

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

Connect with Us!

IN

VISIT [CALTRIN.ORG](http://CALTRIN.ORG) &  
SCAN TO LEARN MORE

1

2

**UPCOMING TRAININGS**  
mark your calendars!

Visit [caltrn.org](http://caltrn.org) to view and register for upcoming webinars or workshops

 December 2   The Culture of You, Me, and We	 December 11   Advanced Training on Secondary Traumatic Stress & Empathic Strain
 December 9   Leading Through Change	 December 12   Introduction to the ASQ-3
 December 10   Psychological Safety & Inclusive Workspaces	 December 16   Knowledge of Parenting & Child Development

3



**What's New**  
**CALTRIN IS NOW ON INSTAGRAM!**

Follow us for updates related to new trainings, featured resources, & more.

Not on Instagram? You can also find CalTrin on [Facebook](#) and [LinkedIn](#). Let's get social!

Scan Here  

**@CAL\_TRIN**

4

---



---



---



---



---



---



---



## Before We Begin...

DURING	AFTER
 Access your notetaking slides now! The link can be found in the chat.	 Complete the survey at the end of this webinar to receive your Certificate of Attendance.
 This presentation is being recorded.	 A follow-up email will be sent to all participants within two days.
 Review interactive features for today's session. Locate the controls on the toolbar at the bottom of your screen.	 External AI assistants are not allowed in CalTrin trainings due to California privacy laws.

5

---



---



---



---



---



---



---



**CALTRIN**  
California Training Institute

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

Presented by John Aarons, M.S.

6

---



---



---



---



---



---



---



# Speaker **SPOTLIGHT**



John Aarons, M.S.

- 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

7

# **TFCO vs Traditional**

8



# TFCO Summary

9

**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

10

---



---



---



---



---



---



---



---



---



---

**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.

11

---



---



---



---



---



---



---



---



---



---

**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

12

---



---



---



---



---



---



---



---

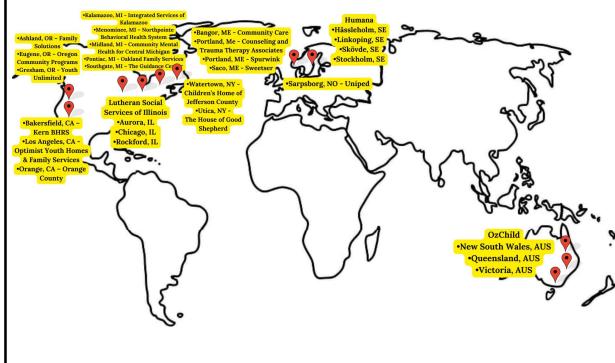


---



---

## TFCO Teams Around the World



13

# **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 - **Unipet Certified 2011**
- Sweden, Hässelbyholm, Sis Ungdomshem - **Humana - Certified 2002**
- Sweden, Linköping - **Humana 2011**
- Sweden, Sköde - **Humana 2015**
- Sweden, Stockholm - **Humana (2 teams) - 1 Team in Implementation**

- 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**

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

## Teams in Readiness

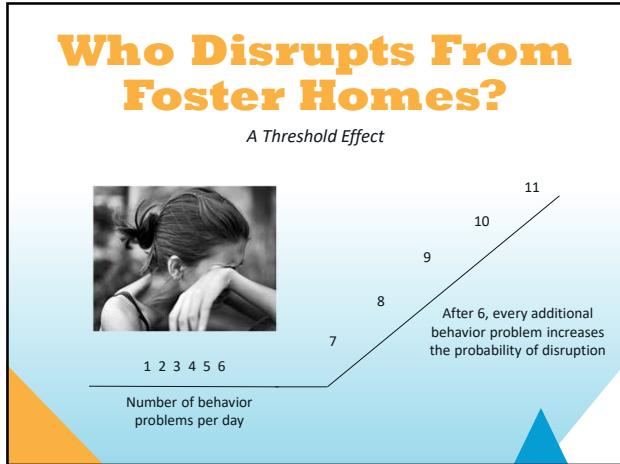
- Sweden, Stockholm – **Humana 2025**
- Sweden, Göteborg – **Humana 2025**
- U.S., Bangor, ME – **Community Care 2024**
- U.S., Portland, ME – **Counseling and Trauma Therapy Associates 2024**
- U.S., Portland, ME – **Spurwink 2024**
- U.S., Saco, ME – **Sweetser 2025**
- U.S., Kalamazoo, MI – **Integrated 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 Unlimted 2023**

14

# **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

15



16

---

---

---

---

---

---

---

---

---

---

---

---



17

---

---

---

---

---

---

---

---

---

---

---

---



18

---

---

---

---

---

---

---

---

---

---

---

---

## 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).

19

## 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

20

## 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.

21

---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---



---

## TFCO Outcomes from Oregon Studies

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

View all TFCO journal article summaries:  
<https://www.tfcoregon.com/wp-content/uploads/2024/02/2024-TFCO-Journal-Article-Summaries.pdf>

