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Treatment Foster Care Oregon Adolescent

Review: September 2017

Note on provider involvement: This provider has agreed to EIF's terms of reference, and the assessment has been conducted and published with the full cooperation of the programme provider.

Treatment Foster Care Oregon – Adolescent (TFCO-A)* is for young people between the ages of 12 and 18, and their families.

These young people are in foster placements or residential placements, and are displaying delinquent behaviour. Young people are placed with a 'treatment foster family' trained in the TFCO-A model, for a period that typically lasts 9-12 months.

**Previously known as Multidimensional Treatment Foster Care (MTFC).*

Evidence rating: **3+**

Cost rating: **5**

EIF Programme Assessment

Treatment Foster Care Oregon Adolescent has evidence of a **short-term positive impact** on child outcomes from at least one rigorous evaluation.

Evidence rating: **3+**

What does the evidence rating mean?

Level 3 indicates **evidence of efficacy**. This means the programme can be described as evidence-based: it has evidence from at least one rigorously conducted RCT or QED demonstrating a statistically significant positive impact on at least one child outcome.

This programme does not receive a rating of 4 as it has not yet replicated its results in another rigorously conducted study, where at least one study indicates long-term impacts, and at least one uses measures independent of study participants.

What does the plus mean?

The plus rating indicates that this programme has evidence from at least one level 3 study, along with evidence from other studies rated 2 or better.

Cost rating

A rating of 5 indicates that a programme has a high cost to set up and deliver, compared with other interventions reviewed by EIF. This is equivalent to an estimated unit cost of more than £2,000.

Cost rating: **5**

Child outcomes

According to the best available evidence for this programme's impact, it can achieve the following positive outcomes for children:

Preventing crime, violence and antisocial behaviour

Fewer days spent in lockup

Based on study 1

75.99 reduction in the number of days spent in lockup (in local detention facilities & state training schools) (administrative data)

Improvement index: **+28**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 78% and worse outcomes than 22% of their peers, if they had received the intervention.

Long-term A year later

Based on study 2

34.75-point improvement on the Characteristics of Living Situations

Improvement index: **+19**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 69% and worse outcomes than 31% of their peers, if they had received the intervention.

Long-term A year later

Reduced running away from placements

Based on study 1

59.91 reduction in incidents of running away from placements (administrative data)

Improvement index: **+22**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 72% and worse outcomes than 28% of their peers, if they had received the intervention.

Long-term A year later

Reduced rates of criminal referrals

Based on study 1

2.80-point reduction in the total number of criminal activity referrals (administrative data)

Improvement index: **+26**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 76% and worse outcomes than 24% of their peers, if they had received the intervention.

Long-term A year later

Reduced delinquent behaviour

Based on study 1

16.10-point improvement on the Elliott behaviour Checklist Self-report Scales

Improvement index: **+22**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 72% and worse outcomes than 28% of their peers, if they had received the intervention.

Long-term A year later

Based on study 2

5.28-point improvement on the Child Behaviour Checklist

Improvement index: **+19**

This means we would expect the average participant in the comparison group who did not receive the intervention (ie, someone for whom 50% of their peers have better outcomes and 50% have worse outcomes), to improve to the point where they would have better outcomes than 69% and worse outcomes than 31% of their peers, if they had received the intervention.

Long-term A year later

Key programme characteristics

Who is it for?

The best available evidence for this programme relates to the following age-groups:

- Preadolescents
- Adolescents

How is it delivered?

The best available evidence for this programme relates to implementation through these delivery models:

- Individual

Where is it delivered?

The best available evidence for this programme relates to its implementation in these settings:

- Home
- Secondary school
- Sixth-form or FE college
- Community centre

The programme may also be delivered in these settings:

- Home
- Secondary school
- Sixth-form or FE college
- Community centre

How is it targeted?

The best available evidence for this programme relates to its implementation as:

- Targeted indicated

Where has it been implemented?

Denmark, New Zealand, Norway, Sweden, United Kingdom, United States

UK provision

This programme has been implemented in the UK.

