

## INTRODUCTION

**Multidimensional Treatment Foster Care (MTFC)** is a multicomponent intervention that aims to improve resiliency and emotional and behavioural wellbeing, of **youth in foster care** exposed to **child maltreatment (CM)**.

Yet, prior findings about MTFC are **limited in their generalizability**:

- Reviews did not differentiate whether MTFC's positive impact on both children and adolescents holds among those who are exposed to CM compared to those who are not.
- Diverse outcomes have made it difficult to communicate MTFC's impact.
- Recent randomized controlled trials (RCTs) have not been included in a review and their certainty of the evidence has not been assessed.

**Purpose:** To synthesize evidence comparing MTFC to usual treatment for improving the well-being in maltreated children and adolescents.

## METHODS

**Eligibility:** RCTs comparing MTFC's impact on the well-being of foster care youth aged 3-17 years old who experienced CM to a control group (usual care, group care, or waitlisted services).

**Meta-Analysis:** Data was statistically pooled using a random effects model with a generic variance method.

### → Outcomes:

- ◆ Internalizing Symptoms
- ◆ Externalizing Symptoms
- ◆ Suicide Attempt and Ideation
- ◆ Involvement with Authority
- ◆ Parent Positive Interaction

- **Data Analysis:** Effect size of outcomes were reported by using Cohen's d thresholds based on standardized mean differences, and by estimating minimally important differences.

**Risk of Bias:** Cochrane Risk of Bias

**Certainty of Evidence:** Grading of Recommendations, Assessment, Development and Evaluations (GRADE)

## RESULTS

### Prisma Results:

Screening	Title and Abstracts (n = 467), Full-Text (n = 75)
Data Extraction	Database Search (n = 8), Other Methods (n = 8) Total Included (n = 13, <b>n = 8 unique studies</b> )
Meta-Analysis	Internalizing Symptoms (n = 2) Externalizing Symptoms (n = 6)

### Summary of Findings:

Outcomes	N <sub>e</sub> of participants (studies)	Difference with MTFC (based on typical baseline risks)	Certainty of the evidence (GRADE)	Conclusion
<b>Internalizing Symptoms</b> <i>5-6 months post-baseline</i>	408 (2 RCTs)	<b>0.04 SDs lower</b> (0.23 lower to 0.15 higher)	LOW <sub>ab</sub>	May be little to no difference
<b>Externalizing symptoms</b> <i>3-12 months post-baseline</i>	1447 (6 RCTs)	<b>0.24 SDs lower</b> (0.49 lower to 0.00 lower)	MODERATE <sub>a</sub>	Likely a small difference
<b>Suicide Attempt</b> Assessed with Brief Symptom Inventory <i>1-year post-baseline</i>	152 (1 RCT)	<b>2 more youth</b> (from 3 fewer to 11 more) RR 1.17 (0.62, 2.23)	VERY LOW <sub>ac</sub>	Effect is uncertain
<b>Suicide Ideation</b> Assessed with Brief Symptom Inventory <i>9-years post-baseline</i>	152 (1 RCT)	<b>1 more youth</b> (from 18 fewer to 287 more) RR 1.03 (0.07, 16.12)	VERY LOW <sub>ac</sub>	Effect is uncertain
<b>Involvement with Authority</b> Assessed with offenses reported <i>1-year post-baseline</i>	29 (1 RCT)	<b>46 more youth</b> (from 31 fewer to 696 more) RR 2.12 (0.25, 17.98)	VERY LOW <sub>ac</sub>	Effect is uncertain
<b>Involvement with Authority</b> Assessed with official court records of criminal referrals. <i>1-year post-baseline</i>	155 (2 RCTs)	<b>0.54 fewer referrals</b> (1.16 fewer to 0.08 more)	VERY LOW <sub>ac</sub>	Effect is uncertain
<b>Positive Parent Interactions</b> Assessed with Parent Daily Report Checklist (PDR) <i>5-months post-baseline</i>	700 (1 RCT)	<b>0.08 higher proportion</b> (0.04 to 0.12 higher)	LOW <sub>ab</sub>	May be little to no difference

CI: Confidence interval; SD: standard deviations.

<sup>a</sup> Studies have some concerns in risk of bias.

<sup>b</sup> There are few participants in the analysis.

<sup>c</sup> There are very few participants in the analysis.

## DISCUSSION

- MTFC may **not improve internalizing and externalizing symptoms**, more than usual care among maltreated adolescents in foster care.
  - ◆ MTFC may have little to no greater effect on internalizing symptoms at 5-6 months.
  - ◆ MTFC may slightly reduce externalizing symptoms at 3-12 months compared to usual care.
  - ◆ The long-term effects of MTFC on these outcomes are still uncertain.
- There is **very little and uncertain evidence** regarding the difference in effects of MTFC compared to usual care interventions on:
  - ◆ Suicide Attempts and Suicide Ideation,
  - ◆ Involvement with Authority
  - ◆ Positive Parent-Child Interactions.

## CONCLUSION

- MTFC may have no additional benefits.
- Decision makers must balance these findings with the additional costs, resources, and training required to provide MTFC to this population relative to those required to provide usual care services.
- Quality RCTs that measure long-term outcomes are needed.

## QR CODES



PRISMA Table



Forest Plots

References

