

Welcome to

Implementing Treatment Foster Care Oregon – Adolescent (TFCO-A), an Evidence-Based Therapeutic Foster Care Model

THE TRAINING WILL BEGIN SHORTLY! WHILE YOU'RE WAITING...

 Icebreaker Question
(answer in the chat)



Survey & Certificate of Completion

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- The California Training Institute
- Funded by the State of California, Dept. of Social Services, Office of Child Abuse Prevention (OCAP) to support child abuse prevention through professional development and extended learning opportunities.
- Designed for staff of family strengthening and child abuse prevention organizations in California, including Family Resource Centers, Child Abuse Prevention Councils, community-based organizations, and other child and family serving systems.

What we offer

- Live webinars & small group training
- Virtual, self-paced courses
- Job aids & other resources



This training was made possible with funding from the California Department of Social Services, Office of Child Abuse Prevention. Any opinions, findings, conclusions, and/or recommendations expressed are those of the CEBC /CalTrin and do not necessarily reflect the views of the California Department of Social Services.

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December 9 | Leading Through Change



December 10 | Psychological Safety & Inclusive Workspaces



December 11 | Advanced Training on Secondary Traumatic Stress & Empathic Strain



December 12 | Introduction to the ASQ-3



December 16 | Knowledge of Parenting & Child Development

What's New

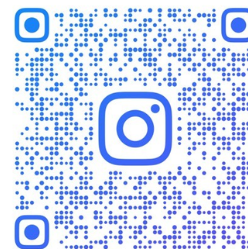
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Before We Begin...

DURING



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This presentation is being recorded.



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AFTER



Complete the survey at the end of this webinar to receive your Certificate of Attendance.



A follow-up email will be sent to all participants within two days.



Implementing Treatment Foster Care Oregon – Adolescent (TFCO-A), an Evidence-Based Therapeutic Foster Care Model

Presented by John Aarons, M.S.



Speaker SPOTLIGHT



John Aarons, M.S.

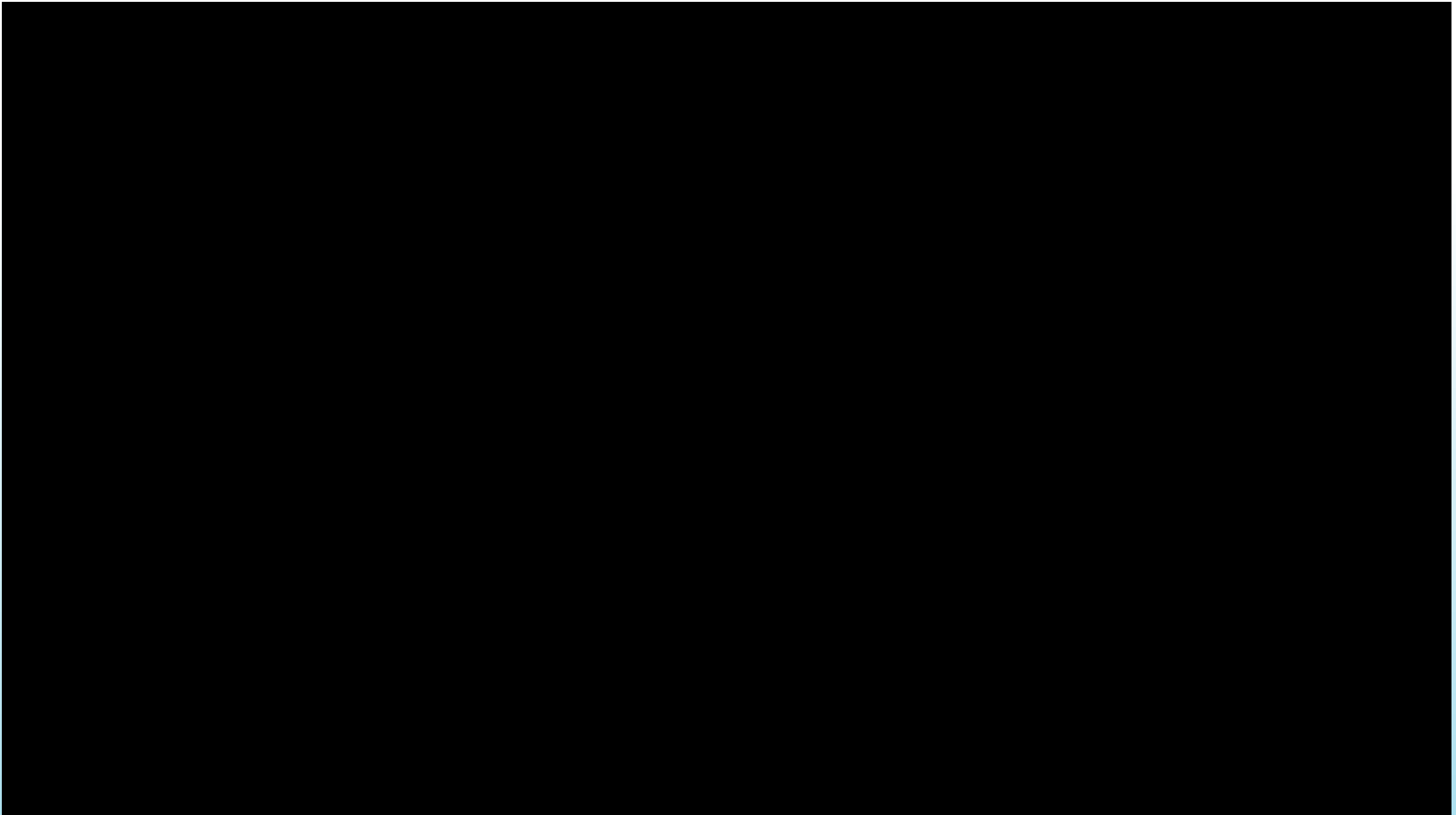
President,
TFC Consultants, Inc
(TFCC)

