

Evidence review: Analysis of the evidence for Out-of-Home Care

Appendix 5

June 2013

Parenting Research Centre and the
University of Melbourne

Commissioned by the Community Services
Directorate of the ACT Government



Prepared by:

Prof Aron Shlonsky, PhD

Professor of Evidence Informed Practice, Department of Social Work, School of Health Sciences, University of Melbourne

Dr Margaret Kertesz

Research Fellow, Department of Social Work, School of Health Sciences, University of Melbourne

Dr Michelle Macvean, PhD

Manager, Knowledge Synthesis, Parenting Research Centre

Ms Zvezdana Petrovic

Research Officer, Parenting Research Centre

Mr Ben Devine

Research Assistant, Parenting Research Centre

Ms Jessica Falkiner

Research Assistant, Parenting Research Centre

Dr Fabrizio D'Esposito, PhD

Research Fellow, Parenting Research Centre

Dr Robyn Mildon, PhD

Director of Knowledge Exchange and Implementation, Parenting Research Centre

Disclaimer

This analysis of Out-of-Home-Care was commissioned by the Community Service Directorate of the ACT Government. It was conducted between April and June 2013. Readers are advised to consider new evidence arising post the publication of this review when selecting and implementing parenting interventions.

June 2013

Parenting Research Centre
Level 5, 232 Victoria Parade
East Melbourne
Victoria 3002
Australia
p. + 61 03 8660 3500
www.parentingrc.org.au

CONTENTS

APPENDIX 5: DATA EXTRACTED REGARDING THE WELL SUPPORTED INTERVENTION	1
Multi-dimensional Treatment Foster Care (MTFC)	1

APPENDIX 5: DATA EXTRACTED REGARDING THE WELL SUPPORTED INTERVENTION

Multi-dimensional Treatment Foster Care (MTFC)

Study ID Chamberlain, 2008	Initials of person extracting data ZP Date 21.05.13														
Full citation Chamberlain, P., Brown, C., Saldana, L., Reid, J., Wang, W., Marsenich, L., . . . Bouwman, G. (2008). Engaging and recruiting counties in an experiment on implementing evidence-based practice in California. <i>Administration and Policy in Mental Health and Mental Health Services Research</i> , 35(4), 250-260.															
Eligible papers cited/referenced in this paper that were not found in the database search															
Country in which study was conducted USA –California counties															
Study design: (check one) <table border="1" data-bbox="212 1339 1374 1966"> <tr> <td data-bbox="212 1339 1219 1424">Systematic review</td> <td data-bbox="1219 1339 1374 1424"></td> </tr> <tr> <td data-bbox="212 1424 1219 1509">Meta-analysis</td> <td data-bbox="1219 1424 1374 1509"></td> </tr> <tr> <td data-bbox="212 1509 1219 1594">Cluster RCT</td> <td data-bbox="1219 1509 1374 1594">✓</td> </tr> <tr> <td data-bbox="212 1594 1219 1680">RCT</td> <td data-bbox="1219 1594 1374 1680"></td> </tr> <tr> <td data-bbox="212 1680 1219 1765">Quasi-exp (non-random allocation into treatment and control)</td> <td data-bbox="1219 1680 1374 1765"></td> </tr> <tr> <td data-bbox="212 1765 1219 1850">Entry Cohort (entry to exit – e.g., all children who entered care in 2008)</td> <td data-bbox="1219 1765 1374 1850"></td> </tr> <tr> <td data-bbox="212 1850 1219 1966">Exit Cohort (exit then followed to some other event – e.g., children returning home followed to reentry)</td> <td data-bbox="1219 1850 1374 1966"></td> </tr> </table>		Systematic review		Meta-analysis		Cluster RCT	✓	RCT		Quasi-exp (non-random allocation into treatment and control)		Entry Cohort (entry to exit – e.g., all children who entered care in 2008)		Exit Cohort (exit then followed to some other event – e.g., children returning home followed to reentry)	
Systematic review															
Meta-analysis															
Cluster RCT	✓														
RCT															
Quasi-exp (non-random allocation into treatment and control)															
Entry Cohort (entry to exit – e.g., all children who entered care in 2008)															
Exit Cohort (exit then followed to some other event – e.g., children returning home followed to reentry)															

Case-control (ex. Children with a certain outcome compared to children without that outcome – not a quasi since it’s retrospective)	
Other (describe in a few words)	
Unknown / unsure	

Inclusion criteria (what are the criteria for participant inclusion in the study? Only provide criteria clearly indicated in paper.)

Type of care (or, if prevention, type of care being prevented): Implementation of Multidimensional Treatment Foster Care

In the current study, the design includes all counties who send more than six youth per year to group home placements in the State of California that are not early adopters of MTFC.

Exclusion criteria (what are the criteria for participant exclusion from the study? Only provide criteria clearly indicated in paper.)

Type of care (or, if prevention, type of care being prevented):

Counties sending fewer than six youth to group care were excluded because their need for MTFC placements was low and it was thought that it would not be feasible for them to implement from a cost standpoint. Early adopters had all been previously exposed to CDT assistance in implementing MTFC and therefore could not legitimately be randomly assigned to the non-CDT condition. Also, these counties had already implemented (or attempted to implement MTFC) so the study aims related to “what it takes to implement” were not relevant for them.

California is comprised of 58 counties. Of these, 18 counties were excluded from the study at the onset based on our exclusion criteria: 9 had implemented MTFC previously (i.e., early adopters), 8 sent fewer than 6 youth per year to group or residential placement centers (the prevention of which is a key outcome targeted by MTFC), and 1 was involved in a class action lawsuit that precluded their participation. The 40 remaining counties were targeted for recruitment into the study.

