

BEST PRACTICE

Multidimensional Treatment Foster Care Program (formerly "Treatment Foster Care Program")

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Description

(Excerpt provided by Treatment Foster Care staff.)

Description

Oregon Social Learning Center's (OSLC) Multidimensional Treatment Foster Care (MTFC) Program was developed in the early 1980's as an alternative to institutional, residential, and group care placements for youths with severe and chronic criminal behavior. Subsequently, the MTFC model has been adapted for and tested with children and adolescents from the state mental hospital and with youth in state-supported foster care. In addition, three randomized trials are currently underway to test the effectiveness of MTFC in treating chronically delinquent female youth, in treating and preventing emotional and behavioral problems in preschool children, and to test the effectiveness of applying an adaptation of MTFC in a large urban child welfare system. MTFC is also being used to treat developmentally delayed youth with sexual acting-out behaviors and multiple placement failures, and to treat youth who have been referred from managed care mental health systems who are in need of out-of-home care. Empirical examination of MTFC as applied to these two populations is currently being planned.

Program Objectives

There are two major aims of MTFC ? to create opportunities with intensive support so that youths are able to successfully live in the community while simultaneously preparing their parents, relatives, or other aftercare resources to provide effective parenting skills that will increase the chance of a positive reintegration into the family setting and will encourage the maintenance of gains made in MTFC with the ultimate goal of long-term success in the community (i.e., reduction in delinquency, improvements in school functioning and prosocial involvement with peers, family and community). Four key elements of treatment are targeted during placement and aftercare:

- (1) providing youths with a consistent reinforcing environment where he or she is mentored and encouraged,

- (2) providing daily structure with clear expectations and limits, as well as well-specified consequences delivered in a teaching-oriented manner,
- (3) providing close supervision of youths' whereabouts, and
- (4) avoiding deviant peer associations while providing support and assistance in establishing pro-social peer contacts.

Program Strategies

Placements in MTFC are typically 6-9 months and rely on intensive, well-coordinated, multi-method interventions (e.g., family and individual therapy, skill training, academic support, case management) that are implemented across multiple settings (e.g., home, school, community). Involvement of each youth's family or aftercare resource is emphasized from the outset of treatment in an effort to maximize training and preparation for post-treatment care for youths and their families. Progress is tracked through daily phone calls with treatment foster parents where data is collected on behaviors across home, school and community settings in an effort to aid in the timing, design, and implementation of interventions.

Recruitment and Retention

Referrals are received from state juvenile courts, parole and probation officers, and caseworkers from the Department of Human Services.

Staffing

Program Supervisors are trained in the social learning treatment model and developmental psychopathology, and are responsible for coordinating all aspects of the treatment program. They serve as consultants to the foster parents, provide support and supervision in the form of weekly meetings and daily telephone contact, and are available to the foster parents for support, consultation, and backup 24 hours a day. Foster parents are screened, selected, and trained in a twenty-hour pre-service training conducted by staff and an experienced MTFC foster parent. Foster parents are supervised and supported throughout treatment through daily telephone calls and weekly foster parent groups conducted by the program supervisor.

Special Characteristics

Involvement of the biological family or aftercare resource is emphasized throughout treatment. Families are taught parenting skills to be practiced during home visits and are provided with 24-hour backup and consultation by the family therapist and case manager. Respite care is provided by MTFC foster parents and is coordinated by the case manager.

Comments on Implementation/Replication

In an effort to maintain the least restrictive treatment environment possible, in-home crisis family preservation programs are recommended prior to out-of-home placements (e.g., TFC) for youth with behavioral and emotional difficulties. In particular, Functional Family Therapy or Structural Family Therapy may be used in conjunction with the behavior management strategies utilized in MTFC to create a structured treatment environment in the home setting.

OSLC's MTFC program has been selected as a Blueprint Program for Violence Prevention by the Center for the Study and Prevention of Violence at the University of Colorado at Boulder, and replication under the Blueprint Program is currently underway at two sites. In addition, a randomized study is currently underway to test the effectiveness of applying an adaptation of MTFC in a large urban child welfare system. Consultation to TFC programs across the United States has resulted in the program founder establishing a separate organization, TFC Consultants, that is focused solely on effective dissemination and replication of OSLC's MTFC model.

