

Bilaga till rapport

Insatser för bättre psykisk
och fysisk hälsa hos
familjehemsplacerade barn
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Appendix 1 Included articles/Bilaga 1 Tabellverk av ingående studier

Studies of high or moderate quality used for results and conclusions in the present report.

Author Year Reference Country	Study design Inclusion/ population Follow-up	Intervention	Control/ comparison	Randomised for inclusion Intervention Control (N Ss) Dropped out before follow-up Intervention Control (N Ss) Included in analysis Intervention Control (N Ss)	Primary outcomes	Study quality
Bick et al 2013 [1] USA	RCT Children: 1–22 months, 52% male. Caregiver: 45 years, 100% female 1 month	Attachment and Biobehavioral Catch-up: manual based 10 weekly 1- hour sections for foster parents	Developmental Education for Families: 10 weekly sessions, 1 hour long session. A manualised treatment	I: 44 C: 52 I: 0 C: 0 I: 44 C: 52	Maternal sensitivity (10 minutes play interaction video recorded and scored on a 5-point Likert scale)	High
Bywater et al 2011 [2] UK	RCT Children: 2–17 years, average 8.9 years, 55% male. Caregiver: 47.33 years	Incredible Years: 12 weeks 2-hour sessions for parents. Staff from local authorities delivered the program	Wait list	I: 29 C: 17 I: 0 C: 0 I: 29 C: 17	Child behavior problems (Eyberg Child Behavior Inventory), caregiver depression (Beck Depression Inventory), parenting	High

	6 months				competencies (The Parenting Scale)	
Chamberlain et al 2008 [3] USA	RCT Children: 5–12 years, average 8.9 years, 50% male. Parents: 49.9 years. Male 6%. All children in new placement. Child been in placement for at least 30 days	Keeping foster and kin parents supported and trained. 16 weeks' intervention for foster parents, 81% completed 80% or more of the group sessions. Intervention was implemented by paraprofessionals without prior experience of similar interventions	TAU: Not described	I: 359 C: 341 I: 136 C: No between group differences I: 564 C: No data given	Child behavior problems (Child Behavior Checklist), foster parent positive reinforcement (Parent Daily Report), placement changes (Case records)	Moderate
	5 months					
Clark et al 1994 [4] USA Clark et al 1996 [5] USA	RCT Children: 7–15 years, 60.3% male. Children in foster care because of neglect or abuse. All children experiencing behavioral or emotional disturbances or at risk of such	Fostering Individualised Assistance Program: Family specialists served as family-centered, case managers and home-based counselors. 4 major intervention components implemented and provided individually tailored services for them. Family specialists had a bachelor or master's degree and 3–12 years experience	TAU: No specific description, but stated that inadequate funding for specialised services, as well as insufficient numbers of professionals to address services required by children	I: 54 C: 78 I: 7 C: 16 I: 47 C: 62	Child emotional and behavioral adjustment (Child Behavior Checklist), placement changes (Stet records)	Moderate
	18, 30 months					

Dozier et al 2006 [6] USA	RCT Children: 3.6–39.4 months, average 19.0 months, 50% male 1 months	Attachment and Biobehavioral Catch-up: manual based 10 weekly 1- hour sections for foster parents. Trainers had at least 5 years earlier experience. Foster parents were paid 100 dollars for the completion of training	Developmental Education for Families: 10 weekly sessions, 1- hour long sessions. A manualised treatment	I: 30 C: 30 I/C: No information Statistical analysis included 43 and 47 individuals	Child behavior problems (Parent Daily Report), Child stress (Cortisol production morning and bedtime)	Moderate
Dozier et al 2009 [7] USA	RCT Children: 3.6–39.4 months, average 20.0 months, 59% female 1 month	Attachment and Biobehavioral Catch-up: manual based 10 weekly 1- hour sections for foster parents Trainers had at least 5 years earlier experience. Foster parents were paid 100 dollars for the completion of training	Developmental Education for Families: 10 weekly sessions, 1- hour long sessions. A manualised treatment	I: 22 C: 24 I/C: No information Statistical analysis included 45 individuals	Child attachment (Parent Attachment Diary)	Moderate

