



Comparison of Pre- and Post-Treatment Data in the Use of Evidence-Based Treatments of Foster Children in an Urban Community



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OBJECTIVE

To examine the effectiveness of evidence based treatment interventions for children in specialized foster care in Nevada.

- (1) Does evidence-based treatment work as well or better than previous treatment as usual in a subset of children in foster care?
- (2) Can a focus on therapy-based treatment with a reduced reliance on medications show improved results in foster children in an urban setting?

BACKGROUND

Nationwide, children in foster care have been reported to be prescribed excessive psychotropic medication, which has garnered the attention of several child advocacy groups. This phenomena has also been a problem in Nevada, along with the problem of children staying in foster care for extended durations. Disruptive behaviors remained an issue while these children were in foster care and often treatment outcome goals were not being met. There was excessive reliance on rehabilitative services and medications; furthermore, assessments showed no consistent improvement in behaviors which would then lead to the continuation and expansion of mental health services utilized. In addition, Medicaid spending on these child clinical services was deemed to be excessive by the state of Nevada.

An analysis of this situation revealed problems with the methods used by the prior specialized foster care agencies. First, they were not using evidence-based treatment approaches and therapeutic behavioral interventions were not utilized enough. Second, there was a lack of oversight and quality review of the services. Finally, foster parents were not provided adequate advice and support to help them manage foster children who have behavioral and emotional difficulties.

PROJECT GOALS

The goal of this project was to implement an evidence-based treatment program in Nevada involving foster children and foster parents to reduce the reliance on psychotropic medications, and provide treatment at a lower cost. The specific goals for foster children in this program were to reduce the number of (1) hospitalizations, (2) medications prescribed, and (3) placement disruptions. Another goal was to reduce the length of time that foster children required therapeutic interventions (i.e., to improve behaviors and the likelihood of successful permanent placements resulting in case closure from the foster care system.

HYPOTHESES

It was hypothesized that the children in this pilot program would show improvement in all areas compared to their initial/baseline data prior to treatment. In some cases, immediate improvement was expected (i.e., month 1).

NULL HYPOTHESES

Children in this pilot program would not show improvement in any of the areas compared to their initial/baseline data prior to treatment.

METHOD

A total of 29 children (9 males, 20 females) were assigned to the project by the Nevada Clark County Department of Family Services (DFS) and ranged in age from 4 to 16 years (M = 10.67). These children were selected because they were classified as “challenging youth”, meaning that many of them had been living at the Department of Family Services facility for months because no other providers were willing to take placement of them.

The treatment program consisted of clinical and behavioral health services, including mental health evaluation, individual therapy, family counseling, and medication management by board certified child and adolescent psychiatrists. There was also supportive education and training for foster and birth parents. Finally, there were weekly clinical staff meetings with clinicians, caseworkers, foster parents, and birth parents.