UK evaluation

This programme's best evidence does not include evaluation conducted in the UK.

Spotlight sets

EIF does not currently include this programme within any Spotlight set.

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About the programme

What happens during delivery?

How is it delivered?

- TFCO-A is a team-based intervention working with the young person, foster carer, birth family, school, and move-on placement. It usually lasts for 9-12 months.
- TFCO aims to increase a young person's social, emotional and relational skills and therefore reduce the need for more challenging and antisocial behaviours. The main way this is achieved is via:
  - Providing close supervision.
  - Offering multiple opportunities for feedback and reinforcement.
  - Providing a responsive, warm and predictable environment.
  - Providing daily structure with fair and consistent limits for inappropriate behaviour.
  - Young people having a supportive relationship with at least one mentoring adult.
  - Young people having less exposure to peers with similar problems.
- The main components of TFCO-A are:
  - Component 1: TFCO Foster Carers deliver the TFCO model directly to the young people in their everyday interactions, under the guidance of the TFCO Team Leader. They have two days of TFCO training prior to the first placement. While they have a young person in their care, they attend weekly foster carer meetings, and complete a daily Parent Daily Report that monitors young people's behaviours and carer stress. The Foster Carers have access to 24/7 support and are provided with regular respite.
  - Component 2: All young people follow an age appropriate behavioural incentive programme within the foster placement, developed and overseen by the Team Leader. All young people receive weekly Skills Coaching sessions for 1-1.5 hours and weekly hourly sessions with their Individual Worker/Therapist for the duration of their placement, and for up to 3 months post-TFCO.
  - Component 3: The Birth Family Coach works weekly with the birth family and/or extended family to help them learn and implement the TFCO parenting programme. This helps to shape up their own strengths and skills as carers/parents and aims to improve the quality of contact that they have with their child, increasing the chances of young people being returned home. This work can continue once the programme is completed or will be offered to the follow-on placement.
  - Component 4: The TFCO team work closely with schools/colleges or work placements to develop interventions for identified adults to deliver.

What happens during the intervention?

- At the centre of the TFCO programme is the foster carer and their young person. TFCO carers are highly trained and well supported to minimise stress and maximise their capacity to offer a nurturing and consistent home environment.
- The Team Leader co-ordinates and guides the TFCO programme for each young person, within the foster home, at school, with the biological family and in the move-on family's home for three months following TFCO. Timely information sharing with the Team Leader is key to the effective delivery of TFCO and there are a number of mechanisms within the TFCO model that facilitate this:
    - weekly clinical team meeting
    - weekly foster carer meeting
    - 24/7 on-call to help carers navigate stresses and difficulties,
    - daily completion of a Parent Daily Report with foster carers, which tracks carer stress and young person behaviours
    - team leader providing TFCO supervision to all clinical staff.
- Young people's skill development is targeted in a number of ways throughout the TFCO programme:
    - modelling, coaching and practice of specific skills in the community or in social situations with a Skills Coach
    - modelling and reinforcement of targeted skills within the foster home and the biological family home
    - weekly skills-based sessions with Skills Coaches to practise newly developing skills
    - weekly session with an Individual Therapist/Worker to help young people problem-solve and understand existing difficulties.
- Throughout the duration of the TFCO programme the Birth Family Coach works with the birth and extended family members in regular contact with the TFCO young person to help shape up their strengths and skills. Ultimately, the goal is to stabilise and improve relationships so that a move-on home is more realistic; however, when this is not a possibility the skills are targeted to improve the quality of contact.

What are the implementation requirements?

Who can deliver it?

This programme is delivered by a clinical team. The team consists of a Team Leader (recommended QCF 6), TFCO-A Foster Carers (recommended QCF 2), Foster Carer Recruiter/Consultant (recommended QCF 4/5), Birth Family Coach (recommended QCF 2), Skills Coach (recommended QCF 3), Individual Therapist (recommended QCF 4), Administrator (recommended QCF 4/5), and the Programme Manager (recommended QCF 6).

