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Treatment Foster Care

R2P compiles, on an ongoing basis, annotated bibliographies on various child welfare topics and related fields. The bibliographies are as inclusive and detailed as possible. Most entries include the following sections:

The Study: describes the project or program, location, number served, and purpose of the program.

The Methods: details how the study was conducted, who was involved, what instruments were used, and the rates of and reasons for attrition.

The Findings: lists outcomes of the study and possible implications for the field.

R2P Evaluation: helps the reader to evaluate the usefulness of the full publication. This section highlights, for instance, readability, the significance for practice, and the applicability of the results.

Not every article, book, or other publication in the annotated bibliography fits the above format. Some publications are not research driven but are nonetheless useful to the field. These entries may have only two sections: The Study and R2P Evaluation.

Bates, B., English, D., & Kouidou-Giles, S. (1997). Residential treatment and its alternatives: A review of the literature. *Child & Youth Care Forum*, 26(1), 7–51.

- *The authors summarize the research literature on residential treatment and the alternative interventions of family preservation services, treatment foster care (TFC), and individualized services.*

The Study

- Common characteristics and issues in residential treatment and its alternatives are identified.
- Research examining the differences between youth in residential facilities versus less restrictive forms of treatment has yielded mixed results. Two reasons are cited:
 - A lack of uniform diagnostic criteria for placement in residential and other treatment settings exists, and
 - Placement decisions may be based more on availability than on an actual assessment of the need for the level of treatment.
- Studies of residential treatment and alternative modalities have had methodological problems. There are few controlled studies, and variation in treatment types, lack of valid and reliable measures, and questionable methods of data collection make them difficult to interpret. Based on the research that exists, however, the authors conclude the following:
 - The most rigorous research suggests that intensive, home-based service programs may facilitate short-term changes in some families but are not more effective than traditional child welfare services in changing family functioning or preventing out of home placement.
 - TFC may be an appropriate alternative for some children who would otherwise be placed in group care. Although TFC and group care do not differ in their ability to produce improved behavior, it appears that children discharged from TFC are able to be maintained in less restrictive environments.
- The research about individualized service programs is not yet sufficiently strong to draw conclusions about their effectiveness.
- The following recommendations are made for future research:
 - Focus on establishing empirically grounded placement criteria,
 - Identify which needs are most amenable to each form of treatment, and
 - Identify factors that contribute to maintaining gains in the postdischarge environment.

R2P Evaluation

- This article provides a good overview of outcomes research in residential treatment and alternative modalities.

Berrick, J., Courtney, M., & Barth, R. (1993). Specialized foster care and group home care: Similarities and differences in the characteristics of children in care. *Children & Youth Services Review, 15*, 453–473.

- *Children in group and specialized foster home settings are compared on demographic, educational, health, and behavioral characteristics.*

The Study

- It is important to learn which characteristics of children allow them to be best served in residential treatment settings or, alternatively, in specialized foster care.
- Specialized foster homes are distinguished from regular foster homes by the provision of additional training and support to the foster family, involvement of the foster parents in case planning, involvement of birthparents, individualized treatment plans for children, small caseloads for caseworkers, 24-hour availability of support, and respite care.

The Methods

- The researchers mailed surveys to all ($n = 598$) licensed group care facilities and specialized foster care agencies ($n = 103$) in California in 1990.
- They also surveyed a random sample of 569 treatment foster care (TFC) homes.
- Surveys used a standard instrument, the Behavior Problems Index (BPI), to measure children's levels of behavioral disturbance.
- The response rate was 33% for group homes, 50% for TFC agencies, and 22% for foster homes.

The Findings

- Group homes served more older children and adolescents than TFC homes. Proportionally more white children were in TFC homes, although African American children were highly represented in both settings.
- Measures of behavior suggested that groups of children with very high needs were in both settings, but those in group care scored highest on BPI. TFC administrators tended to rate children's problems as more severe than foster parents did.
- Reimbursements varied based on referral source rather than on the child's needs.
- There was no relationship between children's level of behavioral disturbance and time social workers spent with them.

R2P Evaluation

- The findings of this study have implications for how decisions are made about placement, reimbursement, and service provision in both TFC and group home care.

Courtney, M. (1998). Correlates of social worker decisions to seek treatment-oriented out-of-home care. *Children & Youth Services Review, 20*, 281–304.