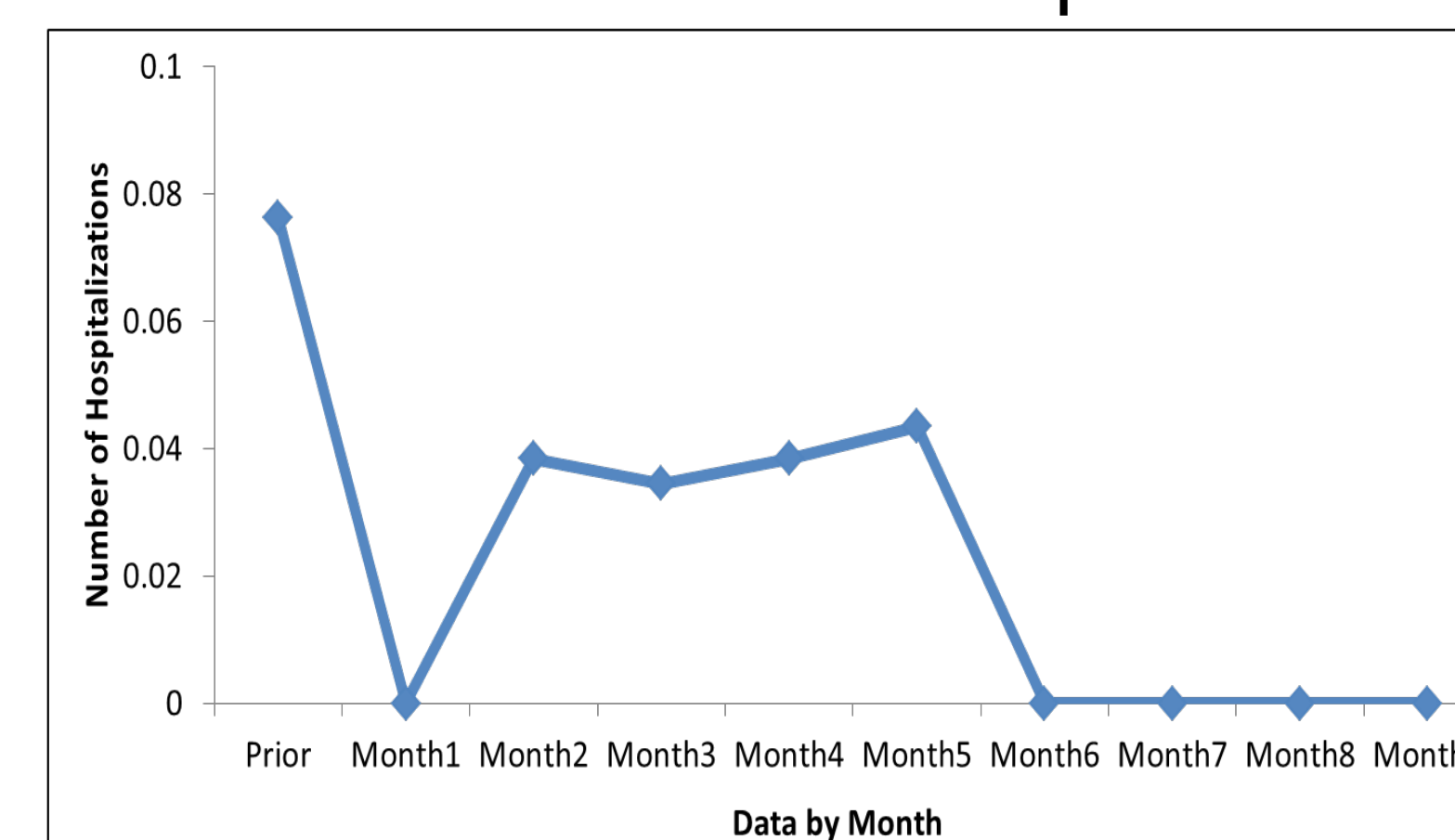
The entire program took place over a nine month period, and the variables described below were measured at the end of each month. The variables of interest included the number of: (1) hospitalizations per child, (2) medications per child, (3) placement disruptions, and (d) DFS case closure during the study. The baseline data were obtained from the Department of Family Services for the months prior to beginning treatment, and the variables during treatment were reported by the corresponding therapist each month for each foster child.

DESIGN & ANALYSES

A repeated-measures design was used and nonparametric Wilcoxon signed ranks tests were conducted for the comparisons. A p-value less than 0.05 reflects a significant statistical difference between comparison conditions (noted by *).

