

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

Appendix 7

June 2013

Parenting Research Centre and the
University of Melbourne

Commissioned by the Community Services
Directorate of the ACT Government



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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

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APPENDIX 7: DATA EXTRACTED REGARDING THE EMERGING INTERVENTIONS

Assertive Continuing Care (ACC)

Study ID (first surname + year) Godley, 2007	Initials of person extracting data: MK Date 28.05.13
Full citation Godley, M. D., Godley, S. H., Dennis, M. L., Funk, R. R., & Passetti, L. L. (2006). The effect of assertive continuing care on continuing care linkage, adherence and abstinence following residential treatment for adolescents with substance use disorders. <i>Addiction</i> , 102(1), 81–93.	
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): “Residential treatment”

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): To be included in this study, the adolescents attending residential treatment had to meet criteria for a *Diagnostic and Statistical Manual of Mental Disorders* version IV (DSM-IV; [40]) diagnosis of current alcohol and/or other drug dependence, be between the ages of 12 and 17 years and reside in the 11-county central Illinois area targeted for the intervention.

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):

Caregivers (if intervention targeted at caregivers):

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):

Potential participants were excluded if they:

- left residential treatment prior to their seventh day,
- were a ward of the state child welfare department,
- did not intend to return to a target county upon discharge,
- were deemed a danger to self or others or
- exhibited active, uncontrolled psychotic symptoms.

Participant demographics

		Intervention	Comparison	
Number assigned	Children	102	81	
	Caregivers			
Age (mean, SD, range)*	Children	12–14 (11%)	12–14 (10%)	
		15–16 (42%)	15–16 (48%)	
		17–18 (47%)	17–18 (42%)	

	Caregivers			
Sex	Children	Male 70%	Male 73%	
	Caregivers			
Ethnicity/indigenous	Children	African American 18% Caucasian 71% Hispanic 3% Other 9%	African American 17% Caucasian 76% Hispanic 3% Other 4%	
	Caregivers			
Length of stay in care**		1–3 weeks (22%) 4–12 weeks (70%) 13 + weeks (9%)	1–3 weeks (28%) 4–12 weeks (65%) 13 + weeks (6%)	
Type of care				
Prior admissions				
Type of maltreatment				
Notes				
* 45% were age 17 or 18 (M = 16.2, SD = 1.2),				
** The average length of stay (LOS) in the residential program was 52 days for each group,				

Intervention and comparison conditions

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

Approach type	Yes/no
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Program	
Service model	Yes
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	Yes
Description of intervention:	
<p><i>Assertive continuing care (ACC):</i> Participants assigned to this condition received the same types of referrals from their residential counsellor to usual continuing care services as those assigned to the UCC condition. In addition, they were assigned an ACC case manager for a 90-day period following discharge from residential treatment (NB: More detail in article).</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><i>Usual continuing care:</i> At discharge from residential treatment, staff made referrals to adolescent outpatient providers in an adolescent’s home community for continuing care. No attempt was made to standardize or modify usual continuing care because the study was an attempt to compare assertive continuing care against usual practice, and so many different treatment agencies in the large geographical catchment area provided the service.</p>	
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		
	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	Yes	Yes
	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	Yes	
	Other		
	Cannot tell		Yes

Results

<u>Outcomes</u> Outcome reported in results (put all results for one outcome in one row. E.g., 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>	
Linkage to and sessions of continuing care	Measured using self-reported continuing care sessions (outpatient and intensive outpatient treatment) from the GAIN-M90 at 3 months post-discharge plus case manager reports of ACC services provided from the SCLs	+ Treatment adolescents significantly more likely to link to continuing care services + Treatment adolescents received significantly more days of continuing care sessions + median number of continuing care sessions attended for the ACC condition was two		Post assessment results reported (end of the 3 month ACC condition)

		compared to 15 for the ACC condition		
General continuing care adherence (GCCA)	A count of continuing care services adolescents reported receiving (out of 12). This scale was developed by interviewing providers of continuing care services at 12 different organizations in the catchment area	+ ACC participants had significantly higher adherence		Post assessment results reported (end of the 3 month ACC condition)
Abstinence during the 1–3 months post-discharge	Defined as no self-reported use during the first 3 months after residential discharge. Comparing immediate abstinence with urine screens for marijuana at 3 months, the false negative rate (client reports no use but has positive urine screen) is 8% with a kappa of 0.83	Not sig		Post assessment results reported (end of the 3 month ACC condition)
Abstinence during the 4–9 months post-discharge	Defined as no self-reported use during the fourth to the ninth months (measured at the 6- and 9-month post-discharge interviews			+ Sig difference at 6 months post intervention (9 months from start of intervention). Abstinence

				rates were more than 20% higher for ACC in five of six comparisons; however, the size of the difference reached statistical significance in only the comparison for sustained marijuana abstinence
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Big Brothers-Big Sisters

Study ID (first surname + year) Rhodes, 1999	Initials of person extracting data: MK Date 20.05.13
Full citation Rhodes, J. E., Haight, W. L., & Briggs, E. C. (1999). The influence of mentoring on the peer relationships of foster youth in relative and nonrelative care. <i>Journal of Research on Adolescence</i> , 9(2), 185-201.	
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): Kinship or non-kinship foster care

Children: Age 10-16. Children who applied to selected Big Brothers-Big Sisters programs in 1992-3 (Selection criteria for agencies - large, active caseload, a waiting list, geographic diversity). With only a few exceptions, all age-eligible youth who came to the study agencies during the intake period were encouraged to participate in the research.

