

Research Abstract
FFTA's 16th Annual Conference on Treatment Foster Care
July 2002

**Forensic Foster Care for Youth with a History of Abusive Behavior:
Research-Informed Techniques and Best Practice Procedures**

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The present project involved the development of the TASC (Treatment for Appropriate Social Control) Forensic Foster Care program.

Forensic Foster Care is a generic term for specialized foster care treatment programs that serve abusive, conduct-disordered youth who exhibit behavior that can or has resulted in legal problems. The DSM-IV diagnosis of Conduct Disorder involves four forms of abusive behavior: sexual abuse (forced someone into sexual activity); physical abuse (bullies, use of weapons to cause physical harm, physically cruel); property abuse (arson, vandalism, breaking and entering, theft) and trust abuse (often lies to obtain goods or favors or to avoid obligations). Although diagnosed separately, substance abuse is also typical of conduct-disordered youth.

Forensic Foster Care is a newly evolved foster family-based treatment. Traditionally, therapeutic foster care has been in the difficult situation of having to provide for youth exhibiting both internalizing and externalizing symptoms with generic therapeutic tools for caretaker training and child treatment. The "therapeutic parent model" was developed by adopting the generic client-centered therapist characteristics considered "necessary and sufficient" (Rogers, 1957) for therapeutic change that were common to all successful therapies regardless of orientation while avoiding the characteristics of abusive parents (Shealy, 1995). Thus in "the therapeutic parent model" foster parents were taught to demonstrate acceptance, empathy and understanding while avoiding hostility, criticism, and mixed messages. While many of these therapist characteristics that were put forth over 40 years ago (Rogers, 1957) are still considered "necessary", they are no longer considered "sufficient" as therapeutic interventions have now become much more refined and specific. As the result of many advances in psychotherapy evaluation which directly relates to parenting problem children, research reveals that generic training and treatment approaches can not be equally effective without modification to address specific disorders (e.g., Casey & Berman, 1985).

Specific treatments that address externalizing, conduct disordered, abusive behaviors are now available for integration into specialized foster care (e.g., Henggeler, Schoenwald, & Pickrel, 1995). Exhibiting multiple forms of abuse and other deviant behaviors has been demonstrated to be a common phenomenon among adolescents (Andrews & Duncan, 1997; Jessor & Jessor, 1977). Forensic Foster Care addresses the needs of externalizing youth with multiple forms of

abusive behavior by integrating conduct disorder treatment techniques into their caretaker training and youth treatment plans.

TASC Forensic Foster Care involves much more than simply providing outpatient treatment to foster youth with externalizing behavior problems. Foster placement is integrated into a treatment program with a partnership between program staff and foster parents, which allows for ongoing treatment where both staff and forensic foster parents teach youth prosocial skills and values that compete with antisocial abusive behavior (Yokley & Boettner, 2002). TASC Forensic Foster Care was developed on youth referred for sexually abusive behavior along with other types of abuse exhibited by these conduct-disordered youth that require treatment (i.e., physical, property, substance and trust abuse).

The Social Responsibility Therapy used in TASC Forensic Foster Care is a skills-based abuse behavior therapy that implements reciprocal inhibition in a social learning model across environments (home, school and community). Since the referral type of abuse is not usually the only type of abuse, exhibiting multiple forms of abuse is common among adolescents (Andrews & Duncan, 1997; Jessor & Jessor, 1977) and one type of abuse can trigger another (Yokley, 2002a), Social Responsibility Therapy targets multiple forms of abuse. Social Responsibility Therapy develops honesty, trust, loyalty, concern and responsibility as competing factors against sexual abuse, physical abuse, property abuse, substance abuse and, trust abuse (Yokley, 2002a). This approach lends itself ideally to the foster cluster model as it uses the positive cross-cultural values taught in foster parenting along with correcting antisocial thinking (Yochelson & Samenow, 1976) as competing factors to abuse behavior. Other advantages include 24 well-developed home safeguard and community supervision procedures along with the ability to treat multiple forms of abuse, which enhances relapse prevention and avoids the damaging effect of premature labeling. This approach also addresses the developmental needs of youth to learn healthy, prosocial behaviors (Yokley, 2002a; Yokley, 2001) and provides a model for understanding abuse, which accommodates their developmental level and evolving behavior patterns (Yokley, 2002a; Yokley, 1996).

