

Multidimensional Treatment Foster Care for Chronic Juvenile Offenders: A Blueprint for Violence Prevention

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Traditional community-based group care facilities often fail to achieve the goal of positively socializing teens who have been removed from their homes for chronic delinquency. Multidimensional Treatment Foster Care (MTFC), pioneered by the Oregon Social Learning Center, provides a positive alternative. Comparing chronically delinquent teens placed in MTFC with those placed in traditional group care, researchers have demonstrated that MTFC results in better short- and long-term impacts on changing antisocial behavior. Teens in MTFC run away less frequently, complete their programs more often, and are less often locked up in detention. In addition, court records reveal that teens in Multidimensional Treatment Foster Care have fewer criminal referrals, and MTFC teens report engaging in fewer violent and serious crimes than teens in traditional group care. This article describes the MTFC program and its application to youth with varying characteristics.

What Do We Know About Delinquent Behavior Among Boys and Girls?

Patterns of Delinquency

Several factors are key predictors of antisocial behavior and delinquency for youth during adolescence: poor parental supervision, lack of consistent discipline, low parental involvement, friendships with delinquent peers, and school failure. Antisocial behavior leads to increasingly serious delinquency and wears down the social forces that have the potential to guide youth to more acceptable behavior. Family members of antisocial youth become distressed, demoralized, defeated, and cynical. As a result, they become increasingly incapable of supervising, mentoring, setting limits for, or negotiating with the offending teen. The youth's homework, school attendance and behavior deteriorate, and the teen increasingly falls under the influence of undesirable peers. Finally, the youth's behavior compromises community safety, at which point the court intervenes to remove the youth from home.

When this result occurs, the challenge is to re-create the powerful, positive socialization forces of functional family life for teens removed from their homes for chronic delinquency. For a variety of reasons, traditional secure or community-based group care facilities typically fail to meet this challenge. These reasons include inadequate attention to the development of positive behavior management skills, insufficient time for youth to interact with adult mentors, emphasis on group rather than individual therapy, and the improper reliance on trying to influence peer interactions.

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Gender Differences in Delinquency Risk Factors

Unlike their male counterparts, for most seriously delinquent girls, antisocial behavior emerges for the first time during adolescence [65]. However, the pathways to adolescent antisocial behavior are not as well understood for girls as they are for boys. Consequently, we generally know less about factors that predict or protect against the development of severe conduct problems and delinquency for girls.

One project currently in progress, the Oregon Study of Female Delinquency Processes and Outcomes, sheds some light on the differences between girls and boys who are chronically delinquent. The study's comparison of gender revealed that boys and girls were similar on average age at referral (girls, 14.6 years; boys, 14.4 years) and on the percentage who had been adopted (girls, 8%; boys, 9%). However, Chamberlain and Moore [60] reported some striking differences between the genders, as Table 1 shows.

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The Oregon Study does not have access to data on some measures for boys, but the data available for girls on these measures indicate that they have experienced very traumatic lives. For example, 64% of the delinquent girls studied met identified criteria for physical abuse, compared to only 9% of a college sample of females. In addition, a significant percentage of the delinquent girls also had lifetime histories of other serious traumas such as car accidents, fires, or being physically attacked. The girls further reported that they had experienced an average of 4.28 forms of severe sexual abuse (e.g., various types of intercourse, posing for pornographic photographs) before the age of 12. The average age at which at least one of these sexual experiences occurred for girls in the study was 7.4 years.

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Thus, the girls referred from juvenile justice appeared to come from families that were extremely chaotic and distressed, even compared to the highly distressed families of juvenile justice-referred boys. These data suggest that studies examining precursors to the development of antisocial behavior would be remiss if they failed to look at the possible impact of multiple and sustained traumas and lack of parental guidance and care on girls' developmental trajectories. These findings also suggest the importance of implementing gender-relevant treatment paradigms.