- Prior to joining TFCC, worked for over 35 years in the field of juvenile justice as a practitioner and leader
- Along with two colleagues at Lane County Department of Youth Services, developed and has implemented “Options to Anger” a nationally recognized, evidence-based model aimed at reducing anger and violence
- Has worked as an associate with Justice System Partners and other juvenile justice consulting firms, providing training, technical assistance and consulting in the United States, Stavropol, Russia, and Halifax, Nova Scotia

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TFCO vs Traditional



TFCO Summary

- Treatment Foster Care Oregon (TFCO) is an **evidence-based practice** developed as an alternative for institutions, psychiatric hospitals, and residential care settings
- **Youth placed individually** in specially recruited and trained foster homes
- TFCO offers **intensive, behaviorally focused clinical treatment** in a non-restrictive and community-based setting
- **Simultaneously** intervenes with youth, family, and community.
- TFCO-P model is for children **3-6**, TFCO-C model is for children **7-11** and TFCO-A model is for youth **12-17**.

TFCO EB Standards

An Alternative to Group and Residential Care

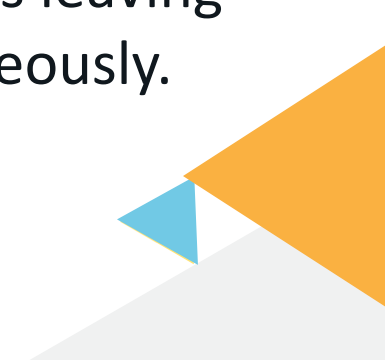
Evidence-Based Registries

- Title IV-E Prevention Services Clearinghouse
- Blueprints for Healthy Development
- Washington St. Institute for Public Policy
- California Clearinghouse for EBP
- White House Coalition for EB Policy
- Center for Substance Abuse Prevention
- National Registry of Evidence-Based Programs and Practices




TFCO

Objectives

1. Support children/youth at risk of experiencing disruption in their home or present living arrangement due to need for higher level of treatment.
 2. Provide an intensive, individualized, community-based service alternative to group care, psychiatric hospital, residential facilities, or other institutions.
 3. Provide a step-down service for youth and families leaving congregate care across multiple systems simultaneously.
- 

Differences From Other Therapeutic Foster Care Programs

- One treatment youth per home
 - Highly trained and highly supported treatment foster homes
 - Weekly treatment foster parent meetings
 - 24/7 support from TFCO team
 - Manualized and prescriptive model to support clinical delivery
 - All treatment services delivered within the TFCO team
 - Weekly consultation support for the TFCO team
 - Monthly agency leadership support
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TFCO Teams Around the World



TFCO Teams Around the World

TFCO for Adolescents (TFCO-A) TFCO for Middle Childhood (TFCO-C)

- Australia, New South Wales – OzChild – **Certified 2018**
- Norway, Bergen – NUBU **2015**
- Norway, Drammen – NUBU **2015**
- Norway, Lillestrøm – NUBU **2009**
- Norway, Sarpsborg – Uniped **Certified 2011**
- Sweden, Hässleholm, Sis Ungdomshem – Humana – **Certified 2002**
- Sweden, Linköping – Humana **2011**
- Sweden, Skövde – Humana **2015**
- Sweden, Stockholm – Humana (2 teams) – **1 Team in Implementation, 1 Certified 2008**
- U.S., Bakersfield, California – Kern BHRS – **Certified 2003**
- U.S., Orange, California – Orange County (2 Teams) – **Certified 2004**
- U.S., Eugene, Oregon – Oregon Community Programs – **1 Team in Implementation, 1 Certified 1988**


Note: Years show when TFCO first began with the listed team.

- Australia, New South Wales – OzChild **Certified 2018**
- Australia, Queensland – OzChild (3 Teams) – **1 Team in Implementation, 2 Certified 2018**
- Australia, Victoria – OzChild – **Certified 2016**
- U.S., Aurora, Illinois – Lutheran Social Services of Illinois – **Certified 2016**
- U.S., Chicago, Illinois – Lutheran Social Services of Illinois (2 Teams) – **1 Team in Implementation 2012**
- U.S., Rockford, Illinois – Lutheran Social Services of Illinois **2016**
- U.S., Southgate, Michigan – The Guidance Center **2020**
- U.S., Ashland, Oregon – Family Solutions **2023**