- *This study examined factors associated with child welfare caseworkers' preferred placement settings for children. The author identifies factors associated with recommendations of placement in treatment settings.*

The Study

- Previous research in child welfare has not identified predictors of placement of children in treatment settings.
- In 1991, the researcher collected data using the Level of Care Assessment Pilot Test in 10 California counties to examine factors related to placement recommendations.

The Method

- The research question guiding the study was, “What child and family characteristics are associated with the preference of child welfare workers to place children and youth in distinct types of out-of-home settings?”
- The sample included 348 children ages five and older at the time of placement.
- Study variables were child demographic information, child disability, ratings of internalizing and externalizing behaviors, placement history, and parental availability and cooperation.
- Placement options were categorized as treatment foster care (TFC), group care, and kinship or foster care.

The Findings

- Caseworkers recommended group care for 174 children, TFC for 35, and foster or kinship care for 139.
- Caseworkers recommended group care more often, over all other options, for older children, children with disabilities, those with prior placements in treatment-oriented care, and those with higher ratings of externalizing and internalizing behaviors.
- Externalizing behaviors were more predictive of group care preference than internalizing.
- Preference for TFC over foster or kinship care was associated with race, with a greater likelihood of TFC being recommended for African American children, children with a history of placement in a treatment setting, and children with higher ratings of internalizing and externalizing behaviors.
- Overall, perceived child behavior and placement history dominated caseworkers' decisionmaking about whether a treatment-oriented placement was indicated.

R2P Evaluation

- This study provides unique insight into the basis of caseworker decisions about the preferred placement for children.

Curtis, P., Alexander, G., & Lunghofer, L. (2001). A literature review comparing the outcomes of residential group care and therapeutic foster care. *Child and Adolescent Social Work Journal*, 18(5), 377–392.

- *The authors examine the literature related to characteristics and effectiveness of residential care and treatment foster care (TFC) and suggests directions for future research.*

The Study

- Some evidence suggests that group care children tend to be older, male, and more likely to have experienced sexual abuse or had contact with the juvenile justice system than children in TFC.
- The research indicates that there are more similarities than differences in children's levels of need across group care and TFC.
- Most research comparing children in different out-of-home care settings has focused on the characteristics of the children rather than on the types and intensity of treatment provided.
- No studies have attempted to determine the threshold of behavioral problems appropriate for TFC.
- Studies comparing the effectiveness of group care and TFC have produced mixed findings.
- Several studies have shown that behavior improved during placement in both settings but was not sustained post-discharge.
- Overall, research has involved substantial methodological shortcomings.
- Recommendations for future research include use of:
 - Adequate sample sizes,
 - Standardized measures,
 - Comparison groups, and
 - Statistical analysis.
- Research should focus on:
 - Clear specification of program features, and
 - Isolation of treatment variables associated with positive outcomes and maintenance in the postdischarge environment.

R2P Evaluation

- This article points out the gaps in existing research and suggesting areas for focus in future evaluation of TFC and residential treatment.

Dore, M., & Eisner, E. (1993). Child-related dimensions of placement stability in treatment foster care. *Child and Adolescent Social Work Journal, 10*, 301–315.

- *The authors identify five child characteristics that are related to placement stability in foster care.*

The Study

- It is critical to define the child characteristics that are associated with placement stability and treatment plan completion to prevent further trauma due to placement disruption.
- Early identification of child characteristics that influence success allows for better matching of children with foster parents.

The Methods

- The researchers identify five dimensions of psychosocial functioning associated with placement stability and success of treatment from the literature and through interviews with caseworkers and foster parents:
 - Ability to tolerate intimacy,
 - Impulsivity,
 - Fear of rejection,
 - Aggression, and
 - Self-esteem.
- They define each of the above variables and discuss how each variable affects placement success.
- The authors assert that an understanding of these variables and the way they contribute to placement disruption can help in matching children to foster parents and in better understanding of the underlying reasons for children's behavior, thus enabling more effective treatment.

R2P Evaluation

- This article presents a cogent discussion of child factors that may affect the success of placements in treatment foster care (TFC) as well as in other foster care settings.