Other research findings highlight the notion of gender as a treatment-relevant variable for chronic youth offenders. For example, while boys and girls report similar rates of conflict with peers, expression of conflict differs by gender [66]. Boys engage in more overt (i.e., physical) aggression, whereas girls tend to employ verbal aggression [67] and forms of indirect or "relational" aggression such as snubbing, ignoring, gossiping, and exclusion [68]. Crick [69] reported that, among elementary school children, 15.6% of boys and 0.4% of girls were classified exclusively as overtly aggressive, whereas 17.4% of girls and 2% of boys were classified

<i>Variable</i>	<i>Girls</i>	<i>Boys</i>
Mother convicted of a crime	43%	10%
Father convicted of a crime	70%	22%
Parental transitions (mean)	14	4
Out-of-home placements	3.9	1.3
Attempted suicide	64%	3%

Adapted from [60]

exclusively as relationally aggressive. An additional 9% of boys and 4% of girls displayed both overt and relational aggression.

One conclusion to be drawn is that, for girls, aggression tends to be expressed in close personal relationships rather than in the community at large. Perhaps for this reason, although girls in the Oregon Study were perceived as being less of a threat to the community than boys, foster parents and therapists reported that the girls were, in many ways, more clinically challenging to treat than their male counterparts [60]. Thus, for chronically delinquent girls, treatment must address not only the delinquent behavior itself, but also relational aggression.

Multidimensional Treatment Foster Care: An Effective Approach for Chronic Youth Offenders

What is Multidimensional Treatment Foster Care?

Multidimensional Treatment Foster Care (MTFC) is an innovative, theory-based program developed by the Oregon Social Learning Center that has been rigorously evaluated for more than 15 years. The Oregon MTFC program was selected by the U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention (OJJDP), as one of 10 model violence prevention programs in America.

Specially trained and supported foster parents are the cornerstone of the Multidimensional Treatment Foster Care program. Families are recruited based on their experience with teens, their willingness to act as treatment agents, and assessment of their family environments as nurturing. Selection includes a telephone screening, an application process, and a home visit, followed by 20 hours of pre-service training.

The program emphasizes structured living environments with individualized plans for each teen. Training focuses on parent management skills including setting clear rules, providing reasonable consequences, and monitoring teens' whereabouts. Foster parents are taught to track positive and negative behaviors and to respond appropriately and consistently. Youth are supervised closely, with all free time prearranged. Contact with other delinquent youth is prohibited.

Foster parents receive weekly supervision and daily phone calls during which parents identify problems and discuss potential solutions. Case managers are on call 24 hours per day, 7 days per week.

Each teen participates in weekly *individual* therapy focused on problem solving and non-aggressive methods of communicating. Each teen's biological family or caregiver participates in weekly family therapy, including supervision, encouragement, discipline, and problem-solving. Frequent home visits occur, beginning with 1- and 2-hour visits, and increasing to overnights.

All teens attend public school, with school staff attending a conference with program staff before enrollment. Teens carry a card to each class for teachers to verify attendance, homework, and attitude. Support is provided to the school if a teen has problems, and program staff are on call to remove teens who are disruptive.

Consequences for breaking rules are tailored for each teen. Consequences include loss of privileges, assignment of work chores, and demotion to a more restrictive level of activity within the program. Teens are encouraged to accept consequences, even for minor rule violations, and to start each new day with a clean slate. Foster parents are trained to offer consequences in a neutral way and to give teens credit for complying with sanctions.

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How Does MTFC Differ from Traditional Group Care?

As Table 2 shows, MTFC differs from traditional group care on a variety of dimensions. When Chamberlain and Reid [59] compared the two approaches as implemented in Oregon, they found that teens in group care typically lived and were educated with 6-15 peers in a communal residence/school run by shift staff. The therapeutic approach most commonly employed was the positive peer culture approach, which assumes that the peer group can best influence and motivate youth to change. Group care teens typically participated in therapeutic group work to establish prosocial expectations, confronted each other about negative behavior, and participated in discipline and decision-making. As in MTFC, family contact was encouraged for teens in group care, although family therapy usually was provided only if families could commute to program sites, which occurred typically once a month or less.

How Effective is MTFC?

Chronically delinquent teens placed in MTFC programs fare better than teens with similar characteristics placed in traditional group care [59; 60]. MTFC results in better short- and long-term impacts on changing antisocial behavior for both boys [59] and girls [60].

