

Reducing child aggression in foster homes

Lessons from a child-focused trial

*L. Oriana Linares, Ph.D.
NYU Child Study Center*

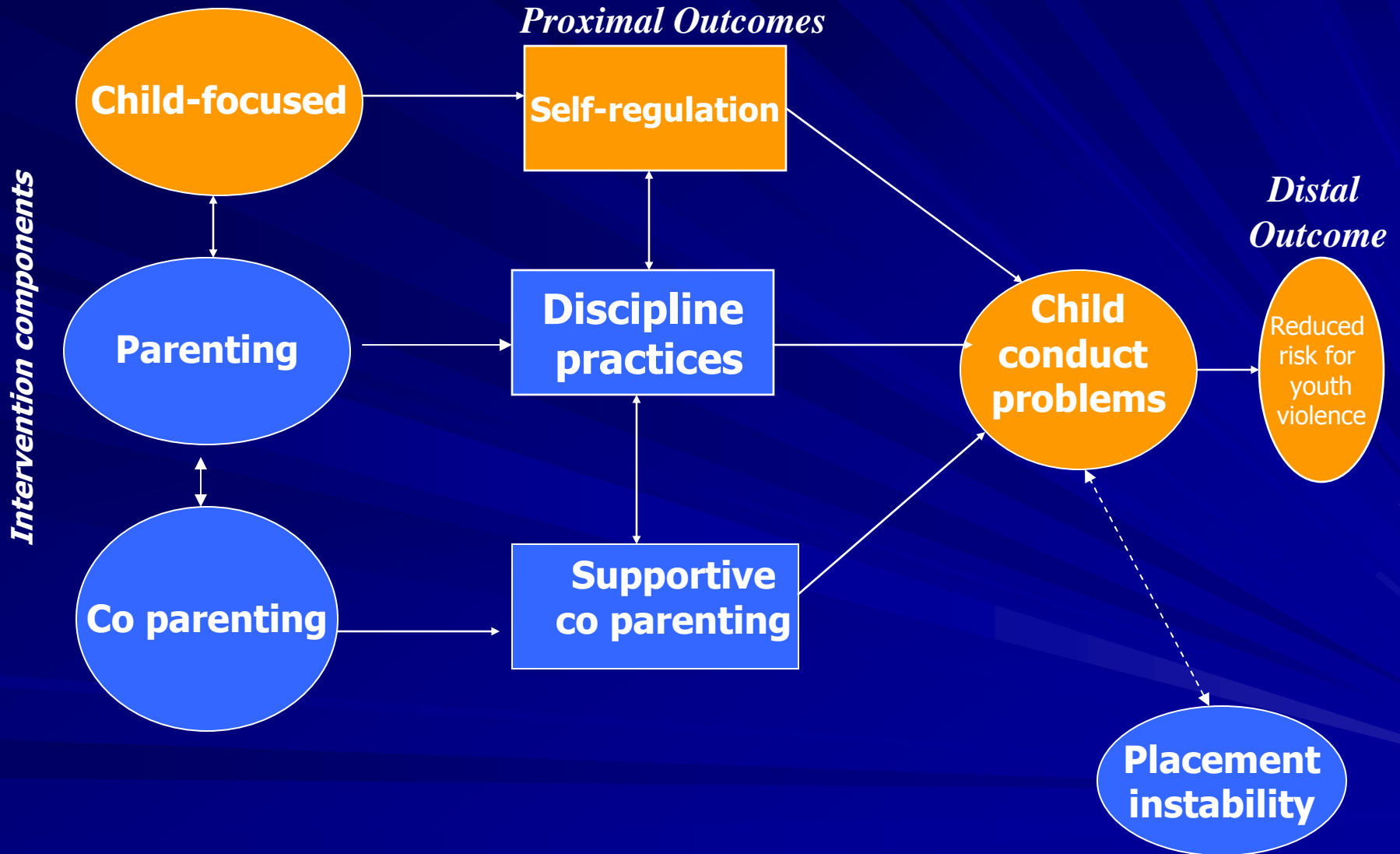
2005-2008

**National Center for Injury and Prevention
Centers for Disease Control**

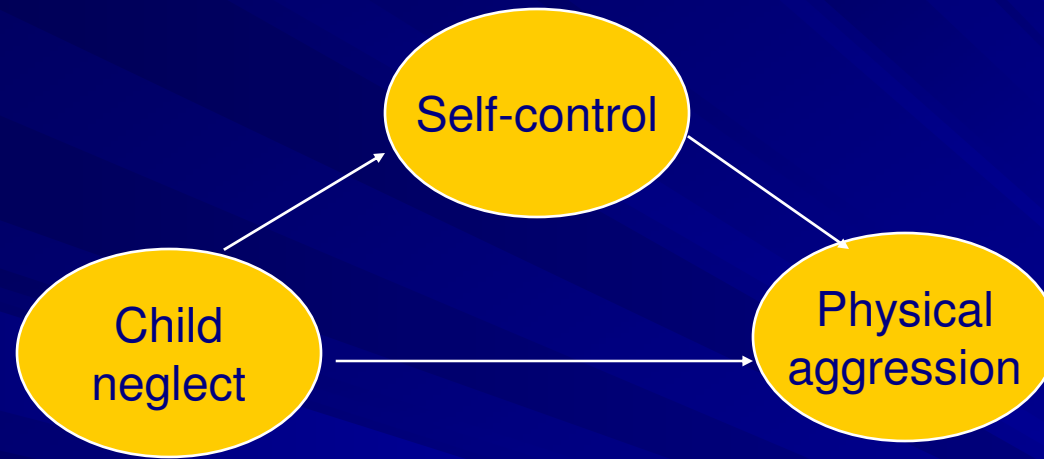
Background and significance

- 500,000 children in the foster care system
- 4% of all maltreated children
- 61% are neglected
- High externalizing disorders (40-80%)
- High use of psychotropic medication (30-40%)
- High placement instability
- Placement as a window of opportunity

Multi-component prevention model



Intervention 'active ingredients'



Focus on child self-control

- Neglected children show lower understanding of negative emotions than non neglected children
- Less empathy to other's emotions
- Fewer adaptive strategies to deal with negative emotional arousal

Study aim

☁ examine the effectiveness of IY in 5-8 year old children placed in foster homes

■ HYPOTHESES:

Intervention (n=49) > 'Usual Care' (n=45) in:

- Good self control
- Poor self control
- Physical aggression

Goals of the project

- Assess IY feasibility in the foster care system
- Adapt lesson content to a new population
- Train a hybrid agency-university team
- Implement IY at 6 local agencies (cohorts)
- Monitor fidelity under real life conditions
- Write a trainer manual for site clinicians

Replication of IY (Child *Dinosaur*)

Existing:

- Content: 11/18 sessions
 - Making friends and learning rules
 - Understanding feelings
 - Problem solving
 - Anger management
- Process: collaborative
- Strategies: role plays, video vignettes, homework

Adaptation:

- ↻ Develop new session
- ↻ Set additional rules
- ↻ Work on transitions
- ↻ Allow 'visitors'

Intervention structure

- 6-8 unselected children gathered in a therapeutic group
- Twelve child sessions delivered at local agencies
- Three parent sessions (1st, 6th, 12th session)
- 3-person trained hybrid university-foster care (15 hours)
- Use of standard manuals with flexibility to adapt
- Peer supervision at each agency (36 hours)

Study design

- Assess and randomize children within **six foster care sites (cohorts)**
- Three waves:
 - baseline
 - end of intervention
 - follow up (3-months after intervention)

The study sample

94 non selected children between ages 5-8:

- Placed due to substantiated neglect (77%)
- Placed in kinship and nonkinship family foster homes
- Excluded: sexually abused
developmental disabilities