Fisher, P., & Chamberlain, P. (2000). Multidimensional treatment foster care: A program of intensive parenting, family support, and skill building. *Journal of Emotional and Behavioral Disorders*, 8(3), 155–164.

- *The authors describe the critical features of multidimensional treatment foster care (MTFC) and the research supporting its effectiveness.*

The Study

- Although severely disturbed and delinquent adolescents are often placed in group care, there is evidence that those with antisocial and aggressive symptoms benefit less from this modality than do non-antisocial youth.
- It is suggested that when placed in group settings, such youth actually reinforce and maintain one another's deviant behaviors.
- In MTFC, foster parents are the primary treatment agents for delinquent, antisocial youth.
- The main components of the treatment are (a) close supervision, (b) fair and consistent limits, (c) predictable consequences for rule breaking, (d) a supportive relationship with at least one mentoring adult, and (e) limited exposure and access to delinquent peers.
- MTFC uses a treatment team, in which the roles of each member are carefully defined. Teams include behavior support specialists, youth therapists, family therapists, consulting psychiatrists, case managers/clinical team supervisors, and "PDR callers" who telephone foster parents every day to review a behavior checklist called the Parent Daily Report (PDR).
- One of five evaluation studies involving delinquent youth is reported in this article. A pilot study of the model's application with abused and neglected children in a program called Early Intervention Foster Care (EIFC) is also described.
- The EIFC study is included in this bibliography (see Fisher, Gunnar, Chamberlain, & Reid, 2000) and thus is not addressed in this annotation.

The Methods

- The researchers randomly assigned 79 boys ordered by the juvenile court into out-of-home care between 1991 and 1996 to either MTFC or group care.
- The researchers gathered data to assess the youths' functioning at one year post-discharge.

The Findings

- MTFC boys had significantly fewer arrests, had significantly fewer self-reported delinquent activities, ran away less often, and spent fewer days in incarceration than their group care counterparts.

R2P Evaluation

- Although the sample size is relatively small, this study is one of the more rigorous in current research on TFC.

Fisher, P. A., Gunnar, M. R., Chamberlain, P., & Reid, J. B. (2000). Preventive intervention for maltreated preschool children: Impact on children's behavior, neuroendocrine activity, and foster parent functioning. *Journal of the American Academy of Child and Adolescent Psychiatry*, 2, 1356–1364.

- *This article describes a preliminary study to test the effects of multidimensional treatment foster care (MTFC) on young children (ages 0-5) with several behavioral, emotional, or developmental needs.*

The Study

- Researchers developed MTFC at the Oregon Social Learning Center. They initially used it successfully as an intervention for delinquent adolescents.
- The Oregon Early Intervention Foster Care Project (OEIFCP) applies the MTFC model to the care of children from birth through age five. The program serves children referred by Oregon's child protective services agency.
- OEIFCP uses specially trained foster parents as the primary therapeutic agents for the child. Each placement is supported by a multidisciplinary team, which works together to deliver individualized interventions. The team also includes the family that is to provide the permanent placement for the child.
- The following hypotheses were tested:
 - Training and support provided will result in foster parents' using the strategies they are taught to address children's needs.
 - Children in the EIFC program will have improved behavior.
 - Children in the EIFC program will demonstrate changes in neuroendocrine function to become more consistent with those of children who have not experienced maltreatment.

The Methods

- Researchers studied three groups of 10 children: (a) children in the EIFC program, (b) children in regular foster care (RFC), and (c) a community comparison (CC) group of nonmaltreated children living with their birthfamilies.
- Measured variables included parenting strategies, salivary cortisol, and developmental delays and trauma history.

The Findings

- On parenting strategies, the RFC parents had significantly lower scores (indicating less positive outcomes) in each measured domain than either the FC or CC groups; the EIFC and CC groups were not significantly different from each other.
- Behavioral symptoms in the RFC increased, those in the EIFC group decreased.
- EIFC children had changes in salivary cortisol (measure of stress) that made them more similar to nonmaltreated children, whereas salivary cortisol in the RFC children were more consistent with those of children experiencing stress or maltreatment.

R2P Evaluation

- This small pilot study shows promising results for the application of MTFC to young children with very severe problems.

Galaway, B., Nutter, R., & Hudson, J. (1995). Relationship between discharge outcomes for treatment foster care clients and program characteristics. *Journal of Emotional and Behavioral Disorders*, 3(1), 46–54.