Chamberlain and Reid [59] studied 79 boys ages 12 to 17 with histories of serious, chronic delinquency who were randomly assigned to either MTFC or traditional group care. Of the total sample, 85% were white, 6% were black, 3% were Native American, and 6% were Hispanic. All had been required to be placed in out-of-home care. On average, the boys had 14 previous criminal referrals, including more than four felonies. All had been detained in the year before the study, with 76 average days in detention. All had been placed out of their homes at least once before. The majority of the boys had been chronically truant and had run away from previous placements. A significant percentage had two or more risk factors such as parent convicted of a crime, institutionalized sibling, or history of fire setting behavior.

The researchers found that teens in MTFC ran away much less frequently and completed their programs far more often than boys in group care (see Figure 1).

MTFC results in better short- and long-term impacts on changing antisocial behavior for both boys and girls.

Table 2
Differences between MTFC and Traditional Group Care for Chronically Delinquent Youth

	<i>TFC</i>	<i>Group Care</i>
Agents of change	Adults	Peers
Number of teens in care	1-2	6-15
Staffing	Consistent foster parent(s)	Shift staff
Schooling	Public	In-house
Type of therapy	Individual therapy Family therapy	Peer group counseling (family therapy)
Adult time with individual teens	More	Less
Peer influence on house rules and discipline	Smaller	Greater

Adapted from [70] and [59]

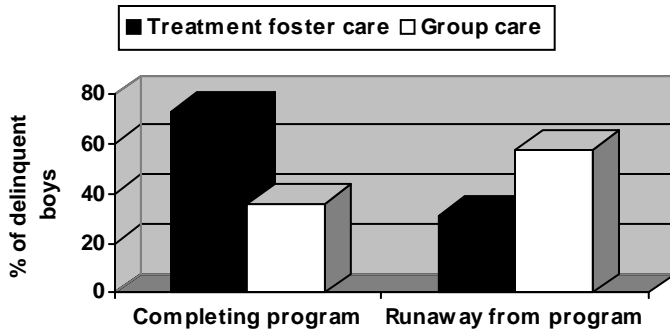


Figure 1
Program Completion and Runaway Rates for Delinquent Youth in MTFC and Traditional Group Care
Adapted from [70]

In addition, court records revealed that boys in Multidimensional Treatment Foster Care had fewer criminal referrals, and MTFC teens reported engaging in fewer violent and serious crimes than boys in group care. During the year following referral, youth in foster care spent, on average, fewer than half as many days in detention as youth in group care, and about one-third less time locked up in state training schools (see Figure 2). Overall, the Multidimensional Treatment Foster Care boys spent 60% fewer days in jail during the year following referral. In addition, teens in foster care spent nearly twice as much time living with parents or relatives—a major goal of both types of treatment programs—during the year after their program than boys in group care (see Figure 2).

The Multidimensional Treatment Foster Care boys spent 60% fewer days in jail during the year following referral. One year after out-of-home placement, 41% of teens in MTFC had no criminal referrals, compared with only 7% of teens placed in group care.

The study looked at official juvenile court records of teens in both foster care and group care from one year before enrollment through one year after leaving the out-of-home placement. Clearly, Multidimensional Treatment Foster Care was more effective than group care in reducing recorded delinquent behavior. Teens entering foster care had an average of 8.5 criminal referrals per year before treatment, compared with 2.6 referrals per year after completing MTFC. In contrast, teens entering group care had an average of 6.7 criminal referrals per year before treatment, and 5.4 referrals per year after group care (see Figure 3). One year after out-of-home placement, 41% of teens in MTFC had no criminal referrals, compared with only 7% of teens placed in group care (see Figure 4).

Why Does Multidimensional Treatment Foster Care Work?

When a treatment has proven useful, it is important to know not only how effective it is, but also why it works. Sometimes a treatment directly causes the desired outcome. Other times, an intervention influences an

