

Together Facing the Challenge:

Preliminary Findings from a Randomized
Clinical Trial of Therapeutic Foster Care

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Overview of Today

- Introduction to what we've done and why
- Overview of intervention: *Together Facing the Challenge*
- Highlights of preliminary findings on youth-level effects
- Consideration of potential key factors (focus on fidelity)
- Conclusions/discussion

Background

- **Overall Goal: How do we improve treatment and outcomes for youth in TFC in "usual care" agencies?**
- **Treatment Foster Care**
 - Treatment focused; supervision/support; individualized; opportunities for intensive treatment AND family-based opportunities for development
- **Popularity of TFC**
 - Evidence based, congruent with system-of-care principles, cost, etc.
 - Evidence comes almost exclusively from work by Chamberlain on MTFC
 - Recent review by CDC suggested that other models do not show significant results

Initiation of Our Work on TFC

- **Currently approximately 1,500 agencies providing TFC in the US**
 - Chamberlain's model being disseminated in about 50
- **So in 1998.....**
 - Funding by NIMH for an "observational study" of TFC
 - To learn more about:
 - How was TFC used? (for whom, where in treatment trajectories, for how long, etc.)
 - How much variation was there in "usual care" TFC?
 - Was better "quality of care" in TFC related to better outcomes for youth?
 - Worked with 46 agencies in North Carolina

Findings from Initial Study (1998-2002)

- **Tremendous variation in TFC**
 - Few (if any) programs resembled "evidence-based" model
- **However, many factors associated with positive outcomes in "evidence-based" model also associated with positive outcomes in "usual care"**
 - Training, Supervision (of Treatment Parents by agency and of youth by TP's), parent-child relationship
 - Behavioral interventions????
- **Key differences from "evidence-based" model**
 - Length of stay
 - Resulting gaps (trauma, transition to adulthood)

Development of the Randomized Trial (2003-2009)

- **Build upon findings to improve practice in "usual care"**
 - Built upon Chamberlain's evidence-based model
 - AND
 - Practice-based "evidence" from initial study

Together Facing the Challenge

| | OSLC evidence-based model | Current practice in "real world" agencies | "Enhanced" long-term model |
|--|---------------------------|---|----------------------------|
| Service Coordination/Case Management | Yes | Yes | Yes |
| Treatment Parents as key providers/change agents | Yes | Yes | Yes |
| Team approach to treatment | Yes | Yes | Yes |
| Respite | Yes | Yes | Yes |
| Work with youth's family | Yes | Yes | Yes |
| Reduce association with deviant peers | Yes | Yes | Yes |
| Intensive Supervision/Support | Yes | No | Yes |
| Proactive approach to behavior problems | Yes | No | Yes |
| Preparing for transition to adulthood | Not systematic | No | Yes |
| Addressing previous trauma and sequelae | Not systematic | No | Yes |

What We Offer

A comprehensive training curriculum that brings together the strengths of evidence-based treatment with the realities of "usual care" settings to offer an enhanced approach to meeting the needs of youth in Therapeutic Foster Care (TFC).

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

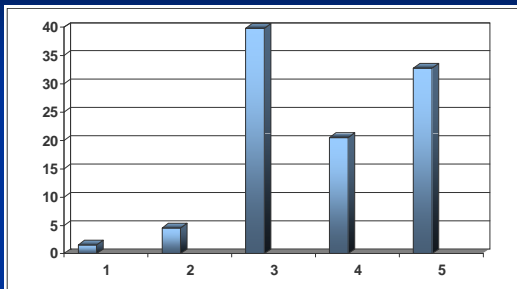
- Strengthen the relationship between agency staff and treatment parent as well as between treatment parent and child,
- Increase treatment parent skills, knowledge, and competence in the general areas of behavior management and,
- Enhance supervisors' ability to adequately support and guide these efforts.

Where We Started

60% married
90% female
Average age = 48
76% African American
75% some education beyond high school
63% work full-time

- View themselves more as parents than treatment professionals
- Agency trainings – nearly all completed pre-service; 2/3 viewed it as "very helpful," little coverage of behavior management
- Reported that behavioral approaches were most effective (restricting, removing privileges), but few implemented them