Teams in Readiness

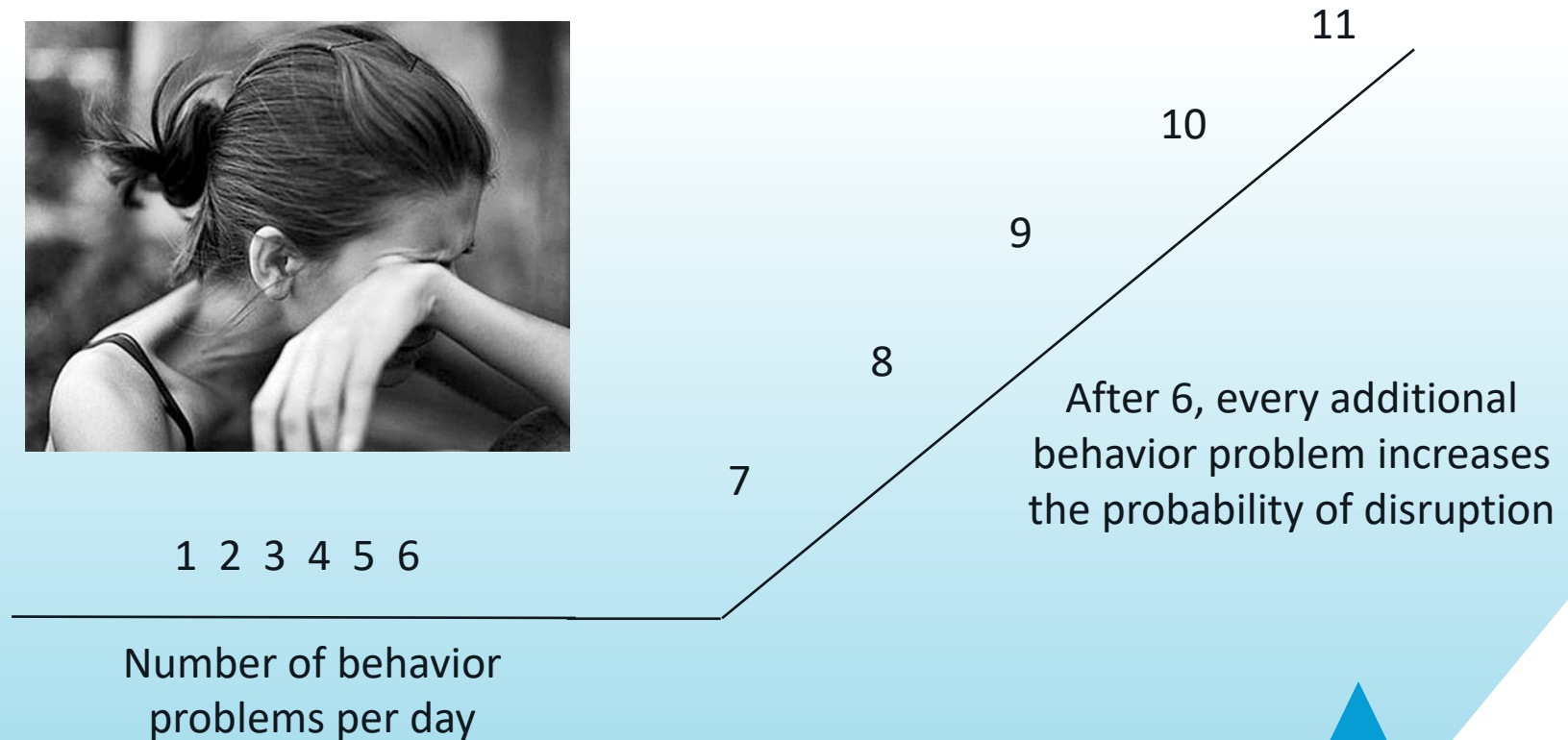
- Sweden, Stockholm – Humana **2025**
- Sweden, Göteborg – Humana **2025**
- U.S., Bangor, ME – Community Care **2024**
- U.S., Portland, ME – Counseling and Trauma Therapy Associates **2024**
- U.S., Portland, ME – Spurwink **2024**
- U.S., Saco, ME – Sweetser **2025**
- U.S., Kalamazoo, MI – Integrated Services of Kalamazoo **2025**
- U.S., Midland, MI – Community Mental Health for Central Michigan **2025**
- U.S., Pontiac, MI – Oakland Family Services **2025**
- U.S., Gresham, OR – Youth Unlimited **2023**

Differences From Other Therapeutic Foster Care Programs

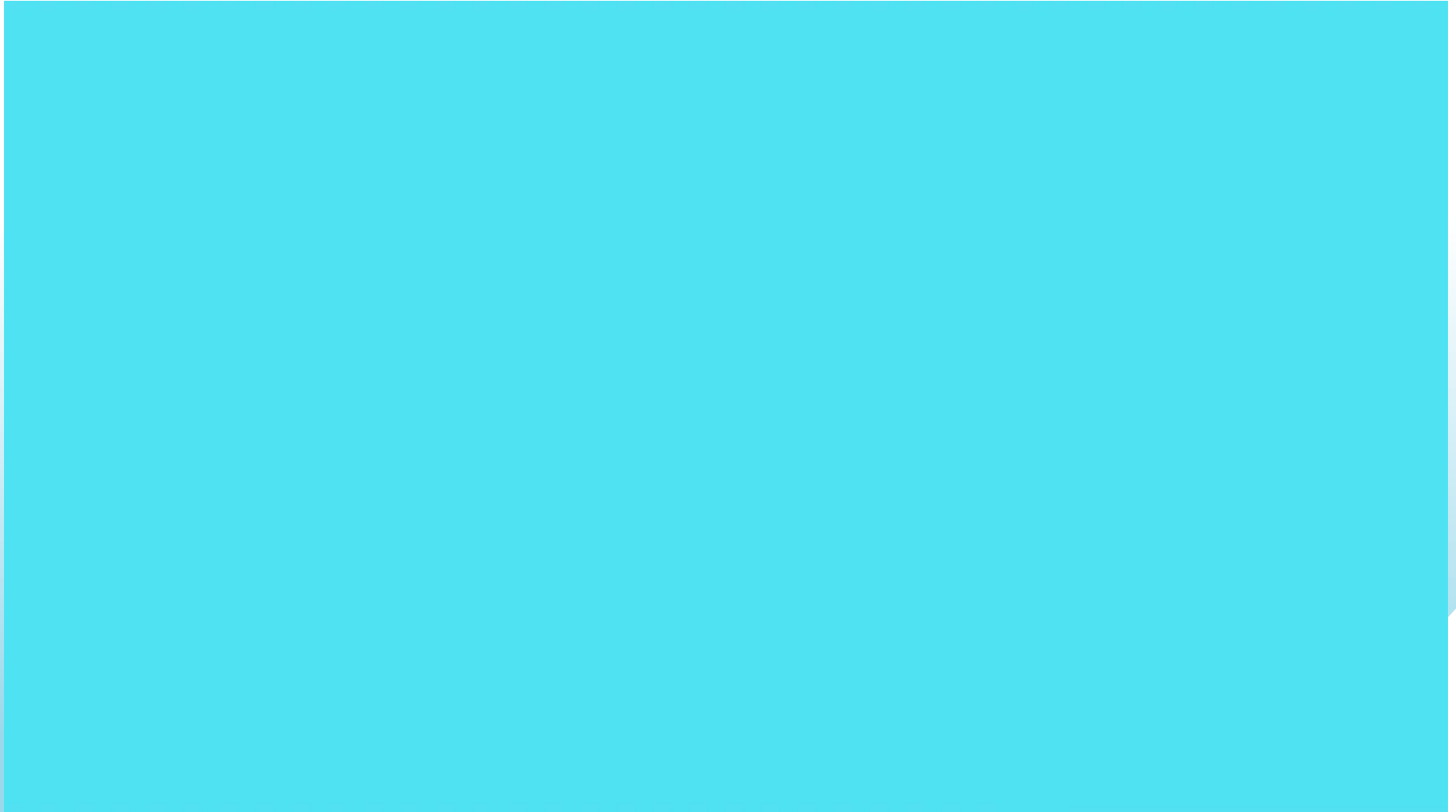
- Grounded in theory
 - Supported by comprehensive research
 - Ongoing evaluation
 - Data-driven implementation
 - Fidelity monitoring
 - Specific practices that produce + change
 - Increase positive reinforcement for normative and pro-social behavior—Daily Point and Level System
 - Clear, non-harsh limit setting
 - Adult mentoring
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Who Disrupts From Foster Homes?