- *This exploratory study reviewed data from youth discharged from treatment foster care (TFC) to explore the relationship between outcomes and program characteristics.*

The Study

- Research indicates that TFC obtains better outcomes for youth than group care. Studies have not tied specific program characteristics to outcomes, however.
- This study seeks to determine the relationship between program features and outcomes related to placement stability and movement to less restrictive care.

The Methods

- Researchers performed a secondary analysis of data for 1,521 youth discharged from 210 therapeutic foster care programs in the United States and Canada.
- Of the discharges, 60% were planned, and 63% of the children were discharged to less restrictive settings.
- The researchers obtained data from the 1989-1990 survey of North American therapeutic foster care programs.
- The researchers used two dependent variables: (a) whether the placement discharge was planned or unplanned, and (b) whether the youth was discharged to a setting more or less restrictive than therapeutic foster care.
- The independent variables were: (a) program auspices, (b) size, (c) annual cost per bed, (d) maximum social worker caseload, (e) maximum number of children per home, (f) payment to foster parents, (g) foster parent training, (h) foster parent support groups, and (i) treatment approach.
- Youth included in the study were minors at the time of discharge.

The Findings

- Data analysis revealed a relationship between planned or unplanned discharges and type of post-discharge living arrangement: 80% of planned discharges were to less restrictive environments, but only 37% of unplanned discharges were.
- The authors found no strong associations between any of the program characteristics and whether discharges were planned or unplanned or made to less restrictive environments.
- They found a significant difference only when they compared extremes (i.e., highest cost, lowest caseload versus lowest cost, highest caseload programs).
- In the high-cost, low-caseload programs, 62% of discharges were planned, compared with 44% in their low-cost, high-caseload counterparts.

R2P Evaluation

- This study has limitations related to its use of secondary data, but illustrates the need to better understand the role of program variables in outcomes.

Handwerk, M., Friman, P., Mott, M., & Stairs, J. (1998). The relationship between program restrictiveness and youth behavior problems. *Journal of Emotional and Behavioral Disorders*, 6(3), 170–179.

- *This study examines the relationship between level of child behavior problems and restrictiveness across seven different programs.*

The Study

- Previous studies exploring the relationship between restrictiveness of care and level of youth behavior problems have produced equivocal findings.
- This study examined this relationship across programs that span the continuum of restrictiveness: parent training, outpatient clinic, family preservation, treatment foster care (TFC), residential treatment, acute care shelter, and inpatient psychiatric hospital.

The Method

- The researchers used the following samples: children in acute care shelter: $n = 83$; children in inpatient hospitalization: $n = 78$; children in intensive family preservation services: $n = 117$; children in outpatient clinic: $n = 100$; children with parents in parent training: $n = 372$; children in residential treatment: $n = 1876$; and children in TFC: $n = 73$.
- They assessed program restrictiveness using an instrument developed for this study and measured it based on the dimensions of (a) physical freedoms, (b) time constraints, and (c) treatment considerations.
- They assessed youth behavior problems using the Child Behavior Checklist (CBCL).

The Findings

- In general, there was a linear relationship between level of program restrictiveness and level of youth behavior problems, such that behavior problems were greater among youth in more restrictive programs.
- They found two notable exceptions to this trend: (a) Although TFC was rated as more restrictive than family preservation, CBCL scores were higher for children in family preservation; and (b) CBCL scores of youth in the acute shelter program were higher than the scores of those enrolled in residential treatment, although the latter is more restrictive.
- The researchers suggest that there may be some contextual differences associated with the ratings used that resulted in these unexpected findings.

R2P Evaluation

- This is an interesting and unusual study, which presents findings inconsistent with some research that has suggested that children in TFC have behavioral problems similar in magnitude to those in residential treatment.

Hudson, J., Nutter, R. W., & Galaway, B. (1994). Treatment foster care programs: A review of evaluation research and suggested directions. *Social Work Research, 18*(4), 198–210.