Treatment Parent's View of Role



1=Treatment Professional 5=Parent

Implementing Behavior Management

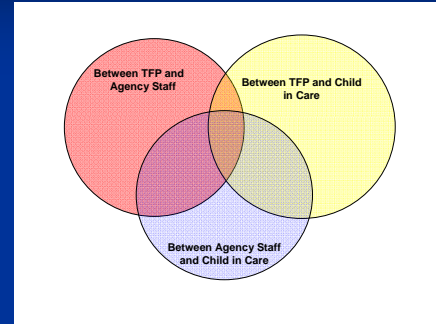
- In past 24 hours (TP report on PDR), youth exhibited an average of 4-5 problematic types of behaviors:
 - Examples: lying 32%; manipulative 34%; not following directions 24%; problem in school 18%; fight or disagreement 30%; ignore TP 16%
- In 80% of cases, TP reported doing 'something' in response:

| | |
|--------------------------------|----------|
| Talked to... | 30 - 40% |
| Discussed.... | 12 - 19% |
| Reminded of rules... | 10 - 24% |
| Warned of possible consequence | 5 - 12% |
| Redirect | 2 - 10% |

Intervention and Design

- Families enrolled in the study (n = 246)
- Worked with 14 sites across the state of North Carolina (n = 7 intervention and 7 control)
- Intervention Sites (n = 136)
- Training with TFC Supervisors (n = 85)
- Training with Treatment Parents (n = 350)
- Follow-up consultation with Supervisors
- "Booster sessions" with Treatment Parents (6 and 12 months)
- For all sites: Data collection at baseline, 6, 12, 18, and 24 months

Key Factors in Building Relationships



Together Facing the Challenge Implementation Outline

Phase 1-Introduction

- Introductory meeting with agency administrator
- Introductory meeting with agency staff
- 2 full days of training with agency staff
- 12 hours of training with treatment parents

TFC Implementation Outline Continued

Phase 2 – Follow-up Consultation

- Monthly in-person or phone conference meeting with agency staff held for 9-12 months post training
- Parent booster sessions conducted at 6 and 12 months post training

Supervisor Training

- Initial Training: 2 Full Days
- Accelerated version of parent management training
- Some of the goals of Supervisor training included:
 - Education
 - Preparation
 - Facilitation

Treatment Parent Training

- Initial Training: 6, 2.5 hour sessions
- Session 1: Building Relationships, Power of Praise, and Tracking Behaviors
- Session 2: Use of Incentives, Giving Effective Instructions, and Establishing House Rules
- Session 3: Avoiding Power Struggles, and Developing Behavior Contracts

Parent Training Outline Cont.

- Session 4: Implementing Effective Consequences
- Session 5: Preparing for the Future
- Session 6: Enhancing Communication, Identifying and Managing Feelings, and Taking Care of Yourself

Development and Overview of TFC Toolkit

Components of Toolkit

- Introduction
- Background and Research
- Video Tape of TFC in North Carolina
- Organizational Readiness
- Training Manuals
- PowerPoint Presentation
- Additional Resource Information
- Off Road Parenting Book with DVD
- Toolkit on CD

Incorporating Model into Usual Practice

- Engagement
- Train-the-Trainer Model – identify core training group within each site
- Well designed, relevant, and in line with agency philosophy
- Staff champions!
- On-going Supervision, Coaching, and Support at all levels
- Adhering to a training schedule for staff and treatment parents.
- Provide on-going training and education opportunities for staff and treatment parents
- Enhance quality of treatment-focused in-home sessions with staff and treatment parents

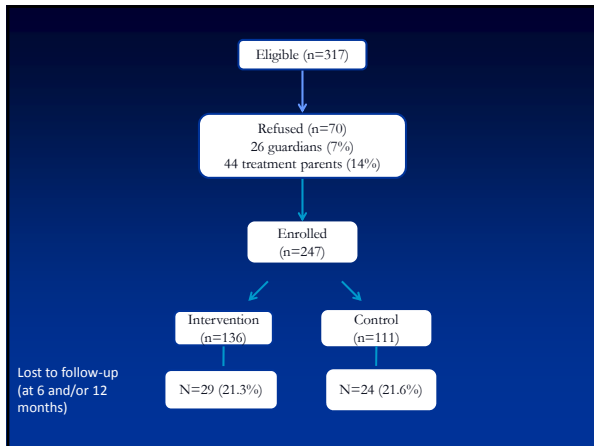
Incorporating Model Cont.

- Incorporate model at every level
- Follow-up consultation is a key component to help facilitate the process of incorporating the model into daily practice
- Consultation offers additional guidance by providing on-going coaching and feedback that can be used as a vehicle to initiate change
- Making systematic changes versus adding “just one more thing” to an already full plate
- Changing practice is tough, agency ownership is essential!
- State intervention can make a difference!

Study Description and Preliminary Findings.....

