

Together Facing the Challenge:

*Implementation of
Evidence-Based Treatment Foster Care
through Training, Coaching, and Consultation*

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TFTC Core Values

- 1. Relationships are Key** We value relationships and believe youth can only thrive when there is open communication among all: Agency Staff, Foster Parents, Biological Families, and Youth.
- 2. Trauma Informed Practice** We recognize past trauma impacts present behavior and therefore approach our work with a trauma-informed focus.
- 3. Evidence Based Practice** We believe fidelity to evidence based practice leads to equal partnership between foster parents and agency staff.
- 4. Educational Approach** We use a strength-based and educational approach with youth and we reject punitive and harmful measures.
- 5. Intentional Promotion of Physical and Emotional Health** We believe successful agencies must be intentional in nurturing emotional and physical health amongst youth, foster parents, and agency staff.
- 6. Respect All Aspects of the Individual** We believe that race, ethnicity, sexual orientation, spirituality, and kinship connections must all be respected.
- 7. Transition to Adulthood** We believe that all caregivers share responsibility to teach youth skills to prepare for adulthood.
- 8. Professional Growth** We believe agencies can best serve youth and foster parents when there is openness to professional growth.



History of TFTC

- Therapeutic Foster Care (TFC) is considered to be one of the few community based, comprehensive interventions with a validated, “*evidence-based*” status.
- As both a therapeutic foster parent in North Carolina, and researcher in child mental health at Duke University, Betsy Farmer, Ph.D, became interested in expanding this model.



Prior Research Conducted on TFTC

Dr. Farmer's Question:

What does Therapeutic Foster Care look like in North Carolina?



Two National Institute of Mental Health funded studies:

1. **Observational Study:** to learn more about how TFC was being conducted in NC (1998-2002)
2. **Randomized Control Trial:** *Together Facing the Challenge* was developed as a curriculum to improve practice in TFC in a way that could be easily implemented, measured, and researched. (2003-2008)



Research Articles

- <https://sites.duke.edu/tftc/files/2015/11/Farmer-et-al-2010.pdf>
Enhancing "Usual Practice" Treatment Foster Care: Findings From a Randomized Trial on Improving Youths' Outcomes. Farmer, Burns, Wagner, Murray, Southerland. Psychiatric Services. 2010
 - <https://sites.duke.edu/tftc/files/2015/11/Murray-et-al.-2010.pdf>
Enhancing and Adapting Treatment Foster Care: Lessons Learned in Trying to Change Practice. Murray, Southerland, Farmer, Ballentine. Journal of Child and Family Studies. 2010
 - <https://sites.duke.edu/tftc/files/2015/11/Murray-et-al.-2014.pdf>
From Theory to Practice: One Agency's Experience with Implementing an Evidence-Based Model. Murray, Culver, Farmer, Jackson, and Rixon. Journal of Child and Family Studies. 2014.
- Is More Better? Examining whether enhanced consultation/coaching improves implementation.* Murray, M. E., Khoury, D. Y., Farmer, E. M. Z., Burns, B. J.. American Journal of Orthopsychiatry. 2018



The First Randomized Trial: Advancing the Evidence Base

- Fourteen agencies were selected to participate in the study, knowing that they would have a random chance of being either an intervention or control site.
- The agencies included both state agencies and private non-profit.
- Both groups had assessment and follow-up at baseline, 6, and 12 months
- Agencies were from urban, suburban, and rural areas
- Training was all conducted by the same trainers, in a series of evening sessions over seven weeks.
- Foster parents were required by their agencies to participate.



Results From the First Randomized Trial: Advancing the Evidence Base

- I. Compared to youth in the control group, youth in the TFTC group showed improvement on the three domains that were the focus of the research:
 - I. Decrease in negative **Symptoms**
 - II. Increase in positive **Behaviors**
 - III. Increase in foster parent reported **Strengths**
- II. These improved outcomes for youth were associated with additional training and consultation for agency staff and treatment parents.
- III. This led to receiving a **Level 2 Rating** (for research evidence) and a **Level 1 Rating** (for child welfare relevance) from the California Evidence-Based Clearinghouse for Child Welfare



So, what does it mean to be an “Evidence Based” Program?



