EARLY
INTERVENTION
FOUNDATION

GUIDEBOOK

Published January 2023

Downloaded from https://guidebook.eif.org.uk/programme/treatment-foster-care-oregon-prevention

Treatment Foster Care Oregon Prevention

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 Prevention (TFCO-P)* is for families with a looked-after child between the ages of 3 and 6 who are in foster placements or residential placements.

Children are placed with a 'treatment foster family' trained in the TFCO-P model, for a period that typically lasts 9-12 months. Targeted children have complex needs, and may have already experienced a number of placement disruptions. Children may present with a wide range of behavioural difficulties, which are likely to be impacting on a number of areas of life such as their relationships with adults and peers and their capacity to manage preschool or school environments.

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

Evidence rating: **2+**

Cost rating: **5**

EIF Programme Assessment

Treatment Foster Care Oregon Prevention has **preliminary evidence** of improving a child outcome, but we cannot be confident that the programme caused the improvement.

Evidence rating: **2+**

What does the evidence rating mean?

Level 2 indicates that the programme has evidence of improving a child outcome from a study involving at least 20 participants, representing 60% of the sample, using validated instruments.

This programme does not receive a rating of 3 as its best evidence is not from a rigorously conducted RCT or QED evaluation.

What does the plus mean?

The plus rating indicates that a programme's best available evidence is based on an evaluation that is more rigorous than a level 2 standard but does not meet the criteria for level 3.

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:

Supporting children's mental health and wellbeing

Improved secure behaviour

Based on study 1a

Decreased avoidant behaviour

Based on study 1a

Maintenance of cortisol levels

Based on study 1b

Preventing child maltreatment

Improved permanent placements

Based on study 2

This programme also has evidence of supporting positive outcomes for couples, parents or families that may be relevant to a commissioning decision. Please see the 'About the evidence' section for more detail.

Key programme characteristics

Who is it for?

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

- Preschool

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
- Children's centre or early-years setting
- Primary school

The programme may also be delivered in these settings:

- Home
- Children's centre or early-years setting
- Primary school

How is it targeted?

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

- Targeted indicated

Where has it been implemented?

Netherlands, 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.

About the programme

What happens during delivery?

How is it delivered?

- TFCO-P is a team-based approach, working with the child, foster carer, birth family, school, and move-on placement. It usually lasts for 6-12 months.
- TFCO aims to increase a child'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.
    - Children having a supportive relationship with at least one mentoring adult.
    - Children having less contact with peers with similar problems.
- The main components of TFCO-P are:
    - Component 1: TFCO Foster Carers deliver the TFCO model directly to the children 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 child in their care, they attend weekly foster carer meetings, and complete a daily Parent Daily Report that monitors children's behaviours and carer stress. The Foster Carers have access to 24/7 support and are provided with regular respite.
    - Component 2: All children follow a behavioural incentive programme within the foster placement, developed and overseen by the Team Leader. All children receive weekly Skills Coaching sessions for 1- 1.5 hours, for the duration of their placement, and for up to three months post-TFCO. Some children attend a weekly Therapeutic Playgroup for 1.5 hours, which focuses on skills for school-readiness.
    - Component 3: The Birth Family Coach works weekly with the birth family and/or extended family for one hour. They make use of a TFCO parenting programme to help shape up strengths and skills and improve the quality of contact, and to increase the chances of children being returned home. This work can continue once a child returns home or will be offered to the follow-on placement.
    - Component 4: The TFCO team work closely with schools to develop interventions for teachers to deliver. Alternatively, an intervention will be delivered directly to the child from the TFCO team, within the school.

What happens during the intervention?

- At the centre of the TFCO programme is the foster carer and their child. 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 child, 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 child behaviours
  - team Leader providing TFCO supervision to all clinical staff.
- Children's skill development is targeted in a number of ways throughout the TFCO programme:
  - Modelling, coaching and practise 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 attendance at the Therapeutic Playgroup where TFCO children come together with Skills Coaches to learn and practise school-based skills, in a structured environment.
  - Children already in school may have support from Skills Coaches who work closely with staff to help them implement TFCO interventions that target specific skill development.
- 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 child 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-P 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-P model, to ensure fidelity to the model. This is not clinical supervision and the NIS does not hold clinical responsibility for TFCO-P children.
- TFCO-P 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.
- TFCO-P team members would still be expected to meet the supervision requirements of the agency they are employed by, that is appropriate for the team member's professional qualification (e.g. Social Worker or Mental Health Practitioner). This includes, clinical, skills 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?