Children between ages 5-8
N = 252

Eligible
N = 125 children

Enrolled and randomized → **75%**
N = 94

	Intervention	'Usual care'	
Allocation	N = 49	N = 45	
At end of Intervention	N = 48 2 declined	N = 44 1 declined	→ 98%
Follow-up	N = 47 2 declined; 1 hospitalized	N = 44 1 declined	→ 96% vs 98%

Reason/s for Placement

(Maltreatment Classification System; Barnett, Manly & Cicchetti, 1995)

Types of maltreatment:	%
Physical abuse	22
Sexual abuse	3
Lack of supervision	66
Failure to protect	26
Failure to provide	41
Emotional maltreatment	11
Mora//legal/educational	8
Any abuse	23%
Any neglect	77%

Characteristics of the children

- Age (years) at assessment 6.7 (1.2)
- Age (years) at placement 4.8 (2.1)
- Ethnicity
 - African-American 49%
 - Latino 25%
 - Other(Mixed, Caucasian) 26%
- Gender 42% girls in I (vs 58% in C) $p < .05$
63% boys in I (vs 37% in C)
- CBCL aggression (T>60) 41%

Strengths of the child-focused trial

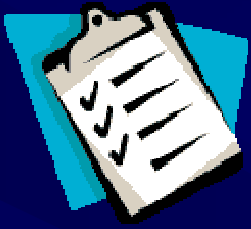
- High retention of sample for assessments
- High attendance to intervention
- Adequate intervention fidelity
- High parent satisfaction

High child attendance

- M sessions attended for IY=7.4 (4.2)
- 74% completers (ranged from 50% to 86%)
- Only 14.3% did not attend any sessions

Adequate intervention fidelity

- Perfect self-reported clinician ratings (100%)
- 4/70 random tapes coded by IY staff
- Fidelity coded using seven subscales:
new learning, vignettes, role plays, small group, promote skills,
children responses, therapist collaboration
- Adequate or higher (≥ 3) fidelity was obtained for 66% of taped sessions



High parent satisfaction

Dimension	Item mean (1 - 5)
Child progress	4.2
Therapist involvement	4.6
Homework	3.4
Parent support	4.4

Note: 1=low and 5=high

Two-factor self-control construct*

- Good self-control (4 indicators):
 - Emotional: Anger regulation (controls temper)
 - Emotional: Soothability (calms down)
 - Behavioral: Good delay of gratification (waits...)
 - Behavioral: Persistence (sticks to one thing)
- Poor self-control (6 indicators):
 - Impatience, distractibility, impulsivity, poor delay of gratification, upsettability, poor anger coping

* Wills, 2002

CBCCL aggression

- Destroy own things
- Destroy other things
- Fights
- Mean to others
- Attack others
- Cruel to animals

