

F F T A



Foster Family-based Treatment Association

Annotations of Research in Treatment Foster Care

Citation

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Keywords

Evidence-based treatment, minority youth, foster care, racial differences, trauma, traumatic stress, implementation, cultural sensitivity

Research Questions

- Do children in wraparound foster care programs have improved outcomes when evidence-based treatments (EBTs) are provided?
- What differences in outcomes exist among children of different races or cultures when EBTs are applied?

In a pilot study, three evidence-based treatments (EBTs) for trauma implemented for children and adolescents placed in foster care were examined. Youth received services from a System of Care (SOC) program in Illinois. The SOC program uses a wraparound method to provide many different types of services to children and adolescents with emotional and behavioral problems, with a goal of stabilizing placements and ultimately improving outcomes.

Method

EBTs: Three evidence-based treatments were examined in this study, including Child-Parent Psychotherapy (CPP), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), and Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS). CPP is a treatment designed to be used with young children (ages 0–6) who have been exposed to violence. The treatment uses play therapy sessions with the child and his or her parent(s)/caregiver(s), in order to strengthen parent-child attachment and decrease trauma symptoms. TF-CBT is designed for school-aged children who have experienced a traumatic event. Individual psychoeducational sessions are conducted with the child and the caregiver. Sessions with the child focus on identifying and managing feelings and physiological symptoms associated with traumatic stress. Children also work on a “trauma narrative” of their own individual experiences of the trauma. SPARCS is a group therapy used with adolescents who have been exposed to trauma. This treatment uses Dialectical Behavior Therapy (DBT) techniques to target trauma symptoms, improve interpersonal skills, and increase problem-solving abilities.

Subjects: The study involved a diverse sample of 216 children ages 3–18 who participated in one of three EBTs, with the aim of reducing symptoms of traumatic stress. All participants were enrolled in the SOC program at an agency in Illinois and were referred to treatment by SOC workers after meeting eligibility criteria during screening. Overall, 55% of the participants were female, and approximately two thirds of the youth were members of a minority group. Of the sample, 133 had multiple assessments that were used in data analysis, and these youth were not different from those who were excluded from analysis in terms of demographics.

Design: A prospective pilot study was conducted to examine three EBTs. Chi-square analyses were used to determine differences in number of sessions attended by the participants in terms of ethnicity, age, and gender. Analysis of covariance (ANCOVA) was used to examine differences in change of traumatic stress symptoms by racial subgroup. ANCOVA was completed both with participants who had multiple assessments and in an intent-to-treat analysis. A univariate analysis of variance was then used to examine multiple factors related to changes in traumatic stress symptoms for all participants who completed therapy.

Measures: The Child and Adolescent Needs and Strengths (CANS) measurement was given to each child in the SOC program when he or she was referred to the program, at 6-month intervals, and at the end of treatment. Although the CANS is comprised of eight domains, only five were examined in this study. These domains included Behavioral/Emotional Needs, Risk Behaviors, Life Domain Functioning, Traumatic Stress Symptoms, and Child Strengths.

Procedures: Participants were referred to one of the three EBTs based on age and scores on the CANS. Each participant had experienced a moderate to severe traumatic event as indicated by a score on the CANS of 2 or 3 for at least one of the traumatic experiences identified, and a score of 2 or 3 on the Adjustment to Trauma item on the CANS. The CANS was administered as noted in the Measures section.

Clinicians also recorded a checklist assessing treatment fidelity, designed for this study. In addition, the clinician recorded the number of sessions each participant attended and whether the participant completed treatment. Analyses were then run to determine study factors in relation to treatment outcome and treatment completion.

Results/Findings:

Treatment completion: Chi-square tests were conducted to examine demographic variables and treatment completion status. Across the three EBTs, there were no significant differences between those who completed treatment and those who did not for the variables of race, age, or gender. When treatment completion differences for race, age, and gender were examined for each of the three EBTs separately, only one significant difference emerged: a greater proportion of African American participants completed the SPARCS treatment. However, some of the cell counts for other minority groups were too small for results to be interpretable.