- *The authors review 11 evaluations of treatment foster care (TFC) programs in the United States, Canada, and the United Kingdom.*

The Study

- The authors selected studies based on two principles: (a) systematically collected data, and (b) examination of a TFC program's efforts and results.
- Some studies involved only a single group, whereas others used a comparison group design.
- Based on the review, the authors concluded:
 - Seriously troubled youth can be cared for in TFC,
 - Most TFC placements were completed as planned,
 - Youth discharged from TFC consistently showed positive results, and
 - TFC is less costly than institutional care.
- Recommendations for further research include:
 - Evaluated programs should be relatively mature and staffed by experienced practitioners.
 - Program change should not be prevented for the sake of evaluation, but it should be consistent with the theoretical basis for the program and the rational and specific changes should be documented.
 - Random assignment to TFC and other programs should be made following the decision to institutionalize children.
 - Sample sizes need to be large enough to allow for statistically powerful comparisons and to permit generalizations.
 - Specific treatment activities should be recorded.
 - Follow-up studies should be done at regular intervals and include youth regardless of whether they completed the program.
 - Evaluations should be made by people not responsible for service delivery.

R2P Evaluation

- This review highlights findings that are consistent with other research. The authors detailed recommendations for future research merit consideration.

Jivanjee, P. (1999). Professional and provider perspectives on family involvement in therapeutic foster care. *Journal of Child and Family Studies*, 8, 329–341.

- *This qualitative study explores participants' views regarding parent-child contact, communication, and family involvement in decision-making.*

The Study

- The author designed this study to further the knowledge about child welfare agency professionals' and treatment foster care (TFC) parents' perspectives regarding the involvement of families in placement planning and decision-making.
- The author drew the sample from four small (4 to 8 children) county TFC programs developed in Oregon through collaboration between state child welfare and mental health agencies.

The Methods

- The author asked all 30 parents of children placed in the TFC programs in the four counties to take part in the study; 10 parents agreed.
- The researcher interviewed each parent using a semistructured format, then interviewed the professionals and foster parents.
- All but two of the children had been removed from their homes due to abuse/neglect.
- The author recorded and analyzed interview data to identify major themes.

The Findings

- All professionals and some TFC parents expressed positive attitudes toward family involvement.
- Effective work with families was related to positive attitudes toward the parents.
- Relationships were enhanced when professionals and providers demonstrated honesty, trust, and appreciation of parents' circumstances and efforts.
- TFC parents' attitudes toward families appeared to be influenced more by their life experiences than by training. Some TFC providers avoided contact with parents because of fear of conflict or "being caught in the middle."
- In one case, it was reported that the treatment team overseeing the child's case refused to involve the parent in services or planning despite the efforts of the child welfare worker to mediate between the team and the parent.
- Other barriers to parent involvement included professionals' limited time, lack of TFC provider training, program philosophy, the intrusive nature of child protection, parents' circumstances, and parents' emotional response.

R2P Evaluation

- This small qualitative study provides insight into the views of child welfare professionals and treatment foster parents regarding work with parents.
- Identification of organizational barriers and foster parents' ambivalence has meaningful practice implications.

Jivanjee, P. (1999). Parent perspectives on involvement in therapeutic foster care. *Journal of Child and Family Studies, 8, 451–461.*

- *The author explores parents' views of their involvement in decision-making, relationships with professionals and treatment foster care (TFC) parents, and barriers to their involvement.*

The Study

- The study sample was drawn from four small (4 to 8 children) county TFC programs developed in Oregon through collaboration between state child welfare and mental health agencies.

The Methods

- Thirty parents of children placed in the TFC programs in the four counties were asked to take part in the study; ultimately 10 parents agreed.
- The researcher interviewed each parent using a semistructured format, then interviewed the professionals and foster parents working with the 14 children involved.
- All but two children had been removed from their homes due to abuse or neglect.
- Interview data was recorded and analyzed to identify major themes.

The Findings

- Relationships with parents were influenced by professionals' attitudes and values regarding parental involvement and by TFC providers' willingness to communicate with parents and facilitate contact between parents and their children.
- Providers' lack of training in working with parents and systemic barriers prevented family involvement.
- Acknowledgement of parents' strengths, and honesty and trust in the professional-parent and provider-parent relationships, facilitated relationships with parents.
- The author identified the following strategies as means to promote parent involvement:
 - Smaller workloads, to allow more time for professionals to engage families;
 - Provision of supportive services, including transportation; and
 - An explicit focus on family involvement in the selection and training of TFC providers.