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	56.1%	43.9%	
	Caregivers			
Age (mean, SD, range)	Children	Range 10-15 years Mean 11.8 years SD 1.26		
	Caregivers			
Sex	Children	54% boys		
	Caregivers			
Ethnicity/indigenous	Children	African American (61.7%) White (23.9%) Hispanic (6.1%) American Indian (2.8%) Biracial (2.8%) Other (0.6%)		
	Caregivers			

Length of stay in care				
Type of care*	Relative foster	78		
	Non-kin foster	12		
	Non foster	90		
Prior admissions				
Type of maltreatment				
Notes				
Subsets of random sample (matched on variables – gender, race, age, state of residence, disability status):				
1. “Foster” subgroup – all participants in the national study who indicated that a foster parent, a guardian, or an extended family member was their custodial parent. – Subdivided again into “Relative foster” and “nonrelative foster”				
2. “Non-foster” subgroup - a subset of matched participants who indicated that their mother or father was their custodial parent.				
* Equally likely to be included in the treatment and control groups				

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	Yes
Alternative treatment	
No intervention	

Description of intervention:

Matches with Big Brothers- Big Sisters were made or attempted.

Big Brothers- Big Sisters is an intensive relationship-based intervention. Goal- to promote the positive development of at-risk youth through relationships with well-functioning adults. The average length of the matches in this study was 12 months, and more than 70% of the youth met with their mentor one or more times per week. A wide variety of leisure and goal oriented discussions and activities, including those focused on peers.

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)

Waiting list for a period of 18 months

Describe comparison group here:

Comparison group same as treatment group sample, but not receiving intervention

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	Yes
	Kinship Care	Yes	Yes
	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	Yes	
	Other		
	Cannot tell		

Results

<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	How measured (name of measure, self-report etc).		Longest point of follow-up

results for one outcome in one row. E.g., outcomes – placement stability, child behaviour intensity)	List all formal measures or systems level outcomes.	<u>Treatment</u>	<u>Control</u>	(i.e., 6 months; 1 year)
Peer relationships	Features of Children’s Friendship Scale- Child reported	+, Foster youth improved in prosocial and self-esteem enhancing support	-, Foster youth in control group reported decrements in peer support over time	18 months post baseline (average length of intervention condition was 12 months)

Combined Cognitive Behavioural program and Educational program

Study ID (first surname + year) Rushton, 2010b and Sharac, 2011	Initials of person extracting data: MK Date 21.05.13
Full citation Rushton, A., Monck, E., Leese, M., McCrone, P., & Sharac, J. (2010). Enhancing adoptive parenting: a randomized controlled trial. <i>Clinical Child Psychology & Psychiatry</i> , 15(4), 529-542. Sharac, J., McCrone, P., Rushton, A., & Monck, E. (2011). Enhancing Adoptive Parenting: A Cost-Effectiveness Analysis. <i>Child and Adolescent Mental Health</i> , 16(2), 110-115. NB. Sharac is a cost-effectiveness analysis of the RCT reported by the Rushton article.	
Eligible papers cited/referenced in this paper that were not found in the database search	
Country in which study was conducted UK	
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): Adoption

Caregivers – defined by child characteristics:

- Families were included in the initial recruitment stage of the study if they had a child placed for non-relative adoption between three and 18 months previously.
- All the children were between the ages of 3 years and 7 years 11 months at the time of placement.
- The children were not suffering from severe physical or learning difficulties.
- Child in family with score on Strengths & Difficulties Questionnaire of >13 (parents) or >11 (Social worker) or both
- If multiple children in family, the child with the highest SDQ score was selected

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

Caregivers – defined by child characteristics:

- Children placed with relatives or with existing foster parents

Participant demographics

		Intervention Cog/Beh. Advice	Alternative Int. Educ. Advice	Comparison / Control
Number assigned	Children	10	9	18
	Caregivers			
Age (mean, SD, range)	Children	At placement: Range 3years – 7 years, 11 months		
		At placement: Mean 68 months (SD 19)		Mean 65 months (SD 17)
Sex	Children	Girls 53%		Girls 55%
	Caregivers			
Ethnicity/indigenous	Children	White 84%		White 88%
	Caregivers			

Length of stay in care				
Type of care				
Prior admissions	No of changes in placement	6 (SD=2.9)		6 (SD=3.7)
Type of maltreatment	Reason for first admission	Neglect	8	8
			9	9
		Sexual abuse	2	2
			1	2
		Physical abuse	5	4
			8	4
		Emotional abuse	5	3
			7	3
		Carer's mental illness	4	3
			7	9
		Carer's addiction	4	7
			2	2
Concern about sibs	5	4		
	6	3		
Schedule 1 offender in household	1	2		
	6	2		
Domestic violence	6	5		
	3	5		
Notes				
Other demographics - age at first admission to care (+mean), SDQ score at baseline, "other adversities, parenting experiences				

Intervention and comparison conditions

What type of approach was intervention 1 (Cog.Beh. advice)

Approach type	Yes/no
Program – <i>Both interventions</i>	Yes
Service model	
System of care	

Description of intervention 1 (Cog.Beh. advice):

The cognitive behavioural approach. The most direct influence in writing the manual for this approach has been the work of Webster-Stratton (Webster-Stratton, 2003; Webster-Stratton

and Hancock, 1998). Adoptive parents are shown how to increase acceptable behaviour by using praise and rewards, to ignore unacceptable behaviour, by setting firm limits and by using “logical consequences” and problem-solving.

