

FFTA



Foster Family-based Treatment Association

## Annotations of Research in Treatment Foster Care

### Citation

Hussey, D. L., & Guo, S. (2005). Characteristics and trajectories of treatment foster care youth. *Child Welfare, 84*(4), 485–506.

### Research Questions

- How do the characteristics of treatment foster care youth affect behavior change dynamics?
- What are the differential effects of child and family characteristics on predicting behavior change?

### Method

Subjects: The study looked at 119 children and youth ranging in age from 4 to 18 years who entered a private treatment foster care program that is part of a larger mental health agency in Cleveland, Ohio, between January 1995 and October 1998. The subjects were profiled to provide a picture of children in treatment foster care. Of those 119 children and youth, files on 97 had sufficient data to be used in a longitudinal study to track change. Although the standardized research instrument used in the study (the Devereux Scales of Mental Disorders, or DSMD), does not evaluate children under 5 years of age, three 4-year-old children were included in the study because of internal agency dynamics.

Of the residents profiled, 88.2% were African American and 59.7% were female. Of those used in the study, 87% were African American and 53% female. Of the families of children profiled, 76.5% had histories of drug abuse and 42% had documented histories of alcohol abuse. Of the primary caregivers, 20.2% had a history of criminal incarceration; 16%, of mental illness; 9.2%, of homelessness; and 8.4%, of prostitution.

The average age of first out-of-home placement was 5.52 years, and the average age at admission to the treatment foster care program was 9.7 years, with residents in the program having an average of 4.48 previous out-of-home placements before entering the current placement. The average IQ for the 60 participants whose files contained IQ scores was 82.8. Of the participants, 41.2% had been maltreated; 17.6%, physically abused; and 2.5%, sexually abused. Of the participants, 22.2% had been in the partial hospitalization program (part of the mental health program) while in the study. The median length of stay in the partial hospitalization program was 157 days, and the average length of stay in the treatment foster care program was 425 days. On their initial DSMD rating, 42% scored above the clinical cutoff score, with 20% showing very elevated levels of psychiatric disturbance.

**Design:** The study used descriptive and cross-sectional analyses to describe and profile the treatment foster care sample and explore key differences in psychiatric symptomatology. Hierarchical Linear Modeling (HLM) was used to analyze the differential change rate of the DSMD scores over time.

**Materials/Measures:** The two research tools used were the Devereux Scales of Mental Disorders (DSMD) and Hierarchical Linear Modeling (HLM).

**Procedures:** The DSMD scores were determined by the treatment foster parents on a quarterly basis. In addition, 26 of the youth were rated by their special education teachers while in the partial hospitalization program. The first rating was 30 to 90 days after admission, and the ratings reflected the child's behavior in the previous 30 days.

## **Results/Findings**

Ninety-seven clients (41% male and 87% African American) who had DSMD ratings across at least two time points were used to study the analysis of change trajectories using the HLM technique. These participants ranged in age from 4 to 18 at the time of first rating. A total of 573 ratings were analyzed.

**DSMD total score:** Initial sample mean was 57.9 (the DSMD labels scores in the 50–59 range borderline). Change in rating over the course of the study was not statistically significant. The only statistically significant finding was that the more previous out-of-home placements experienced by the children and youth, the more disturbed their behavior.

**Externalizing composite score (measure of acting-out behaviors):** Initial mean score was 58.7. Again, the only significant finding was that those with more previous out-of-home placements presented more disturbed behavior.

**Internalizing composite score (measure of depression and anxiety):** Initial mean score was 55.4, with a significant reduction ( $p < .01$ ) over the 3-year period of the study. Again, the more previous out-of-home placements, the more disturbed the behavior presented.

**Critical pathology composite score:** Initial sample mean was 57.7. There was a significant reduction in this score ( $p < .05$ ) in the 3 years of the study. Again, children with more out-of-home placements showed more disturbed behavior.

## **Limitations**

This is an exploratory study that the authors claim is the first attempt to establish a trajectory of change in psychiatric symptomatology of treatment foster care youth. The lack of a control group, the lack of preadmissions ratings, and the use of a non-probability sample limit the generalizability of the study.

The one significant finding of increased behavioral problems being correlated with more previous out-of-home placements, though of concern, cannot be interpreted. Was the seriousness

of the behavior caused by the number of placements, or was the number of placements caused by the seriousness of the behavior?

### **Application to Practice**

Although the authors suggest that the findings have significant implications for treatment foster care design, the inability to generalize from the study, the lack of significant findings of behavior change, and the lack of explanation for the one consistent statistically significant finding make the application of this article quite limited.

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