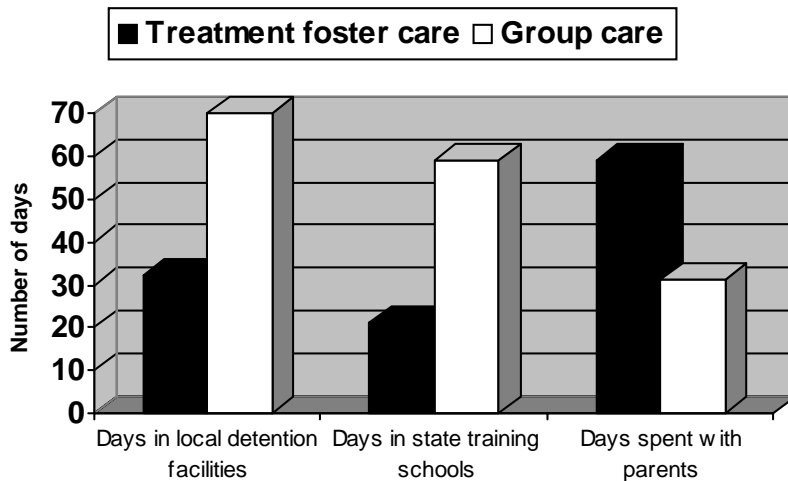
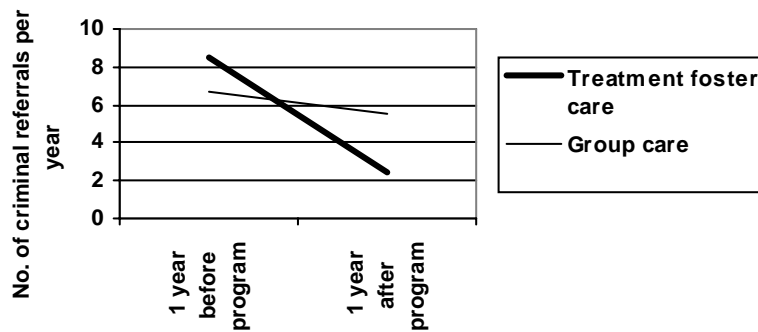


Figure 2
Detention Rates and Time Spent with Parents for Delinquent Youth in MTFC and Traditional Group Care
Adapted from [70]

Figure 3
Changes in Officially Recorded Acts of Delinquency for Delinquent Youth in MTFC and Traditional Group Care
Adapted from [70]



MTFC was effective because it included positive parenting approaches and limitation of youth association with deviant peers.

intermediate set of behaviors, called *mediators*, which, in turn, lead to the desired outcome.

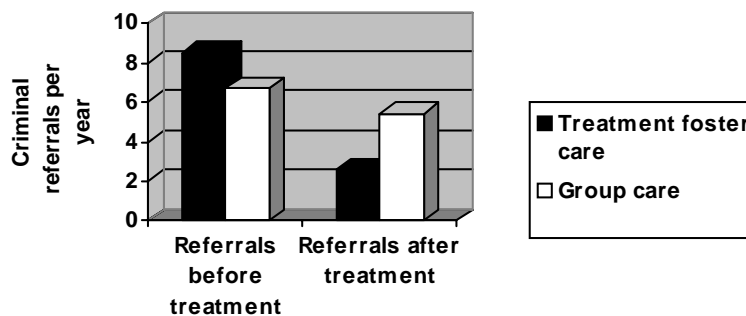
Eddy and Chamberlain [71] studied mediators of MTFC efficacy. They reasoned that such factors as type of discipline, amount of supervision, and nature of adult-youth relationship would serve as mediators between treatment approach and outcomes achieved. The researchers compared youth who were chronic offenders that had been randomly assigned to either MTFC or traditional group care. They found no significant differences between participants in terms of age, pre-treatment criminal referrals, pre-treatment length of stay in detention, current family status, parent criminal convictions, or a variety of other demographic risk factors. Participants and their parent(s) were assessed prior to placement. Three months following placement, the mediating variables (discipline, supervision, and adult-youth relationship) were assessed. At program entry, and at 6, 12, 18, and 24 months following entry, youth were interviewed about their antisocial behavior, and official records of criminal referrals were collected. These measures constituted the outcome variables.

Initially, means for antisocial behavior did not differ for the two groups. At the mid-point and follow-up assessments, however, MTFC was associated with significant positive outcomes—lower antisocial behavior scores, more positive family management scores, and lower deviant peer association scores.

The study found that two factors mediated the relationship between treatment approach and outcomes: (1) parenting style and (2) contact with deviant peers (see Figure 5). Specifically, MTFC was effective because it included positive parenting approaches and limitation of youth association with deviant peers. Even during high-risk boys' prime offending years, the frequency of antisocial behaviors decreased when these mediators were controlled.