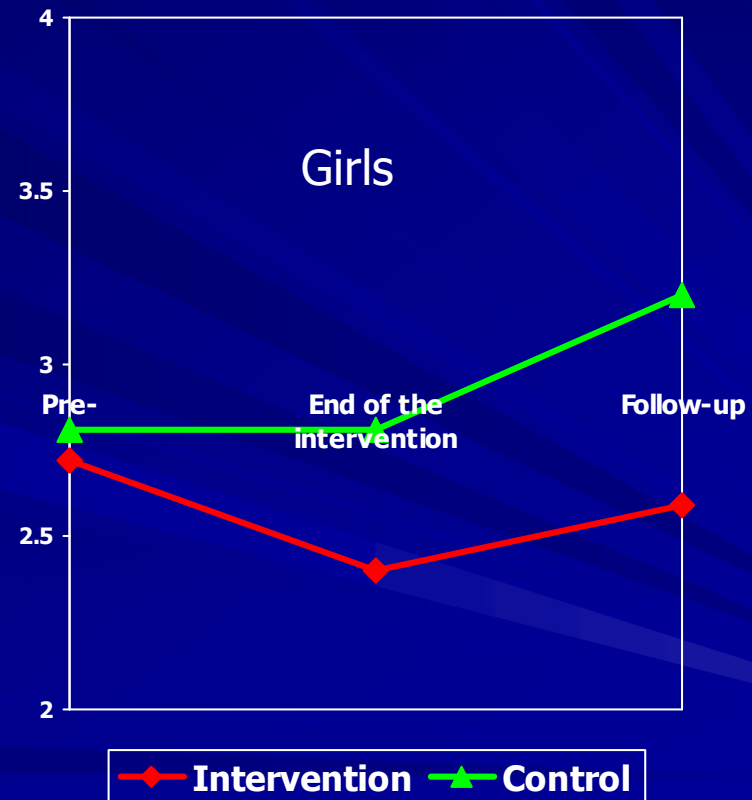
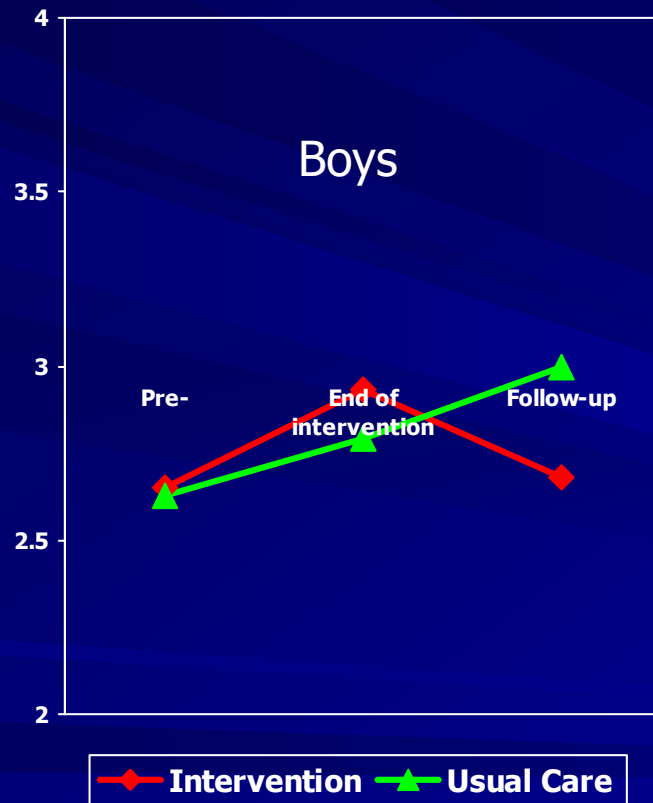
Data analyses

- Intent-to-treat methodology
- Endpoint ANCOVA procedures
adjusting for: baseline level
age
- Moderator analyses:
 - 🌐 gender
 - 🌐 cohort
 - 🌐 initial ADHD symptoms
 - 🌐 Intervention dosage