Characteristics:

Risk Factors:	<ul style="list-style-type: none"> * Early & Persistent Antisocial Behavior * Family Management Problems
Protective Factors:	<ul style="list-style-type: none"> * Skills
CSAP Strategies:	<ul style="list-style-type: none"> * Education * Information Dissemination
IOM Type:	<ul style="list-style-type: none"> * Indicated

Populations Found To Be Appropriate For This Practice:

Specific Ethnic Groups:	(None identified)
Specific Age Levels:	<ul style="list-style-type: none"> * High School * Middle School / Junior High
Other Specified Characteristics:	<p>12-18 year-olds who have been committed to State Training Schools or who are at risk of commitment because of delinquency</p> <p>Foster parents of the above adolescents</p> <p>Natural parents of the above adolescents</p>

Rated Effective By:

Rated Effective By:	<ul style="list-style-type: none"> * Department of Education * Office of Juvenile Justice And Delinquency Prevention
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For details on the criteria used by each agency, please review the appendix of the following document: [Comparison Matrix of Science-Based Prevention Programs: A Consumer's Guide for Prevention Professionals](#) (2002 Conference Edition), Center for Substance Abuse Prevention.

Evaluating This Practice:

This best practice comes with an evaluation tool that can be used when implementing this strategy. Cost is dependant upon organization size, i.e., how many youth and foster family are participating.

The following are suggestions of areas you may want to assess if you implement this best practice. For assistance on creating an evaluation plan, refer to [Step 7: Evaluation](#).

- Assess the increase in family management skills by natural parents and foster parents.
- Assess reduction of delinquency and increase in their prosocial skills and behavior.
- Assess improvements in school attendance and completion.
- Assess improved adjustment in the community.

Research Conclusions:

(Excerpt from Treatment Foster Care staff.)

MTFC appears to be an effective and viable method of preventing the placement of youth in more restrictive settings. Evidence suggests that MTFC can prevent escalation of problem behaviors and that MTFC is both more economical and more effective than group care at decreasing incarceration rates post-treatment (Chamberlain, 1990). Overall, MTFC has been shown to be effective in the treatment of adolescents with conduct disorders (Chamberlain, 1996), in the treatment of children and adolescents from a state mental hospital (Chamberlain & Reid, 1991), in the treatment of youth committed to state training schools (Chamberlain & Reid, 1998), and in the treatment of chronic male and female delinquent youth (Chamberlain & Reid, 1998). In addition, specific treatment components (i.e., supervision, discipline, decreased association with delinquent peers, positive adult-youth relationship) have been shown to mediate the treatment effect of MTFC (Eddy & Chamberlain, 2000).

Cost:

Training Time: The course of training is approximately one year, during which organizational readiness is addressed, program staff is trained, and foster parents are recruited, certified and trained. Weekly telephone and video consultation is provided to review program implementation and individual case consultation, and treatment outcomes are reviewed after six months of operation.

Training Cost: Cost is \$42,000 for first year of implementation, plus travel and lodging expenses, for training of program staff, training of the first group of MTFC foster parents, and weekly consultation and technical assistance.

Strategy Implementation: The funding rate for the Juvenile Justice programs varies between \$115 and \$140 (approx.) per youth per day, depending on community circumstances.

Special Considerations:

The following should be taken into consideration before selecting this strategy to be implemented in your community:

Are personnel available who are trained in the approach?

Contact Information:

For more information, training, technical assistance, materials contact:

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Web-site: <http://www.mtfc.com>
Phone: ((541) 343-2388

For a copy of a summary of the "Blueprint" (step-by-step instructions that will help communities plan and implement youth crime and violence prevention strategies) for this program, cost: \$15 per copy, contact:
Center for the Study and Prevention of Violence
Institute of Behavioral Science
University of Colorado at Boulder
Campus Box 442
Boulder, CO 80309-0442
Web-site: <http://www.colorado.edu/cspv/blueprints> Phone: (303) 492-8465

The programs and strategies listed on this web-site are examples of scientifically-defensible prevention efforts. While we do review the prevention literature and periodically update the information on this site, there are likely to be other proven practices that are not listed. Furthermore, inclusion of a strategy/program on this web-site does not imply endorsement by the Western CAPT nor the Center for Substance Abuse Prevention.