22

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

View all TFCO journal article summaries:  
<https://www.tfcoregon.com/wp-content/uploads/2024/02/2024-TFCO-Journal-Article-Summaries.pdf>

23

## 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"> <li>- Had fewer associations with delinquent peers</li> </ul> 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"> <li>- Had fewer criminal referrals</li> <li>- Spent fewer days in locked settings</li> <li>- Had lower ratings of caregiver-reported delinquency</li> </ul>
Eddy et al., 2004	At 24 months, TFCO boys: <ul style="list-style-type: none"> <li>- Were less likely to commit violent offenses</li> </ul>
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"> <li>- Had fewer criminal referrals</li> <li>- Spent fewer days incarcerated and less time running away</li> <li>- Had lower rates of self-reported delinquent behavior</li> </ul>

View all TFCO journal article summaries:  
<https://www.tfcoregon.com/wp-content/uploads/2024/02/2024-TFCO-Journal-Article-Summaries.pdf>

24

# 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.

25

## 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*

26

## The Model

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

27

## 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

28

---



---



---



---



---



---

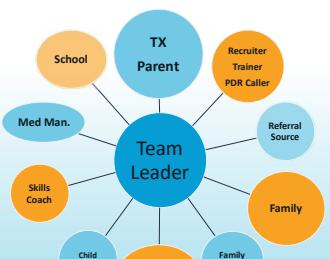


---



---

## Flow of Information



29

---



---



---



---



---



---



---



---

## 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

30

---



---



---



---



---



---



---



---

## Treatment Tools

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

---



---



---



---



---



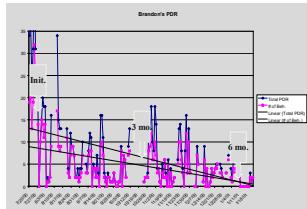
---



---

31

## 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.tfc.co.com](http://www.focus.tfc.co.com)

---



---



---



---



---



---



---

32

## Attachment

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

---



---



---



---



---



---



---

33

## 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

34

---



---



---



---



---



---



---

## 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

35

---



---



---



---



---



---



---

## 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

36

---



---



---



---



---



---



---

## **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)

---



---



---



---



---



---



---



---



---

37

## **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)

---



---



---



---



---



---



---



---



---

38

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

Feasibility:	Implementation Support:	Clinical Supervision:	Fidelity Monitoring:
• Kickoff and Discovery meeting for state and agencies	• Prescriptive and manualized model	• Weekly consultation calls with Team Leader	• Site Visits 5x for first two years
• Feasibility Questionnaire	• Clinical training	• Weekly PDR review	• Implementation feedback 5x for first two years
• Agency fit review	• Treatment Parent training	• Review video from Treatment Parent and clinical team meeting	• PDR report review ongoing
• Group and individual pre-readiness meetings	• Implementation Review	• Monthly leadership calls with agency leadership	• Annual Fidelity Assessment
• Pre-readiness review		• Certification reviews every two years until certification	

---



---



---



---



---



---



---



---



---

39



40

---



---



---



---



---



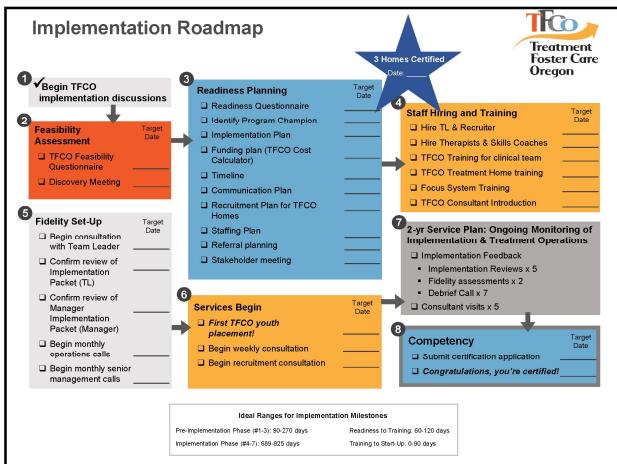
---



---



---



41

---



---



---



---



---



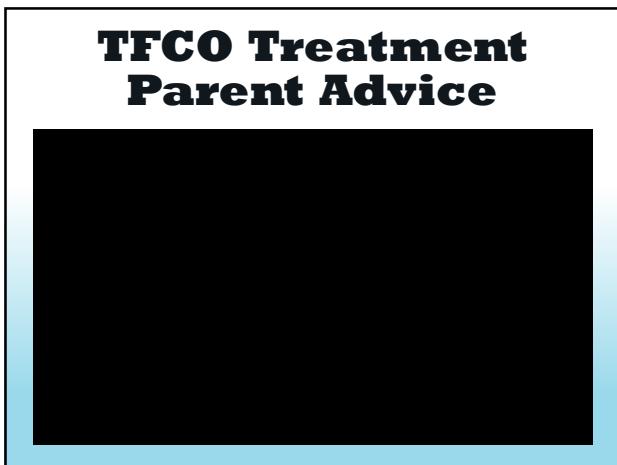
---



---



---



42

---



---



---



---



---



---



---



---

# Contact Information

43

44