Participant demographics

		Intervention Community Development Teams (CDT)	Comparison Standard Service (IND)	Alternative
Number assigned	Children			

	Caregivers					
	Counties	20	20			
Age (mean, SD, range)	Children					
	Caregivers					
Sex	Children					
	Caregivers					
Ethnicity/indigenous	Children					
	Caregivers					
Length of stay in care						
Type of care						
Prior admissions						
Type of maltreatment						
<p>Notes -</p> <p>Counties were matched on background factors (e.g., population, rural/urban, poverty, Early Periodic Screening and Diagnosis and Treatment utilization rates) and then were divided into six equivalent clusters: two with six counties and four with seven counties. Each of these six comparable clusters was assigned randomly to one of three time cohorts (n = 12, 14, and 14, respectively), dictating when training towards implementation would be offered. The random assignment of counties to three timeframes allowed for the management of capacity (i.e., it was logistically impossible to implement in all counties at the same time). Within cohorts, counties were then randomized to the IND or CDT conditions.</p>						
<p><u>Intervention and comparison conditions</u></p> <p>What type of approach was the <u>intervention</u>? (refer to definitions)</p> <table border="1"> <tr> <td>Approach type</td> <td>Yes/no</td> </tr> </table>					Approach type	Yes/no
Approach type	Yes/no					

Program	
Service model	✓
System of care	

What type of comparison condition was used?

Comparison condition	Yes/no
Children in OOHC	
Children not in OOHC	
Another type of OOHC	
Waitlist	
Alternative treatment	
No intervention	✓

Description of intervention:

Community Development Teams (CDT). This condition involves the assembly of small groups of counties (from 4 to 8) who are all interested in dealing with a common issue or implementing a given practice or strategy. They are provided with support and technical assistance on local issues (e.g., funding). The CDT model was developed by the California Institute for Mental Health (CiMH) in 1993 to encourage county efforts through the provision of technical assistance and support on key issues and to encourage counties to collaborate on projects and programs that would improve their mental health services. The CDTs involve regular group meetings (i.e., six in this study) and telephone contacts. CDTs are operated by a pair of local consultants who work with county teams in collaboration with the model developer (in this case, TFCC). In the current study, counties in the CDT condition receive the training and consultation from TFCC that is typical for the standard IND implementation services plus the CDT services.

Description of comparison condition (type of OOHC, what was the alternative treatment, any other details. Provide any other details available also. If you cannot tell or the information is not provided, please write – cannot tell)

Standard services (IND). Counties in this condition use the protocols developed by TFC Consultants, Inc. (TFCC), an agency established in 2002 to disseminate MTFC. TFCC assists

communities in developing MTFC programs and in implementing the treatment model with adherence to key elements that have been shown to relate to positive outcomes in the research trials. TFCC has assisted over 65 sites using standard protocols for staff training, ongoing consultation, and site evaluation. Once sites meet performance criteria they are certified as MTFC providers. These same strategies are used in the IND condition in the current study.

Describe comparison group here:

Counties randomised to receive standard services.

Intervention and control delivery (Select as many as applicable)

		Intervention Yes/no	Comparison Yes/no
Where on the Continuum of Care was it delivered?	OOHC / Looked after Children		
	Foster Care		
	Kinship Care		
	Residential care / children's homes		
	Reception services / Shelter care		
	Placement prevention	✓	✓
	Placement preservation / Placement stability;		
	Restoration / Family Reunification		

	Transition from care / Leaving Care		
	Adoption and permanency		
	Short term care		
	Medium term care		
	Long term care		
	Therapeutic care / Treatment foster care	✓	✓
	Cannot tell		
Setting of delivery	OOHC Home		
	School		
	Clinic, medical or health		
	Community		
	Other		
	Cannot tell		

Results

<u>Outcomes</u>	<u>Measures</u>	<u>Effect: Post intervention results.</u>		<u>Follow-up</u>
Outcome reported in results (put all results for one outcome in one row. Eg outcomes – placement stability, child behaviour intensity)	How measured (name of measure, self-report etc). List all formal measures or systems level outcomes.	Indicate if significant and the direction by using '+' or '-'. If there is no significant effect, leave blank.		Longest point of followup (i.e., 6 months; 1 year)
		<u>Treatment</u>	<u>Control</u>	

Degree of success in recruiting during Year 1 of the study including attempts to recruit all eligible counties in all three cohorts;	Study recruiter rated the consenting county leaders' overall interest in participating in the project, as well as their overall enthusiasm about implementing MTFC in their communities.	No differences observed regarding the level of enthusiasm or interest between conditions		
Reaction of counties to the random assignment to cohort and condition		No difference		