R2P Evaluation

- This study offers useful insight into providers' attitudes about family involvement with the child in TFC.

Meadowcraft, P., Thomlison, B., & Chamberlain, P. (1994). Treatment foster care services: A research agenda for child welfare. *Child Welfare*, 73, 565–581.

- *This article examines the research on treatment foster care (TFC) and makes recommendations for further, more rigorous study.*

The Study

- Research on TFC falls into two major categories: (a) descriptive studies focusing on programs' clinical orientations, main features, and characteristics of treatment foster parents and children served, and (b) outcome studies that address as completion of treatment, changes in behavior and psychosocial adjustment, and discharge settings.
- An overview of TFC research indicates that:
 - TFC serves a population of children similar to those served in residential treatment.
 - Children discharged from TFC maintain greater stability in less restrictive settings.
 - TFC is less costly than residential treatment, hospitalization, or correctional settings.
 - TFC appears to produce improvement in psychosocial adjustment and reduction of negative behaviors.
 - TFC may offer an advantage in time spent with supervising adults and prosocial peers.
 - Most children in TFC complete their plan of treatment.
- Recommendations for further research in TFC:
 - Focus on the identification of critical variables,
 - Examine the role of treatment intensity,
 - Identify specific populations with which TFC and specific interventions work best,
 - Include findings in related disciplines such as juvenile justice, and
 - Measure outcomes of social significance rather than intermediate indicators.

R2P evaluation

- Although this article is older, the authors' recommendations for research in TFC are still applicable.

Pecora, P., Whittaker, J., Maluccio, A., & Barth, R. (2000). Family foster care. In *The child welfare challenge* (2nd ed., pp. 314–318). New York: Aldine DeGruyter.

- *This chapter addresses the issue of the professionalization of foster parents.*

The Study

- The following features are characteristic of professional foster care:
 - Systematic evaluation and selection of foster parents,
 - Compensation of foster parents based on their training and experience,
 - Continuous training,
 - Careful matching of foster parents and children,
 - Foster parents' being members of the agency treatment team,
 - Provision of supportive services (including on-call social workers), and
 - Foster parent involvement in helping birthparents.
- Barriers to the development of professional foster care include:
 - Lack of fiscal resources,
 - Role ambiguity between foster parents and social workers,
 - Lack of adequate training for foster parents, and
 - Lack of foster parents willing to work with seriously troubled children.
- Agencies that use professional foster care have experienced positive results for children in such placements.
- There is also evidence that foster parents are more satisfied when they are involved in decision-making and service delivery.
- The authors cite research in California that points out a possible area of concern related to professional fostering—that children in such placements experience delayed permanency as compared with other children in foster care, even when the researchers controlled for background factors.
- These findings may indicate that greater attention needs to be paid to the provision of services and supports that allow children to move to an alternative placement or foster parents to make a permanent, legal commitment to children for whom it is not best to return home.

R2P Evaluation

- This chapter provides a brief, concise overview of the significant issues in professional foster care.

Redding, R., Fried, C., & Britner, P. (2000). Predictors of placement outcomes in treatment foster care: Implications for foster parent selection and service delivery. *Journal of Child and Family Studies*, 9, 425–447.

- *The research literature is reviewed to identify predictors of positive foster care outcomes.*

The Study

- From a review of the research on treatment foster care (TFC), the authors discuss the findings associated with successful placements:
 - Children who do best in TFC have fewer prior placements and negative placement outcomes, fewer behavior problems, good relationships with their foster family, and some control over visits with their birth family.
 - Birth parents are more satisfied with their child’s placement when they are informed about his or her progress, involved in decision-making, and provided adequate opportunities for contact and visitation.
 - Effective foster parents are: often motivated to parent a child because of their own childhood experiences, are authoritative (rather than authoritarian or permissive), and provide varied and ample stimulation to the child.
 - Agencies should match children and foster parents, provide sufficient supports and training for foster parents, create a well-defined model of service delivery, have clear and measurable goals, and perform ongoing program evaluation and improvement.

R2P Evaluation

- This article does a good job of summarizing the study findings with greatest relevance to practice.

Reddy, L., & Pfeiffer, S. (1997). Effectiveness of treatment foster care with children and adolescents: A review of outcome studies. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36, 581–588.

