

An Examination of the Treatment Foster Care Oregon Preschoolers (TFCO-P) Program on the Health and Development of Foster Children

Martine Madill

INTRODUCTION

Data from the U.S. Department of Health and Human Services suggest that a growing number of children will experience foster care in their lifetime. 415,129 children were reported in foster care as of September 2014, an increase of over 10,000 children from September 2010. Young children make up a disproportionate number of the children in foster care. The mean age of children in the foster system is 6.4 years old; however, 17 percent of foster children are less than one year old.¹ Most children placed in foster care are removed from the home due to physical, emotional, or psychological maltreatment, and/or general neglect.

While not all foster children will experience the expected negative health and development outcomes associated with being in the foster care system, this underserved population typically experiences fragmented health and welfare support, leading to adverse health outcomes. Programs that target preschool-aged foster children could be beneficial in mitigating these negative health outcomes.

This policy brief introduces one such program, the Treatment Foster Care Oregon Preschoolers (TFCO-P) program, and argues for its ability to mitigate the negative

health effects resulting from deficiencies in the United States foster care system.

HEALTH AND DEVELOPMENTAL RISKS OF FOSTER CHILDREN

Foster children are particularly vulnerable to mental health problems. According to the National Survey of Child and Adolescent Well-Being (NSCAW), nearly half of all foster children show signs of emotional or behavioral problems.² A separate study of 5- to 9-year olds reported that the rates of childhood psychiatric disorders are nearly three times higher in foster children who have experienced child abuse than in non-foster children.³ These mental health problems can extend into adulthood, especially since children in foster care, particularly those from minority backgrounds, are generally underserved in the healthcare system.²

Foster children are also at an increased risk of disruptions in key areas of brain development. In one study comparing foster children to children raised in low-income, non-maltreating biological families, foster children experienced deficits in executive function and memory tasks. Moreover, these deficits were related to specific aspects of their maltreatment history, including documented emotional abuse or neglect.⁴ Researchers have implicated at least two brain systems affected by early maltreatment: the hypothalamic-pituitary-adrenal (HPA) axis, related to the stress pathway, and the prefrontal cortex, used for executive functioning. Increased HPA activity and deficits in cognitive control mediated by the prefrontal cortex may be consequences of early maltreatment, associated with children in the foster care system.^{5, 6}

Finally, foster children may experience challenges in their capacity to develop adaptive social relationships with caregivers and peers. An elevated level of behavioral problems among foster youth contributes to increased stress among caregivers, reducing the quality of these relationships over time.⁷ Furthermore, emotional dysregulation among foster children may extend to social settings, including difficulties establishing and maintaining positive peer relations.⁴ Poor social relationships may also lead to negative stress coping mechanisms in foster children later in life, as social support from family and friends is a known component of resilience and happiness.⁸

TFCO-P PROGRAM OVERVIEW

The Treatment Foster Care Oregon for Preschoolers (TFCO-P) program, founded in Eugene, Oregon in 1996 and formerly known as the Multidimensional Treatment Foster Care for Preschoolers program, is an intensive behavior-focused program for young foster children ages 3 through 7. The aim of the program is to provide children with a positive and stimulating foster family placement and individually tailored behavioral interventions focusing on problem-solving skills and prosocial behavior. Typically, new foster children receive the treatment, although children re-entering the system as well as those moving between placements may also partake in the program. Children with IQ scores of less than 80 points and those with severe psychiatric disorders are excluded from enrollment.

The TFCO-P program is delivered through a treatment team approach. A program supervisor organizes the treatment program, which places foster children in a temporary, therapeutic foster family for

nine months. Treatment consists of individual therapy and therapeutic playgroups for the foster children, as well as home visits and social support for therapeutic foster parents. Therapeutic foster parents are responsible for the continuity of children's behavioral interventions; as such, they receive parental strategies to encourage positive behavior and instill non-abusive limit setting for negative behavior. After the initial nine months, children are transferred to an aftercare facility (permanent foster family, biological family member, etc.). Foster care services are in place during this transition to preserve positive outcomes of the program.

Although there are multiple TFCO-P sites in the United Kingdom, there is at present only one certified TFCO-P program in the United States, located at the San Diego Center for Children in San Diego, CA. This program is funded by multiple public agencies and organizations, including the local department of Health and Human Services, as well as the county's managed care Medicaid program.

AN EVIDENCE-BASED TREATMENT

Several randomized controlled trials have demonstrated the benefits of the TFCO-P program. One study from Fisher and Kim (2007) examined secure, resistant, and avoidant behaviors in the 12-months following new foster placements. Children randomly assigned to the TFCO-P intervention showed significant increases in secure behavior and significant decreases in resistant and avoidant behaviors relative to children in regular foster treatment.⁹ In addition, there was a significant interaction between treatment condition and age at first foster placement on changes in secure behavior, demonstrating the importance of early intervention

on maximizing the benefits of the TFCO-P and similar programs.

Furthermore, the researchers found stability across results over a two-year period, and a reduced risk of multiple foster placements among treated individuals. In addition, a randomized controlled trial in the Netherlands, conducted by Jonkman et al. (2013)¹⁰, found similar positive results of the program, suggesting that the TFCO-P program may be generalizable and easily implemented across cultures.

The benefits of the TFCO-P program may extend beyond improved behavioral outcomes for foster youth. Another study by Fisher et al. (2007) revealed that children in the treatment condition exhibited lower cortisol levels, which became comparable to levels in the non-maltreated, low-income children by the end of the 12-month study.¹¹ The authors suggest that targeted interventions such as the TFCO-P may help regulate HPA axis activity following exposure to early stress. While these results are promising, further studies are needed to examine how these benefits might extend to academic and social relationship measures.

POLICY RECOMMENDATIONS

The Treatment Foster Care Oregon – Pre-school program has the potential to mitigate the devastating health and development risks faced by young children in the foster care system. Results from randomized controlled trials demonstrate improved behavioral and neuroendocrine outcomes among children in the program. The program can be easily customized for cultural competency and age appropriateness.

Although there is only one certified TFCO-P program in the U.S., several European countries have adopted the program as a regular part of their foster care system. Other foster treatment centers should consider the TFCO-P, or similar cognitive behavioral interventions, for young foster children, particularly those who are new to the foster system.

ADDITIONAL RESOURCES

- ❖ Treatment Foster Care Oregon website:
<http://www.tfcOregon.com/>
- ❖ San Diego Center for Children:
<https://www.centerforchildren.org/>
- ❖ U.S. Department of Health and Human Services Children’s Bureau, Foster Care Focus Area:
<http://www.acf.hhs.gov/programs/cb/focus-areas/foster-care>
- ❖ The California Evidence-Based Clearinghouse for Child Welfare:
<http://www.cebc4cw.org/>

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