The adaptation of this parenting programme was undertaken in collaboration with a clinical psychologist (Dr Helen Upright). It involves even greater emphasis on the need for adopters to conduct daily play sessions with their child and in helping them when their child rejects their praise and/or their rewards. This intervention includes a cognitive element because parenting behaviour is influenced by how adopters construe the child’s behaviour and how they come to see themselves in relation to the child (White, McNally, & Cartwright-Hatton, 2003).

The content of the cognitive behavioural programme

- Session 1 – Getting to know the parents and introducing the programme
- Session 2 – Using positive attention to change behaviour
- Session 3 – The value of play for establishing positive relationships
- Session 4 – Using verbal praise
- Session 5 – Praise and rewards
- Session 6 – Learning clear commands and boundaries
- Session 7 – Using “ignoring” to reduce inappropriate behaviour
- Session 8 – Defining for the child the consequences of undesirable behaviour
- Session 9 – “Time Out” and problem solving
- Session 10 – Review and ending.

What type of approach was intervention 2 (Educational)?

Approach type	Yes/no
Program – <i>Both interventions</i>	Yes
Service model	
System of care	

Description of intervention 2 (Educational):

The educational approach. The “educational” manual was designed specifically for this study with the assistance of a county adoption adviser (Mary Davidson). The aim was to improve the adopters’ understanding of the *meaning* of the children’s current behaviour and to help them to see how past and present might be connected, for example, by noting triggers that might activate a child’s anger or distress. The intention was to throw light on the possible origin of problems rather than to attempt to identify specific causes. It addresses the adopters’ ways of responding to parenting challenges, enabling them to anticipate events and thereby increase their ability to manage the behaviour. The parent advisers for this programme were required to consult the local authority adoption files prior to meeting the adopters, in order to brief themselves on the new family and the child’s developmental and attachment history. For a more detailed account of the rationale and content of both these programmes see Rushton and Monck (2009). Some of the “service as usual” group received support, but it was far less

intensive than the individualized parenting advice provided in the trial.

The content of the “educational” programme

- Session 1 – Getting to know the parents and introducing the programme
- Session 2 – Understanding insecurity
- Session 3 – Helping parents understand their own reactions to disturbed children’s behaviour
- Session 4 – Understanding how “bad experiences” affect learning and behaviour
- Session 5 – Understanding how “bad” and broken relationships affect development
- Session 6 – Children’s survival strategies and defensive reactions: the outward show
- Session 7 – The expression and control of feelings
- Session 8 – Understanding how children develop new relationships
- Session 9 – Surviving in the wider world
- Session 10 – Review and ending.

What type of comparison condition was used?

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

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)

Permuted block randomization was conducted to ensure that intervention group and control group numbers were evenly balanced. Following the six-month interviews, adopters in the control group were offered the choice of one of the parenting interventions.

No specific statement that the control group were on a waitlist, though this appears to be the case.

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		
	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	Yes	Yes
	Short term care		
	Medium term care		
	Long term care		
	Therapeutic care / Treatment foster care		

	Cannot tell		
Setting of delivery	OOHC Home	Yes	Yes
	School		
	Clinic, medical or health		
	Community		
	Other		
	Cannot tell		

Results

Rushton 2010b.

<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> Longest point of follow-up (i.e., 6 months; 1 year)
		<u>Treatment</u>	<u>Control</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.			
Satisfaction with parenting	The Parenting Sense of Competence Scale (PSOC), Daily Hassles, The Satisfaction with	+ Combined intervention group significantly more satisfied than controls		6 months after end of intervention
Dealing with misbehaviour	Parenting Advice Questionnaire All completed by	+ Controls were still “telling off” and “shouting” significantly more than the		6 months after end of intervention

	adopters	intervention group.		
Child problems	Strengths and Difficulties Questionnaire (SDQ), Expression of Feelings Questionnaire (EFQ), Post Placement Problems (PPP), Visual Analogue Scales (T3 only) All completed by adopters	Not sig.		6 months after end of intervention

Fostering Healthy Futures (FHF)

Study ID (first surname + year) Taussig, 2010 and Taussig, 2012	Initials of person extracting data: MK Date 22.05.13																
Full citation <u>Study at 6 months post intervention</u> Taussig, H. N., & Culhane, S. E. (2010). Impact of a mentoring and skills group program on mental health outcomes for maltreated children in foster care. <i>Archives of Pediatrics & Adolescent Medicine</i> , 164(8), 739-746. <u>Study at 1 year post intervention</u> Taussig, H. N., Culhane, S. E., Garrido, E., & Knudtson, M. D. (2012). RCT of a mentoring and skills group program: placement and permanency outcomes for foster youth. <i>Pediatrics</i> , 130(1), e33-39.																	
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) ✓ <table border="1" data-bbox="207 1205 1370 1955"> <tr> <td data-bbox="215 1216 1249 1294">Systematic review</td> <td data-bbox="1257 1216 1362 1294"></td> </tr> <tr> <td data-bbox="215 1305 1249 1384">Meta-analysis</td> <td data-bbox="1257 1305 1362 1384"></td> </tr> <tr> <td data-bbox="215 1395 1249 1473">Cluster RCT</td> <td data-bbox="1257 1395 1362 1473"></td> </tr> <tr> <td data-bbox="215 1485 1249 1563">RCT</td> <td data-bbox="1257 1485 1362 1563">✓</td> </tr> <tr> <td data-bbox="215 1574 1249 1653">Quasi-exp (non-random allocation into treatment and control)</td> <td data-bbox="1257 1574 1362 1653"></td> </tr> <tr> <td data-bbox="215 1664 1249 1742">Entry Cohort (entry to exit – e.g., all children who entered care in 2008)</td> <td data-bbox="1257 1664 1362 1742"></td> </tr> <tr> <td data-bbox="215 1753 1249 1832">Exit Cohort (exit then followed to some other event – e.g., children returning home followed to reentry)</td> <td data-bbox="1257 1753 1362 1832"></td> </tr> <tr> <td data-bbox="215 1843 1249 1944">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="1257 1843 1362 1944"></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):

Out of home care – including foster and kinship care, group homes, residential treatment centers, and psychiatric hospitals.

