

Whitemore, E., Ford, M., & Sack, W. H. (2003). Effectiveness of day treatment with proctor care for young children: A four-year follow-up. *Journal of Community Psychology, 31*(5), 459-468.

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Finding a stable, community-based placement for very young children who have experienced multiple forms of abuse can be difficult. Therapists often hesitate to place such children in residential treatment settings because of their young age. Yet these children often have severe emotional, behavioral, and developmental problems that make foster parenting difficult, and which may lead to multiple foster care placements. In this article, the authors evaluate the long-term outcomes of an alternative intervention to institutional and foster care placement, the Hand in Hand program in Portland, Oregon. Results suggest that gains made during treatment were maintained four years after completing the program and that these behavioral changes contributed to adoptions for a majority of children.

Children ( $N = 129$ ) were between the ages of two and six years, with an average age of 50 months ( $SD = 9.5$ ); 77 were boys, and 52 were girls. Table 1 reflects the race/ethnicity and abuse histories of these children. Nearly all children (96%) were from impoverished backgrounds, and 95% had parents who were chronic substance abusers. Most children (72%) were wards of the court. On average, all children had spent more than one-third of their lives in foster care and had experienced 2.8 foster care placements before admission into the program. Measures used at intake and discharge from the program included the Child Behavior Checklist (CBCL), the Teacher Report Form (TRF), the Battelle Developmental Inventory (BDI), the Peabody Picture Vocabulary and the Expressive One-Word Picture Vocabulary.

The Hand in Hand program combines day treatment with proctor care (as needed). Day treatment includes special education, intensive case management, academic and developmental skill building, and individual family therapy. Proctor care is similar to therapeutic foster care. Proctor parents receive special training and work closely with the treatment teams to develop and implement treatment plans and to monitor the child's progress. However, there is an important difference between therapeutic foster and proctor care. In therapeutic foster care, the *home is the primary treatment setting* and day treatment programs reinforce the efforts of the therapeutic foster parent. In proctor care, the *day treatment program is the primary treatment setting*, and proctor parents reinforce the skills and behaviors taught in day treatment. Thus, children admitted into proctor care experience a "consistent nurturing environment" (p. 462) around the clock. Children who are in need of proctor care may be admitted into or released from such care at any time during the program. Sixty percent of all children ( $n = 77$ ) received proctor care.

Ninety-nine children completed the day treatment program, with an average treatment length of 627 days; proctor care averaged 567 days. At discharge from the program, data showed significant improvements on the aggression subscale and externalizing scale of the CBCL, and on the attention subscale of the TRF. Developmental improvements were also significant, showing gains in the personal-social and adaptive subscales of the BDI. Language scores increased from the 25<sup>th</sup> percentile, at intake, to above average scores at discharge.

<b>Race/Ethnicity</b>	
Caucasian	64%
African American	16%
Multi-racial	16%
Native American	2%
Asian American	1%
<b>History of Abuse</b>	
Physically Neglected	91%
Severe Molestation	80%
Multiple Forms of Abuse	72%
Physical Abuse	70%
Sexual Abuse	54%

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Four years after discharge from the program, 53 children and their current caretakers (41% of the original sample) were located for follow up interviews. There were no significant emotional and behavioral differences between children who completed the program and those who were unavailable for follow up. At follow up, positive gains made in school placements were maintained, with most children enrolled in regular school placements (75%); of this group, about half (53%) were in regular classrooms with special education. Some children (16%) were in regular classrooms with special education, and few (6%) were in self-contained special education classrooms. Adoptions increased from 2% at intake to 65% at four-year follow up. Very few children (8%) had been placed in residential settings.

In conclusion, the authors write: “day treatment and proctor care are powerful interventions alone, but the greatest positive effect occurs when these services are combined” (p. 460). However, because placements into day treatment and/or proctor care are not randomized, and because children may enter and exit proctor care as needed, quantitative research to support the above statement would be difficult to conduct. Additionally, the study design did not include a control group. Nonetheless, the authors also show that day treatment and proctor care are significantly less costly than residential treatment, and they call for more research on interventions that can help stabilize such young children and their families in the community.