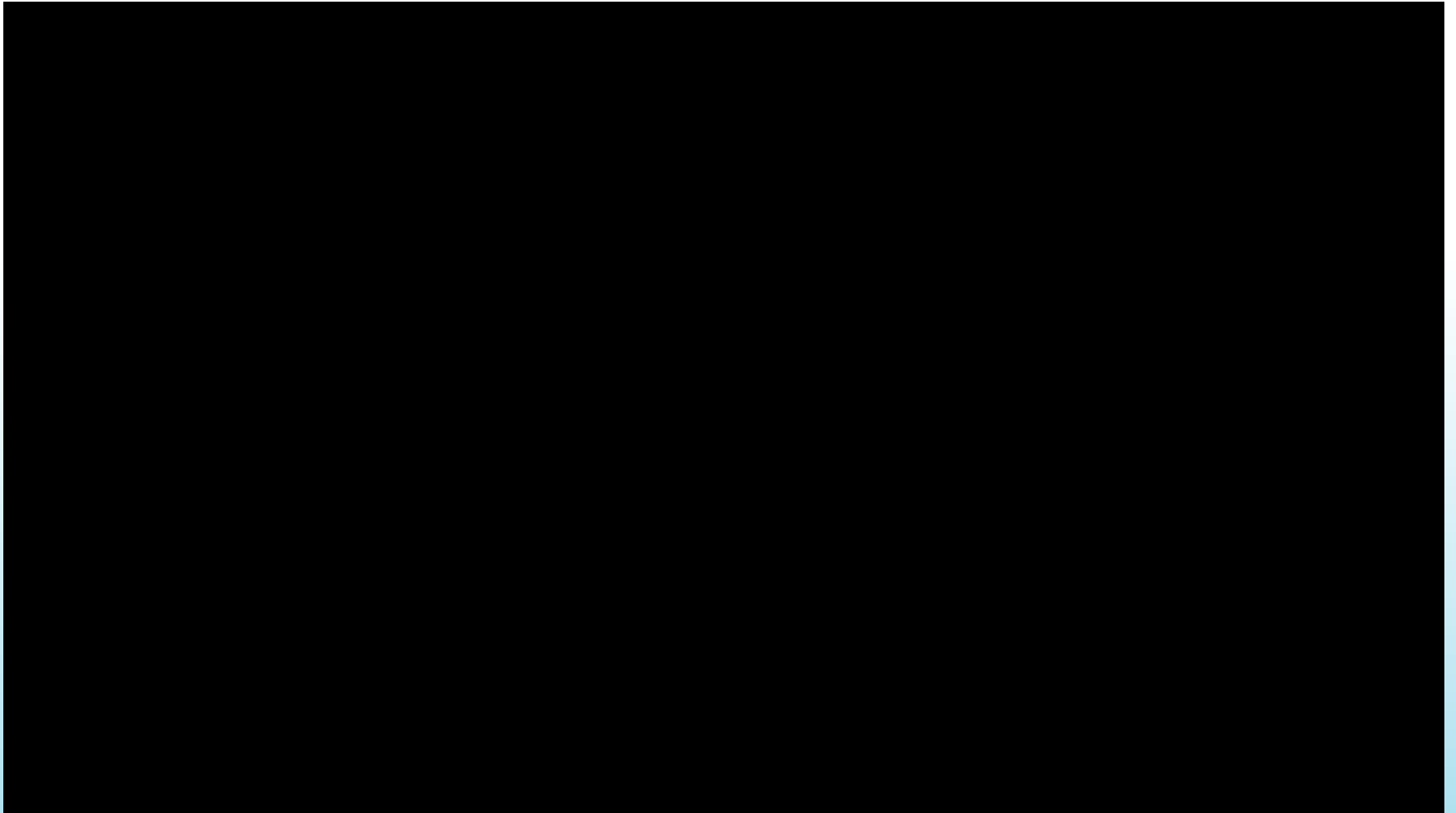
A Threshold Effect



Parent Daily Report (PDR)



TFCO Home Support



Research Studies

8 Randomized Clinical Trials Including...

- Children and adolescents from CWS leaving a state psychiatric hospital. Chamberlain, P., & Reid, J. B. (1991).
- Boys from juvenile justice for chronic delinquency. Chamberlain, P., & Reid, J. (1998).
- Girls from juvenile justice with severe mental health problems and abuse histories (2). Leve, L. D., & Chamberlain, P. (2004).
- Child welfare children receiving a next placement. Price, J. M., Chamberlain, P., Landsverk, J., Reid, J., Leve, L., & Laurent, H. (2008).