Study ID Chamberlain 2004 Eddy 2000	Initials of person extracting data ZP Date 16.05.13																
Full citation Chamberlain, P., Eddy, J. M., & Whaley, R. B. (2004). The prevention of violent behavior by chronic and serious male juvenile offenders: a 2-year follow-up of a randomized clinical trial. <i>Journal of Emotional and Behavioral Disorders</i> , 12(1), 2-8. Eddy, J., & Chamberlain, P. (2000). Family management and deviant peer association as mediators of the impact of treatment condition on youth antisocial behavior. <i>Journal of Consulting and Clinical Psychology</i> , 68(5), 857-863.																	
Eligible papers cited/referenced in this paper that were not found in the database search																	
Country in which study was conducted USA –Pacific Northwest																	
Study design: (check one) <table border="1" data-bbox="212 1205 1372 1957"> <tr> <td data-bbox="212 1205 1220 1294">Systematic review</td> <td data-bbox="1220 1205 1372 1294"></td> </tr> <tr> <td data-bbox="212 1294 1220 1373">Meta-analysis</td> <td data-bbox="1220 1294 1372 1373"></td> </tr> <tr> <td data-bbox="212 1373 1220 1462">Cluster RCT</td> <td data-bbox="1220 1373 1372 1462"></td> </tr> <tr> <td data-bbox="212 1462 1220 1552">RCT</td> <td data-bbox="1220 1462 1372 1552" style="text-align: center;">✓</td> </tr> <tr> <td data-bbox="212 1552 1220 1630">Quasi-exp (non-random allocation into treatment and control)</td> <td data-bbox="1220 1552 1372 1630"></td> </tr> <tr> <td data-bbox="212 1630 1220 1709">Entry Cohort (entry to exit – e.g., all children who entered care in 2008)</td> <td data-bbox="1220 1630 1372 1709"></td> </tr> <tr> <td data-bbox="212 1709 1220 1843">Exit Cohort (exit then followed to some other event – e.g., children returning home followed to reentry)</td> <td data-bbox="1220 1709 1372 1843"></td> </tr> <tr> <td data-bbox="212 1843 1220 1957">Case-control (ex. Children with a certain outcome compared to children without that outcome – not a quasi since it's retrospective)</td> <td data-bbox="1220 1843 1372 1957"></td> </tr> </table>		Systematic review		Meta-analysis		Cluster RCT		RCT	✓	Quasi-exp (non-random allocation into treatment and control)		Entry Cohort (entry to exit – e.g., all children who entered care in 2008)		Exit Cohort (exit then followed to some other event – e.g., children returning home followed to reentry)		Case-control (ex. Children with a certain outcome compared to children without that outcome – not a quasi since it's retrospective)	
Systematic review																	
Meta-analysis																	
Cluster RCT																	
RCT	✓																
Quasi-exp (non-random allocation into treatment and control)																	
Entry Cohort (entry to exit – e.g., all children who entered care in 2008)																	
Exit Cohort (exit then followed to some other event – e.g., children returning home followed to reentry)																	
Case-control (ex. Children with a certain outcome compared to children without that outcome – not a quasi since it's retrospective)																	

Other (describe in a few words)	
Unknown / unsure	

Inclusion criteria (what are the criteria for participant inclusion in the study? Only provide criteria clearly indicated in paper.

Type of care (or, if prevention, type of care being prevented): Multidimensional treatment foster care

Children (age range, status or location in the system for example in care, aging out; special needs – key information that defines why these children were chosen): Seventy-nine youth were recruited between 1991 and 1995 from a pool of 85 adolescent chronic and serious offenders living in a medium-sized urban area in the Pacific Northwest. These youth were referred to the study by the local county juvenile court screening committee and were slated for out-of-home community based placements.

Exclusion criteria (what are the criteria for participant exclusion from the study? Only provide criteria clearly indicated in paper.

Children (age range, status or location in the system for example in care, aging out; special needs – key information that defines why these children were chosen):

The committee did not refer youth with serious substance abuse problems or youth deemed an extreme threat to the community. Rather, these youth were sent to locked residential settings (i.e., inpatient substance abuse treatment or the state juvenile corrections facility).

Participant demographics

		Intervention	Comparison	Whole sample
Number assigned	Children	37	42	79
	Caregivers			
Age (mean, SD, range)	Children			M=14.9 years(SD=1.3 , range = 12-17 years)

	Caregivers			
Sex	Children			100% males
	Caregivers			
Ethnicity/indigenous	Children			85% White, 6% African American, 6% Hispanic, 3% American Indian.
	Caregivers			
Length of stay in care				
Type of care				
Prior admissions				
Type of maltreatment				
<p>Notes</p> <p>There were no significant differences between participants in the two treatment conditions in terms of age, pre-placement criminal referrals, pre-placement length of stay in detention, current family status, parent criminal convictions, or a variety of other demographic risk factors. Further descriptive information on participants is provided in Chamberlain and Reid (1998).</p>				

Intervention and comparison conditions

What type of approach was the intervention? (refer to definitions)

Approach type	Yes/no
Program	
Service model	✓

System of care	
What type of <u>comparison</u> condition was used?	
Comparison condition	Yes/no
Children in OOHC	
Children not in OOHC	
Another type of OOHC	
Waitlist	
Alternative treatment	✓
No intervention	
<p>Description of intervention:</p> <p>Multidimensional treatment foster care (MTFC): family-focused skill-training intervention that targets individual, peer, family, and school factors that are linked to youth antisocial behavior. Youth assigned to MTFC were placed with a MTFC-trained and supported foster family. At most, two youth were placed in a home; the most typical situation was one youth per home. In MTFC, youth experienced around the- clock monitoring, supervision, discipline, and positive reinforcement by their foster parents. Foster parents, who were trained in behavior management methods, focused on establishing and maintaining a structured, supervised, and consistent daily living environment.</p>	
<p>Description of <u>comparison</u> condition (type of OOHC, what was the alternative treatment, any other details. Provide any other details available also. If you cannot tell or the information is not provided, please write – cannot tell)</p> <p>Group Care. Youth assigned to GC were placed in one of 11 group home programs around the state. From 6 to 15 offenders lived in each group home. All programs used rotating shift staffing. Although the type of treatment used in GC programs varied, the majority used some variation of the Positive Peer Culture approach (Vorrath & Brendtro, 1985). In most homes, youth participated in both individual and group therapy during at least part of their stay and attended program operated schools. Youth were encouraged to maintain relationships with family members, and 55% of GC participants had at least some family therapy sessions.</p>	

Describe comparison group here:			
Youth randomly assigned to the as-usual group care condition.			
Intervention and control delivery (Select as many as applicable)			
		Intervention Yes/no	Comparison Yes/no
Where on the Continuum of Care was it delivered?	OOHC / Looked after Children		
	Foster Care		
	Kinship Care		
	Residential care / children's homes		
	Reception services / Shelter care		
	Placement prevention		
	Placement preservation / Placement stability;		
	Restoration / Family Reunification		
	Transition from care / Leaving Care		
	Adoption and permanency		
	Short term care		
	Medium term care		
	Long term care		