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 study was conducted from July 2002 to November 2010 in 2 participating Colorado counties. Participants were recruited in 5 cohorts over 5 consecutive summers from a list of all children aged 9 to 11 years who were placed in foster care in participating counties. Children were recruited if they met the following criteria: (1) had been placed in foster care by court order due to maltreatment within the preceding year; (2) currently resided in foster care within a 35-minute drive to skills group sites; (3) had lived with their current caregiver for at least 3 weeks; and (4) demonstrated adequate proficiency in English (although their caregivers could be monolingual Spanish speaking). When multiple members of a sibling group were eligible, 1 sibling was randomly selected to participate in the randomized controlled trial.

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

- information on their child welfare records (obtained post interview) that made them ineligible (e.g., incorrect birth date),
- they were developmentally delayed,
- they were not proficient enough in English to participate in the skills groups.

Participant demographics

		Intervention	Comparison	Alternative
Number assigned	Children	79	77	
	Caregivers			
Age (mean, SD, range)	Children	Mean 10.4	Mean 10.4	

		SD 0.9	SD 0.9	
	Caregivers			
Sex	Children	Male 52%	Male 49%	
	Caregivers			
Ethnicity/indigenous	Children	Hispanic 44% African American 34% White 42%	Hispanic 56% African American 19% White 34%	
	Caregivers			
Length of stay in care		Mean 0.6 years SD 0.3	Mean 0.6 years SD 0.4	
Type of care				
Prior admissions				
Type of maltreatment		Physical abuse 39% Sexual abuse 9% Failure-to-provide neglect 47% Lack-of-supervision neglect 77% Emotional abuse 57% Moral neglect exposure to illegal	Physical abuse 25% Sexual abuse 14% Failure-to-provide neglect 52% Lack-of-supervision neglect 74% Emotional abuse 66% Moral neglect	

		activity 40%	exposure to illegal activity 27%	
Notes				

Intervention and comparison conditions

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

Approach type	Yes/no
Program	Yes
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 - treatment as usual	Yes

Description of intervention:

Fostering Healthy Futures (FHF) is a 9 month innovative prevention program for preadolescent youth (ages 9-11) placed in out-of-home care. The program is "above and beyond treatment as usual" and is never meant to replace other services children and families may receive. FHF skills groups and mentoring.

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 in out of home placement – this includes: foster and kinship care, group homes, residential treatment centers, and psychiatric hospitals.

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	Yes	Yes
	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	Yes	
	Other		
	Cannot tell		Yes

Results

Taussig (2010)

<u>Outcomes</u>	<u>Measures</u>	<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>	
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.			
Quality of life	Life Satisfaction Survey - Youth report	+ Greater compared to control		Post-intervention
Mental health	(1) child self-report on the	+ Lower mental health symptoms		6 months post-

symptoms factor	posttraumatic stress and dissociation scales of the Trauma Symptom Checklist for Children, ¹⁹ a widely used symptom-oriented measure of mental health problems; and (2) a multi-informant index of mental health problems. The mental health index was created based on principal components factor analysis of the children's mean scores on the Trauma Symptom Checklist for Children and the internalizing scales of the Child Behavior Checklist 20 and the Teacher Report Form, ²⁰ completed by children's caregivers and teachers. - Youth, caregiver, and teacher report	score compared to control		intervention
Symptoms of dissociation	See above - Youth report	+ Fewer symptoms dissociation		6 months post-intervention

		compared to control		
Percentage with mental health therapy	Children's use of mental health services and psychotropic medications was assessed based on the following: (1) caregiver report of services and medications used within the past month; and (2) child report of services and medications used within the past 9 months at T2 and the past 6 months at T3	+ Smaller percentage compared to control		6 months post-intervention

Results

Taussig, 2012

<u>Outcomes</u>	<u>Measures</u>	<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>
		<u>Treatment</u>	<u>Control</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.			Longest point of follow-up (i.e., 6 months; 1 year)

New RTC placements	Data were obtained from (1) baseline interviews with children and their caregivers, (2) social histories completed by caseworkers at	+ Less likely to be placed in residential treatment than control in both the total sample and in the non-relative foster care subgroup		18-month period beginning 3 months into the intervention and ending 1 year post intervention
Number of placement changes	intake, (3) legal petitions filed in the dependency and neglect court that led to foster care placement, and (4)	+ Fewer changes compared to control in the non-relative foster care group only		18-month period beginning 3 months into the intervention and ending 1 year post intervention
Number attained placement permanency	administrative case and placement records from the statewide administrative	+ Fewer changes compared to control in the non-relative foster care group only		1 Year post intervention
Reunification (for youth whose parental rights had not been terminated)	database.	+ Greater number of reunifications compared to control in both the total sample of youth whose parental rights had not been terminated and in the non-relative foster care subgroup		1 Year post intervention

Kids in Transition to School (KITS)