Outcomes: For the 133 completers, differences in CANS scores were examined for pre- and post-treatment. For CPP, African American participants' CANS scores significantly improved in each of the five domains (i.e., Behavioral/Emotional Needs, Risk Behaviors, Life Domain Functioning, Traumatic Stress Symptoms, and Child Strengths) from baseline to follow-up. Biracial participants had improvement in all domains except Life Domain Functioning. Hispanic participants improved in the areas of Traumatic Stress Symptoms, Life Domain Functioning, and Behavioral/Emotional Needs. White participants improved in only the area of Life Domain

Functioning. For participants in TF-CBT, African American children had significant improvements in Traumatic Stress Symptoms, Behavioral/Emotional Needs, and Child Strengths. White participants had significant improvements in each of the five domains. Biracial children did not improve significantly in any of the five domains. When participants in the SPARCS treatment were examined, it was found that African American adolescents significantly improved in the areas of Traumatic Stress Symptoms, Life Domain Functioning, and Risk Behaviors. The other groups did not significantly improve in any of the five domains. Overall, when magnitude of change in each CANS domain was assessed, no significant differences between racial subgroups in any domain in any of the treatments were found.

An intent-to-treat analysis was then conducted on the 216 original participants. For participants who did not complete treatment, baseline scores were used in place of missing follow-up scores. This intent-to-treat analysis showed no significant differences between racial subgroups for any of the domains for any of the treatments, with one exception. There were significantly greater improvements in the Child Strengths domain for biracial children in the CPP treatment.

Finally, ANCOVA was conducted to examine change in traumatic stress symptoms with the contributing factors of Trauma Experiences, Baseline Traumatic Stress, number of sessions in treatment, baseline symptoms, and race/ethnicity. In the case of CPP, the only significant predictors of change in traumatic stress symptoms were baseline traumatic stress symptoms and number of sessions. For both TF-CBT and SPARCS, the only significant predictor of change in traumatic stress symptoms was baseline trauma symptoms.

Limitations

This study was limited by small sample sizes in several of the racial/ethnic subgroups, particularly for TF-CBT and SPARCS. Significant differences between groups may not have been found in some cases because of these small sample sizes. Indeed, ANCOVA results showed that only African American adolescents' CANS scores improved. TF-CBT treatment seemed to have been equally effective for African American and White participants, but less so for biracial participants. The study was also limited in its assessment of fidelity. The CPP fidelity measure in particular was very general and may not have been a reliable measure of treatment fidelity.

Application to Practice

Clinicians are called upon to be culturally competent, but it is often unclear how treatments should or can be adapted to deliver services effectively to minority groups. Within the wraparound philosophy, this study aimed to apply flexible and culturally sensitive treatments to children and adolescents in foster care and to examine outcomes. Treatments were adapted in several ways in an attempt to decrease rates of attrition and increase the probability of improved outcomes for minority youth. Examples of such flexibility include the following: treatment and assessments were conducted in Spanish when appropriate, transportation to and from treatment was provided if needed, and treatment involving clients who were working toward reunification included both foster parents and birth parents. Although there were limitations, this study suggested that EBTs can be effectively implemented for children and adolescents of diverse cultural backgrounds. The authors suggest that providers who are working with diverse groups of children in foster care should be flexible in their services and make adaptations addressing the needs and strengths of individual children. This study also raises the question of whether children of different racial/ethnic groups who are in the foster care system comprise distinctly different groups or whether trauma and separation from biological families create a shared

culture that contributes more to outcome. Future studies should add cultural assessments to their protocols in order to address this question.

Contact Information

Dana Weiner, PhD, Research Assistant Professor, Northwestern University, Abbott Hall, 710 North Lake Shore Drive, Suite 1223, Chicago, IL 60611. E-mail: dsaw80@northwestern.edu

This annotation was written by Sarah Clark, BA. Ms. Clark is a doctoral student in clinical psychology at the University of Indianapolis.