Girls' Research Conclusions

- Reduce placement disruptions
- Prevent or reduce the number of days in institutional or residential settings
- Prevent the escalation of delinquency and youth violence
- Increase positive academic engagement
- Increase attachment
- TFCO graduates with children are significantly less likely to have child welfare involvement

Boys' Research Conclusions

- Fewer boys in TFCO than in group care ran away from their placements: 30.5% vs. 57.8%
- A greater number of boys in TFCO completed their programs, opposed to boys in group care: 73% vs. 36%
- During the year after referral, boys in TFCO spent significantly fewer days in lockup than group care boys did
 - Local detention facilities: 32 vs. 70
 - State training schools: 21 vs. 59
- Overall, compared to boys in group care, boys in TFCO spent 60% fewer days incarcerated during the year after referral.

TFCO Outcomes from Oregon Studies

Study	Main Findings: TFCO Compared to Group Care
Leve et al., 2022	<p>At 10 years, TFCO girls:</p> <ul style="list-style-type: none">- Had 30% fewer court convictions- Had significantly lower rates of violent crimes and reduced criminal offenses into young adulthood- Were half as likely to be convicted of assault- Had 1/5 the rate of conviction for robbery- Had 2/3 the rate of conviction for burglary
Leve et al., 2019	<p>At 10 years, TFCO girls:</p> <ul style="list-style-type: none">- Were 5 times less likely to have child welfare involvement as mothers than those who were placed in congregate care- For every \$1.00 spent on TFCO treatment compared to usual care, there is a benefit of \$3.15 at 4.5 years, increasing to \$4.35 at 9.5 years, when considering child welfare and criminal justice involvement.
Rhoades et al., 2014	<p>In early adulthood, TFCO girls:</p> <ul style="list-style-type: none">- Had a decreased rate of drug use- Had increased resilience to the influence of partners' drug use
Kerr et al., 2014	<p>In early adulthood, TFCO girls:</p> <ul style="list-style-type: none">- Maintained initial reduced depressive symptoms- Had reduced rates of suicidal ideation

View all TFCO journal article summaries:

<https://www.tfcOregon.com/wp-content/uploads/2024/02/2024-TFCO-Journal-Article-Summaries.pdf>

TFCO Outcomes from Oregon Studies

Study	Main Findings: TFCO Compared to Group Care
Harold et al., 2013	At 24 months post-baseline, TFCO girls: <ul style="list-style-type: none">- Had reduced depressive symptoms
Smith et al., 2010	At 12 months postbaseline, TFCO boys: <ul style="list-style-type: none">- Had lower levels of self-reported drug use At 18 months postbaseline, TFCO boys: <ul style="list-style-type: none">- Had lower levels of self-reported tobacco, marijuana, and other drug use
Kerr et al., 2009	At 24 months postbaseline, TFCO girls: <ul style="list-style-type: none">- Had fewer pregnancies
Leve & Chamberlain, 2007	At 12 months, TFCO girls: <ul style="list-style-type: none">- Had higher rates of homework completion- Attended school at a higher rate- Homework completion mediated the effects of TFCO treatment
Chamberlain et al., 2007	At 24 months, TFCO girls: <ul style="list-style-type: none">- Had lower ratings of self-reported delinquency- Had fewer criminal referrals- Spent fewer days in locked settings

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TFCO Outcomes from Oregon Studies

Study	Main Findings: TFCO Compared to Group Care
Leve & Chamberlain, 2005	At 12 months, TFCO girls: <ul style="list-style-type: none">- Had fewer associations with delinquent peers Associating with delinquent peers mediated the effects of TFCO treatment
Leve et al., 2005	At 12 months, TFCO girls: <ul style="list-style-type: none">- Had fewer criminal referrals- Spent fewer days in locked settings- Had lower ratings of caregiver-reported delinquency
Eddy et al., 2004	At 24 months, TFCO boys: <ul style="list-style-type: none">- Were less likely to commit violent offenses
Eddy & Chamberlain, 2000	Supervision, discipline, positive adult–youth relationship, and deviant peer association mediated the effects of TFCO treatment
Chamberlain & Reid, 1998	At 12 months, TFCO boys: <ul style="list-style-type: none">- Had fewer criminal referrals- Spent fewer days incarcerated and less time running away- Had lower rates of self-reported delinquent behavior

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9.5 Years Post-Baseline

Condition	Those with Children	Child Welfare Involved
Group Care (n=85)	33 of 85 (39%)	12 of 33 (36%)
TFCO (n=81)	27 of 81 (33%)	2 of 27 (7%)


Youth receiving TFCO intervention are 5 times less likely to have child welfare involvement when they have children of their own.

Which TFCO Components Drive the Positive Results?

