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Foster Family-based Treatment Association

Annotations of Research in Treatment Foster Care

Citation

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*, 541–546.

Keywords

Foster care, permanency, placement instability

Research Questions

- To what extent does Multidimensional Treatment Foster Care for Preschoolers (MTFC-P) improve permanency outcomes?
- Do preschoolers in foster care with placement instability have prior history of maltreatment?

The authors compared children with histories of placement instability in a regular foster care (RFC) group to children in a Multidimensional Treatment Foster Care for Preschoolers (MTFC-P) intervention group. The goal was to determine which group would have better permanency outcomes and what, if any, effect previous maltreatment had on these outcomes.

Method

Subjects: The participants in this study were 52 3- to 5-year-old children with “prior placement instability,” which was defined as a child having four or more placements prior to this study. These participants were a subset of a larger pool of participants chosen for a clinical trial of MTFC-P. The larger sample had 117 3- to 5-year-old foster children entering new placements and 60 nonmaltreated community children from low-income families. The participants were divided into two conditions: regular foster care (RFC; 23 participants) and MTFC-P (29 participants). Mean numbers of prior placements were significantly higher for the MTFC-P group, but there was no significant difference in placement duration between the two groups. There were no significant differences in age or ethnicity between the two groups.

Design: The RFC group received regular foster care services, which traditionally involve individual psychotherapy, developmental screenings, and referrals for other social services deemed necessary for the children and birth parents. In comparison, the MTFC-P group received several additional services. The foster parents received 12 hours of intensive training before the placement and 24-hour access to consultation services after placement. The children also received services from a behavior specialist and took part in weekly socialization playgroups.

Additionally, a family therapist worked with birth or adoptive parents whenever possible to familiarize them with parenting skills being used in the program.

Measures: All the data from this study were coded from case records kept by case managers. Permanent placement outcome data were taken from the first out-of-home placement through 24 months post-program entry. The study used three measures of permanent placement outcomes. The first was called “permanency attempts” and referred to the proportion of children in each group for whom a permanency placement was attempted during the 24 months following study entry. The second measure was “successful permanency attempts” and referred to the proportion of successful first permanent placement attempts following study entry. Finally, “overall permanency” referred to the overall rate of successful permanency. For the initial analysis of these three variables, all three types of permanency placement were combined. Following this, separate analyses were conducted for reunification and adoptions.

The other measure that was coded from case records was maltreatment history. Each incident of maltreatment was classified according to type and severity using the Maltreatment Classification System (MCS). For each incident of maltreatment, the relationship of the perpetrator(s) to the child was also coded. All case records were coded by two coders trained in the system by one of the MCS authors.

Results/Findings

Maltreatment history: On average, children in this study had experienced about eight incidents of maltreatment. Physical abuse was reported in one third of the sample, and sexual abuse in one fourth of the sample. The experience of multiple types of abuse was common, with an average of three different types of maltreatment.

Group differences in permanency outcomes: About 80% of the children in the two conditions had at least one permanency attempt during the first 24 months of the study, and there were no significant differences either in number of children with permanency attempts or in types of permanency attempts. Of the children in the study, 27 had a successful permanent placement—approximately 39% of the RFC group and 83% of the MTFC-P group. This was confirmed to be significant by chi-square analysis. However, there were not significant differences between types of placement. Finally, overall permanency was more successful in the MTFC-P group at approximately 69%, versus 30% for the RFC group. This group difference was also significant.

Additionally, using a logistic regression analysis, the authors found that there was no significant effect from maltreatment variables, suggesting that MTFC-P intervention effects on permanency are not affected by specific maltreatment experiences prior to entering care.

Limitations

The authors identified two main limitations of the study. The sample size was small because it was a subset of a larger sample. The effect sizes were nonetheless large, and the results were not affected by outliers (the scores were proportion scores). The second noted limitation was the limited amount of time allotted for this study. Twenty-four months is not an insignificant amount of time, but because the authors were specifically looking for long-term success in the form of permanency, it would be useful to follow the subjects for a longer time to ensure that they do not return to care.

Application to Practice

The results of this study suggest that an MTFC-P intervention helps to address the problem of placement instability, regardless of history of maltreatment. The intervention appeared to greatly reduce the number of failed permanent placements in a group identified as being at risk for such failure.

Early identification of children with profiles of instability and referrals to MTFC-P intervention programs may greatly increase their likelihood of favorable outcomes. Given enough proactive care, this approach could eventually reduce service costs. Additionally, the authors noted that even though MTFC-P interventions are costly, they need not be applied to all foster children. Many foster children do not meet the criteria for placement instability and thus would not need to receive these additional services. Selective referral might be a cost-effective approach to prevention of problematic outcomes.

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