<p>Fisher et al 2005 [8] USA</p>	<p>RCT</p> <p>Children: 3–6 years, average 4.4 years, 49% male. New foster home placement. Expected to remain in care for at least 3 months</p> <p>24 months</p>	<p>Early Intervention Foster Care program (later named Multidimensional Treatment Foster Care-preschoolers): Intensive training of foster parents prior to placement and ongoing consultation and support from staff 24/7. Children attend weekly playgroup sessions. Intervention to children for 6–9 months</p>	<p>TAU: Monthly or more frequent contact with caseworkers to monitor progress in the foster home and to identify issues in need of attention (e.g., weekly individual psychotherapy to address trauma and/or behavioral issues, medication, and developmental screening and early childhood special education services)</p>	<p>I: 47 C: 43</p> <p>I/C: No information</p> <p>I/C: No information</p>	<p>Placement failure (Case records)</p>	<p>Moderate</p>
<p>Fisher et al 2007 [9] USA</p> <p>Fisher et al 2007 [10] USA</p> <p>Fisher et al 2008 [11] USA</p>	<p>RCT</p> <p>Children: 3–6 years, average 4.4 years, 49% male</p> <p>12 months</p>	<p>Multidimensional Treatment Foster Care-preschoolers): Intensive training of foster parents prior to placement and ongoing consultation and support from staff 24/7. Children attend weekly playgroup sessions. Intervention to children for 6–9 months</p>	<p>TAU: Commonly involving weekly individual psychotherapy, developmental screening and special education</p>	<p>I: 57 C: 60</p> <p>I/C: No information</p> <p>I/C: No information</p>	<p>Child attachment (Parent Attachement Diary), child stress (Salivary Cortisol), caregiver self-reported stress (Parent Daily Report)</p>	<p>Moderate</p>

Geenen et al 2015 [12] USA	RCT Children: 16–18 years, mean age 16.76. Female 52.2%. Youth with mental health challenges 6 months	Better Future model: 3 interrelated components over 10 months: (1) a 4-day summer institute on a university campus; (2) individual, bimonthly peer coaching; and (3) 4 mentoring workshops	TAU: General services (e.g., a guidance counselor at school) and specific to youth in foster care (e.g., Independent Living Program) and youth with mental health conditions (e.g., therapy)	I: 36 C: 31 I: 2 C: 6 I: 34 C: 25	Youth self-determination (AIR Self-Determination Scale/ARC Self-determination scale), youth mental health (Mental Health Recovery Measure), youth quality of life (Quality of life Questionnaire)	Moderate
Geenen et al 2013 [13] USA	Children: 14–17 years, mean age 16.76. Female 52.2% 9 months	Take Charge: Individualised coaching in applying self-determination skills to achieve their educational and related goals and to participate in educational planning meetings and group mentoring, where the youth and near-peer foster care alumni who had completed high school and were working or in college gathered for information sharing and peer support	TAU: General and special education classes, related services, interaction with special education case managers, individualised educational planning, and extracurricular activities	I: 60 C: 63 I/C: No information Statistical analysis included 122 individuals	Child educational planning (The Educational Planning Assessment), child emotional and behavioral problem (Child Behavior Checklist), child self-determination (AIR Self-Determination Scale), employment (register data)	High
Kessler et al 2008 [14] USA	Retrospective study with non-equivalent comparison groups using propensity score adjustment	Casey Family Programs: Private foster care. Caseworkers have higher levels of education and salaries, lower caseloads, and access to a wider range	Public foster care: No more information No case level matching	I: 155 C: 504 I: 44 C: 136	Mental health disorders (WHO Composite International Diagnostic Interview), physical disorders	Moderate

	<p>Maltreated children placed at ages 14–18 years and eligible for long-term placement, no severe physical disability or developmental disability that requires special supportive services</p> <p>1–13 years after leaving foster care (approximately 24.2 years at follow-up)</p>	of ancillary services (e.g. mental health counseling, tutoring, and summer camps)		I: 111 C: 368	(Chronic Condition Checklist)	
<p>Kim et al 2011 [15] USA</p> <p>Kim et al 2013 [16] USA</p>	<p>RCT</p> <p>Children: 10–12 years, mean age 11.54 years, girls 100%</p> <p>36 months</p>	<p>Middle School Success: 6 sessions group-based caregiver management training, and 6 session group-based skill-building sessions for children</p>	<p>TAU: 62% received individual counseling, 20% received family counseling, 22% received group counseling, 30% received mentoring, 37% received psychiatric support and 40% received other counseling or therapy services (many received more than one service)</p>	<p>I: 48 C: 52</p> <p>I: 3 C: 7 at last follow-up</p> <p>ITT: I: 48 C: 52</p>	<p>Child substance use (3 items), child mental health (Child Behavior Checklist), delinquency, placement changes (Case records), child health-risking sexual behaviour (8 items)</p>	Moderate

