual abuse <13 76%
Average sexual abuse acts <13 5
Ave. number of parental transitions 17
Ave. number of prior treatment placements 2.96
Mother convicted of crime 46%
Father convicted of crime 63%
At least 1 parent convicted 74%
Published TFCO Outcomes for Girls at 12- and 24-month follow-ups

- Delinquency (arrests, days in locked settings)\(^1\)
- Deviant Peer Association\(^2\)
- School Attendance & Homework Time\(^3\)
- Pregnancy\(^4\)
- Depressive Symptoms\(^5\)
- Psychotic Symptoms\(^6\)

\(^1\)Chamberlain, Leve, & DeGarmo, 2007, J Consulting & Clinical Psych
\(^2\)Leve & Chamberlain, 2005, J Abnormal Child Psych
\(^3\)Leve & Chamberlain, 2007, J Research on Social Work Practice
\(^4\)Kerr, Leve, & Chamberlain, 2009, J Consulting & Clinical Psych
\(^5\)Harold, Kerr, Leve et al., 2013, Prevention Science
\(^6\)Poulton, Van Ryzin, Harold, Chamberlain, et al., 2014
DECREASED PREGNANCY RATES AT 24 MONTHS

(Kerr, Leve & Chamberlain, 2009)
Follow-up into Young Adulthood: 10 Years

- $N = 156; 95\%$ of living participants*
- Assessed every 6-months for 3 years (6 assessments)
- Age at first young adult assessment:
  $M = 22.85 \ (SD = 3.11)$

*2 participants were deceased
TFCO Positive Long-Term Outcomes for Girls

- Compared to Girls Randomized to GC:
  - Decreased criminal offenses
  - Decreased severity of offenses committed
  - Decreased unintended pregnancies
  - Decreased depressive symptoms
  - Decreased suicidal ideation

- Partner choice is related to long term substance use outcomes for THC and hard drugs
- Decreased involvement in Child Welfare system as parent
Are there Long-Term Cost-Benefits of TFCO for Girls?

- Despite TFCO’s positive clinical outcomes, it is a costly intervention
- $7,922 treatment costs per individual
- $39,197 benefit per individual
- $8,165 to tax payer
  - $31,032 to non-tax payer
- Overall benefit-cost ratio is $4.95

Lee, Aos, Drake, Penucci, Miller, & Anderson (2012)
Added Cost-Benefit for Girls
(discounted to 2011 dollars)

<table>
<thead>
<tr>
<th>Sample</th>
<th>DHS</th>
<th>Court &amp; Lawyer</th>
<th>Victimization</th>
<th>Incarceration</th>
<th>Arrest</th>
<th>Total Condition Costs</th>
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<tbody>
<tr>
<td>GC (n=44)</td>
<td>$27,388</td>
<td>$2,172</td>
<td>$52,815</td>
<td>$33,514</td>
<td>$1,626</td>
<td>$117,516</td>
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<td>MTFC (n=37)</td>
<td>$15,465</td>
<td>$1,856</td>
<td>$22,170</td>
<td>$35,197</td>
<td>$1,457</td>
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Difference in Cost (Benefit) $41,370 *

* t stat= 1.4541

<table>
<thead>
<tr>
<th>Study</th>
<th>Benefits (reduction in cost)</th>
<th>Cost of Treatment</th>
<th>Benefit to Cost Ratio</th>
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<tr>
<td>GLO</td>
<td>$41,370</td>
<td>$7,922</td>
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<tr>
<td>WSIPP</td>
<td>$39,197</td>
<td>$7,922</td>
<td>$4.95</td>
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*GLO- Girls Long term Follow up Outcomes
** WSIPP Washington State Institute for Public Policy

4.5 years $3.90
TFCO Has Been Evaluated in Implementation Trials

- Empirical support for what is important for successful implementation
- Learned what is important for successful program delivery
  \( R^3 \)
  Organizational Needs
R³ Technique

R³ Strategy

- Reinforcement of effort
- Reinforcement of relationships and roles
- Reinforcement of small steps

R³ Principles

- Use Strength-Focused Language
- Notice normative/appropriate behavior
- Use a scientific approach (observe and reinforce)
- Take opportunities to smile and laugh
R3 Delivery

- PS guides the clinical team using R3
- PS coordinates each case using R3
- All team members present cases using R3
- TFCO team interacts with families and FPs using R3
- MTFC team interacts with collaborative systems using R3
System Collaboration

Sustainable Programs:

- Have strong relationships with Agency Leadership
- Have strong relationships with Referring Agencies
- Have the opportunity to thoroughly complete pre-implementation
- Maintain fidelity to the intervention
Excellent Teams

- Have a committed and competent Program Supervisor
- Appreciate and value their foster parents
- Engender loyalty from foster parents
- Work together to implement interventions
- Engage parents and youth
- Work well with schools
- Have fun working together
<table>
<thead>
<tr>
<th>Country</th>
<th>Number of Teams</th>
</tr>
</thead>
<tbody>
<tr>
<td>England</td>
<td>16</td>
</tr>
<tr>
<td>The Netherlands</td>
<td>5</td>
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<tr>
<td>Sweden</td>
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<td>Denmark</td>
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<td>Norway</td>
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<tr>
<td>New Zealand</td>
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Thank You

Strengthening children, families, and communities for more than 30 years.