Study Design

- Data collection at baseline, 6 months, 12 months
- Interviews with Treatment Parent and youth (separately)
- Continued to follow youth regardless of placement
- Current analyses are “intent to treat” (everyone in, regardless of tenure in TFC)

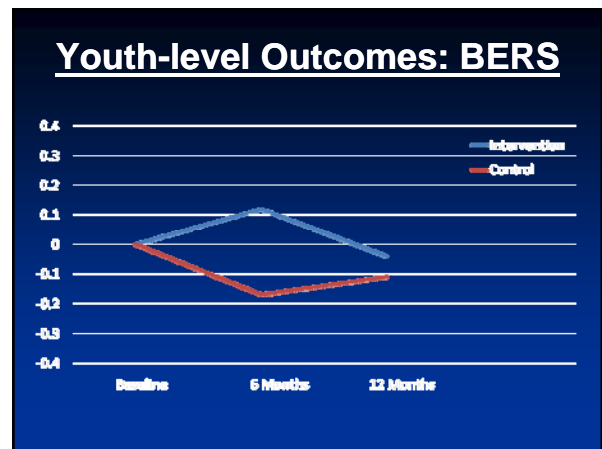
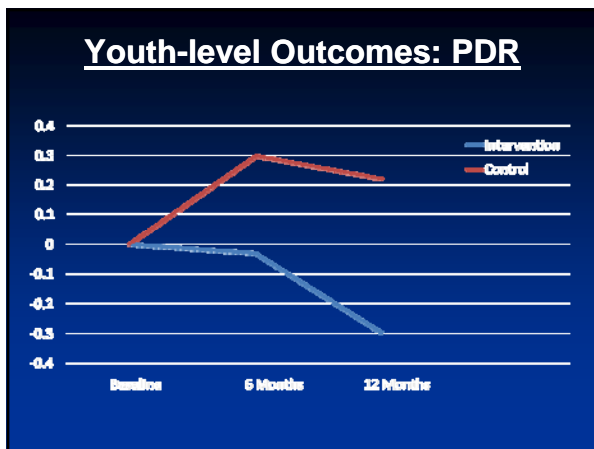
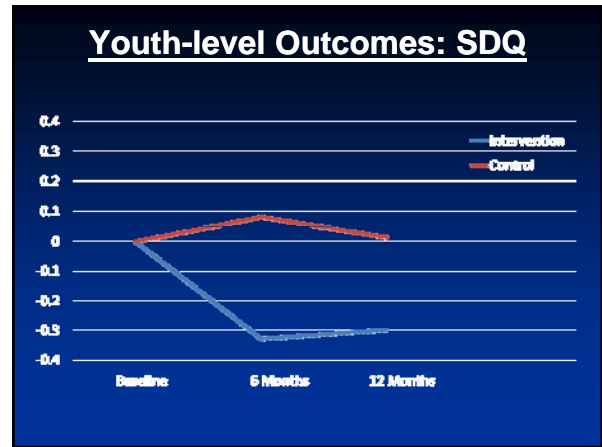


Sample Characteristics – Randomization Worked!

| | Full Sample (n=247) | Intervention (n=136) | Control (n=111) | Significant? |
|------------------------------|----------------------------|----------------------|-----------------|--------------|
| Child age | 12.9 (range=2-21) | 12.7 | 13.2 | No |
| Race (Black) | 56.7% | 55.5% | 58.2% | No |
| Sex (Female) | 45.1% | 40.3% | 50.9% | No |
| Length of Stay (at baseline) | 20.5 months (range=<1-151) | 20.3 | 20.7 | No |
| BERS | 86.8 | 86.4 | 87.3 | No |
| SDQ | 16.3 | 17.4 | 14.6 | No |
| PDR | 5.8 | 5.9 | 5.6 | No |

Study Attrition – Who did we lose?

| | Full Sample (n=247) | Follow-up through 12 months (n=194) | Lost (n=53) | Significant? |
|------------------------|---------------------|-------------------------------------|-------------|--------------|
| Intervention condition | 55.5% | 55.7% | 54.7% | No |
| Age | 12.9 | 12.9 | 13.1 | No |
| Race (Black) | 56.7% | 57.2% | 56% | No |
| Sex (Female) | 45.1% | 45% | 45.3% | No |
| BERS | 86.8 | 86.6 | 87.3 | No |
| SDQ | 16.3 | 16.2 | 16.8 | No |
| PDR | 5.8 | 5.8 | 5.7 | No |



Where we currently stand...