Study ID (first surname + year) Pears, 2012	Initials of person extracting data: MK Date 17.05.13
Full citation Pears, K. C., Kim, H. K., & Fisher, P. A. (2012). Effects of a school readiness intervention for children in foster care on oppositional and aggressive behaviors in kindergarten. <i>Children and Youth Services Review</i> , 34(12), 2361-2366.	
Eligible papers cited/referenced in this paper that were not found in the database search	
Country in which study was conducted	
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): Kinship or non-kinship foster care	

- Children:
- Entering kindergarten in the fall,
 - A monolingual or bilingual English speaker,
 - Not involved in another treatment protocol closely associated with the KITS intervention
 - Consent from both caseworker and caregiver(s)

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
Number assigned	Children	102	90
	Caregivers		
Age (mean, SD, range)	Children	5.26 (SD 0.33)	5.25 (SD 0.35)
	Caregivers		
Sex	Children	Male 52%	Male 46%
	Caregivers		
Ethnicity/indigenous	Children	European American 55% Latino 30% African American 1% Native American 2% Pacific Islander 2 % Mixed race 10%	European American 51% Latino 31% African American 0% Native American 0% Pacific Islander 0% Mixed race 18%
	Caregivers		
Length of stay in care			

Type of care		Non-Kinship FC 62%	Non-Kinship FC 61%
Prior admissions			
Type of maltreatment			
Notes			
There were no statistically significant differences between groups on any of these variables. It should be noted that the proportions of participants in each ethnic category is very similar to those of the children in foster care in the state in which this study was conducted			

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:

The KITS Program was designed to be a focused, short-term intervention to increase school readiness prior to kindergarten entry and to promote better subsequent school functioning in

children in foster care (Pears, Fisher, & Bronz, 2007; Pears, Fisher, Heywood, & Bronz, 2007). The program features a 16 week group-based school readiness curriculum for children and groups for caregivers. It occurs in two phases. The school readiness phase (approximately two thirds of the curriculum) occurs in the 2 months before kindergarten entry and includes child playgroups that meet twice weekly and caregiver groups that meet twice monthly. This phase is focused on preparing children for school. The transition/maintenance phase occurs in the first 2 months of kindergarten, during which the children meet once a week for playgroups and the caregivers continue to meet twice monthly. This phase focuses on supporting a positive transition to school.

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)

Children in this group received services commonly offered by the child welfare system, which could include individual child psychotherapy, participation in Head Start or another early childhood education program, and services such as speech therapy.

Describe comparison group here:

Same sample as treatment group but without treatment

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</u> : Post intervention results.	<u>Follow-up</u>
Outcome reported in	How measured (name of measure,	Indicate if significant and the direction by using '+' or '-'. If there is no significant effect,	Longest point of follow-up (i.e., 6

results (put all results for one outcome in one row. E.g., outcomes – placement stability, child behaviour intensity)	self-report etc). List all formal measures or systems level outcomes.	leave blank.		months; 1 year)
		<u>Treatment</u>	<u>Control</u>	
Aggressive behaviours	Child Behavior Checklist - Teacher report form – aggressive subscale. (Teacher reported)	+		Follow up at end of kindergarten year. Intervention given two months prior to kindergarten start and 2 months after starting kindergarten.
Oppositional and aggressive behaviours	Child Behavior Checklist - Teacher report form – delinquent subscale (Teacher reported)	+		Follow up at end of kindergarten year. Intervention given two months prior to kindergarten start and 2 months after starting kindergarten.
Oppositional behaviours	Conners' Teacher Ratings Scales-Revised: Short version (CTRS:S) – oppositional subscale. (Teacher reported)	+		Follow up at end of kindergarten year. Intervention given two months prior to kindergarten start and 2 months after starting kindergarten.
Overall level of disruptiveness in the	Teacher and observer reported	+		Follow up at end of kindergarten year. Intervention given two months prior

classroom				to kindergarten start and 2 months after starting kindergarten.
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Life Story Intervention (LSI)

Study ID (first surname + year) Haight, 2005	Initials of person extracting data: ZP Date 23.05.13
Full citation Haight, W. L., Mangelsdorf, S., Black, J., Szewczyk, M., Schoppe, S., Giorgio, G., . . . Tata, L. (2005). Enhancing parent-child interaction during foster care visits: Experimental assessment of an intervention. <i>Child Welfare</i> , 84(4), 459-481.	
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: 'mixed method study'-randomly assigns participants to intervention or waitlist, balancing for age	✓
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): Kinship foster care, traditional foster care

Caregivers (if intervention targeted at caregivers):

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):

Following IRB approval for the study, DCFS caseworkers were asked to refer all children ages 7 to 15 years who were in foster care and whose parents' misused methamphetamine. Of the 26 referred children, 23 children from 16 families and their caretakers agreed to participate. Seven children, 3 from the control group and 4 from the experimental group, dropped out before completion of the study primarily because they moved. Fifteen children from 12 families completed the study.

