

Program Overview: Multidimensional Treatment Foster Care

Category	Home Visit Intervention/ Out of Home Placement Programs	<i>Definitions/ Notes</i>
Program Name	Multidimensional Treatment Foster Care (MTFC) is available in three versions	MTFC is available in three different versions: MTFC-P for preschoolers (previously referred to as the Early Intervention Foster Care Program), MTFC-C for children in middle childhood, and MTFC-A for adolescents.
History of Program	MTFC is an evidence-based, comprehensive team-treatment approach based on behavioral and social learning principles developed to serve adolescents with chronic delinquency. Random clinical trials began in 1991. MTFC was subsequently adapted for and evaluated with preschoolers and adolescents in need of out-of-home placement due to severe behaviors related to developmental and/or mental health disorders, female juvenile offense, and youth transitioning from in-patient care.	
Description of Program as it Relates to addressing CEV	Exposure to violence, including maltreatment, is prominent among many of the youth participating in MTFC, especially female juvenile offenders and children receiving Child Welfare services. For these youth, MTFC serves as an alternative to residential care or a group setting, where they are placed with trained foster families who receive on-going support through weekly group meetings and daily check-ins via phone or internet-based formats. Typically one and no more than 2 youngsters are placed in a home at a time, and placements in MTFC families are typically 6-9 months. Youngsters receive individual therapy and on-going behavioral coaching. Biological parents or other after-placement caregivers are simultaneously provided training and support to prepare for the youth's transition back into the home. MFTC incorporates basic components of the Oregon Parent Training Model, and foster families and parents learn how to encourage new behaviors & develop positive relationships, set appropriate limits using time-outs and fair discipline, engage in effective problem-solving, and consistently monitor their youth's behavior and social interactions. MTFC-P includes weekly school-	

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	based play group sessions that focus on school readiness (i.e., social-emotional and literacy skills).	
Service Continuum	Secondary/Selective Intervention Tertiary/Targeted Intervention	
Primary Exposure Type	Maltreatment (non-specific) High Risk for Exposure / Trauma	
Target Population	Individual Children/ Youth Parent/Caregivers(s) Providers/Staff Foster Care	
Target Age	Early Childhood (3-5) Middle Childhood (6 - 12) Adolescence (13-18)	MTFC-P serves children 3-5 years; MTFC-C serves children 6-11 years; MTFC-A serves children 12-18 years
Target Gender	Both	
Appropriate for Unique Ethnic, Cultural, or Linguistic Populations?	Has this program been used or evaluated with minority, cultural, or linguistically diverse groups? Yes If yes, please indicate: Latino/Hispanic African American Indian American Caucasian	
What Adaptations have been made?	Have any adaptations or modifications been made with respect to specific minority, cultural, or linguistic groups? Yes If yes, please describe: Implementation of MTFC is currently underway in Sweden, the UK, Norway, Denmark and Ireland.	
Primary Settings	Homes (biological/adoptive) Foster Care Homes or System Mental Health Community Agency Mental Health Hospital/Inpatient Schools	
Persons or Entities in charge of delivering Program	Mental Health Providers (e.g., Social Workers, Therapists) Community Providers (e.g., mentors) Foster Family	

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Primary Components	Assessment/ Triage/Screening Referrals Child Individual Therapy Parent Training/Therapy Family Treatment/Therapy Other (Please describe): Weekly phone calls and check-ins	

Resource & Capacity Planning

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Length/Duration of Program	<p>MFTC placement is typically 6-9 months.</p> <p><i>MFTC Parents</i> receive 12-14 hours of training prior to placement and weekly 90-minute groups to receiving ongoing supervision with other MFTC foster parents (groups range from 3-7 participants). Staff support is also available 24 hours/7 days a week.</p> <p><i>Children & Adolescents</i> receive weekly individual therapy and meet with a behavioral skills coaching specialist 1-6 hours/week to receive ongoing coaching and peer monitoring.</p> <p><i>Biological Parents/After-care caregivers</i> attend weekly family therapy prior to children's placement, during the visitations, and after children's return into the home, for a minimum of 3 months.</p>	
Required Materials	<p>Manuals/Program materials Video/Audio Equipment Fidelity Checklists/Assessments Technical Assistance</p>	
Are materials available in other languages?	Manuals are available in Swedish, Danish and Norwegian.	
Training Requirements	<p>Face-to-face training</p> <p>Supervision Consultation</p>	<p>The training sequence is typically as follows:</p> <ol style="list-style-type: none"> 1. Interested agencies work collaboratively with TFC Consultants, Inc (www.mtfc.com) to develop an implementation plan and timeline 2. Identified staff attend a 5-day training 3. Ongoing consultation as needed for foster parent recruitment 4. MFTC foster parents attend a 2-day training at agency site 5. Staff receive training on web-based Parent Daily Reports