THE CALIFORNIA EVIDENCE-BASED
CLEARINGHOUSE
FOR CHILD WELFARE

Information and Resources for Child Welfare Professionals

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Together Facing the Challenge (TFTC)

Scientific Rating:

2

Supported by [Research Evidence](#)
See scale of 1-5

Child Welfare System Relevance Level:

High

[See descriptions of 3 levels](#)

Currently in Summary View

[View Detailed Report](#)



CEBC evaluates programs on the quality and relevance of the research that supports them.

1. Well-Supported by Research Evidence

Control trial research replicated across multiple sites, that shows a sustained effect, and uses outcome measures validated in other research. Published in peer reviewed journals. Practice has a book or manual and a training program for teaching others how to use it with fidelity.

2. Supported by Research Evidence

Control trial research in one setting in “usual practice” that shows a sustained effect, and uses outcome measures validated in other research. Published in peer reviewed journals. Practice has a book or manual and a training program for teaching others how to use it with fidelity.

3. Promising Research Evidence

At least one study utilizing some form of control has established the practice's benefit over the control, or found it to be comparable to a practice rated a 1 or a 2 on this rating scale. The study has been reported in published, peer-reviewed literature.



The *Together Facing the Challenge* Intervention was Designed to:

1. Strengthen the relationships between agency staff and treatment parents and between treatment parent and child,
2. Increase treatment parents' knowledge, and competence in the general area of behavior management and,
3. Enhance agency direct care workers' ability to adequately support and guide these efforts.
4. **Provide comprehensive and systematic consultation approach with a focus on coaching**



Support at Every Level is Key

Video Segment from: "Together Facing the Challenge," Services Effectiveness Research Program, Department of Psychiatry, DUMC



The 7 TFTC Training Sessions

1. Building Therapeutic Relationships and Teaching Cooperation

“Research shows that when Foster Parents have strong relationships with youth and with their agency worker, youth do better in care.”

2. Setting Expectations

“Catching kids being good, praising them, and following through with rewards and other forms of positive reinforcement are effective ways to improve behavior.”



TFTC Elements continued

3. Using Effective Parenting Tools to Enhance Cooperation

“Recognizing the role adults play in power struggles is key to coaching them on how to prevent and escape from them, as well as providing strategies for repairing the relationship once a power struggle has taken place.”

4. Implementing Effective Consequences

“Coaching helps caregivers distinguish between an effective consequence given to teach a child appropriate, pro-social behaviors versus a punishment.”



Multiple Perspectives on Race & Ethnicity

5. Understanding the Importance of a Healthy Individual Identity

“Welcoming diverse youth into our home requires long-term exploration, acceptance, and patience with ourselves and our youth.”

Video Segment from “Knowing Who You Are: Helping Youth in Care Develop Their Racial & Ethnic Identity” (2005). Casey Family Programs



TFTC Elements continued

6. Assisting Youth in the Transition to Young Adulthood

“Helping our youth develop essential life skills and problem solving strategies, while setting both short and long range goals, lays the groundwork to support youth on the road to self-discovery and interdependence.”