	Therapeutic care / Treatment foster care	✓	
	Cannot tell		✓ (group home programs)
Setting of delivery	OOHC Home	✓	
	School		
	Clinic, medical or health		
	Community	✓	
	Other		
	Cannot tell		

Results

Chamberlain 2004

<u>Outcomes</u>	<u>Measures</u>	<u>Effect: Post intervention results. Indicate if significant and the direction by using '+' or '-'. If there is no significant effect, leave blank</u>		<u>Follow-up</u>
		<u>Treatment</u>	<u>Control</u>	
Outcome reported in results (put all results for one outcome in one row. Eg outcomes – placement stability, child behaviour intensity)	How measured (name of measure, self-report etc). List all formal measures or systems level outcomes.			Longest point of followup (i.e., 6 months; 1 year)
Prevent violent offending	Official records of violent offenses by the Oregon Youth Authority (OYA) and self-reported violent behaviour measured	+, significantly fewer criminal referrals for violent behaviour in the 2 years after baseline than control group		2 years post baseline/ placement to MTFC or

	by an index of violent acts computed by researchers	+, perpetrate fewer overall incidents of violence		control Usually 6-9month placement (not constrained by study design)
--	---	---	--	---

Study ID Hansson 2012	Initials of person extracting data ZP Date 15.05.13
Full citation Hansson, K., & Olsson, M. (2012). Effects of multidimensional treatment foster care (MTFC): Results from a RCT study in Sweden. <i>Children and Youth Services Review</i> , 34(9), 1929-1936. doi: 10.1016/j.chilyouth.2012.06.008	
Eligible papers cited/referenced in this paper that were not found in the database search	
Country in which study was conducted Sweden	
Study design: (check one)	
Systematic review	
Meta-analysis	
Cluster RCT	
RCT	✓
Quasi-exp (non-random allocation into treatment and control)	
Entry Cohort (entry to exit – e.g., all children who entered care in 2008)	
Exit Cohort (exit then followed to some other event – e.g., children returning home followed to reentry)	
Case-control (ex. Children with a certain outcome compared to children without that outcome – not a quasi since it's retrospective)	
Other (describe in a few words)	
Unknown / unsure	
Inclusion criteria (what are the criteria for participant inclusion in the study? Only provide	

criteria clearly indicated in paper.

Type of care (or, if prevention, type of care being prevented): Multidimensional treatment foster care

Caregivers (if intervention targeted at caregivers): The foster families were recruited via advertisement in the local newspaper. To be accepted as a foster home in the program, the foster parents had to be accepted by the local social services agency and be willing to work according to the MTFC manual.

Workers (if intervention targeted at workers)

Children (age range, status or location in the system for example in care, aging out; special needs – key information that defines why these children were chosen): Hässleholm is part of the National Board of Institutional Care (SIS). In this study, the participants went through two months of assessment at the assessment facility in Hässleholm. To be included in the study, the youth had to be between 12 and 17 years old, meet the diagnostic criteria for conduct disorder according to the DSM-IV-TR (American Psychiatric Association), and be at risk for immediate out-of-home placement.

Exclusion criteria (what are the criteria for participant exclusion from the study? Only provide criteria clearly indicated in paper.

Not indicated for 'exclusion from the study'.

Though, some individuals are excluded from analyses: A symptom reduction was estimated for YSR, CBCL, and SCL-90. Authors started to exclude those individuals who had "normal" values on the scales — within \pm one sd or lower according to reference data. Individuals in that segment already have normal values and are not supposed to change as a result of any treatment.

Participant demographics

		Intervention	Comparison	Alternative
Number assigned	Children	19	27	
	Caregivers			
Age (mean, SD, range)	Children			
	Caregivers			
Sex	Children	42% girls	37% girls	

	Caregivers			
Ethnicity/indigenous	Children	Swedish: 9 Immigrants: 10	Swedish: 21 Immigrants: 6	
	Caregivers			
Length of stay in care				
Type of care				
Prior admissions				
Type of maltreatment				
Notes				

Intervention and comparison conditions

What type of approach was the intervention? (refer to definitions)

Approach type	Yes/no
Program	
Service model	✓
System of care	

What type of comparison condition was used?

Comparison condition	Yes/no
Children in OOHC	
Children not in OOHC	
Another type of OOHC	

Waitlist	
Alternative treatment	
No intervention	✓

Description of intervention:

Multidimensional treatment foster care (MTFC) is based on social learning and family system theories. The program is designed to decrease deviant behavior and to increase pro-social behavior. The ultimate aim is reunion with the family of origin when the young person completed the treatment program (Chamberlain, 1994). The duration is 9–12 months. The treatment program includes formalized cooperation between a treatment team and the youths, the youths' birth parents, their school, and social agencies. The treatment team consists of a case manager, a family therapist, individual therapists, a skill trainer, a PDR caller, and the foster family. Once per month, a local outside MTFC supervisor supervised the MTFC team.

Description of comparison condition (type of OOHC, what was the alternative treatment, any other details. Provide any other details available also. If you cannot tell or the information is not provided, please write – cannot tell)

Treatment as usual (TAU) youth received intervention from the social agencies. These interventions could include residential care, foster care, or home-based interventions. Home-based interventions could include family therapy, mentorship with non-professional volunteers, and drug testing. In Sweden, TAU seldom includes manualized treatment, behaviour modification, or evidence-based programs. According to the available social records, 18 youths received group care, two moved to their biological parents, one received foster family care, one moved into an apartment, and the last five youths, treatments were not registered in the social records one year after inclusion.

Describe comparison group here:

Youth who met inclusion criteria and randomly assigned to treatment as usual group.