<p>Kothari et al 2017 [17] USA</p>	<p>RCT Siblings 7–15 years 18 months</p>	<p>Supporting siblings in foster care: 8 sessions skill-building and 4 community-based activities, providing opportunities for skills-based practice in real-world settings. 2 sessions provided specific practice in approaching adults for support</p>	<p>TAU: Contact with caseworker and if needed regular visitation with biological parents. All families were provided opportunities to participate in parent management training, although only 11.3% did</p>	<p>I: 160 C: 168 I: 29 C: 36 I: 131 C: 132</p>	<p>Sibling interaction quality (Multi-agent Construct of Sibling Relationship Quality), sibling interaction quality (Sibling Relationship Questionnaire)</p>	<p>Moderate</p>
<p>Linares et al 2006 [18] USA</p>	<p>RCT Children: 3–10 years, mean age 6.2 years, children at high risk of externalising problems. Substantiated history of child maltreatment, goal of reunification 3 months</p>	<p>Incredible Years: 12 week 2-hour sessions for parents. Staff from local authorities delivered the program. Parents were compensated 25 US dollar for each assessment</p>	<p>TAU: E.g. drug treatment, mental health etc</p>	<p>I: 80 C: 48 I: 15 C: 14 I: 65 C: 34</p>	<p>Child conduct problems (Child Behavior Checklist), Parenting practices (Parenting practice positive discipline, appropriate discipline, clear expectations, harsh discipline)</p>	<p>Moderate</p>
<p>Linares et al 2012 [19] USA</p>	<p>RCT Children: 5–8 years, mean age 6.7 years, male 29%, at high risk</p>	<p>Incredible Years Child training program: 12 sessions lasting 2 hours each for the children. Groups led by trained clinicians with at least a master in psychology or</p>	<p>TAU: Not specified (36–82% received mental health services)</p>	<p>I: 49 C: 45 I: 2 C: 1 I: 47</p>	<p>Child physical aggression (Child Behavior Checklist), child self-control (51-item measure)</p>	<p>High</p>

	<p>of externalising problems</p> <p>Exclusion criteria: Not english speaking, children with disabilities</p> <p>3 months</p>	<p>social work. Foster parents attended a 2-hour group in 3 lessons. Foster parents were compensated 50 dollars for assessments</p>		C: 44		
<p>Maaskant et al 2016 [20] The Netherlands</p>	<p>RCT</p> <p>Parents with foster children (aged 4–12) with severe externalising behavior problems in long-term foster care arrangements</p> <p>4 months' follow-up and 10 months after baseline. Parents of 63 foster children completed posttest-assessment 30 PMTO, 34 CAU, after 10 months</p>	<p>Parent Management Training Oregon (PMTO): About 25 individual treatment sessions. The goal is to teach and coach parents by role play and modeling exercises in the use of effective parenting strategies</p>	<p>TAU: Appointment with a foster care supervisor once every 3 to 6 weeks. If necessary, foster parents were free to ask for more intensive or specialised support, including every available form of treatment or intervention except PMTO</p>	<p>I: 47 C: 41 I: 18 C: 7 I: 29 C: 34</p>	<p>Child behavior problem (Child Behavior Checklist), Parenting quality (Parenting Behavior Questionnaire), Parenting stress (Parenting Stress Index-R)</p>	Moderate
<p>Mersky et al 2016 [21] USA</p>	<p>RCT</p> <p>Children: 3–6 years, mean age</p>	<p>Extended + Brief Parent Child Interaction Therapy: Phase 1 include child-directed interaction where</p>	<p>Wait list</p>	<p>39/33 10/8</p>	<p>Child problem behavior (Child Behavior Checklist), child internalising</p>	Moderate

	<p>4.6 years, 46% male. Externalising problems on Eyberg Child Behavior Inventory according to foster parents rating</p> <p>Exclusion criteria: Children with intellectual, physical or pervasive developmental disabilities or children nearing adoption or reunification</p> <p>3 months</p>	<p>a clinician provides instruction to promote authoritative parenting and positive parent–child interactions. In phase 2, parent-directed interaction therapists use instructional techniques to help parents develop effective discipline and behavior management skills</p>		29/25	<p>behavior (Eyberg Child Behavior Inventory)</p>	
<p>Powers et al 2012 [22] USA</p>	<p>RCT</p> <p>Children 16–18 years, mean age 59% male, receiving special education services</p> <p>12 months</p>	<p>Take Charge: Individual, weekly coaching sessions for youth in the application of self-determination skills to achieve self-identified goals and to carry out a youth-led transition planning meeting; and quarterly workshops for youth with young adult mentors who were formerly in foster care</p>	<p>Foster Care Independent Living Program (ILP): Classes on transition topics such as budgeting, cooking, and preparing a resume, support from an ILP case manager, drop-in peer support, and assistance to apply for resources such as housing, subsidy, and</p>	<p>I: 33 C: 36</p> <p>I: 1 C: 7</p> <p>I: 32 C: 29</p>	<p>Child self-determination (ARC Self-Determination Scale), child mental health, child quality of life (Quality of life Questionnaire), child transition planning (The Transition Planning Assessment), high-school completion (register</p>	High