The three basic treatment steps involved in Social Responsibility Therapy (i.e., stopping abuse, understanding abuse and developing a socially responsible lifestyle) are research-informed. Stopping abusive behavior, developing self-control and social maturity is accomplished through cognitive-behavioral, social learning and experiential procedures developed by Charles Dietrich, Albert Bandura, Joseph Wolpe & Leon Festinger. Understanding how abusive behavior was acquired, maintained and generalized in order to interrupt further abuse behavior is accomplished by learning the Abuse Development Triad (Yokley, 2002a; 1996) a structured discovery protocol based on abuse etiology research. The first step towards developing a socially responsible lifestyle is demonstrated through emotional restitution (when appropriate) to victims of abuse in a safe, supervised, structured setting. This is accomplished during Victim Responsibility Training (Yokley, 2002b; Yokley, 1990) based on the graduated exposure procedure of Joseph Wolpe.

TASC Forensic Foster Care includes best practice procedures associated with foster parent retention. These procedures include, a team approach where foster parents are integrated into all aspects of youth treatment (Sanchirico et al.1998) a cluster placement model to maximize foster

parent support (Urquhart,1989) while minimizing any adverse impact that could be associated with home moves (Proch & Taber, 1985) and highly specialized parent training (Chamberlain, Moreland & Reid, 1992; Urquhart,1989).

The TASC Forensic Foster Care treatment program utilizes Therapeutic Community (DeLeon, 2000) and Multisystemic Therapy (Henggeler et al, 1998) methods, which have strong research support for their ability to address multiple forms of abusive behavior and conduct problems. Some of the treatment component evaluation results include a research evaluation of the Accomplishment Award and Incident Report behavior change “slip” system which revealed a significant behavior improvement with the system implemented (Yokley 1999b). An evaluation of data from the Computer-Assisted incident Report Evaluation (CARE) behavior tracking system resulted in the development of a set of youth behavior norms (Yokley & Boettner, 1999) that proved highly useful in foster parent training and determining when increased supervision is needed. An initial evaluation of the victim impact understanding procedure in Victim Responsibility Training was found to function as intended with clinical benefits to abusers, no adverse impact and some therapeutic benefit reported by the abuse survivors involved (Yokley, 2002b). A one-year case review of the program census revealed far better general treatment outcome than what would be expected by the baseline measures used. None of the multiple abuser admissions exhibited a sex offense relapse during treatment. This is noteworthy, as 70% were reoffending during their prior residential sex offender treatment. The program’s criminal recidivism rate was 23% below the conservative parole violation baseline while the completion rate was about 10% higher than what is generally expected in sex offender treatment programs. A matched TASC case example summary appears in Table 1.

TASC Forensic Foster Care integrates recent abuse specific treatment methods that address the conduct problems of youth with a history of abusive behavior (e.g., Henggeler, Schoenwald, & Pickrel, 1995) into a specialized form of foster care with research-informed components and best practice procedures. The Social Responsibility Therapy used in TASC Forensic Foster Care emphasizes developing a socially responsible positive lifestyle, engages families in treatment change, provides a structured social learning environment and develops social-emotional maturity as a competing factor to abuse behavior. Program case study outcome data is supportive of treatment efficacy, is consistent with existing research and indicates that the functional family-based setting employed in TASC Forensic Foster Care is conducive to helping youth with a history of abusive behavior develop the family values and prosocial behavior necessary for successful community adjustment.

The Treatment for Appropriate Social Control (TASC) and Multi-dimensional Treatment Foster Care (MTFC) are two Forensic Foster Care programs that serve the forensic youth population by modifying the original therapeutic parent model to address the special needs of conduct-disordered youth. Both of these treatment programs provide another level on the continuum of care between residential and outpatient treatment for conduct-disordered youth whose behavior management needs require gradual reentry back into the community under supervised conditions and where no appropriate family placement exists.