Intervention and control delivery (Select as many as applicable)

		Intervention Yes/no	Comparison Yes/no
Where on the Continuum of Care was it delivered?	OOHC / Looked after Children		

	Foster Care		✓
	Kinship Care		
	Residential care / children's homes		✓
	Reception services / Shelter care		
	Placement prevention		
	Placement preservation / Placement stability;		
	Restoration / Family Reunification	✓	
	Transition from care / Leaving Care		
	Adoption and permanency		
	Short term care		
	Medium term care		
	Long term care		
	Therapeutic care / Treatment foster care	✓	
	Cannot tell		
Setting of delivery	OOHC Home		
	School		
	Clinic, medical or health	✓	
	Community		
	Other		

	Cannot tell		✓
--	-------------	--	---

Results

<u>Outcomes</u> Outcome reported in results (put all results for one outcome in one row. Eg outcomes – placement stability, child behaviour intensity)	<u>Measures</u> How measured (name of measure, self-report etc). List all formal measures or systems level outcomes.	<u>Effect</u> : Post intervention results. Indicate if significant and the direction by using '+' or '-'. If there is no significant effect, leave blank.		<u>Follow-up</u> Longest point of follow-up (i.e., 6 months; 1 year)
		<u>Treatment</u>	<u>Control</u>	
Youth's psychosocial symptom load	Child behavioral checklist (CBCL) – parents completed Youth self report (YSR) – youths completed	+, MTFC had significantly better results than TAU during the treatment period (Note - difference between MTFC and TAU seems to disappear at the 24-month follow-up (12-15 months after intervention period). (Note - CBCL, however, showed almost (P<.10) a significant difference between MTFC and TAU at the 24-month follow-up).		Post intervention

Study ID (first surname + year) Smith, 2010	Initials of person extracting data MK Date 21.05.13
Full citation Smith, D. K., Chamberlain, P., & Eddy, J. M. (2010). Preliminary support for multidimensional treatment foster care in reducing substance use in delinquent boys. <i>Journal of Child & Adolescent Substance Abuse</i> , 19(4), 343-358.	
Eligible papers cited/referenced in this paper that were not found in the database search	
Country in which study was conducted United States	
Study design: (check one) √	
Systematic review	
Meta-analysis	
Cluster RCT	
RCT	√
Quasi-exp (non-random allocation into treatment and control)	
Entry Cohort (entry to exit – e.g., all children who entered care in 2008)	
Exit Cohort (exit then followed to some other event – e.g., children returning home followed to reentry)	
Case-control (ex. Children with a certain outcome compared to children without that outcome – not a quasi since it's retrospective)	
Other (describe in a few words)	
Unknown / unsure	
Inclusion criteria (what are the criteria for participant inclusion in the study? Only provide	

criteria clearly indicated in paper.

Type of care (or, if prevention, type of care being prevented):

Caregivers (if intervention targeted at caregivers):

Workers (if intervention targeted at workers)

Children:

- 12-17 year old boys with serious and chronic delinquency problems who were referred to MTFC by the juvenile justice system between 1991 and 1995. The participants were referred to the study by the local county juvenile court screening committee after being mandated to out-of-home placement by the juvenile court judge.

Exclusion criteria (what are the criteria for participant exclusion from the study? Only provide criteria clearly indicated in paper.

Not indicated

Participant demographics

		Intervention	Comparison	Alternative
Number assigned	Children	37	42	
	Caregivers			
Age (mean, SD, range)	Children	Average 14.9 yrs (SD 1.3)		
	Caregivers			
Sex	Children	Boys 100%		
	Caregivers			
Ethnicity/indigenous	Children	Caucasian	85%	
		African American	6%	
		Native American	3%	
		Latino	6%	
	Caregivers			
Length of stay in care				

Type of care				
Prior admissions		70% of the participants had at least one prior out-of home placement.		
Type of maltreatment				
Notes				
Criminal & detention histories, single parent households (56%), parental criminal convictions				

Intervention and comparison conditions

What type of approach was the intervention? (refer to definitions)

Approach type	Yes/no
Program	
Service model	Yes
System of care	

What type of comparison condition was used?

Comparison condition	Yes/no
Children in OOHC	
Children not in OOHC	
Another type of OOHC	Yes
Waitlist	
Alternative treatment	
No intervention	

Description of intervention: Multidimensional Treatment Foster Care

The participants were placed singly with MTFC parents who were recruited, screened, trained, and supervised by an MTFC program supervisor. All MTFC parents completed a 20-hour pre-service training conducted by experienced MTFC foster parents and the MTFC program supervisor. The program supervisor provided the MTFC parents with ongoing support and supervision via weekly foster parent meetings and daily telephone contact. The training followed a social learning and behavioral model whereby the MTFC parents were taught to provide youths

with frequent reinforcement and clear and consistent limits. All of the MTFC parents implemented daily behavior management systems that were tailored to meet the needs of each youth. The MTFC parents were trained and supervised to use this system to provide feedback to youths on their behavior for a variety of daily expectations (e.g., getting up on time). The youths earned points for positive behaviors and lost points for negative, undesirable, or maladaptive behaviors. The MTFC parents exchanged points for privileges that increased as the youths progressed through the program. Consequences for rule violations and minor behavior problems consisted of privilege removal or work chores. If substance use was suspected during treatment for an MTFC participant, a MTFC program staff member or probation officer conducted a urinalysis; if the urinalysis results were positive, the youth lost a privilege or was given a work chore. The daily point levels were reported to the MTFC program supervisor via a telephone interview using the Parent Daily Report Checklist (Chamberlain & Reid, 1987). Privilege removal and work chores were typically prescribed for short durations to teach and encourage the youths to recover from negative incidents and quickly resume positive and adaptive behaviors. The participants were closely supervised and received consistent limit setting and contingency management and positive adult mentoring. Their families were provided with weekly family therapy based on the Parent Management Training treatment model (Bank, Patterson, & Reid, 1987) and on-call support focused on improving parenting skills. The family therapy began at baseline and continued into aftercare to help in the reunification process. Treatment integrity was monitored via the daily Parent Daily Report Checklist calls (data were collected on the implementation of the treatment components and on rates of youth problem behavior) and via the weekly training and supervision meetings conducted with the MTFC parents.

