

Research Abstract
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What's So Special About Specialized Foster Care: Lessons from the Research
Sue D. Steib, Ph.D.

Treatment foster care (TFC) developed in the 1970's as part of the move away from the use of institutional care and treatment. Since that time, researchers exploring this treatment modality have sought to better define it, to determine its effectiveness, and to compare it with other placement settings serving severely troubled children.

The view of foster parents as members of the treatment team is perhaps the central feature of TFC, also referred to as "specialized" or "professional" foster care. Other key aspects include the specialized training of foster parents, intensive support by the foster care agency, inclusion of the child's family in treatment, and compensation rates higher than traditional foster care but less than those in residential treatment. In general, descriptive studies indicate that most TFC programs focus on services to children whose primary needs are emotional and behavioral, that most are administered by private, non-profit agencies, and accept referrals of children primarily from child welfare and mental health agencies. TFC Programs typically use a behavioral, social learning, or systems/ecological treatment orientation and homes usually serve one or two children at a time.

Findings of outcome research indicate that the majority of children in TFC homes complete their course of treatment without a placement disruption, demonstrate improvement in social/psychological adjustment and behavior, and are discharged to less restrictive settings (Chamberlain, 2000; Curtis, Alexander, & Lunghofer, 2001; Hudson, Nutter, & Galaway, 1994; Reddy & Pfeiffer, 1997). The role of TFC in the attainment of permanency for children has not been addressed in most research. However, one study found that children in placements with "professional" foster parents were reunited with their families and adopted at lower rates than were children with similar characteristics in conventional foster care (Webster, Barth, Needell, & Berrick, 1998, cited in Pecora, Whittaker, Maluccio, & Barth, 2000).

Research comparing the level of need of children in TFC with those in group care has yielded mixed results (Berrick, Courtney, & Barth, 1993; Handwerk, Friman, Mott, & Stairs, 1998). Overall, however, there is evidence that TFC is able to serve children with quite severe emotional or behavioral problems (Berrick, et al., 1993; Chamberlain, 2000; Curtis, et al., 2001; Hudson, Nutter, & Galaway, 1994)

The outcome research in TFC suggests several practices that appear to be linked with placement stability or successful transition into less restrictive care.

- Foster parent supports (Jayartne, 1999; Redding, Fried, & Britner, 2000; Wells & D'Angelo, 1994)

Studies have identified early, full disclosure of child-related information, provision of support groups, child-specific consultation and training, respite care, clear expectations, and service coordination as critical in supporting TFC parents.

- Discharge planning and aftercare (Chamberlain, 2000; Curtis, et al., 2001; Staff & Fein, 1995)

The limited research conducted to determine whether children's improvements in TFC are sustained has produced mixed results. Programs that appear to have been effective in sustaining change are those which involve the child's post-discharge caregivers in treatment and transition from TFC and attend to needed ongoing supports.

- Time spent with foster parents; less time with deviant peers (Fisher & Chamberlain, 2000; Meadowcraft, Thomlison, & Chamberlain, 1994)

In one of the few findings related to treatment intensity in TFC, this research showed that delinquent youth were less likely to re-offend when they spent more time with their foster parents and less with other youth who demonstrated anti-social behaviors.

- Inclusive practice (Jivanjee, 1999; Pecora, Whittaker, Maluccio, Barth, 2000; Redding, et al., 2000)

Involvement of foster parents, children, and families in decision-making is linked to greater satisfaction with TFC placements.

There is a need for further research that ties specific child characteristics and interventions in TFC to outcomes, further explores the link between outcomes and program characteristics, and examines the influence of qualifications and training of foster parents and staff. Inquiry into any disparity between the attainment of permanency for children in TFC and those in other placement settings is also indicated. In addition, studies using larger sample sizes and more rigorous methodology are needed to strengthen the findings highlighted in this summary.

Author (s) Contact Information:

Sue Steib, LCSW, Ph.D.
Senior Staff Consultant, Research to Practice Initiative
Child Welfare League of America
25125 Bickham Road
Jackson, LA 70748
Phone: (225) 654-9347
E-Mail: ssteib@cwla.org

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