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 (waitlist)	Alternative (whole sample)
Number assigned	Children	8	7	15
	Caregivers			
Age (mean, SD, range)	Children			M=9.6 years (range 7-14.6)

	Caregivers			
Sex	Children			40% female
	Caregivers			
Ethnicity/indigenous	Children			100% Caucasian
	Caregivers			
Length of stay in care				6 to 39 months (M=23.7 months)
Type of care				27% relative kinship foster care, 73% traditional foster care
Prior admissions				1.9 placements
Type of maltreatment				73% neglect, 27% sexual and/or physical abuse
<p>Notes</p> <p>In 66% of families, both parents used methamphetamine, and 87% of parents did so for longer than three consecutive months. Eighty-seven percent of children had parents who were involved with methamphetamine production in the home, and 73% had a parent in jail or prison for a methamphetamine-related offense. The parents of all children also misused other substances: 60% of parents misused alcohol and 67% misused other illicit substances, primarily marijuana and cocaine. Sixty-seven percent of children were from families with substance misuse dating back at least as far as their grandparents' generation.</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 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:

“Life Story Intervention” (LSI) is a mental health intervention adapted for individual rural children (aged 7–17) affected by parent methamphetamine abuse by a trans-disciplinary team including a child clinical psychologist, counsellor, psychiatrist, developmental psychologist, child welfare professional and social worker. LSI is evidence-informed (e.g., Gambrill, 2005). It draws upon empirical research on rural, methamphetamine-involved families and their children's experiences and psychological functioning (Haight et al., 2005; Ostler et al., 2007); narrative traditions (e.g., Shweder et al., 2006); and the treatment of trauma in children who have experienced family violence (e.g., Lieberman & Van Horn, 1998, 2005). It also draws upon the American Association of Child and Adolescent Psychiatry (AACAP) guidelines for intervention with children who have experienced trauma (American Academy of Child and Adolescent Psychiatry, 1998); and the considerable, locally-based clinical experience of team members with traumatized children in foster care who are affected by parent substance misuse.

The conceptual bases and implementation of LSI have been described in detail elsewhere (Haight et al., 2009). In summary, it is a narrative- and relationship-based intervention administered in and around the children's homes by community-based, master's degree level

professionals experienced in working with children, e.g., teachers, child welfare professionals, counsellors. Over approximately a 7 month period, children meet individually for one hour-long weekly sessions with these local professionals. These “community clinicians” receive weekly training and supportive supervision in a small group setting from a PhD level clinical psychologist or psychiatrist experienced in working with traumatized children and drug-involved families. (The psychologist and psychiatrist also are available for individual consultations.) In the first phase of the intervention lasting approximately 2 months, community clinicians focus on establishing an emotionally supportive relationship with the children, most of whom have histories of maltreatment and disrupted relationships with caregivers and other adults.

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)

Children were randomly assigned to an experimental or wait-list control group, balancing for age and gender. Children assigned to the wait-list control group received the intervention at the conclusion of the study.

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	✓	✓
	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> 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>	
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.			
Leave taking behaviours	Codes described the actual behaviors displayed by mothers and children -these were constructed from the supportive strategies described to mothers during the intervention Observation	+ Intervention mothers displayed significantly more total strategies during the leave-taking sequence No statistically significant relations between group and the specific strategies mothers used during the leave-taking sequence, or child distress		Immediately post intervention results. No follow up.
Quality of maternal affect and interaction	Adaptation of scales developed by Egeland et al., 1983 and Sroufe et al., 1985) and scales developed by the authors. Mothers were rated on nine,	-Intervention mothers less engaged and less inventive during leave taking than comparison mothers		Immediately post intervention results. No follow up.

	<p>seven point scales every 10 minutes from the beginning of the visit through the leave-taking sequence.</p>			
		<p>- Significant differences in mothers' scores during the leave taking sequence and the body of the visit: less intrusiveness for comparison mothers and less engagement for intervention mothers, during the leave-taking sequence than the body of the visit</p>		<p>Immediately post intervention results. No follow up.</p>

Study ID (first surname + year) Haight, 2010	Initials of person extracting data: MK Date 14.05.2013
Full citation Haight, W., Black, J., & Sheridan, K. (2010). A mental health intervention for rural, foster children from methamphetamine-involved families: Experimental assessment with qualitative elaboration. <i>Children and Youth Services Review</i> , 32(10), 1446-1457. doi: http://dx.doi.org/10.1016/j.chilgyouth.2010.06.024	
Eligible papers cited/referenced in this paper that were not found in the database search	
Country in which study was conducted U.S.	
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): Foster care, Kinship Care	

Caregivers (if intervention targeted at caregivers):

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): all children ages 7 to 15 years who were in foster care and whose parents' misused methamphetamine

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	8	7	
	Caregivers	12 substitute caregivers, 2 biological grandparents and 10 traditional foster parents (12 families)		
Age (mean, SD, range)	Children	Mean 9.6 years Range 7-14.6		
	Caregivers			
Sex	Children	6(40%) Female 9 (60%) Male		
	Caregivers			
Ethnicity/indigenous	Children			
	Caregivers			
Length of stay in care		Range 6-39 months (Mean 23.7 months)		

Type of care		73% Foster care 23% Kinship care	
Prior admissions		Average of 1.9 placements	
Type of maltreatment		73% neglect 27% sexual &/or physical abuse	
Notes: - no significant differences between the experimental and control groups on gender, age, length of time in foster care, receipt of supportive counselling, or Peabody Picture Vocabulary Scores			

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:

“Life Story Intervention” (LSI) is a mental health intervention adapted for individual rural children (aged 7–17) affected by parent methamphetamine abuse by a trans-disciplinary team

- A narrative- and relationship-based intervention administered in and around the children's homes by community-based, master's degree level professionals
- Over approximately a 7 month period, children meet individually for one hour-long weekly sessions with these local professionals.