What are the training requirements?

- Practitioners have 3-4 days of programme training depending on their role. Booster training of practitioners is recommended.
- The TFCO-A clinical team and Foster Carers are required to be trained by the National Implementation Service when they initially set-up. Following this, new Foster Carers can be trained by the Team Leader.

How are the practitioners supervised?

- It is a requirement that Team Leaders are supervised by one external supervisor (recommended QCF 6), at the National Implementation Service, through weekly one-hour consultations via the telephone.
- The National Implementation Service provides consultation to the Team Leader on all aspects of the TFCO-A model, to ensure fidelity to the model. This is not clinical supervision and the NIS does not hold clinical responsibility for TFCO-A young people.
- TFCO-A skills-based supervision is provided by the Team Leader (recommended QCF 6) to the rest of the clinical team. This is done via weekly face-to-face meetings for one hour.
- TFCO-A team members would still be expected to meet the supervision requirements of the agency they are employed by, that is appropriate for the team members' professional qualification (e.g. Social Worker or Mental Health Practitioner). This includes, clinical supervision, skills-based supervision and case management.

What are the systems for maintaining fidelity?

- Training manual
- Other printed material
- Other online
- Material
- Fidelity monitoring.

Is there a licensing requirement?

Yes, there is a licence required to run this programme.

How does it work? (Theory of Change)

How does it work?

- Young people's behavioural difficulties and deficits in their social and emotional skills are rooted in repeated coercive or maladaptive interactions with the parent, which can cause immediate and long-term consequences in a young person's capacity to have successful social relationships and to manage the demands of school.
- TFCO-A foster carers are trained to help reduce young people's more disruptive behaviour through the use of effective parenting practices.
- TFCO is a team-based intervention that works across all aspects of a young person's life to provide a consistent approach that maximises opportunities for a young person to learn new skills and reduces the likelihood of disruptive and antisocial behaviour.
- Over the duration of the programme both the young people and their families will learn new skills that help them experience more stable and affirming relationships.
- In the longer term, improvements in relationships and reduced delinquency lead to increased likelihood of reunification with biological family or movement to longer-term or permanent placements.

Intended outcomes

Preventing child maltreatment Preventing crime, violence and antisocial behaviour

Contact details

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About the evidence

TFCO-A's most rigorous evidence comes from two RCTs which were conducted in United States. These are rigorously conducted (level 3) studies, which have identified statistically significant positive impact on a number of child outcomes.

A programme receives the same rating as its most robust study. This programme has evidence from two rigorously conducted RCT's. Subsequently, the programme receives a 3+ rating overall.

Study 1

Citation: Chamberlain et al., (1998)

Design: RCT

Country: United States

Sample: 85 males aged 12-17, all with a history of chronic delinquency

Timing: Post-intervention

Child outcomes:

- Fewer days spent in lockup
- Reduced running away from placements
- Reduced rates of criminal referrals
- Reduced delinquent behaviour

Other outcomes:

- None measured

Study rating: 3

Chamberlain, P., & Reid, J. B. (1998). Comparison of two community alternatives to incarceration for chronic juvenile offenders. Journal of consulting and clinical psychology, 66(4), 624.
Available athttp://psycnet.apa.org
Study Design and Sample

The first study is a rigorously conducted RCT.
This study involved random assignment of young people to a treatment group (MTFC-A, n=40) or a control group (Group Care, n=45).
This study was conducted in USA, with a sample of boys aged 12-17 years. All the young peoplehad a history of serious and chronic delinquency and were referred for community placements by the juvenile justice system over a 4-year period. The participant had an average of 13.5 prior criminal referrals and more than four felonies. 85% of the boys were White, 6% were Black, 3% were Native American, and 6% were Hispanic.
Measures

- The number of days each month spent in care, on the run, in detention, or in a state training school was measured using records kept by the juvenile court, and verified every 2 months by the probation officer (administrative data).
- Youth's delinquent and criminal activities were measured using official criminal referral data recorded by the Oregon Youth Authority (administrative data)
- Anti-social behaviour was measured using The Elliott Behaviour Checklist (EBC) (child self-report).
- Substance use was measured using a 5-point Likert scale: 1 (never) to 5 (used 1 or more time per day) (child self-report). At each time point, the participants reported on their use of tobacco alcohol, marijuana, and other drugs.