Video Segment from: “Preparing Transition Age Youth for Their Future,” Services Effectiveness Research Program, Department of Psychiatry, DUMC



TFTC Elements continued

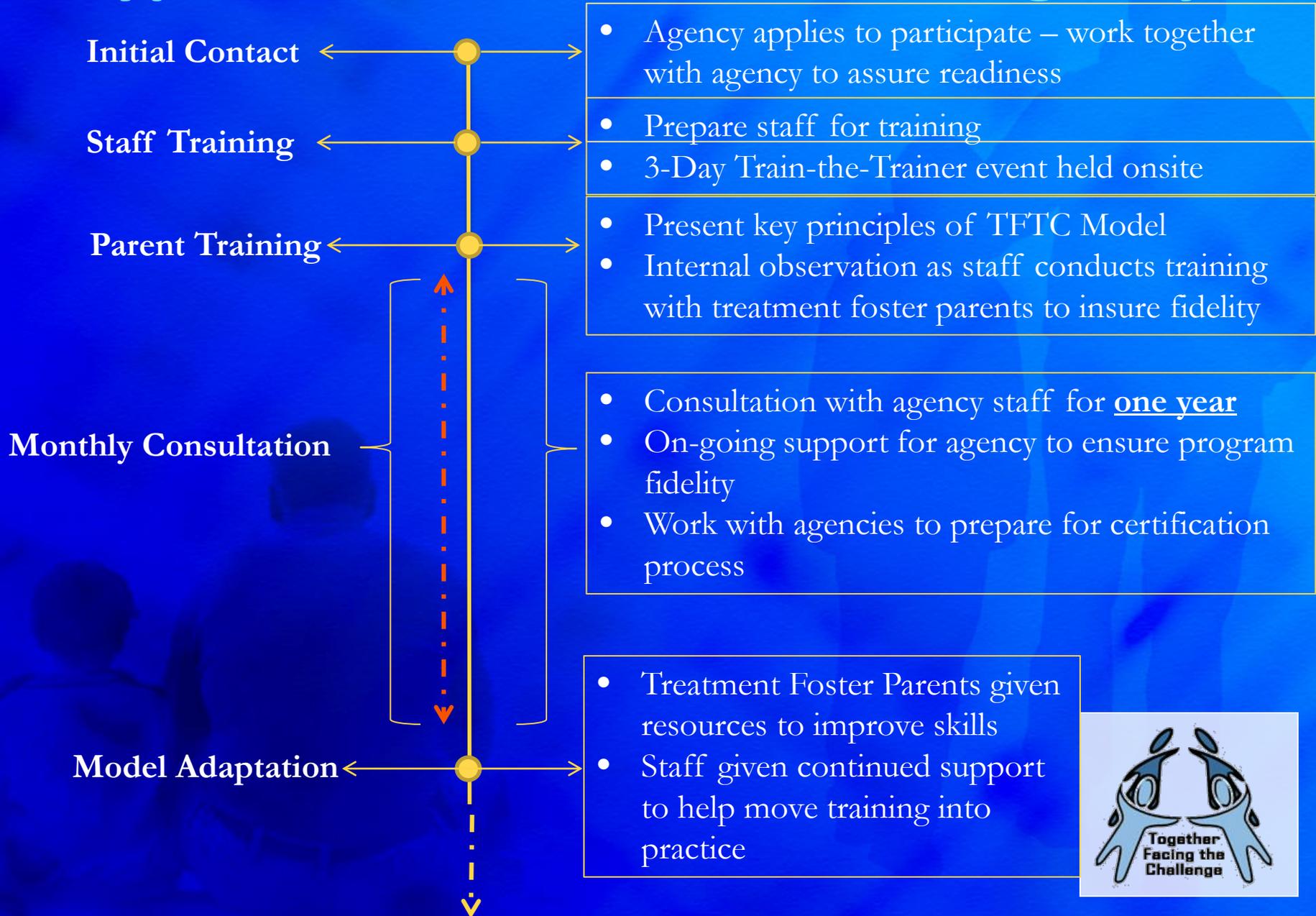
7. Teaching Effective Communication Skills and Taking Care of Self

“Developing both structure and routine fun activities help to strengthen family relationships while providing a safe and nurturing home setting. Managing parental stress by developing a personal self care plan helps to foster positive relationships over time and contributes greatly to the continued success of our children.”