- Children's behavioural difficulties and deficits in their social and emotional skills are rooted in repeated coercive or maladaptive parent-child interaction, which can cause immediate and long-term consequences in a child's capacity to have successful social relationships and to manage the demands of nursery or school.
- TFCO is a team-based intervention that works across all aspects of a child's life to provide a consistent approach that maximises opportunities for a child to learn new skills and reduces the likelihood of disruptive and antisocial behaviour.
- Over the duration of the programme both the children and their families will learn new skills that help them experience more stable and affirming relationships and the children will also experience more success with their peer relationships and at school.
- In the longer term, children are more likely to experience placement stability.

Intended outcomes

Preventing child maltreatment Preventing crime, violence and antisocial behaviour

Contact details

Colin Waterman Director (and Systemic Family Psychotherapist) National Implementation Servicecolin.waterman@mft.nhs.uk

www.tfcoregon.comwww.evidencebasedinterventions.org.ukwww.mtfc.org.uk

About the evidence

TFCO-P’s most rigorous evidence comes from one RCT which was conducted in the United States. This is a level 2+ study, which identified statistically significant positive impact on a number of child outcomes.

A programme receives the same rating as its most robust study, and so the programme receives a level 2+ rating overall.

Study 1a

Citation: Fisher & Kim (2007)

Design: RCT

Country: United States

Sample: 137 children aged 2-5 years in foster care

Timing: Participants were assessed across five 3-month intervals: T1, 3 months; T2, 6 months; T3, 9 months; T4
months; T5, post-intervention.

Child outcomes:

- Improved secure behaviour
- Decreased avoidant behaviour

Other outcomes:

- None measured

Study rating: 2+

Fisher, P.A. & Kim, H.K. (2007). Intervention effects on foster preschoolers' attachment-related behaviors from a randomized trial. Prevention Science, 8, 161-170

Available athttps://link.springer.com

Study Design and Sample

The first study is an RCT.

Study 1a (Fisher & Kim., 2007) involved random assignment of children to a treatment group (MTFC-P) and a comparison group (Regular Foster Care).

This study was conducted in the USA, with a sample of children aged 2-5 years old. Children were pre-schoolers entering new foster placements. To be eligible for the study, the current placement had to be expected to last for three or more months.

Measures

Secure, resistant and avoidant attachment-related behaviours was measured using the Parent Attachment Diary (parent report).

Findings

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

This includes improved secure behaviour, and decreased avoidant behaviour. This study identified statistically significant positive impact on a number of child outcomes. The conclusions that can be drawn from this study are limited by methodological issues pertaining to overall and differential attrition being above 10%, and subsequent analysis not being conducted to determine whether study attrition undermined the equivalence of the study groups

Additional papers report on subgroup and predictor analyses (Fisher et al., 2009; Fisher et al., 2011a, Fisher et al., 2011b).

This study identified statistically significant positive impact on a number of child and parent outcomes. The conclusions that can be drawn from this study are limited by methodological issues pertaining to overall attrition being over 10% and no analyses being conducted to demonstrate that overall attrition did not undermine the equivalence of the two groups, hence why a higher rating is not achieved.

Study 1b

Citation: Fisher, Stoolmiller, Gunnar, & Burraston (2007)

Design: RCT

Country: United States

Sample: 137 children aged 2-5 years in foster care

Timing: Twice every month for 12 months

Child outcomes:

- Maintenance of cortisol levels

Other outcomes:

- None measured

Study rating: 2+

Fisher, P. A., Stoolmiller, M., Gunnar, M. R., & Burraston, B. O. (2007). Effects of a therapeutic intervention for foster preschoolers on diurnal cortisol activity. Psychoneuroendocrinology, 32(8), 892-905.

Available athttp://www.sciencedirect.com

Study 1b describes additional outcomes from study 1a described above.

In this study, and additional norm control group was added to the sample. In this case:

- Saliva samples were collected every month for 12 months, to measure cortisol levels of children. Cortisol is a good indicator of stress levels.
- This study identified statistically significant positive impact on a child outcome. This includes the maintenance of cortisol levels.