- *This study reports on the systematic analysis of 40 outcome studies of treatment foster care. The effect of treatment foster care (TFC) on five dependent variables is discussed.*

The Study

- The authors conducted a literature search to identify all TFC outcome studies conducted between January 1974 and June 1996, which yielded 40 studies and 12,282 participants.
- The studies were based in Canada, England, Finland, and the United States.

The Method

- The authors reviewed the studies and coded them based on sample characteristics, foster parent training and support services, and array of child and family services offered.
- The authors used a weighted predictive value (WPV) statistic to analyze the aggregate outcome data.
- They assigned positive outcomes a value of +1; equivocal outcomes, 0; and negative outcomes, -1.
- They computed WPVs for the five most frequently occurring dependent variables in the 40 studies: (a) placement permanency, (b) behavior problems, (c) discharge status, (d) social skills, and (e) psychological adjustment.

The Findings

- The analysis of treatment outcomes across studies resulted in the following:
 - Large positive effect for placement permanency (WPV = .78).
 - Large positive effect for social skills (WPV = .88).
 - Medium positive effect for discharge to a less restrictive setting (WPV = .50).
 - Medium positive effect on children's behavior problems (WPV = .50).
 - Medium positive effect on psychological adjustment (WPV = .50).
- The authors noted that findings must be interpreted cautiously in view of the methodological limitations of the studies included in the analysis.
- Three areas of focus are recommended for future research:
 - More detailed description of the training and support services provided to TFC parents,
 - Description of services and interventions provided to children and families, and
 - Greater consensus on outcomes that define TFC success (e.g, inclusion of school, family, and community as well as child variables).

R2P Evaluation

- This study provides a valuable analysis of key outcomes across a large sample of TFC studies.

Rosenfield, A., Pilowsky, D., Fine, P., Thorpe, M., Fein, E., Simms, M., et al. (1997). Foster care: An update. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36, 448–455.

- *The authors review the literature and their own experiences to provide an overview of the current foster care system. Emphasis is on the needs of children in foster care and the services needed to meet them.*

The Study

- The authors provide a historical overview of foster care in the United States. Research shows that foster children have greater physical and mental health needs than other children.
- It is noted that, contrary to popular belief, research supports positive outcomes for children in foster care.
- Although most foster children do not have severe psychopathology, they have, on average, 14 risk factors associated with developmental, learning, or behavioral problems; teen pregnancy; or mental illness.
- Protective factors identified in literature:
 - Average or above average intelligence;
 - Attachment to parent substitutes who encourage trust, autonomy, initiative;
 - External support system that rewards competence; and
 - Ability to form one good relationship (not necessarily a parent or relative).
- Characteristics of the foster care system that may place children at risk include:
 - Children’s experience of divided loyalties between foster parents and birth parents;
 - Lack of adequate assessment of children, birthparents, and foster parents;
 - Lack of sound supports to foster parents, especially from mental health professionals; and
 - Failure to use visitation to nurture and assess family relationships and/or acknowledge the stress visits often create.

R2P Evaluation

- This article provides a good overview of foster care and issues in the foster care system that affect children’s well-being. It informs psychiatrists of the unique needs of foster children.

Smith, D., Stormshak, E., Chamberlain, P., & Whaley, R. (2001). Placement disruption in treatment foster care. *Journal of Emotional and Behavioral Disorders, 9*, 200–205.

- *The study explores placement disruption rates in treatment foster care (TFC) and identifies factors related to disruption.*

The Study

- Disruption rates for a group of high-risk children referred to an Oregon Social Learning Center TFC program over a three-year period are examined.
- Program characteristics:
 - Social learning approach,
 - Children matched with foster parents, and
 - Multidimensional treatment (coordination across home, school, community).
- Variables:
 - Age (12 years or younger versus 13 years or older) and gender,
 - Number of prior placements,
 - Mental health status (number of Axis I diagnoses), and
 - Disruption (foster parents' inability to care for and treat child, as judged by staff or foster parents' request for removal).

The Method

- The sample consisted of 90 youth (51 boys, 39 girls) referred to TFC between 1994 and 1997.
- The authors recorded placement disruptions for first and second six months of placement.
- The authors used independent *t* tests to examine differences between groups based on the study variables and used logistic regression to examine the relative disruption rates for age and gender groups at 6 and 12 months and the interaction between age and gender.