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		<p>6. Weekly telephone consultations with an MTFC consultant</p> <p>7. Submission of specified video-taped weekly foster parent group meetings for fidelity monitoring and consultation</p> <p>8. Continued on-site training and consultation for up to 6 days as needed</p>
Provider Certification/ Training/ Requirements	<p>Program Specific Certification/Training Required</p> <p>Special Service Area Required (e.g., Social Worker, Doctor)</p>	<p>Use of the name "Multidimensional Treatment Foster Care" or "MTFC" is restricted to certified programs/agencies or those receiving training and consultation from TFC Consultants, Inc. (see www.mtfc.com for more information).</p>
System or Agency Recommendations for Serving CEV Populations	<p>With-in Agency Support & Infrastructure</p> <ol style="list-style-type: none"> 1. MFTC requires an implementation readiness assessment that is used by TFC Consultants, Inc. trainers to assist with the pre-implementation planning. 2. An agency-wide, thoroughly considered timeline for implementation, including identification of Core Team and recruitment of new foster families who are willing to be MFTC trained is required prior to implementation 3. It is recommended that Core Team consist of, <i>at minimum</i>, an administrator, a program supervisor, a therapist, and a foster parent trainer/recruiter. When implemented successfully, MFTC Core Teams consist of an Administrator/ Director, a Program Supervisor, the Treatment Foster Parents, a Youth (individual) therapist, a Family therapist, and a Behavioral Support Specialist. 4. Many agencies/ programs require 1 year to be fully operational. <p>Cross Systems/Sectors Support &</p>	

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	<p>Infrastructure MTFC programs or agencies should thoroughly understand state foster parent certification processes. Implementation success is enhanced when connections and arrangements are made with the state certifying agencies. Programs should help the certifying agency understand the goals, timeline, and roles involved with MFTC.</p>	
Costs of Implementation	<p>Estimate based on implementation (costs not disaggregated): \$75 per youth/day or \$2356 per youth/month</p>	

Evidence for CEV

Program Name	Home Visit Intervention/ Out of Home Placement Programs	Notes
Evidence for Preventing or Addressing Violence Exposure	In general, when implemented with a high degree of fidelity (effectiveness), these programs demonstrate <i>robust empirical findings</i> in preventing children's exposure to violence or ameliorating the effects of exposure, using a <i>reputable conceptual framework</i> and an evaluation <i>design of the highest quality</i> , and has been used with populations known to be at risk for violence exposure (e.g., children in residential settings).	
Evaluation Design of Studies with CEV	Randomized, control experimental design Other (describe) Further research is needed to replicate and examine the affects of MTFC intervention on parent and child neurobiological functioning. In addition, continued effectiveness trials would help demonstrate the ability of MTFC to be implemented with sustainable benefits within the community without developers' support.	
Violence Exposure- Related Outcomes	Child (Briefly Describe): Children participating in MTFC show significant and large improvements in problem behaviors, stress reactivity, school functioning, and attachment relationships. Chronically delinquent adolescents with histories of violence show greater decreases in criminal activity and time in detention and corrections after receiving MFTC compared to youths receiving community-based group care. Girls participating in MTFC had lower pregnancy rates than those in the control group. These improvements appear to be maintained two-years after participation. In addition to these benefits, girls receiving an adapted MTFC for delinquent female youth also show improved school attendance and homework completion and are less likely to become pregnant than girls in group facilities. Preschoolers receiving MTFC show significant improvements in attachment-related behaviors with foster parents over	