Findings

This study identified statistically significant positive impact on a number of child outcomes. This includes:

- Fewer boys in MTFC-A than GC running away from their placements (p=.02) (measured using juvenile court records).
- During the year after referral, boys in MTFC-A spent significantly fewer days in lockup than did GC boys (p=.002) (measured using juvenile court records).
- MTFC-A boys showed significantly larger drops in official criminal referral rates (p = 0.003) (measured using official criminal records).
- MTFC-A boys reported significantly less anti-social behaviour on the EBC (general delinquency, p=0.1; Index offenses, p=.03; felony assaults, p=.05).

Additional papers reported on 12-month follow-up findings (Eddy et al., 2004), as well as substance use and criminal referrals for violence at 12-months follow-up (Smith et al., 2010). These outcomes did not however contribute to the overall programme rating as the studies were not as robust as the Chamerlain et al (1998) study.

Study 2

Citation: Leve et al., 2005

Design: RCT

Country: United States

Sample: 81 girls aged 13-17, all with problems with chronic delinquency

Timing: Post-intervention

Child outcomes:

- Fewer days spent in lockup
- Reduced delinquent behaviour

Other outcomes:

- None measured

Study rating: 3

Leve, L.D., Chamberlain, P., & Reid, J.B. (2005). Intervention outcomes for girls referred from juvenile justice: effects on delinquency. Journal of Consulting and Clinical Psychology, 73(6), 1181-1185.
Available athttp://psycnet.apa.org
Study design and sample

The second study is a rigorously conducted RCT.
This study involved the random assignment of 81 girls to the experimental condition (MTFC-A, n= 37) or a comparison condition (group care, n = 44). This study was conducted in the USA, with a sample of young females who had been mandated to community-based out-of-home care due to problems with chronic delinquency.
At baseline, girls were aged between 13 and 17 years old, and at follow-up they were 15-19 years old. The girls had at least one criminal referral of any type in the 12 months prior to placement.
Measures

Four measures of delinquency were used:

1. Days spent in locked setting was measured using the Characteristics of Living Situations measure (parent and self-report). At baseline, caregivers and girls were asked where the girl was residing each day during the prior 12-months period. At follow-up, this information was obtained from the girl only. Time spent in detention facilities, correction facilitated, jail, or prison was tallied to score the number of days in locked settings.

2. Criminal referrals in the 12 months before and after treatment entry was measured using state police records and circuit court data.

3. Delinquent behaviour was measured using the Child Behaviour Checklist (CBCL) (Parent-report).

4. Delinquent behaviour was also measured using the Elliot self-report Delinquency Scale (child-report).

There were three measures of educational engagement:

1. Caregivers and girls reported independently at baseline and at 12-months post-baseline on the number of days in the last week that the girls spent at least 20min/day on homework (range = 0-7 days).

2. Caregivers and girls reported on whether or not the girls did homework that day (0=no, 1=yes) via three phone interviews conducted within a 1-week period at 3-6 months postbaseline.

3. Caregivers and girls reported how often the girls attended school (collected at baseline and 12-months postbaseline.

Findings

This study identified statistically significant positive impact on a number of child outcomes. This includes:
12-months post-baseline:

- MTFC-A girls had significantly fewer follow-up days in locked settings than the GC girls (caregiver and child report).
- MTFC-A girls had significantly lower follow-up delinquency scores than GC girls (CBCL, parent report).

Additional papers reported on homework completion and school attendance (Leve et al., 2007), as well as follow-up findings on delinquency outcomes (Chamberlain et al., 2007). These outcomes did not however contribute to the overall programme rating as the studies were not as robust as the Leve et al., (2005) study.