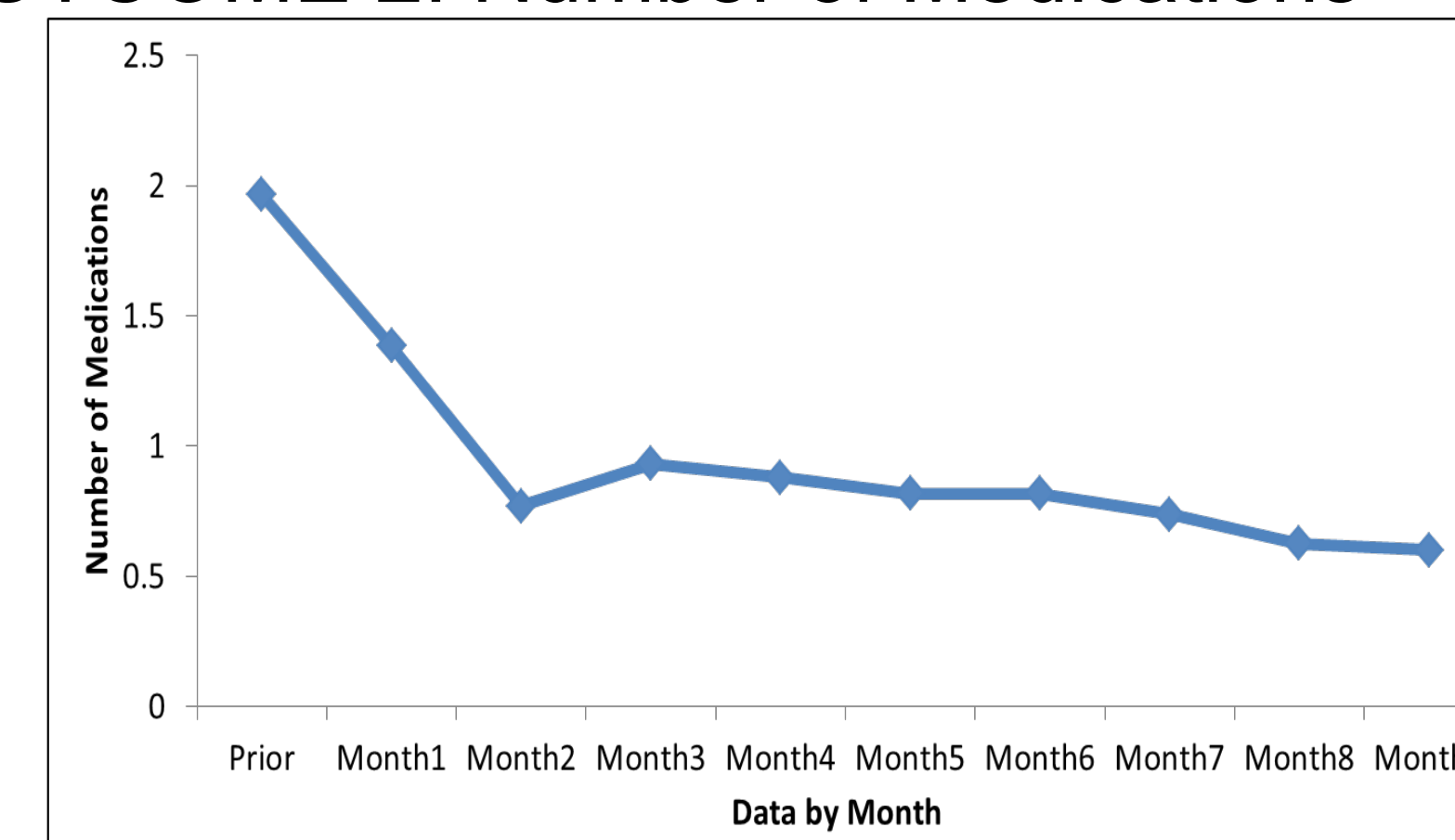
RESULTS

OUTCOME 1: Number of Hospitalizations



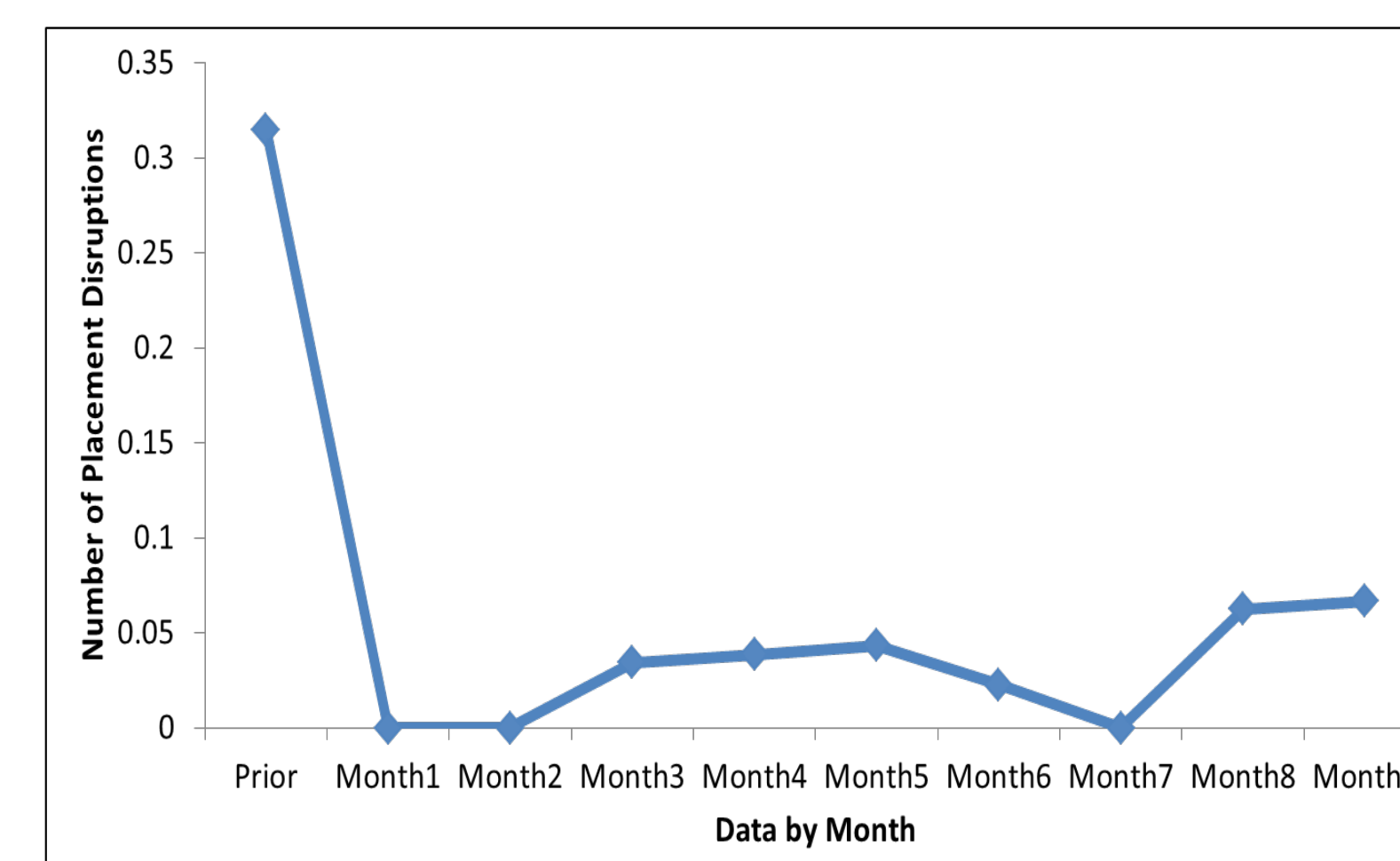
Mean Prior to Pilot (0.08) > Mean Month 1 (0.00), $p = 0.008^*$
Mean Prior to Pilot (0.08) > Pilot Mean (0.03), $p = 0.241$

OUTCOME 2: Number of Medications



Mean Prior to Pilot (1.97) > Mean Month 1 (1.38), $p = 0.088$
Mean Month 1 (1.38) > Mean Month 2 (0.77), $p = 0.014^*$
Mean Prior to Pilot (1.97) > Pilot Mean (0.93), $p = 0.002^*$

OUTCOME 3: Number of Placement Disruptions



Mean Prior to Pilot (0.32) > Mean Month 1 (0.00), $p = 0.000^*$
Mean Prior to Pilot (0.32) > Pilot Mean (0.03), $p = 0.000^*$

OUTCOME 4: Number of Cases Closed

As of 4 months, 2 cases were closed.
As of 5 months, 5 cases were closed.
As of 6 months, 6 cases were closed.
As of 7 months, 8 cases were closed.
As of 8 months, 10 cases were closed.
As of 9 months, 11 cases were closed.

CONCLUSIONS

The goal of this study was to examine the effectiveness of evidence-based therapeutic behavioral interventions for foster children with behavior and emotion problems. Twenty-nine foster children were examined while in treatment over a nine month period and the group clearly showed improvement in terms of fewer hospitalizations, medications, and placement disruptions. In addition, one third of the children showed consistent improvement leading to their cases being closed.

These findings clearly show benefits of an evidence-based treatment approach for foster children in urban settings which may likely be extrapolated to non-urban settings. Using an approach that includes regular individual and family therapy as well as meetings for clinicians to share methods can lead to improved outcomes for children in the foster care system while simultaneously relying less on psychotropic medications.

FUTURE STUDIES

This project is planned to continue into the next year and will incorporate a larger group of children into the project as well as a comparison control group.

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