Intervention effects

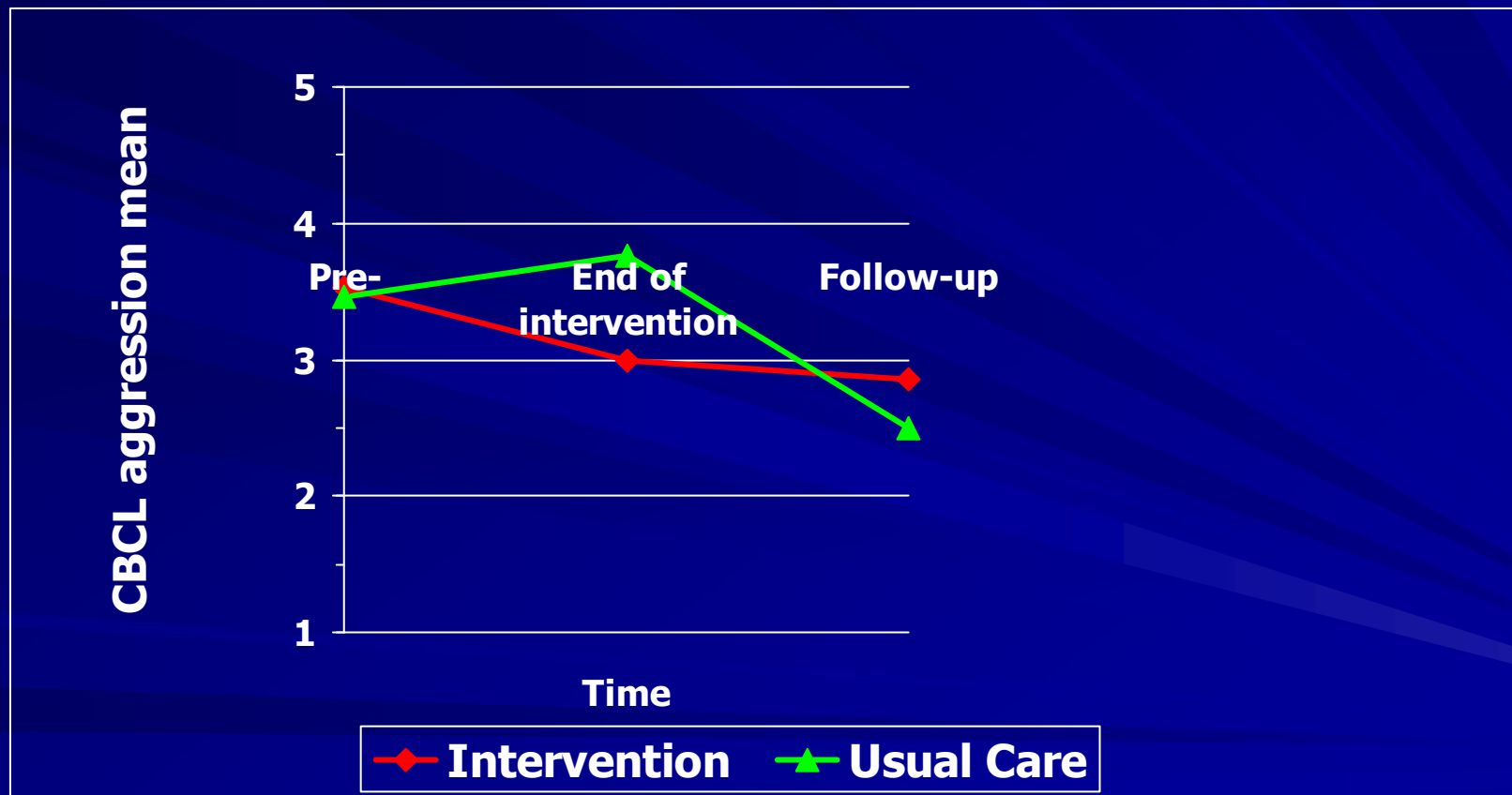
Measure	End of the intervention	Follow-up
Good self control		
Main effect	NS	NS
Intervention x boys	I>UC	NS
Intervention x ADHD-	I>UC	NS
Poor self control		
Main effect	NS	NS
Intervention x ADHD-	I<UC	NS
Intervention x neglect	I<UC	NS
Aggression		
Main effect	I<UC	NS