Other studies

The following studies were identified for this programme but did not count towards the programme's overall evidence rating. A programme receives the same rating as its most robust study or studies.

Eddy, J., Whaley, R., & Chamberlain, P. (2004) The prevention of violent behavior by chronic and serious male juvenile offenders: A 2-year follow-up of a randomized clinical trial. Journal of Emotional and Behavioral Disorders, 12(1), 2-8 - **This reference refers to a randomised control trial, conducted in the USA.**
Smith, D.K., Chamberlain, P., & Eddy, J.M. (2010). Preliminary support for Multidimensional Treatment Foster Care in reducing substance use in delinquent boys. Journal of Child & Adolescent Substance Abuse, 19(4), 343-358 - **This reference refers to a randomised control trial, conducted in the USA.**
Chamberlain, P., Leve, L.D., & DeGarmo, D.S. (2007). Multidimensional Treatment Foster Care for girls in the juvenile justice system: 2-year follow-up of a randomized clinical trial. Journal of Consulting and Clinical Psychology, 75(1), 187-193 - **This reference refers to a randomised control trial, conducted in the USA.**
Leve, L.D., & Chamberlain, P. (2007). A randomized evaluation of Multidimensional Treatment Foster Care: Effects on school attendance and homework completion in juvenile justice girls. Research on Social Work Practice, 17(6), 657-663 - **This reference refers to a randomised control trial, conducted in the USA.**
Eddy, J.M., & Chamberlain, P. (2000). Family management and deviant peer association as mediators of the impact of treatment condition on youth antisocial behavior. Journal of Consulting and Clinical Psychology, 68, 857-863 - **This reference refers to a randomised control trial, conducted in the USA.**
Leve, L.D., & Chamberlain, P. (2005). Association with delinquent peers: Intervention effects for youth in the juvenile justice system. Journal of Abnormal Child Psychology, 33(3),339-347 - **This reference refers to a randomised control trial, conducted in the USA.**
Kerr, D.C.R., Leve, L.D., & Chamberlain, P. (2009). Pregnancy rates among juvenile justice girls in two randomized controlled trials of Multidimensional Treatment Foster Care. Journal of Counseling and Clinical Psychology, 77(3), 588-593 - **This reference refers to a randomised control trial, conducted in the USA.**
Van Ryzin, M. J., & Leve, L. D. (2012). Affiliation with delinquent peers as a mediator of the effects of Multidimensional Treatment Foster Care for delinquent girls. Journal of Consulting and Clinical Psychology, 80(4), 588-596 - **This reference refers to a randomised control trial, conducted in the USA.**
Harold, G., Kerr, D., Van Ryzin, M., DeGarmo, D., Rhoades, K., Leve L. (2013) Depressive Symptom Trajectories Among Girls in the Juvenile Justice System: 24-month Outcomes of an RCT of Multidimensional Treatment Foster Care. Prevention Science, (Abstract) - **This reference refers to a randomised control trial, conducted in the USA.**
Rhoades, K. A., Leve, L. D., Harold, G., Kim, H. K., & Chamberlain, P. (2014). Drug use trajectories after a randomized controlled trial of MTFC: Associations with partner drug use. Journal of Research on Adolescence, 24(1), 40-54 - **This reference refers to a randomised control trial, conducted in the USA.**
Green, J., Biehal, N., Roberts, C., Dixon, J., Kay, C., Parry, E., Rothwell, J., Roby, A., Kapadia, D., Scott, S., and Sinclair, I. (2014). Multidimensional Treatment Foster Care for Adolescents in English care: randomised trial and observational cohort evaluation. British Journal of Psychiatry, 204 (3) 214-221 (Full article) - **This reference refers to a randomised control trial, conducted in the UK.**
Sinclair, I., Parry, E., Biehal, N., Fresen, J., Kay, C., Scott, S., and Green, J. (2016) Multi-dimensional Treatment Foster Care in England: differential effects by level of initial antisocial behaviour. European Journal of Child and Adolescent Psychiatry, 25, 843-852 - **This reference refers to a randomised control trial, conducted in the UK.**
Westermark, P.K., Hansson, K. & Olsson, M. (2011). Multidimensional Treatment Foster Care (MFTC): Results from an independent replication. Journal of Family Therapy, 33, 20-41 - **This reference refers to a pre-post study, conducted in Sweden.**
Bergström, M. & Höjman L. (2015) Is multidimensional treatment foster care (MTFC) more effective than treatment as usual in a three-year follow-up? Results from MTFC in a Swedish setting. European Journal of Social Work. Volume 18 (Abstract) - **This reference refers to a randomised control trial, conducted in Sweden.**
Chamberlain, P., & Reid, J.B. (1994). Differences in risk factors and adjustment for male and female delinquents in Treatment Foster Care. Journal of Child and Family Studies, 3, 23-39 - **This reference refers to a pre-post study, conducted in the USA.**
Rhoades, K. A., Chamberlain, P., Roberts, R., & Leve, L. D. (2013). MTFC for high-risk adolescent girls: A comparison of outcomes in England and the United States. Journal of Child & Adolescent Substance Use, 22(5), 435-449 - **This reference refers to a randomised control trial, conducted in the UK and the USA.**
Chamberlain, P. (1990). Comparative evaluation of specialized foster care for seriously delinquent youths: a first step. Community Alternatives: International Journal of Family Care, 2, 21-36 - **This reference refers to a quasi-experimental design, conducted in the USA.**
Holmes, L., Ward, H. and McDermid, S. (2012) Calculating and comparing the costs of multidimensional