- We're just beginning to analyze these data
- First time the field has examined whether TFC can be improved (compared to "usual care" TFC)
- Results LOOK encouraging
- But, we still have a tremendous amount of work to do:
 - Changes in patterns across time raise questions
 - Why? For whom?
 - What are the processes associated with observed improvements?
- Implementation of intervention changed practice in intervention agencies
 - Fidelity measure
 - Consistency of consequences
 - More praise for "good" behaviors

Measuring the Fidelity of Implementation of an Enhanced Model of Therapeutic Foster Care

Background

- Fidelity Rating Scale from PMTO
- Oregon Social Learning Center process measures
- Therapist Behavior Rating Scale
- Core Processes of our Enhanced Model

Overview

- Designed to assess fidelity to the key components covered in the parent management training.
- Based on direct observation during home visits
- Revised, piloted with an intervention and control agency
- Psychometrics

Fidelity of Implementation

- A train-the-trainer approach was at the core of the implementation strategy of the enhanced TFC model
- Supervisors who directly managed Treatment Parents were trained in the enhanced model
- Became part of the training process by assisting in the intensive Parent Management Training
- Supervisors received on-going consultation/support from the intervention specialist to address any questions about implementation of the model

Revised Scale

- During the piloting of this measure we asked for feedback from the supervisors and incorporated their feedback into the revised format
- Minor revisions
- Assessed a total of 110 families during the same one month time period
- All supervisors observing families in the intervention sites had participated in the train-the-trainers module of our intervention

Rules

- **Establishes and fine-tunes house rules**
 - has a clear set of house rules;
 - limited in number,
 - posted in a central location, and
 - is reviewed regularly.
 - The house rules are followed by all members of the household and
 - provide a structure for a safe environment.

Relationship - Future

Builds a therapeutic relationship – encourages and supports child by providing important building blocks in their relationship (e.g. genuine interest, identifying common ground, positive attitude, patient and understanding, consistent and follow-through, etc.)

Teaches relevant life skills – demonstrates ability to transform daily living activities into learning opportunities to assist youth in the development of independent living skills.

Takes care of self – is able to recognize the impact that stress has on their life, the 'warning signs' that make them aware of it, and the specific strategies they use to manage their stress level while taking time for self on a regularly scheduled basis.

Behavioral Interventions

Behavior 1

- Establishes and effectively utilizes a daily check-in
- Gives effective instructions
- Interrupts the conflict cycle
- Implements consequences
- Uses effective communication
- Addresses thoughts, feelings, and behavior

Behavior 2

- Teaches cooperation
- Uses praise to encourage positive behavior
- Tracks positive and negative behavior
- Develops and implements behavior contracts
- Incorporates family fun time
- Utilizes problem solving techniques

Psychometrics

- **Reliability**
 - ICC of full scale
 - item analysis
- **Factor structure**
 - exploratory factor analysis
- **Discriminate validity**
 - compared intervention and control sites

Reliability

- Mean score = 3.26 (sd=.58, range 0 – 5)
- Cronbach's alpha = .95
- Item analysis
 - no items increased the Cronbach's alpha beyond .945

Factor Matrix

| | Factor 1 |
|--|----------|
| a. Building a therapeutic relationship | .699 |
| b. Establishes and effectively utilizes a daily check-in | .707 |
| c. Teaches cooperation | .804 |
| d. Uses praise to encourage positive behavior | .712 |
| e. Tracks positive and negative behavior | .604 |
| f. Gives effective instructions | .824 |
| g. Establishes and fine-tunes house rules | .573 |
| h. Interrupts the conflict cycle | .828 |
| i. Develops and implements behavior contracts | .700 |
| j. Implements consequences | .838 |
| k. Uses effective communication | .801 |
| l. Family fun time | .691 |
| m. Problem solving | .796 |
| n. Thoughts, feelings, and behavior | .873 |
| o. Planning for the future | .666 |
| p. Taking care of self | .497 |

Discriminate Validity

| | N | Mean(sd) TTFS | Test Statistic Mann-Whitney U |
|---------------------|----|------------------|----------------------------------|
| Control Agency | 76 | 3.18(.58) | 931* Sig. (2-tailed) = .02 |
| Intervention Agency | 34 | 3.44(.55) | |

Next Steps

- Do a confirmatory factor analysis of the item sub domains
- Examine group differences on items that are conceptually related to the core processes
- Examine the relationship of fidelity to
 - process variables
 - youth outcomes

Conclusions

- TFC in “real world” practice doesn’t look like evidence-based model
- But, there are factors related to outcomes in evidence-based and practice-based research that are modifiable
- We’re trying to improve “real world” to more fully include these factors
- Promising outcomes so far, but still a lot of work to do.....