Two strongly research-supported sources of influence that are responsible for the development and maintenance of conduct disordered abusive behavior are negative peer influence and

negative home influence. The impact of negative peer influence is a major Conduct Disorder relapse problem during adolescence. Children who associate with deviant peers are at risk for chronic delinquency as adolescents (Jessor, Donovan & Costa, 1991). Longitudinal research has revealed that negative peer influence predicts increases in delinquency, substance use, violence & adult maladjustment (Dishion, McCord & Poulin, 1999). Negative home influence includes a dysfunctional family environment with abusive and neglectful parental practices. At least half of the children in foster care have experienced some form of reportable child abuse (Dubner & Motta, 1999). Negative home influence also includes explosive parent discipline and severe punishment (e.g., Farrington & Loeber, 2000; Spillane-Grieco, 2000); parent discipline inconsistency, lax discipline and lack of follow-through (Brand, Crous & Hanekom, 1990; Frick, et al., 1992) and lack of parent supervision (Cookston, 1999; Weintraub & Gold, 1991). Parental practices and characteristics are the best predictors of later delinquency (e.g., Baldry & Farrington, 2000; Farrington, et al., 2001). A comparison of how TASC, MTFC and other treatment programs on the continuum of care address these negative influence problems is provided in Table 2.

Differences between these two treatment programs include the populations they were originally designed to serve and the theoretical basis of their behavior change systems. TASC was originally designed to serve multiple abuser youth (i.e., youth referred for sexually abusive behavior and other types of abuse requiring treatment) while MTFC was originally designed to serve the general delinquent population. The heart of the behavior change system in TASC is Social Responsibility Therapy, which is based on social learning theory and elicits behavior change through reciprocal inhibition in a modified therapeutic community structure while the core of the MTFC behavior change system is based on operant conditioning and elicits behavior change through a modified token economy structure. Despite their theoretical differences, the overall program structure of the intervention approaches used by TASC and MTFC have learning environments, skills training curriculums, behavior change motivation systems and supportive structures that assure their effectiveness. Table 3 below summarizes two well-known Operant Conditioning and Social Learning Theory based programs whose elements are utilized in MTFC and TASC.

Both behavioral intervention approaches utilized in MTFC and TASC have strong research support. The Operant Conditioning approach in a Token Economy structure utilized by MTFC is well established. Token economies are among the most well-validated & effective behavioral treatments for schizophrenia & other serious psychiatric disorders (Glenn, 1990). Tokens have been successfully used as motivational devices in a wide variety of situations & populations, e.g., retarded children, psychotic adults, low achievers in schools, emotionally disturbed children, and in normal classroom settings (Boisvert & Trudel, 1971-1972; Denkowski & Denkowski, 1985; Ribes-Inesta et al., 1973). There is particularly strong research support for this approach with pre-delinquent and delinquent children and adolescents (e.g., Barkley et. al., 1976; Hobbs & Holt, 1976). In addition, the efficacy of MTFC is provided by research indicating that incarcerated boys randomly assigned to MTFC had significantly fewer criminal referrals and returned to live with relatives more often than those who received group home care (Chamberlain & Reid, 1998).

The reciprocal inhibition in a therapeutic community structure utilized by Social Responsibility

Therapy in TASC is also well established. The reciprocal inhibition method of providing competing responses to inhibit target behaviors has been successful with a number of serious emotional and behavior disorders including anxiety problems (Wolpe, 1958; 1995), anger reactions (Hearn & Evans, 1972) and sexual behavior problems (Lowenstein, 1973). The Therapeutic Community structure used in the foster family cluster approach of TASC Forensic Foster Care has extensive research support including successful randomized controlled trials, follow-up & field effectiveness studies (e.g., De Leon, 1984; De Leon, Wexler & Jainchill, 1982; Inciardi et al., 1997; Martin, Butzin & Inciardi, 1995; McCusker et. al., 1996; 1997; McGeary et al., 1999; Nemes, Wish & Messina, 1999; Nielsen, Scarpitti & Inciardi, 1996; Tims, DeLeon & Jainchill, 1994; Wexler et al., 1999). Evidence for the effectiveness of the Therapeutic Community method with adolescents includes a one-year follow-up study of 485 adolescents who had been in residential therapeutic communities which revealed significant reductions in criminal activity & drug use (Jainchill et al, 2000).