			Educational Training Vouchers		data), employment (register data)	
Rast et al 2014 [23] USA	Prospective study with non-equivalent comparison groups using propensity score adjustment Children 4–17 years, mean age: 5.7 years 36 months	Neighbor To Family: Caregivers are full time employees of the agency, receive a minimum of 50 hours of training per year, receive regular group supervision, individually scheduled evaluations, full partners in the process of assessment, and developing and implementing the care plans, engage in co-parenting with parents, extended family, or future adoptive parents	TAU: No information Matched controls by county of origin, age, sex, level of care, sibling group size	I: 417 C: 417 I: 0 C: 0 I: 417 C: 417	Stability with sibling (case records), stable placement (case records)	Moderate
Spieker et al 2014 [24] USA	RCT Children: 1–2 years, mean age 1.5 years, male 55% Court-ordered placement that resulted in a change in caregiver	Promoting First Relationships: 10 weekly 60–75 minutes in-home visits focused on increasing parenting sensitivity using attachment theory-informed, strength-based consultation strategies in conjunction with video feedback	Early Education Support: 3 monthly 90-minutes in-home sessions focusing on child developmental guidance and resource and referral provided by a child development specialist	I: 105 C: 105 I: 0 C: 0 I: 105 C: 105	Stability (case records)	Moderate

	<p>within 7 weeks prior to enrollment</p> <p>Excluding non-english speaking foster parents</p> <p>24 months</p>					
<p>Taussig et al 2010 [25] USA</p> <p>Taussig et al 2012 [26] USA</p>	<p>RCT</p> <p>Children: 9–11 years, mean age 10.46 years, male 51.8%. Placement because of maltreatment, lived in current foster home at least 3 weeks. Exclusion criteria: Monolingual spanish speaking, developmental delayed, incorrect birth date</p> <p>6, 9 months</p>	<p>Fostering Healthy Futures: 1,5 hour per week, 30 weeks, 8–10 children and 2 group facilitators. 2 components: (1) manualised skills groups and (2) one-on-one mentoring by graduate students in social work</p>	<p>TAU: Assessment-only. 57% got mental health therapy</p>	<p>I: 79 C: 77</p> <p>I: 11 C: 1 (6 months)</p> <p>I: 23 C: 23 (9 months)</p> <p>I: 68 C: 76 (6 months)</p> <p>I: 56 C: 54 (9 months)</p>	<p>Child mental health functioning (Trauma Symptom Checklist for Children, Child Behavior Checklist), self-competence (Self-Perception Profile for Children), child quality of life (Life Satisfaction Survey), placement changes (case records)</p>	<p>High</p>
<p>Unrau et al 2004 [27] USA</p>	<p>Prospective study with non-equivalent comparison groups</p>	<p>Promise: Strengths-based family centred approach. Workers were given authority to both decide and modify the</p>	<p>TAU: Conventional foster care services were characterised by fixed funding categories that involved time-</p>	<p>I: 380 C: 436</p> <p>No information</p>	<p>Placement stability (case records)</p>	<p>Moderate</p>

	Children 0–20 years, mean age 8.8 years, male 52% 15 months	constellation of services. Experienced foster families mentored unexperienced. The staff operated under a team decision-making model	consuming bureaucratic process and approval, particularly when the service needs of foster children and families	I: 380 C: 436		
van Andel et al 2014 [28] The Netherlands	RCT Children 0–5 years, mean age 14.5 months, 51% male 3 months	Foster family Intervention: In six 90-minutes home visits, foster care workers support foster carers by providing information on interactional and attachment themes in starting relationships	TAU: Home visits every 2 to 6 weeks to monitor the placement. The purpose is to support foster carers and to organise extra help where needed	I: 65 C: 58 27 missing values on scales, 37 on video and 64 on salivary cortisol No information	Foster care parent's sensitivity (Emotional Availability Scales), stress in the family (Nijmeegse Ouderlijke Stress Index, Revised), child's stress (Salivary cortisol), parent sensitivity (Emotional Availability Scales)	Moderate

C = Control; CAU = Care as usual; I = Intervention; RCT = Randomised control trial; TAU = Treatment as usual

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