1. Supervision
2. Relationship with a Mentoring Adult
3. Consistent Non-Harsh Discipline
4. Less Association with Delinquent Peers
5. Homework Completion


*Eddy, Whaley, & Chamberlain, 2004;
Leve & Chamberlain, 2005;
Leve & Chamberlain, 2007*

The Model

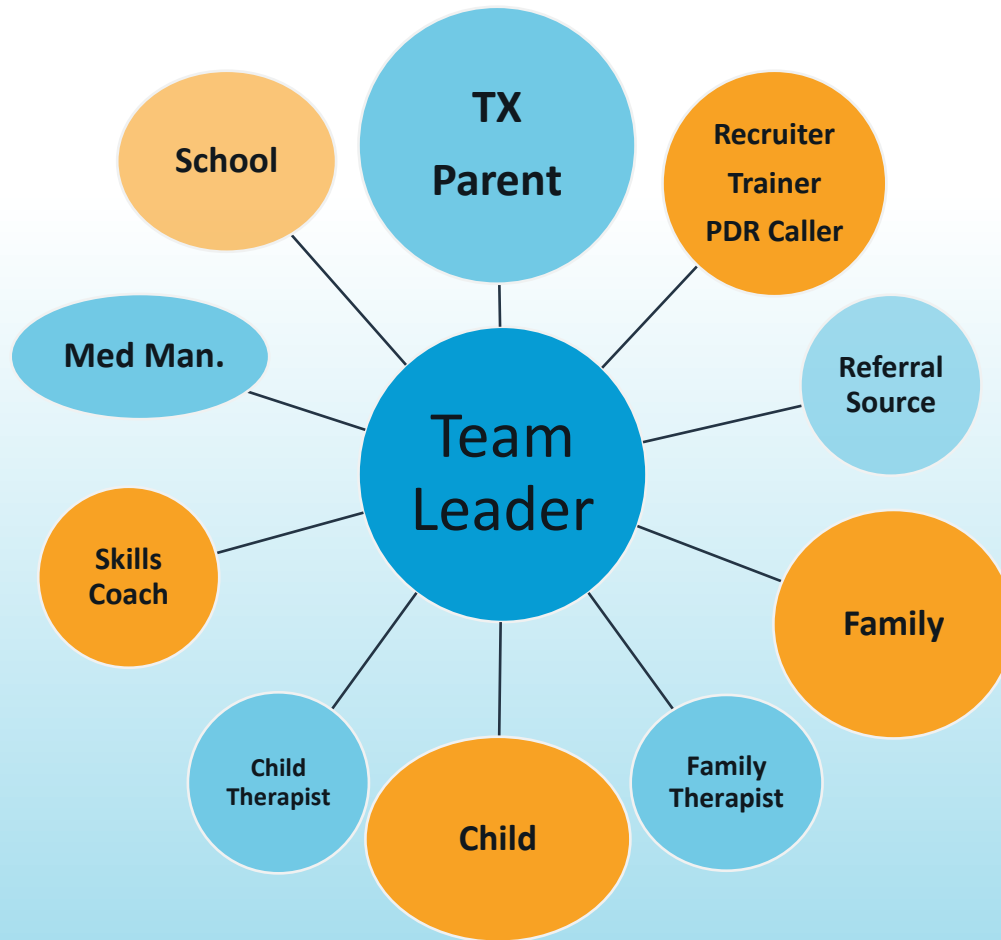
- Family setting
 - Many interventions are in the moment
 - Simultaneous services
 - High level of support
 - Average 9 months
- 



TFCO Team

- TFCO Treatment Home
 - Team Leader (1.0 FTE)
 - Family Therapist (1.0 FTE)
 - Youth Therapist (.50 FTE)
 - Skills Trainers (hourly)
 - PDR Caller/Foster Parent Recruiter (1.0 FTE)
 - Consulting Psychiatrist (hourly)
 - TFCO Champion
- 

Flow of Information



TFCO Services

TFCO Home

Training
PDR Calls
Weekly Meeting
24/7 Support
Respite

Child

Therapeutic CM
Behavior Man. System
Daily Mentoring
Close Supervision
School Card
Individual Therapy
Skills Coaching

Family

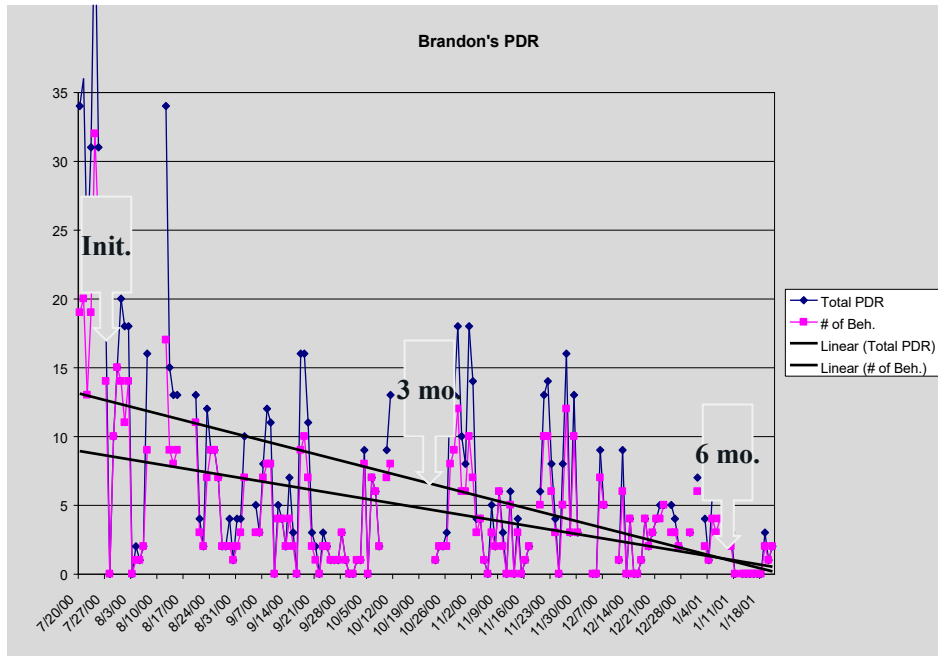
Family Therapy
Therapeutic Visits
24/7 Support
Skill Building

COMMUNITY

Treatment Tools

- Parent Daily Report (PDR)
- Point and Level System (PALS)/Behavior Contingency Systems (BCS)
- School Cards
- Incentives
- Respite

Behavior & Stress Over Time



Parent Daily Report - PDR

- A validated measurement-based tool
- Tested in a variety of settings
- Measures behaviors related to negative outcomes
- Produces daily data on child behaviors
- Produces data on foster parent stress

FOCUS System

- Easy to use
- Self-managed access
- Tutorial videos
- Web based – www.focus.tfco.com

Attachment

- Positive attachment
- Reduction in conflict
- Increase in coping skills
- Repaired relationships
- Positive separation

How is TFCO Trauma-Specific?