Since the original populations targeted by these two Forensic Foster care programs were different, logic dictates that their designs could make TASC more appropriate for abuse-specific problems while MTFC may be more appropriate for general delinquency. Given the theoretical approach differences of these two Forensic Foster Care programs and the fact that elementary school-aged children are more subject to the control of adults than high school youth who are strongly influenced by peers, the MTFC token economy model controlled by adults may be more developmentally appropriate to younger youth while the TASC Social Responsibility Therapy with its social learning model focusing on peer influence may be more developmentally appropriate for older youth. In summary, while there is no research to support matching subpopulations of conduct disordered foster youth to the two types of Forensic Foster Care now available for them, the design of these programs and the methods they employ may warrant referral of older youth with sexual abuse behavior (and other types of abuse requiring treatment) to TASC and younger youth with general delinquency to MTFC.

Table 1.
Comparison of Marcus and Tim:
Two "Matching" Foster Care Placement Youth

	Marcus	Tim
Age	15	16
Sex	Male	Male
Race	African American	African American
Diagnosis	Adjustment Disorder	Conduct Disorder
Behavior History	5 types of abuse, severely aggressive, attempted poisoning, sexual exposure, theft, substance abuse,	5 types of abuse, severely aggressive, 1 stabbing victim, sexual assault of biological and adoptive mother, theft, substance abuse, juvenile court-

Placement History	juvenile court- unruly Past residential treatment, 3 prior foster placement failures, adoption terminated due to behavior	delinquency Past treatment failure, 4 prior foster placement failures, adoption terminated due to behavior
Current Placement	Therapeutic Foster Care with weekly counseling (doesn't include community supervision)	TASC Forensic Foster Care with Social Responsibility Therapy (includes community supervision)
Peers and Behavior	Negative peer associates 23 Police calls to the home	Approved associates No further legal involvement
Outcome	In local newspaper for murder of 19-year-old female clerk during armed robbery of gas station. Accepted for trial as an adult. Received life in prison.	In local newspaper for excelling in high school football, above average grades. Graduated treatment, off parole, accepted in permanent family placement. Received achievement letters in basketball and football.

Table 2.
How TASC, MTFC and other Treatment Programs on the Continuum of Care Address Negative Peer and Home Influence

Program →	Residential Treatment	Forensic Foster Care		Outpatient Treatment
	Therapeutic Community	TASC	MTFC	Multi-systemic Therapy
Negative Peer Influence	Treat in residential peer group but modify peer influence; attending public school depends on behavior	Treat in peer group but modify peer influence & add individual; public school depends on behavior; use approved associates list & positive peers	Treat separate from peer influence (Individual treatment focus); attend public school but modify peer influence with point card	Treat separate from peer influence (Individual treatment focus); attend public school but modify peer influence with close contact
Negative Home Influence	Treat separate from home influence	Treat separate from home influence	Treat separate from home influence	Treat in home but modify home influence

Table 3.
Elements of Effective Conduct & Abuse Behavior Treatment Approaches

Model →	Operant Conditioning	Social Learning Theory
	Token Economy, e.g., Achievement Place (Wolf, 1976)	Therapeutic Community, e.g., Phoenix House (De Leon, 1984)
Learning environment	Teaching Family- Learning from rational, positive parent figures	Teaching Community- Learning from rational authorities & positive peers
Skills training curriculum	Didactic, learning by listening	“On the job” experiential learning by doing
Behavior change system	Token system of tangible reinforcement and consequences	“Feedback “slip” system of social reinforcement and learning experiences
Supportive structure	A family routine	A structured daily routine

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