[Helping Yourself to Help Others:
An Interview with a Therapeutic Foster Parent]



Typical Timeline of Enrolled Agency



Training the Agency Staff

- Once agency staff have completed the 3 day training they then train their foster parents (within a 3-6 month period). If agencies have foster parents who can serve as co-trainers we encourage the agency to involve them in the initial 3-day training.
- Observations are conducted to ensure fidelity and provide feedback to trainers.



Training the Treatment Parents

- Varied learning approaches such as didactic presentations, role plays, videos, and interactive activities are embedded into the curriculum to enhance learning.
- Home assignments are given at the end of each session to provide foster parents with an opportunity to practice skills.
- Follow-up coaching and consultation during in-home meetings is key to moving from training to practice



What will this mean for our foster youth?

- Looking back at the research we used three different assessment tools:

Strengths and Difficulties Questionnaire provides a profile of the severity of the youth's problems.

Behavioral and Emotional Rating Scale provides a profile of a youth's strengths.

Parent Daily Report provides a report of specific problems and strengths as reported by the parent

All of these are validated measures used in multiple research settings with children and youth (public schools, mental health, child welfare, juvenile justice)

These were given at baseline, six months, and 12 months.



What will this mean for our foster youth? continued

- On all three measures youth in the intervention group showed improvements across time. In contrast youth in the control group remained relatively stable, or showed minor worsening, across time.
- The effects were strongest and most sustained for the PDR. In the intervention group, rates of problem behaviors decreased across time, and the difference between the two conditions was significant at both 6 and 12 months. Youth in the control group showed slight increases in problem behaviors by 6 months and subsequently remained constant. The SDQ presented a similar pattern across time for the control group.
- Youth in the intervention group were markedly improved by 6 months and this status remained at 12 months.



What will this mean for our foster parents?

- Foster parents come into this work with a strong set of skills – many have been very successful parents of their own children.
- Many foster parents believe the same skills and tools that made them successful parents to their own children will be effective with the children placed in their care.
- However, their own children didn't come from traumatic and unstable backgrounds that the children now placed in their care experienced.
- So . . . sometimes the exact parenting strategies that the foster parents plan to rely on in this work will have the opposite outcome as intended, leaving foster parents confused and frustrated.



What will this mean for our foster parents? continued

- The training is skill specific. For some, this will not be “new learning” but instead a good refresher of positive tools and practices.
- Skills taught include basic behavior management, setting expectations, creating house rules, negotiating behavior contracts, appropriate use of rewards, and many others.
- In addition to specific skills, concepts of how exposure to trauma impacts behavior, how individual identity impacts relationship building with foster parents, and how multiple moves impact attachment are covered.
- Foster parents completing our program report feeling more competent, creating in them an ability to work through difficult situations with increased confidence.



Improving Old Strategies & Learning New Ones

Video Segment from: "Together Facing the Challenge," Services Effectiveness Research Program, Department of Psychiatry, DUMC



Dissemination to Agencies

- Our program began in North Carolina.
- We are happy to now be able to disseminate our model widely.
- It is an affordable model that can be adopted by both small non-profit agencies and larger governmental agencies.
- Building long-term relationships with the agencies we train helps create fidelity to the model, and helps make the model sustainable.
- To date we have trained agencies in the following states:
Arizona, Delaware, Florida, Idaho, Illinois, Maine, Maryland, Missouri, Nevada, New York, North Carolina, Ohio, Oklahoma, Pennsylvania, South Carolina, Tennessee, Texas, Utah, Virginia, Washington, Wisconsin, and Wyoming.



We're "Planting Seeds" for the Future

Video Segment from: "Together Facing the Challenge," Services Effectiveness Research Program, Department of Psychiatry, DUMC

Questions and Comments



Where we are heading

- With the support of *The Duke Endowment* and *Alliance Behavioral Healthcare* we are in the process of developing a training program to support agencies working with foster parents and birth parents to more effectively co-parent, thus creating a more successful transition for our children and youth moving from foster care to permanence.





Questions?

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