- PALS/Chart = Reinforcement
- Routine
- Consistency
- Neutral Tone
- Sandwiched Feedback
- Supervision
- Highly Trained Treatment Parents with 24/7 Support
- Youth Treatment Goals = Coping Skills
- IT/SC as Youth's Advocate



Six Principles of Trauma-Informed Care

1. Safety

2. Trustworthiness and transparency

3. Peer support and mutual self-help

4. Collaboration and mutuality

5. Empower voice and choice

6. Cultural, historical, and gender issues

Assessment for Fit

- Timing- Case Conceptualization/Map
- Stability
- Developmental Needs
- Aftercare
- Symptoms to Indicate Readiness/Need
- Child Initiated – What did it look like?
- After Regular use of Coping Skills as Habits → A More Direct Process (Mid-Treatment) if applicable

Cultural Responsiveness/ Sensitivity in the TFCO Model

Examples of applying a cultural lens to the implementation of TFCO include:

- Engaging community stakeholders
- Hiring a diverse staff for the TFCO Team
- Recruiting a diverse cadre of foster parents
- Diversity, equity, and inclusion training for agency staff and TFCO staff and consultants
- Culturally inclusive program materials (verbal and written materials)

Cultural Responsiveness/ Sensitivity in the TFCO Model

Examples of applying a cultural lens to the implementation of TFCO include:

- Use of culturally relevant activities for young people and TFCO foster parents
- Ability to tailor programs to the very individual needs of each youth and family in an affirming way.
- Address specific risk factors and vulnerabilities in these populations through individual therapy aligned with best practices
- Ability to reach a larger geographical area by combining in-person and technology (this is particularly valuable in more rural settings)

TFC Consultants, Inc. Quality Assurance, Fidelity Monitoring and Support

Feasibility:

- Kickoff and Discovery meeting for state and agencies
- Feasibility Questionnaire
- Agency fit review
- Group and individual pre-readiness meetings
- Pre-readiness review

Implementation Support:

- Prescriptive and manualized model
- Clinical training
- Treatment Parent training
- Implementation Review

Clinical Supervision:


- Weekly consultation calls with Team Leader
- Weekly PDR review
- Review video from Treatment Parent and clinical team meeting
- Monthly leadership calls with agency leadership

Fidelity Monitoring:

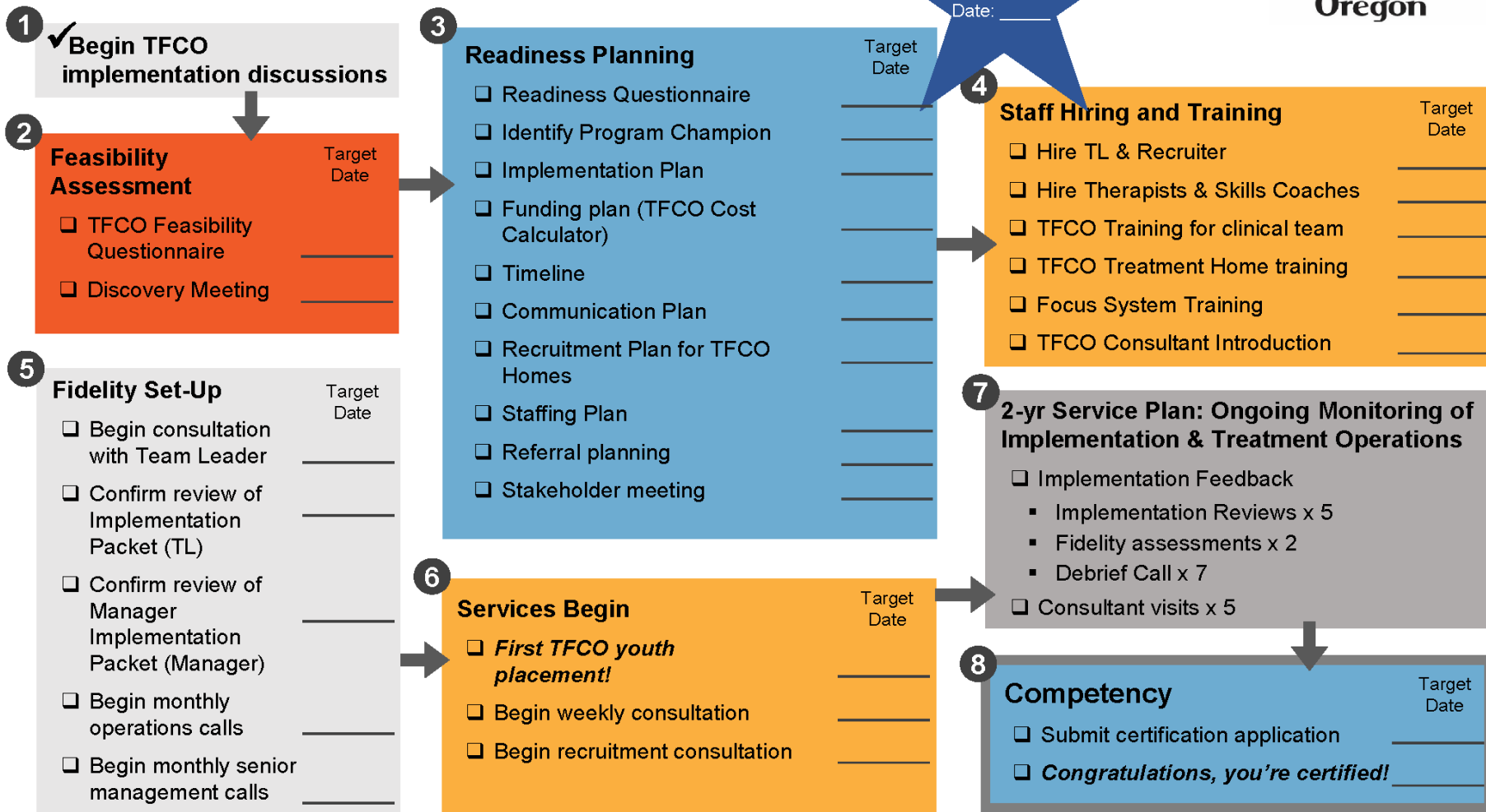
- Site Visits 5x for first two years
- Implementation feedback 5x for first two years
- PDR report review ongoing
- Annual Fidelity Assessment
- Certification reviews every two years until certification