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)

Wait list group received intervention at the end of the study

Describe comparison group here:

Children ages 7 to 15 years who were in foster care and whose parents' misused methamphetamine, randomly assigned to waitlist 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>	<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.,	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)

outcomes – placement stability, child behaviour intensity)				
Children’s mental health & functioning	<p>CBCL completed by caregivers</p> <p>Interviews with the children</p>	<p>+ experimental group externalizing behaviour scores decreased modestly while control group externalizing scores increased modestly from times 1 to 2.</p>		<p>+ Gains made by the experimental group were maintained over a seven month follow-up period (approx. 7 months after intervention /post measure completion)</p>

Middle School Success

Study ID (first surname + year) Kim, 2011	Initials of person extracting data: ZP Date 10.05.13																		
Full citation Kim, H. K., & Leve, L. D. (2011). Substance use and delinquency among middle school girls in foster care: a three-year follow-up of a randomized controlled trial. [Randomized Controlled Trial Research Support, N.I.H., Extramural]. <i>Journal of Consulting & Clinical Psychology, 79</i> (6), 740-750.																			
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) <table border="1" data-bbox="212 1106 1369 1944"> <tr> <td data-bbox="212 1106 1219 1193">Systematic review</td> <td data-bbox="1219 1106 1369 1193"></td> </tr> <tr> <td data-bbox="212 1193 1219 1279">Meta-analysis</td> <td data-bbox="1219 1193 1369 1279"></td> </tr> <tr> <td data-bbox="212 1279 1219 1364">Cluster RCT</td> <td data-bbox="1219 1279 1369 1364"></td> </tr> <tr> <td data-bbox="212 1364 1219 1449">RCT</td> <td data-bbox="1219 1364 1369 1449">✓</td> </tr> <tr> <td data-bbox="212 1449 1219 1534">Quasi-exp (non-random allocation into treatment and control)</td> <td data-bbox="1219 1449 1369 1534"></td> </tr> <tr> <td data-bbox="212 1534 1219 1619">Entry Cohort (entry to exit – e.g., all children who entered care in 2008)</td> <td data-bbox="1219 1534 1369 1619"></td> </tr> <tr> <td data-bbox="212 1619 1219 1749">Exit Cohort (exit then followed to some other event – e.g., children returning home followed to reentry)</td> <td data-bbox="1219 1619 1369 1749"></td> </tr> <tr> <td data-bbox="212 1749 1219 1879">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="1219 1749 1369 1879"></td> </tr> <tr> <td data-bbox="212 1879 1219 1944">Other (describe in a few words)</td> <td data-bbox="1219 1879 1369 1944"></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)		Other (describe in a few words)	
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: relative or nonrelative foster care

Children: Eligible participants were girls (a) in relative or nonrelative foster care in one of two counties containing major metropolitan areas in the Pacific Northwest and (b) in their final year of elementary school.

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

Children: Moved out of the state, were pending reunification or adoption, or were in an incorrect grade level

Participant demographics

		Intervention	Comparison	Alternative
Number assigned	Children	48	52	
	Caregivers	48	52	
Age (mean, SD, range)	Children	11.48 (0.51)	11.59 (0.45)	
	Caregivers			
Sex	Children	All female	All female	
	Caregivers			
Ethnicity/indigenous	Children	European American: 64.6% African American: 2.1%	European American: 61.5% African American: 15.4%	

		Hispanic/Latino: 12.5%	Hispanic/Latino: 7.7%	
		Multiracial: 14.6%	Multiracial: 13.5%	
		American Indian/ Alaska Native: 6.3%	American Indian/ Alaska Native: 1.9%	
	Caregivers			
Length of stay in care				
Type of care		31.3%, 68.8%	36.5%, 63.5%	
Prior admissions	(no. of placements pre-baseline)	4.25 (3.55)	4.33 (3.11)	
Type of maltreatment		2.07, 2.61, 2.70	1.98, 2.50, 2.41	
<p>Notes</p> <p>At the start of the study, there were no differences between the intervention and control condition on any of the demographic characteristics (e.g., ethnicity, caregiver's income), severity levels for physical and sexual abuse, and foster care characteristics (number of placement changes and type of care).</p> <p>Type of care, in this order: Relative foster parent, nonrelative foster parent</p> <p>Type of maltreatment shows scores for severity of maltreatment experience, in this order: physical, sexual, neglect</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	✓ (regular foster care)
Description of <u>intervention</u>:	
<p>Middle School Success intervention (MSS) program aimed at promoting healthy adjustment in adolescent girls in foster care during the transition to middle school. The MSS intervention was delivered during the summer prior to middle school entry with the goal of preventing delinquency, substance use, and related problems for girls in foster care (Chamberlain et al., 2006). The intervention consisted of two primary components: (a) six sessions of group-based caregiver management training for the foster parents and (b) six sessions of group-based skill-building sessions for the girls. The groups met twice a week for 3 weeks, with approximately seven participants in each group.</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)	
Regular foster care – did not receive Middle School Success intervention (MSS) for reducing substance use and delinquency among girls in foster care	
Describe comparison group here:	
Females eligible to enter study but randomly assigned to control 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. E.g., 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>	
Reduced substance use	Three indicators were used to assess the girls' substance use at T5: tobacco use, alcohol use, and marijuana use - providing a substance use composite score. Self-reported	+ significantly lower levels of substance use than girls in the control condition		Girls and caregivers received the intervention for 3 weeks (post baseline). In addition, follow-up intervention services (i.e., ongoing training and support) were provided to the caregivers.
Reduced delinquency	Girls' own delinquent behaviour assessed via Self-	Group difference was only marginally significant for the composite score of the		