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	<p>time compared to controls. Over a period of 12 months, the percent of secure attachment behaviors increased for MTFC-P children, but decreased for children receiving regular foster care. Likewise, the percentage of insecure attachment behaviors decreased for MTFC-P children, but increased for those in regular foster care.</p> <p>Parent (Briefly Describe): MTFC has been effective in significantly reducing foster parents' levels of distress and improving their parenting practices (e.g., use of positive reinforcement) compared to foster parents receiving standard CW services. Improvements in parenting practices tend to lead to improvements in children's problem behaviors, particularly among children whose initial behaviors are severe (more than 6 behavior problems/day). Whereas MTFC parents report immediate decreased stress reactivity as well as continued reductions in stress over 12-month period, parents in regular foster care show greater levels of and increases in stress-related reactivity to children's behavior over time. For RFC parents, the growing stress in response to children's problem behavior appears to affect children's neurobiological stress activity over time.</p> <p>System (Briefly Describe): MTFC-P has been show to improve permanent placement failure rates for preschoolers exposed to violence in out-of-home care.</p>	
<p>Additional Research Information (This will be a link to another page, a</p>	<p>Study 1 & Study 2: Design, Setting, Participants: 81 girls (ages 13-19) with chronic delinquency (70% with at least one felony) referred by juvenile court judges were randomly assigned to MTFC (n=37) or community-based Group Care settings (n=44). Most girls were from low-income, single-</p>	

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drill down box or separate section)	<p>parent, abusive households, with 89% percent having experienced documented physical abuse and 69% documented sexual abuse. Average stay in the program placements was 174 days and the average wait time between baseline and program entry was 47 days. Baseline, 3-6 month (with 90% of the sample), and 12 month follow-up (88% of the sample) assessments were conducted.</p> <p>Outcome Measures: Girls' delinquency was assessed by a composite variable using number of criminal police and court records, number of days spend in "lock-up" (detention, corrections, jail at baseline and 12-month follow-up), and self-reports of law-violating behaviors using the Elliott General Delinquency Scale. Educational engagement was assessed at baseline and 12-month follow-up through youth and parent reports of number of days children spent more than 30 minutes on homework and frequency of school attendance (6 pt. rating), and daily homework completion via that Parent Daily Report interviews at 3-6 month follow-up.</p> <p>Reference: Chamberlain, P., Leve, D. L., & DeGarmo, D. S. (2007). Multidimensional treatment foster care for girls in the juvenile justice system: 2-year follow-up of a randomized clinical trial. <i>Journal of Consulting and Clinical Psychology, 75</i> (1), 187-193.</p> <p>Leve, D. L., & Chamberlain, P. (2007). A Randomized Evaluation of Multidimensional Treatment Foster Care: Effects on School Attendance and Homework Completion in Juvenile Justice Girls. <i>Social Work Practice, 17</i> (6), 657-663.</p> <p>Study 3: Design, Setting, Participants: 117 preschoolers (ages 3-5) entering foster care for the first time, re-entering foster care, or being moved to new foster families, were randomly assigned</p>	

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	<p>to assigned to MTFC-P (n=57) or Regular Foster Care comparison group (RFC) (n= 60). Children's current placements were at minimum 3 months. MTFC-P children had been placed in foster care slightly more days than the RFC group (average of 221 versus 139 days prior to baseline). Average length of service provision was 6-9 months, or until children's behaviors stabilized.</p> <p>Outcome Measures: Assessments were conducted every 3 months from baseline to post intervention, at 12-months. Although retention rates were higher for MTFC-P, they were also good for the RFC group. Attachment behaviors (e.g., seeking help when distressed, avoidant, & rejecting behaviors) were assessed using the Parent Attachment Diary (PAD. Age at first placement was obtained from child welfare records and used to examine the potential interaction effects with the intervention on attachment behaviors.</p> <p>Reference: Fisher, P. A., & Kim, H. K. (2007). Intervention effects on foster preschoolers' attachment-related behaviors from a randomized trial. <i>Prevention Science, 8</i>, 161-170.</p> <p>Study 4: Design, Setting, Participants: Same sample as study 2, with the addition of third group, a community comparison group (CCG) consisting of 60 non-maltreated, age-matched children from low-income families. Baseline assessments and cortisol samples were collected at 3-5 weeks after placement. 80% of the sample completed post-intervention assessments at 12 months.</p> <p>Outcome Measures: Caregiver's self-reported levels of stress while managing children's behavior was assessed by computing the proportion of children's exhibited problem behaviors/day that were</p>	