Thus, the study produced clear results with important practical implications. It demonstrated that parenting characterized by firm limit setting, consistent consequences for misbehavior, close supervision of youth activities and whereabouts, limitation of contact with deviant peers,

Figure 4
Percentage of Teens with Criminal Referrals Post-Treatment: MTFC versus Traditional Group Care
Adapted from [70]



and positive interactions between youth and caretaker(s) does make a difference.

Adaptations of the Oregon Multidimensional Treatment Foster Care Model

MTFC has shown beneficial effects for a particularly hard-to-reach group: chronically delinquent boys who committed their first official offense as young as six years of age. Thus, placing such hard-to-reach youth in strong, well-trained families has the potential to set them on a more positive life path, even if the intervention occurs later in adolescence.

MTFC shows promise as a therapeutic approach for other difficult groups as well. Both youth with serious mental illnesses and chronically delinquent girls who engage in relational aggression can benefit from adaptations of Oregon's MTFC model.

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Youth with Serious Mental Illnesses

Chamberlain and Reid [72] studied youth with serious mental illnesses (e.g., conduct disorder, schizophrenia, substance abuse, and borderline personality) who were assigned to either MTFC or alternate care including psychiatric hospitalization, residential treatment, or group care. All 10 youth in the Multidimensional Treatment Foster Care program eventually were placed in a family setting, compared with only 40% of those in the control group. MTFC youth also were placed outside the hospital more quickly than those in the control group.

During the first three months of the study, the results regarding youth behavior were striking. Behavioral problems reported for MTFC youth decreased dramatically from 22 to 10 per day, whereas control group problems decreased only slightly, from 24 to 22 per day. Ultimately, the control group decreased to approximately 15 problems per day, while the MTFC youth held steady at about 10 problems per day.

Chronically Delinquent Girls with Relational Aggression

Beginning in the mid-1980s, the MTFC program was expanded to include treatment of girls. Chamberlain and Reid [73] examined 88 consecutive referrals of girls and boys to the program from the juvenile justice system. Prior to intake, significant gender differences were found in several areas. Males averaged 10.8 arrests, while females averaged 8.43. Males also had more felonies and were younger at time of first offense. Females had more prior out-of-home placements, had attempted suicide more often, and had run away more frequently.

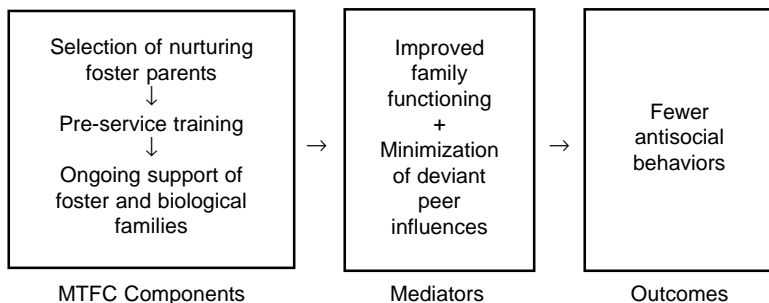


Figure 5
Mediators of MTFC Efficacy

Patterns of problem behaviors engaged in by boys and girls in their MTFC homes differed sharply.

Females in the juvenile justice system have multiple and complex needs in addition to controlling their criminal, antisocial, and often self-destructive behaviors.

One analysis concluded that for every \$1 spent on MTFC, taxpayers save more than \$17 in criminal justice and victim costs by the time the participating youth is 25 years old.

Despite these differences, MTFC treatment was equally effective in reducing arrests for boys and girls. Status offenses, property crimes, and person-to-person crimes also decreased for both genders. Program completion rates showed no difference for boys and girls.

However, patterns of problem behaviors engaged in by boys and girls in their MTFC homes differed sharply. Boys began the program with higher daily rates of problem behaviors, and these decreased over time. Girls, on the other hand, showed the opposite pattern: Their foster parents reported fewer problem behaviors at intake, but these problems increased over time. The study authors concluded that, in not targeting relational/social forms of aggression expression in these girls, they had missed a key set of problem behaviors that compromised the girls' relationships with their MTFC parents and other socializing adults (e.g., therapists, teachers) and peers.