treatment foster care in English local authorities. Children and Youth Services Review 34, 11, 2141-2146 - **This reference refers to a cost-effectiveness analysis, conducted in the UK.**
Chamberlain, P., Ray, J., & Moore, K. (1996). Characteristics of residential care for adolescent offenders: A comparison of assumptions and practices in two models. Journal of Child and Family Studies, 5, 285-297 - **This reference refers to a randomised control trial, conducted in the USA.**
Chamberlain, P. (1997). The effectiveness of group versus family treatment settings for adolescent juvenile offenders. Paper presented at the Society for Research on Child Development Symposium, Washington, D.C., April 3 - **This reference refers to a randomised control trial, conducted in the USA.**
Leve, L. D., Kerr, D. C. R., & Harold, G. T. (2013). Young adult outcomes associated with teen pregnancy among high-risk girls in a randomized-controlled trial of Multidimensional Treatment Foster Care. Journal of Child & Adolescent Substance Abuse, 22(5), 421-434 - **This reference refers to a randomised control trial, conducted in the USA.**

Guidebook

The EIF Guidebook provides information about early intervention programmes that have at least preliminary evidence of achieving positive outcomes for children. It provides information based on EIF's assessment of the strength of evidence for a programme's effectiveness, and on detail about programmes shared with us by those who design, run and deliver them.

The Guidebook serves an important starting point for commissioners to find out more about effective early interventions, and for programme providers to find out more about what good evidence of impact looks like and how it can be captured. As just one of our key resources for commissioners and practitioners, the Guidebook is an essential part of EIF's work to support the development of and investment in effective early intervention programmes.

Our assessment of the evidence for a programme's effectiveness can inform and support certain parts of a commissioning decision, but it is not a substitute for professional judgment. Evidence about what has worked in the past offers no guarantee that an approach will work in all circumstances. Crucially, the Guidebook is not a market comparison website: ratings and other information should not be interpreted as a specific recommendation, kite mark or endorsement for any programme.

How to read the Guidebook

EIF evidence standards

About the EIF Guidebook

EIF

The Early Intervention Foundation (EIF) is an independent charity and a member of the What Works network. We support the use of effective early intervention for children, young people and their families: identifying signals of risk, and responding with effective interventions to improve outcomes, reduce hardship and save the public money in the long term.

We work by generating evidence and knowledge of what works in our field, putting this information in the hands of commissioners, practitioners and policymakers, and supporting the adoption of the evidence in local areas and relevant sectors.

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