

# The Impact of TBRI on Foster Care Placement Stability

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## Introduction

- 676,000 US children abused/neglected in 2016 (US Dept of Health & Human Services, 2018)
- 40% of foster children suffer complex trauma (Uretsky & Hoffman, 2017)
- Foster children with complex trauma experience higher numbers of placement disruption
- Children with complex trauma achieve better outcomes when caregivers provide trauma-informed care (Purvis et al., 2015)
- Better outcomes for children with complex trauma means fewer placement disruptions (Reed, 2016) which lend to stability in services and treatment leading to healthier adult relationships and hopefully, productive members of society

## Research Question

Is the Trust-Based Relational Intervention model effective in reducing out-of-home placements for foster children with complex trauma?

## Systematic Review

- Three studies utilized large samples of adoptive parents with pre- and post-test data focused only on TBRI with some limitations: 1 of 3 studies posed threats of internal validity; all 3 studies lack external validity with predominantly White/Caucasian, adoptive parents; none of the studies provided follow-up for long-term outcomes

results: problematic child behaviors reduced, global > and psychological functioning improved, caregiver stress levels decreased (Howard et al., 2014; Purvis et al., 2015; and Razuri et al., 2016)

- Four studies used pre- and post-test experiments of three other caregiver training (KEEP, PMTO, & RPC) with moderate sized samples with some limitations: 3 of 4 studies used a more troubled sample; 2 studies had a small, nonrandomized control group; 1 study reflected a potential testing effect; and 1 study did not measure problematic child behavior, changes in parenting behavior or placement stability

results: problematic child behaviors reduced, > caregiver stress levels decreased, and placement stability increased (Greeno et al., 2016; Maaskant et al., 2017; and Sullivan, Murray & Ake, 2015)

- Three studies performed systematic and/or meta-analyses involving a variety of foster/kinship/adoptive parent training models with some limitations: lack of large randomized samples and atypical foster parent training interventions

results: mixed outcomes with fewer child > externalizing behaviors reported, higher levels of skills/knowledge for caregivers, and reduced parent depression/stress (Kinsey & Schlosser, 2012; Solomon et al., 2017; Uretsky & Hoffman, 2017)