Description of comparison condition (type of OOHC, what was the alternative treatment, any other details. Provide any other details available also. If you cannot tell or the information is not provided, please write – cannot tell)

GC consisted of 11 community-based group care programs located throughout Oregon State. The programs used shift staff, had 6 to 15 youths in residence, and employed a variety of theoretically based therapies, with positive peer culture (Vorrath & Brendtro, 1985) being used in 7 (66%) of the programs. The remaining 4 (33%) programs relied on other theoretically based therapies: reality, eclectic and behavior management, and cognitive. The GC participants were provided group therapy (N=32; 77%) and individual therapy (N=28; 67%), their families were provided family therapy (N=23; 55%). Thirty-five (83%) of the GC participants attended schools located within their GC facilities. If substance use was suspected during treatment, the GC participants were subjected to urinalyses and any associated sanctions (e.g., parole=probation violation) by program staff and=or their parole= probation officer.

Describe comparison group here:

Intervention and control delivery (Select as many as applicable)

		Intervention	Comparison

		Yes/no	Yes/no
Where on the Continuum of Care was it delivered?	OOHC / Looked after Children		
	Foster Care	Yes	
	Kinship Care		
	Residential care / children's homes		Yes
	Reception services / Shelter care		
	Placement prevention		
	Placement preservation / Placement stability;		
	Restoration / Family Reunification		
	Transition from care / Leaving Care		
	Adoption and permanency		
	Short term care		
	Medium term care		
	Long term care		
	Therapeutic care / Treatment foster care		
	Cannot tell		
Setting of delivery	OOHC Home	Yes	
	School		

	Clinic, medical or health		
	Community		
	Other	Yes	
	Cannot tell		Yes

Results

<u>Outcomes</u> Outcome reported in results (put all results for one outcome in one row. Eg outcomes – placement stability, child behaviour intensity)	<u>Measures</u> How measured (name of measure, self-report etc). List all formal measures or systems level outcomes.	<u>Effect: Post intervention results.</u> Indicate if significant and the direction by using '+' or '-'. If there is no significant effect, leave blank.		<u>Follow-up</u> Longest point of follow-up (i.e., 6 months; 1 year)
		<u>Treatment</u>	<u>Control</u>	
Substance use - tobacco	Self-report (5-point Likert scale: 1 (never) to 5 (used one or more times per day).	+, significant effect at 18 months post baseline		18 months. Intervention typically runs for 6-9 months – exact dose not given.
Substance use – marijuana	Self report 5-point Likert scale: 1 (never) to 5 (used one or more times per day).	+, significant effect at 18 months post baseline		18 months. Intervention typically runs for 6-9 months – exact dose not given.
Substance use – alcohol	Self report 5-point Likert scale: 1 (never) to 5 (used one or more times per day).			18 months. Intervention typically runs for 6-9 months – exact dose not given.

Substance use – other drugs	Self report 5-point Likert scale: 1 (never) to 5 (used one or more times per day).	+, significant effect at 18 months post baseline		18 months. Intervention typically runs for 6- 9 months – exact dose not given.
--------------------------------	--	--	--	--

Study ID Van Ryzin 2012 Harold 2013	Initials of person extracting data ZP Date 15.05.13
Full citation Van Ryzin, M. J., & Leve, L. D. (2012). Affiliation with delinquent peers as a mediator of the effects of multidimensional treatment foster care for delinquent girls. [Randomized Controlled Trial Research Support, N.I.H., Extramural]. <i>Journal of Consulting & Clinical Psychology</i> , 80(4), 588-596. Harold, G. T., Kerr, D. C. R., van Ryzin, M., deGarmo, D. S., Rhoades, K. A., & Leve, L. D. (2013). Depressive Symptom Trajectories Among Girls in the Juvenile Justice System: 24-month Outcomes of an RCT of Multidimensional Treatment Foster Care. <i>Prevention Science</i> , 14(1). doi: DOI 10.1007/s11121-012-0317-y	
Eligible papers cited/referenced in this paper that were not found in the database search	
Country in which study was conducted USA	
Study design: (check one)	
Systematic review	
Meta-analysis	
Cluster RCT	
RCT	✓
Quasi-exp (non-random allocation into treatment and control)	
Entry Cohort (entry to exit – e.g., all children who entered care in 2008)	
Exit Cohort (exit then followed to some other event – e.g., children returning home followed to reentry)	
Case-control (ex. Children with a certain outcome compared to children without that outcome – not a quasi since it's retrospective)	

Other (describe in a few words)	
Unknown / unsure	

Inclusion criteria (what are the criteria for participant inclusion in the study? Only provide criteria clearly indicated in paper.

Type of care (or, if prevention, type of care being prevented): Multidimensional treatment foster care

Children (age range, status or location in the system for example in care, aging out; special needs – key information that defines why these children were chosen): Referrals were made consecutively and included all female youth who met the following criteria ($N = 81$): 13 to 17 years old, not currently pregnant, at least one criminal referral in the prior 12 months, and placed in out-of-home care within 12 months following referral.

Exclusion criteria (what are the criteria for participant exclusion from the study? Only provide criteria clearly indicated in paper.