It thus appears that females in the juvenile justice system have multiple and complex needs in addition to controlling their criminal, antisocial, and often self-destructive behaviors. Researchers in Oregon currently are responding to this knowledge by adding to the basic MTFC program components a set of individualized services and supports that address the specific needs of chronically delinquent girls. Treatment is organized around the notion of providing girls with a safe, supportive, and stable family living environment that includes clear, teaching-oriented direction and mentorship by a positive female adult. A therapist also introduces the notion of future planning and assists each girl to identify a plan and to take steps toward its actualization.

Because the Oregon Study still is in progress, results should be considered preliminary. However, the study clearly indicates that, because of the number, different types, and intensity of traumatic events typically experienced by girls who are chronically delinquent, it is counterproductive to ask them to focus on exploring these traumas while also trying to accomplish current developmental tasks (e.g., learning to live in a family, getting along with others, going to school and studying, learning and performing age appropriate social skills). It is not wise to conduct focused trauma therapy before stabilizing these girls and before targeting behaviors and emotional coping styles that help them avoid daily inter- and intra-personal chaos and disruption. Doing so has the potential to actually increase their negative behavioral and emotional trajectories. However, if the relational/social aggressive behaviors associated with conduct disorders in girls are not directly treated after stabilization, the girls will remain at risk for negative long-term interpersonal and developmental outcomes, including adult mental health problems, early pregnancy, and poverty. These negative outcomes also include intergenerational transmission of trauma, aggression, mental health and conduct problems.

Are the Benefits of MTFC Worth the Cost?

Like most intensive, comprehensive treatment programs, MTFC is not inexpensive. Typical costs average \$3,000 per month per youth served. Traditional group care is even more costly, however. MTFC typically costs 30-50% less than traditional group care.

Although the initial expenditure of funds may seem prohibitive for MTFC, evidence of cost savings over time is persuasive. One analysis of MTFC, conducted by the Washington State Public Policy group [74], concluded that for every \$1 spent on MTFC, taxpayers save more than \$17 in criminal justice and victim costs by the time the participating youth is 25 years old.

When the MTFC approach was applied to teens with severe mental illnesses—teens who traditionally would have been placed in psychiatric hospitals—cost savings also were significant. Chamberlain & Reid [72]

found that, hospital programs for such youth were twice as costly per month per child. On average, placement in MTFC saved \$10,280 per child in hospital costs.

Of course, economic experts can and do disagree regarding which variables should be included in and excluded from analyses of cost savings. Even if more conservative assumptions were applied to the MTFC cost analyses, however, it is apparent that this community intervention can result in significant savings over time.

Concluding Comments

Multidimensional Treatment Foster Care is more effective in reducing criminal activity among serious juvenile offenders than group care, regardless of offender age and gender, and can be at least as effective for treating young people with serious mental illness, at greatly reduced cost. The MTFC approach rests upon a foundation that includes developmentally appropriate, intensive, and individualized treatment that is family-focused, addressing the antecedents to antisocial behavior—conditions such as poor parental supervision, low parental involvement, friendships with delinquent peers, relational aggression, and school failure.

Several elements are central to the program's success, regardless of target population. The linchpin of MTFC is the foster parent, who is carefully selected, trained and supported to model positive management strategies, relationship skills, and methods for resolving conflict. In addition, caseworkers must provide frequent, intensive, and sustained support. In Oregon, when such supports were combined with a \$70 increase in monthly stipend, foster parent attrition rates were one-third the normal dropout rate. Moreover, when these factors are in place, the MTFC program leads to improvements in parenting practices (of foster parents) and minimizes the influence of deviant peers on chronically delinquent youth. When coupled with positive parenting approaches, isolating teens from contact with other delinquents and promoting activities that will bring them into relationships with less troubled peers results in the youth engaging in fewer antisocial behaviors.

Providing consistent and positive parenting to youth who have reached the extreme end of the antisocial behavior continuum is quite difficult and exhausting, but clearly it is possible under supportive conditions. Training and supporting foster parents as professionals appears to have the potential for providing young people who have criminal records and/or severe behavioral problems with a more normal lifestyle, while at the same time saving substantial amounts of money in the treatment and justice systems, as well as in costs to potential victims and communities.

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