## Ideal Intervention

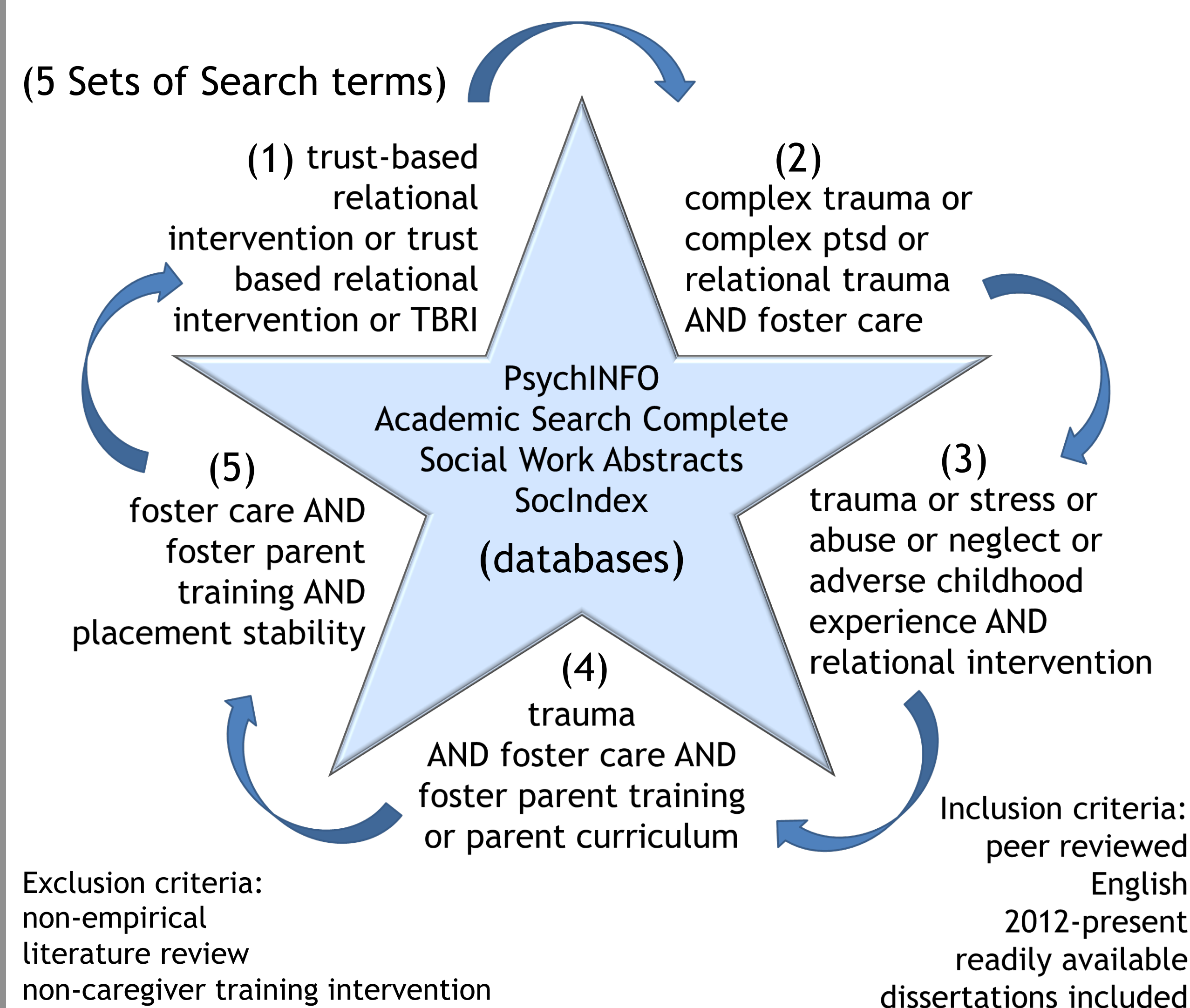


Trust-Based Relational Intervention model (TBRI)

- Ideal therapeutic approach for training caregivers in the effective support and treatment of children with complex trauma
- Principles (Purvis et al., 2013)
  - Empowerment - attention to physical needs >
  - Connection - attention to attachment needs >
  - Correction - attention to behavioral needs >
- Similar to the Neurosequential Model of Therapeutics (NMT) in addressing comprehensive issues related to complex developmental trauma
- Adaptable for non-clinician administration in a residential or foster care setting

## Methods

- 5 searches of 4 databases using varying terms
- 67 out of 216 identified studies selected



## Other Interventions

Though the majority of caregiver trainings (KEEP, PMTO, IY, MAPP & RPC) demonstrated improvement in child behavior problems in spite of the noted limitations, relational interventions (ABC, PAD, CPP & PCIT) and wraparound services (MTFC, EIFC & Casey Program) proved most supportive (Kinsey & Schlosser, 2012).

TBRI incorporates caregiver training that uniquely targets problematic child behavior using a relational intervention approach similar to wraparound services.

## Conclusion & Recommendations for practice and research

- Problematic child behaviors related to trauma symptoms improve and placement stability increases when caregivers receive group based foster parent programs > learn relational intervention models > implement trauma-informed care >
- Future research needed includes studies that seek to understand relationship between > parenting skills and child behavior > compare other identified caregiver trainings > children (ie. PRIDE and MAPP) to TBRI using foster care in > replicate pre- and post-test designs with > larger, broader sample and control groups > determine impact of parenting stress levels > on placement stability for foster children > recreate experimental designs of TBRI using > long-term follow up measures