Not indicated

Participant demographics

		Intervention (MTFC)	Comparison (Group Care)	Prebaseline characteristics of who sample (no difference)
Number assigned	Children	37	44	81
	Caregivers			
Age (mean, SD, range)	Children			M=15.3 years (SD=1.1)
	Caregivers			
Sex	Children			100% female

	Caregivers			
Ethnicity/indigenous	Children			74, 2, 9, 12, 1, 2
	Caregivers			
Length of stay in care	(in the randomized intervention placement)			M=174 days (SD=144)
Type of care				
Prior admissions				
Type of maltreatment				88% physical abuse, 69% sexual abuse
Notes				
Ethnicity is presented in percentages, in the following order: Caucasian, African American, Hispanic, Native American, Asian American, and other or biracial.				

Intervention and comparison conditions

What type of approach was the intervention? (refer to definitions)

Approach type	Yes/no
Program	
Service model	✓
System of care	

What type of comparison condition was used?

Comparison condition	Yes/no
Children in OOHC	
Children not in OOHC	
Another type of OOHC	
Waitlist	
Alternative treatment	✓
No intervention	

Description of intervention:

MTFC is an alternative to treating delinquent youth in aggregate-care settings that is based on social learning theory and aims to capitalize on the potentially positive socializing influence of the family. MTFC youths are individually placed in foster homes and are provided with intensive support and treatment in a setting that closely mirrors normative life (i.e., community-based family setting with public school attendance). In addition, intensive parent management training is provided weekly to biological parents (or other aftercare resources) beginning at the outset of the youth’s MTFC placement.

Description of comparison condition (type of OOHC, what was the alternative treatment, any other details. Provide any other details available also. If you cannot tell or the information is not provided, please write – cannot tell)

Group Care intervention condition. GC is the standard intervention service provided for delinquent girls who are referred for out-of-home care. In the current study, girls randomly assigned to the GC condition took part in 1 of 19 community-based group care programs located throughout

Oregon State. These programs represented typical services for girls being referred to out-of-home care by the juvenile justice system. Although each GC program differed somewhat in its theoretical orientations, 86% of the programs endorsed a specific treatment model, of which the primary philosophy of their program was a behavioral (70%), an eclectic (26%), or a family-style therapeutic approach (4%). Of the programs, 70% reported delivering therapeutic services at least weekly.

Describe comparison group here:

Girls who met inclusion criteria and were randomly allocated to comparison group.

Intervention and control delivery (Select as many as applicable)

		Intervention Yes/no	Comparison Yes/no
Where on the Continuum of Care was it delivered?	OOHC / Looked after Children		✓
	Foster Care		
	Kinship Care		
	Residential care / children's homes		
	Reception services / Shelter care		
	Placement prevention		
	Placement preservation / Placement stability;		
	Restoration / Family Reunification		
	Transition from care / Leaving Care		
	Adoption and permanency		
	Short term care		
	Medium term care		
	Long term care		

	Therapeutic care / Treatment foster care	✓	
	Cannot tell		
Setting of delivery	OOHC Home	✓	
	School		
	Clinic, medical or health		
	Community		
	Other		
	Cannot tell		✓

Van Ryzin, 2012

<u>Outcomes</u> Outcome reported in results (put all results for one outcome in one row. Eg outcomes – placement stability, child behaviour intensity)	<u>Measures</u> How measured (name of measure, self-report etc). List all formal measures or systems level outcomes.	<u>Effect</u> : Post intervention results. Indicate if significant and the direction by using '+' or '-'. If there is no significant effect, leave blank.		<u>Follow-up</u> Longest point of follow-up (i.e. 6 months; 1 year)
		<u>Treatment</u>	<u>Control</u>	
Criminal behaviour – criminal referrals and days in locked settings	Criminal referrals - collected from state police records and circuit court	+, MTFC program reduced girls' number of criminal referrals and number of days in locked settings at 24 months		24 months post baseline. Intervention placement = 6-9 months

	<p>data</p> <p>Days in locked settings - girls' report of total days spent in detention, correctional facilities, jail, or prison using a structured interview that asked the girl about her whereabouts each day over the course of the year.</p>			
Delinquent peer affiliation	Describing Friends Questionnaire – self report	<p>+ ,MTFC predicted significantly lower levels of delinquent peer affiliation at 12 months, controlling for delinquent peers at baseline.</p> <p>(Note - In turn, delinquent peer affiliation at 12 months predicted significantly higher levels of both the latent construct and self-reported general delinquency).</p>		<p>12 months post baseline.</p> <p>Intervention placement = 6-9 months</p>
Harold, 2013				

<u>Outcomes</u>	<u>Measures</u>	<u>Effect</u> : Post intervention results. Indicate if significant and the direction by using '+' or '-'. If there is no significant effect, leave blank.		<u>Follow-up</u>
Outcome reported in results (put all results for one outcome in one row. E.g., outcomes – placement stability, child behaviour intensity)	How measured (name of measure, self-report etc). List all formal measures or systems level outcomes.	<u>Treatment</u>	<u>Control</u>	Longest point of follow-up (i.e., 6 months; 1 year)
Depressive symptom	Brief Symptom Inventory (BSI): Depression Subscale - self-report	+,significantly greater rates of deceleration for girls in MTFC versus GC for depressive symptoms and for clinical cut-off scores +,also showed greater benefits for girls with higher levels of initial depressive symptoms		24 months post baseline Intervention placement 6-9 months

Study ID (first surname + year) Westermark, 2011	Initials of person extracting data MK Date 22.05.13
Full citation Westermark, P. K., Hansson, K., & Olsson, M. (2011). Multidimensional treatment foster care (MTFC): results from an independent replication. <i>Journal of Family Therapy</i> , 33(1), 20-41.	
Eligible papers cited/referenced in this paper that were not found in the database search	
Country in which study was conducted Sweden	
Study design: (check one) ✓	
Systematic review	
Meta-analysis	
Cluster RCT	
RCT	✓
Quasi-exp (non-random allocation into treatment and control)	
Entry Cohort (entry to exit – e.g., all children who entered care in 2008)	
Exit Cohort (exit then followed to some other event – e.g., children returning home followed to reentry)	
Case-control (ex. Children with a certain outcome compared to children without that outcome – not a quasi since it's retrospective)	
Other (describe in a few words)	
Unknown / unsure	
Inclusion criteria (what are the criteria for participant inclusion in the study? Only provide criteria clearly indicated in paper.)	