The Findings

- Disruption rates were 17.8% during the first six months and 9.2% during the second, resulting in a combined rate of 25.5%.
- Seventy percent of placement disruptions occurred in first six months.
- Disruption during the first six months was significantly more likely for older children and was most likely for older girls.
- Recommendations for future research include exploration of (a) qualitative differences in disruptions, (b) program factors that decrease disruptions for certain groups, and (c) the role of staff and foster parent training and qualifications and foster parent supports.

R2P Evaluation

- The identification of factors associated with placement disruption has useful implications for both disruption prevention and further research. The researchers applied a clear definition of disruption that could be used in future research.

Staff, I., & Fein, E. (1995). Stability and change: Initial findings in a study of treatment foster care placements. *Children and Youth Services Review, 17*, 379–389.

- *This descriptive study of a Casey long-term treatment foster care (TFC) program focused on placement change and stability. Permanency outcomes for children whose cases were closed during the study period are reported.*

The Study

- One- to three-month assessments of children referred by the public agency were used to determine the likelihood of the child's benefiting from the program's services.
- This study included all 244 children served by the program between January 1987 and November 1991.
- Children ranged from 5 to 13 years of age with a median age of 9.

The Method

- Data collection included both snapshot and historical approaches.
- The authors collected information on the number, type, duration, and outcome of placements.
- At the end of the study period, 161 children were still receiving services from Casey and 83 cases had been closed.

The Findings

- The 244 children experienced a total of 540 placements.
- Most children, however, experienced stability, with 51% having no placement change; another 26% had only two placements; 23% experienced three or more.
- Overall, 9% of the children accounted for 30% of the placements.
- Of the 20% of the children who were placed in a residential setting, only 25% were discharged to a family setting, and only two of those to a family with whom they had previously lived.
- Of the 109 children who either had their cases closed or entered a permanent placement although their cases remained open ($n = 26$), 35% were adopted and 11% returned home.
- The authors identified the following implications based on the findings:
 - There is a need for a wide array of placement options.
 - The high rate of placement change by a small percentage of children results in heavy demands on the children themselves, staff, and families.
 - There is a need for even more intensive programming to serve those children whose placements could not be maintained.
 - There is a need for aftercare services for reunified and adopted children and families.

R2P Evaluation

- This study, although older, highlights the very high level of need of a small percentage of children served in foster care and for more placement and programming options to serve them.

Wells, K., & D'Angelo, L. (1994, March). Specialized foster care: Voices from the field. *Social Service Review*, 127–144.

- *This qualitative study of treatment foster parents in a single, nonprofit agency identified several themes, including the role conflict that foster parents often experience in their attempt to serve as both caregivers and treatment providers to children in their homes.*

The Study

- The authors acknowledge the many differences among treatment foster care (TFC) programs and identify three common features of TFC programs from the literature:
 - Foster parents are paraprofessionals,
 - Agencies match foster parents and children and supervise children's treatment, and
 - Agencies maintain a treatment philosophy and provide other supports.
- This study explored the question, How do specialized foster parents view the experience of providing treatment and care to children?

The Method

- This study involved 40 foster parents in a private, nonprofit child mental agency. The authors gathered data in two- to three-hour focus group interviews, each containing 9 to 13 participants. They structured interviews around three main topics: how children enter foster homes, issues related to the provision of care and treatment, and how children leave foster homes.

The Findings

- Major findings included the following:
 - Inadequate information about children at placement can result in problems;
 - Foster parents find that their dual roles as agency employees and parents are sometimes incompatible;
 - The children, birthparents, and private/public agency caseworkers affect the foster parenting experience; and
 - The child's departure from the home is difficult for both foster parents and their own children, especially if the move is abrupt.
- The authors suggest that application of the medical model in TFC obscures the significance of children's relationships with their caregivers and the complexity of the foster parent role. They recommend the following:
 - Foster parents should be provided with needed information for children,
 - Children should not be moved abruptly,
 - Foster parents should be given training and support to care for children, and
 - It is important to understand the complexity of the foster parent role.

R2P Evaluation

- This qualitative study raises important considerations in TFC. Some issues discussed also have logical application in standard foster care.