	<p>Report Delinquency Scale (SRD).</p> <p>Association with delinquent peers was measured with 30 items from a modified version.</p> <p>Self-reported</p>	<p>girls' delinquency ($p=.07$)</p>		<p>Results in this table are follow-up results at 36 months (T5) post-baseline (only the girls participated in the T5 assessment).</p>
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Together Facing the Challenge (enhanced Treatment Foster Care)

Study ID (first surname + year) Farmer, 2010	Initials of person extracting data: ZP Date 13.05.13																		
Full citation Farmer, E. M. Z., Burns, B. J., Wagner, H. R., Murray, M., & Southerland, D. G. (2010). Enhancing "usual practice" treatment foster care: findings from a randomized trial on improving youths' outcomes. [Randomized Controlled Trial Research Support, N.I.H., Extramural]. <i>Psychiatric Services</i> , 61(6), 555-561.																			
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) <table border="1" data-bbox="212 1104 1369 1937"> <tr> <td data-bbox="212 1104 1209 1189">Systematic review</td> <td data-bbox="1209 1104 1369 1189"></td> </tr> <tr> <td data-bbox="212 1189 1209 1274">Meta-analysis</td> <td data-bbox="1209 1189 1369 1274"></td> </tr> <tr> <td data-bbox="212 1274 1209 1359">Cluster RCT</td> <td data-bbox="1209 1274 1369 1359"></td> </tr> <tr> <td data-bbox="212 1359 1209 1444">RCT</td> <td data-bbox="1209 1359 1369 1444">✓</td> </tr> <tr> <td data-bbox="212 1444 1209 1529">Quasi-exp (non-random allocation into treatment and control)</td> <td data-bbox="1209 1444 1369 1529"></td> </tr> <tr> <td data-bbox="212 1529 1209 1615">Entry Cohort (entry to exit – e.g., all children who entered care in 2008)</td> <td data-bbox="1209 1529 1369 1615"></td> </tr> <tr> <td data-bbox="212 1615 1209 1736">Exit Cohort (exit then followed to some other event – e.g., children returning home followed to reentry)</td> <td data-bbox="1209 1615 1369 1736"></td> </tr> <tr> <td data-bbox="212 1736 1209 1859">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="1209 1736 1369 1859"></td> </tr> <tr> <td data-bbox="212 1859 1209 1937">Other (describe in a few words)</td> <td data-bbox="1209 1859 1369 1937"></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)		Other (describe in a few words)	
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Other (describe in a few words)																			

Unknown / unsure			
<p>Inclusion criteria (what are the criteria for participant inclusion in the study? Only provide criteria clearly indicated in paper.</p> <p>Type of care (or, if prevention, type of care being prevented): Treatment foster care (TFC)</p> <p>Caregivers (if intervention targeted at caregivers): Treatment foster care parents</p> <p>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): All youths served by participating agencies during the 18-month recruitment period were eligible for inclusion in the study.</p>			
<p>Exclusion criteria (what are the criteria for participant exclusion from the study? Only provide criteria clearly indicated in paper.</p> <p>Not indicated</p>			
Participant demographics			
		Intervention	Comparison
Number assigned	Children	137	110
	Caregivers	137	110
Age (mean, SD, range)	Children	12.7 (3.8)	13.2 (3.8)
	Caregivers	49.0 (9.1)	47.8 (10.9)
Sex	Children	39% female	51% female
	Caregivers	89% female	92% female
Ethnicity/indigenous	Children	34% white 55% African American 11% Other	33% white 58% African American 9% Other

	Caregivers	25% White 71% African American 4% Other	18% White 78% African American 4% Other
Length of stay in care	(months in current TFC home)	20.3±26.8	20.7±22.9
Type of care		TFC	TFC
Prior admissions			
Type of maltreatment			
Notes Treatment parent had more than one TFC youth at home: 28% Intervention, 35% Control			

Intervention and comparison conditions

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

Approach type	Yes/no
Program	Yes
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	Yes

Description of intervention:

Treatment Foster Care (TFC) was enhanced for the intervention group. The intervention group differed in terms of: Intensity of supervision and support of treatment parents by TFC supervisory staff and proactive teaching-oriented approaches to problem behaviors. Training with TFC supervisors and treatment parents followed a study developed protocol titled Together Facing the Challenge (20,21). This train-the-trainer model included two full days of training with TFC supervisors before training with treatment parents.

Training with treatment parents was conducted over a six-week period, with 2.5-hour sessions once a week. Topics included: building relationships and teaching cooperation, setting expectations, using effective parenting tools to enhance cooperation, implementing effective consequences, preparing youths for the future, and taking care of self.

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): TFC treatment/service as usual

Describe comparison group here:

Youths and their treatment foster care parents

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	Yes	Yes
	Cannot tell		
Setting of delivery	OOHC Home		
	School		
	Clinic, medical or health		
	Community		
	Other		
	Cannot tell	Yes	
<u>Results</u>			

<u>Outcomes</u>	<u>Measures</u>	<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>	
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.			
Strengths	Behavioral and Emotional Rating Scale (BERS) – treatment parent reported	No effect		Follow up at 12 months. Intervention length = 6 weeks
Problem behaviour	Parent Daily Report PDR – treatment parent reported	+, significant effect at 6 and 12 months	Note - slight increases in problem behaviors by six months that subsequently remained constant.	Follow up at 12 months. Intervention length = 6 weeks Difference statistically significant
Symptoms	Strengths and Difficulties Questionnaire SDQ – treatment parent reported	No effect		Follow up at 12 months. Intervention length = 6 weeks



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