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	<p>perceived as stressful to the parents using the Parent Daily Report (PDR) obtained via phone interviews. Children's stress levels were obtained through salivary cortisol samples taken on 2, typically consecutive days, over a 12 month period. Caregivers were trained in collecting salivary samples twice daily (30 min. after awaking in the morning and before going to bed in the evening), and recorded collection times on tubes and in diaries. Stress levels were determined by subtracting the p.m. cortisol level from the a.m. cortisol level to approximate the Hypothalamus-Pituitary-Adrenal axis activity.</p> <p>Reference: Fisher, P. A., & Stoolmiller, A. (2008). Intervention effect on foster parent stress: Associations with child cortisol levels. <i>Development and Psychopathology, 20</i>, 1002-1021.</p> <p>Study 5: Design, Setting, Participants: 700 families receiving a foster child between 5-12 years old from Child Welfare Services were recruited for participation (families were foster and kinship parents). Children included those being placed for the first time, those moved due to behavioral difficulties, those transitioning from residential, and those re-entering foster care. Many of the participants were at high-risk for violence exposure. Participants were randomly assigned to KEEP (Keeping Foster Parents Trained and supported, a less intensive version of MTFC, N = 359) and control (caseworker services as usual, N =341) group. Data were collected from all participants at baseline and from 81% of the sample (n = 564) at termination. Participants attended 16, 90-minute groups. Interventionists were paraprofessionals who received training and on-going supervision and fidelity monitoring using videotapes of sessions.</p> <p>Outcome Measures:</p>	

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	<p>Children's behavior problems were assessed using the Parent Daily Report Checklist (PDR, Chamberlain & Reid, 1987). Parents were called three times at baseline and at termination. Numbers of behaviors endorsed were used to calculate an average at both assessments. Parents' proportion of positive reinforcement was obtained during interviews and through the Parent Daily Report Checklist calls. Scores were determined by parents' report of the frequency with which they used specific positive reinforcement and specific discipline strategies.</p> <p>Reference: Chamberlain, P., Price, J., Leve, L. D., Laurent, H., Landsverk, J. A., & Reid, J. B. (2008). Prevention of behavior problems for children in foster care: Outcomes and mediation effects. <i>Prevention Science, 9</i>, 17-27.</p>	
<p>Is this Program an Evidence-Based Practice in other Family/ Youth Development Areas?</p>	<p>Yes</p> <p>Endorsements</p> <ul style="list-style-type: none"> Blue Prints Model Program California Clearing House Rated 	<p>MTFC has been evaluated in multiple randomized trials for over two decades and has been shown to be effective in addressing children's problem and delinquent behaviors, helping hospitalized children enter community-living (including family settings) quicker and with more positive transitions than controls, preventing foster-parent "burnout" and placement disruptions, promoting higher program completion among boys in the juvenile justice system, and lowering the rates of youth incarceration and days spent in detention a year following MTFC participation. MTFC participants show significantly greater improvements in each of these areas compared to controls.</p>
<p>Evaluation Designs of other evaluations</p>	<p>Randomized, control experimental design</p>	

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Sources	Empirical Studies (peer-reviewed journal) Review Article (peer-reviewed journal) Evaluation Conducted by Program	

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Selected Publications/References

Chamberlain, P. (2003). The Oregon Multidimensional Treatment Foster Care Model: Features, outcomes, and progress in dissemination. *Cognitive and Behavioral Practice, 10*, 303-312.

Chamberlain, P., Leve, D. L., & DeGarmo, D. S. (2007). Multidimensional treatment foster care for girls in the juvenile justice system: 2- year follow-up of a randomized clinical trial. *Journal of Consulting and Clinical Psychology, 75* (1), 187-193.

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