Type of care (or, if prevention, type of care being prevented):

- *Not specified*

Children:

- The young people were referred by the social agencies for intervention due to serious behavioural problems.
- the young people met the clinical diagnosis of conduct disorder according to DSM-IV-TR (American Psychiatric Association) and
- the young people were at risk of immediate out-of-home placement.

Exclusion criteria (what are the criteria for participant exclusion from the study? Only provide criteria clearly indicated in paper.

Children:

1. Ongoing treatment by another provider;
2. Substance abuse without other antisocial behaviour;
3. Sexual offending;
4. Acute psychosis;
5. Imminent risk of suicide;
6. Placement of the young person in a foster home would cause a serious threat to the safety of a foster family.

Participant demographics

		Intervention	Comparison
Number assigned	Children	20	15
	Caregivers		
Age (mean, SD, range)	Children	Mean 15.0 SD 0.7	Mean 15.7 SD 1.2
	Caregivers		
Sex	Children	Male 10 Female 10	Male 8 Female 7
	Caregivers		
Ethnicity/indigenous	Children	Swedish 13 *Immigrant 7	Swedish 13 Immigrant 2

	Caregivers		
Length of stay in care			
Type of care		Foster care 20	Residential 7 Foster care 5 Home-based 3
Prior interventions		1-5: 11 6-11: 9	1-5: 8 6-11: 7
Type of maltreatment			
Notes			
*Immigrant = at least one parent born outside Sweden			
** Previous interventions (including out-of-home placement, respite care, child psychiatric services, family therapy and aggression replacement training.)			

Intervention and comparison conditions

What type of approach was the intervention? (refer to definitions)

Approach type	Yes/no
Program	
Service model	Yes
System of care	

What type of comparison condition was used?

Comparison condition	Yes/no
Children in OOHC	
Children not in OOHC	

Another type of OOHC	
Waitlist	
Alternative treatment	
No intervention Usual services	Yes

Description of intervention:

The MTFC programme is described in a five-part manual, one part for each treatment role. The manual consists of components that describe how to run the programme. Adherence to the manual was considered throughout the programme processes. Some components in the manual are required. For example, the foster parents must complete the parent daily report checklist and report on the young person's performance on the point and level system daily.

Description of comparison condition (type of OOHC, what was the alternative treatment, any other details. Provide any other details available also. If you cannot tell or the information is not provided, please write – cannot tell)

The young people who were randomly assigned to the TAU group (15) received intervention from the social agencies. In Sweden TAU does not normally include manualized treatment, behaviour modification or evidence-based programmes. In this study, seven youths were placed in residential care and five in foster care while three received home-based interventions. In the group placed in residential care, three continued treatment for one year. The rest of the residential group stayed in treatment for from 1 to 6 months and then continued with other interventions such as foster care, family therapy, mentorship with non-professional volunteers or home-based intervention. Some of the foster care group received individual therapy during placement. The home-based group received different interventions such as family therapy, mentorship with non-professional volunteers and drug testing.

Describe comparison group here:

Intervention and control delivery (Select as many as applicable)

		Intervention Yes/no	Comparison Yes/no
Where on the Continuum of Care was it delivered?	OOHC / Looked after Children		

	Foster Care		Yes
	Kinship Care		
	Residential care / children's homes		Yes
	Reception services / Shelter care		
	Placement prevention		
	Placement preservation / Placement stability;		
	Restoration / Family Reunification		
	Transition from care / Leaving Care		
	Adoption and permanency		
	Short term care		
	Medium term care		
	Long term care		
	Therapeutic care / Treatment foster care	Yes	
	Cannot tell		
Setting of delivery	OOHC Home		
	School		
	Clinic, medical or health		
	Community		
	Other		

	Cannot tell	Yes	Yes
Results			
<u>Outcomes</u> Outcome reported in results (put all results for one outcome in one row. Eg outcomes – placement stability, child behaviour intensity)	<u>Measures</u> How measured (name of measure, self-report etc). List all formal measures or systems level outcomes.	<u>Effect:</u> Post intervention results. Indicate if significant and the direction by using '+' or '-'. If there is no significant effect, leave blank.	
		<u>Treatment</u>	<u>Control</u>
Follow-up Longest point of followup (i.e., 6 months; 1 year)			
Outcome score ANOVA			
Youth externalising problems	Youth self-report (YSR) included in the Achenbach system of empirically based assessment (ASEBA)	+ Lower score compared to control	24 months post baseline Intervention length – dose delivered not clear but text indicates program runs for at least 10 months
Maternal depression	Depression subscale in the Global Severity Index (GSI)	+ Lower score compared to control	24 months post baseline Intervention length – dose delivered not clear but text indicates program runs for at least 10 months

Maternal GSI score	GSI	+ Lower score compared to control		24 months post baseline Intervention length – dose delivered not clear but text indicates program runs for at least 10 months
--------------------	-----	-----------------------------------	--	--



Level 5, 232 Victoria Parade,
East Melbourne, Victoria,
Australia 3002

E: info@parentingrc.org.au
P: +61 3 8660 3500
F: +61 3 8660 3599
W: www.parentingrc.org.au

Level 7, 161 Barry Street
Carlton, Victoria,
Australia 3010

E: socialwork-enquiries@unimelb.edu.au
P: +61 3 8344 4171
F: +61 3 8344 4188
W: www.healthsciences.unimelb.edu.au