Effective & Sustainable Teams

- Thoroughly complete program development activities
 - Have strong internal support
 - Have positive relationships with referring agencies
 - Appreciate and value the treatment foster parents
 - Engage youth and parents in sessions
 - Have fun working together
 - Maintain fidelity over time
- 

Implementation Roadmap



Ideal Ranges for Implementation Milestones

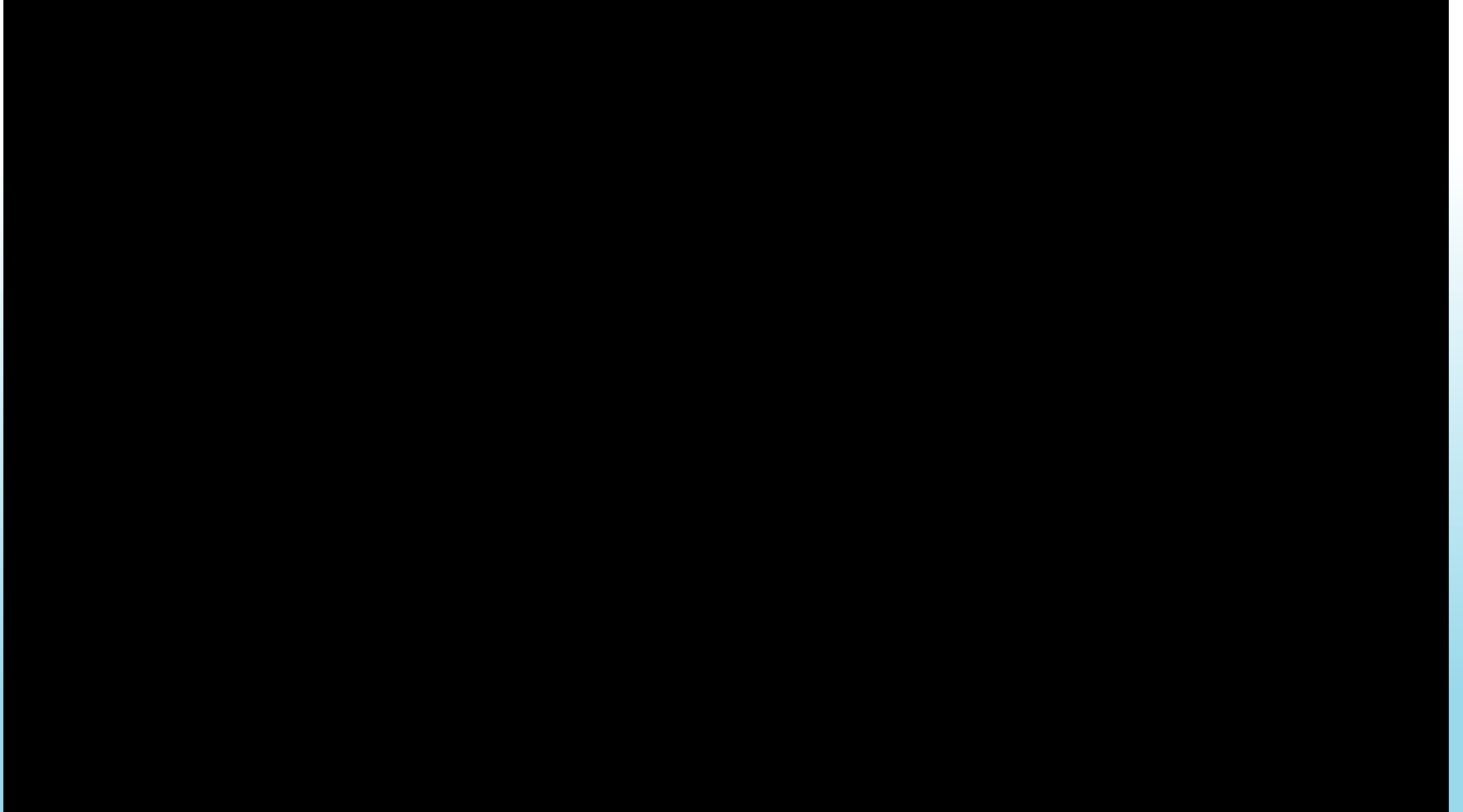
Pre-Implementation Phase (#1-3): 90-270 days

Readiness to Training: 60-120 days

Implementation Phase (#4-7): 689-925 days

Training to Start-Up: 0-90 days

TFCO Treatment Parent Advice



Contact Information

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Phone Number: (541) 343-2388

Address: 12 Shelton McMurphey Blvd. Eugene, OR 97401



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