Study 1c

Citation: Fisher & Stoolmiller (2008)

Design: RCT

Country: United States

Sample: 137 children aged 2-5 years in foster care

Timing: Multiple intervals over 12 months

Child outcomes:

Other outcomes:

- Reduced caregiver stress

Study rating: 2+

Fisher, P. A., & Stoolmiller, M. (2008). Intervention effects on foster parent stress: Associations with child cortisol levels. Development and psychopathology, 20(3), 1003-1021.

Available at https://www.cambridge.org

Study 1c describes additional outcomes from study 1a described above.

In this study, an additional norm control group was added to the sample. In this case:

- This study examined whether diurnal cortisol activity was associated with caregiver self-reported stress in response to child problem behaviour.
- This study identified statistically significantly positive impact on a parent outcome. This includes reduced caregiver stress (PDR, parent self-report).

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.

Fisher, P. A., Kim, H. K., & Pears, K. C. (2009). Effects of Multidimensional Treatment Foster Care for Preschoolers (MTFC-P) on reducing permanent placement failures among children with placement instability. Children and Youth Services Review, 31(5), 541-546 - **This reference refers to a quasi-experimental design, conducted in the USA.**

Fisher, P. A., Stoolmiller, M., Mannering, A. M., Takahashi, A., & Chamberlain, P. (2011). Foster placement disruptions associated with problem behavior: Mitigating a threshold effect. Journal of Consulting and Clinical Psychology, 79(4), 481 - **This reference refers to a randomised control trial, conducted in the USA.**

Fisher, P. A., Van Ryzin, M. J., & Gunnar, M. R. (2011). Mitigating HPA axis dysregulation associated with placement changes in foster care. Psychoneuroendocrinology, 36(4), 531-539 - **This reference refers to a quasi-experimental design, conducted in the USA.**

Fisher, P.A., Burraston, B., Pears, K., (2005). The Early intervention Foster Care Program: Permanent Placement Outcomes from a Randomized Trial. Child Maltreatment, 10, 61 – 71 - **This reference refers to a randomised control trial, conducted in the Netherlands.**

Jonkman, C. S., Schuengel, C., Lindeboom, R., Oosterman, M., Boer, F., & Lindauer, R. J. (2013). The effectiveness of Multidimensional Treatment Foster Care for Preschoolers (MTFC-P) for young children with severe behavioral disturbances: study protocol for a randomized controlled trial. Trials, 14(1), 197 - **This reference refers to a randomised control trial, conducted in the Netherlands.**

Jonkman, C. S., Bolle, E. A., Lindeboom, R., Schuengel, C., Oosterman, M., Boer, F., & Lindauer, R. J. (2012). Multidimensional treatment foster care for preschoolers: early findings of an implementation in the Netherlands. Child and adolescent psychiatry and mental health, 6(1), 38 - **This reference refers to a pre-post study, conducted in the Netherlands.**

Bruce, J., McDermott, J. M., Fisher, P. A., & Fox, N. A. (2009). Using behavioral and electrophysiological measures to assess the effects of a preventive intervention: A preliminary study with preschool-aged foster children. Prevention Science, 10(2), 129-140 - **This reference refers to a randomised control trial, conducted in the USA.**

Fisher, P. (2015) Review: Adoption, fostering, and the needs of looked after and adopted children. Child and Adolescent Mental Health, 20 (1), pages 5-12 - **This reference refers to a literature review**

Leve, L., Harold, G. T., Chamberlain, P., Landsverk, J. A., Fisher, P. A., Vostanis, P. (2012) Practitioner Review: Children in foster care – vulnerabilities and evidence-based interventions that promote resilience processes. Journal of Child Psychology and Psychiatry, 53:12, pp 1197-1211 - **This reference refers to a practitioner review, conducted in the USA.**

Luke, N., Sinclair, I., Woolgar, M., and Sebba, J. (2014) What works in preventing and treating poor mental health in looked after children? NSPCC - **This reference refers to an evidence review, conducted in the UK.**

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.

www.EIF.org.uk | @TheEIFoundation

10 Salamanca Place, London SE1 7HB | +44 (0)20 3542 2481

Disclaimer

The EIF Guidebook is designed for the purposes of making available general information in relation to the matters discussed in the documents. Use of this document signifies acceptance of our legal disclaimers which set out the extent of our liability and which are incorporated herein by reference. To access our legal disclaimers regarding our website, documents and their contents, please visit eif.org.uk/terms-conditions/. You can request a copy of the legal disclaimers by emailing info@eif.org.uk or writing to us at Early Intervention Foundation, 10 Salamanca Place, London SE1 7HB.