Good self control: Intervention x gender effect at the end of the intervention



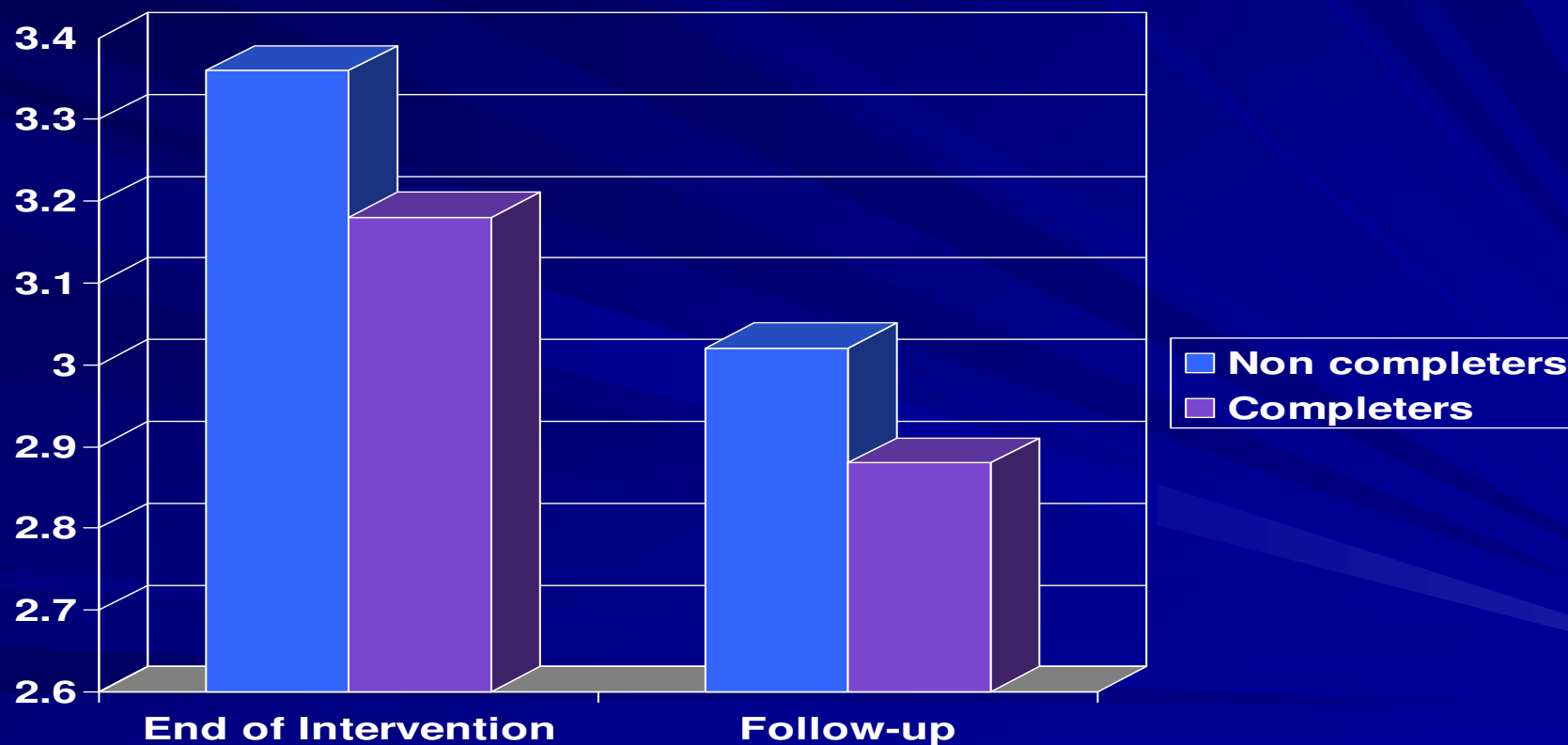
Note. $p < .05$ (ANCOVA at end of intervention adjusting for child age, gender, and cohort)

Child aggression: intervention effect at end of intervention



Note. $p < .05$ (ANCOVA adjusting for child age, gender, and cohort)

Child aggression: Dosage effect in intervention group (n= 47)



Take home findings....

- Short-term improvement in self-control for subgroups (boys, neglected, low ADHD symptoms)
- Short-term reduction of physical aggression
- Lower aggression for boys who attended more sessions
- Intervention by cohort interactions suggest the need to attend to the agency context

Conclusions

Strengths

- Selective effect
- High retention for assessments
- High child attendance
- High parent satisfaction
- Adequate intervention fidelity

Limitations

- small sample size
- reliance on self-reports....