

RESEARCH ABSTRACT

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Alliance in Treatment Foster Care: Understanding the relationships between youth and treatment parents

*Mary Beth Rauktis, Ph.D., Ann Doucette, Ph.D., Ana Regina Andrade, Ph.D., &
Lucy McDonough, M.Ed.*

Introduction

While therapeutic alliance has been widely studied in adults, child psychotherapy process research has “lagged behind its adult counterpart” (Shirk & Karver, 2003, p 452; Russell & Shirk, 1998). Does alliance associate with better outcomes? A recent meta-analysis of 23 studies (Shirk and Karver 2003) found that therapeutic relationship was modestly associated with outcomes, not only across different types of treatment, but also across levels of child development. In addition, the authors found that youth characteristics and methodological factors moderated the association between alliance and outcomes.

Children and adolescents bring unique attributes to the therapeutic treatment process that distinguishes them from adults (Shirk & Saiz, 1992). In general, children and adolescents do not voluntarily engage in psychiatric care and they do not actively seek treatment foster care. Children typically enter treatment because adults recognize the need for out of home intervention and/or parents are unable to provide this treatment. Furthermore, establishing a relationship with a treatment parent may be at odds with an adolescent’s developmental task of establishing independence and autonomy from adults (Oetzel & Scherer, 2003; DiGiuseppe, Linscott & Jilton, 1996). In addition, cognitive changes and neurological growth during adolescence may influence behavioral and impulse control and emotional regulation (Spear, 2000; Walker, 2002), making it more challenging to form a relationship. Finally, youth may have experienced life situations such as abuse and neglect which may negatively impact their ability to form trusting relationships (Doucette et al., 2003; Eltz, Shirk & Sarlin, 1995).

The research on how treatment foster parents and youth form therapeutic alliances is quite limited. A study by Wells, Farmer, Richards and Burns (2004) found wide variation in how treatment foster mothers experience their role and relationships with youth. The authors observed that this is a complex role: parents must reconcile emotional attachment of “mothering” with the emotional detachment of the treatment role. In one study of Multidimensional Treatment Foster Care, the perception of a positive treatment parent–youth relationship along with specific management practices and the nature of peer relationships appeared to mediate the effect of treatment foster care on youth outcomes (Eddy and Chamberlain, 2000). Therefore, given that the treatment parent is the “therapeutic agent,” understanding how treatment parents and youth form an alliance may provide the context for understanding the outcomes of treatment foster care and the role that alliance may play.

Research Questions

Although the research in this area is limited, the results suggest that therapeutic alliance is a critical variable that can impact the outcome of child treatment. In this study, therapeutic alliance is defined as the working relationship between youth and treatment parent that is characterized by: perception of an emotional bond; agreement on the goals of treatment; agreement on the tasks needed to achieve goals and the perception of the openness and truthfulness of the relationship (Doucette and Bickman, 2001). This study sought to answer several questions:

- Do youth and treatment parents have similar perceptions about the relationship?
- Does the perception of the relationship change over time?
- What is the relationship between alliance and resistance?
- Does alliance associate with youth and treatment parent characteristics?

Methods & Design

This is a descriptive study, profiling the relationships between youth and treatment parents over the course of a year. A repeated measures design is used, and the data is dyadic (treatment parent and youth). The youth and treatment parents participating in the study are from the PRYDE ® program (Pressley Ridge Youth Extension), a treatment foster care program located in Delaware.

Measures

Therapeutic Alliance

Therapeutic Alliance Scale (TAS) is a 30-item scale with two subscales; mutuality and perception of a collaborative relationship and resistance/unfavorable outlook on treatment. Youth and treatment parents completed the TAS once a month.

Youth Well-Being

Child and Adolescent Measurement System (CAMS) is an assessment of youth well-being and has five subscales: acuity, social competence, and hopefulness, internalizing and externalizing problems and victimization. The CAMS was completed quarterly.

Description of Youth and Treatment Parents

The average age of the youth was 15, and slightly over half (54%) were female. The group was 50% Caucasian, 50% African American and 50% identified their ethnicity as Hispanic. The range of previous foster family placements was 1 to 19 and the average was three placements. 13% had a history of sexual abuse. The average age of the primary treatment parent was 44, and 73% were female. Approximately three fourths of the treatment parents were African American. The average number of biological children at home was one and an average of one foster youth resided in the home.

Findings

Do youth and treatment parents have similar perceptions about the relationship?

While the majority of youth and treatment parents are positive about the relationship, treatment parent ratings are higher than youth, suggesting that they see the alliance more positively than youth. (Figure 1)

Does the perception of the relationship change over time?

Perceptions of the relationship changed slightly over time, decreasing for both youth and treatment parent which suggest a “honeymoon” effect. Youth perceptions of the alliance are lower than the parents, and their alliance scores are more variable. (Figure 2)

What is the relationship between alliance and resistance?

Youth reporting lower youth resistance also report better relationships ($r = 0.75$, $p < 0.001$). However, from the parent's perspective, the correlation between youth resistance and alliance wears off with time. That is, for treatment parents at the beginning of the relationship, lower resistance correlated with good alliance. After living with the youth for five months, the correlation between these two scores decreases significantly: the Pearson Correlation goes from 0.70 in September/03 to 0.47 in April/04. This suggests that after living for some time with the youth, parents feel they have a good relationship, even if the youth is resistant. This kind of "optimism" is necessary when living with, and acting as a treatment agent for troubled youth.

Does alliance associate with youth and treatment parent characteristics?

(Selected Youth Findings)

The patterns of alliance between groups revealed that youth with a history of many placements had lower and more variable alliance scores. Youth who had been sexually abused also showed a different pattern from non-abused youth: they had high alliance scores which then decreased over time. Youth with histories of sexual and physical abuse report more resistance ($r = .690$, $p = .027$). Youth reporting a history of drug use reported less favorable alliance ($r = -.820$, $p = .013$).

(Selected Parent Findings)

The quality of the parent's alliance with the youth was not affected by youth internalizing or externalizing behaviors. In other words, treatment parents were able to see their relationship with the youth as positive, regardless of the problematic behaviors. However, when treatment parents felt that the youth was socially competent, they reported these youth to have fewer problems ($r = -.723$, $p = .008$). Similarly, when treatment parents perceived the youth to be hopeful about the future, they felt the youth had fewer externalizing behavior problems ($r = -.979$, $p = .010$).

Limitations

The small sample and the preliminary and descriptive nature of the data limit the conclusions to be drawn from this study.

Implications for practice

While the findings are preliminary, they have some practical implications for treatment foster care professionals.

- Research
 - If implementation of one specific model of treatment foster care cannot be easily done in practice, then research on "common factors" such as alliance that are believed to mediate outcomes across different therapeutic models is essential (Bickman, 1999). Continued research on how youth form alliances with treatment parents is critical.
- Training, Supervising and Coaching Treatment Parents
 - Observing parents who have strong alliances with youth provides information that can be used to train and coach other parents and also makes supervision of treatment parents more proactive and less reactive.

- The “honeymoon period” when the treatment parent and the youth are reporting high alliance can be a period in which the parent and the youth “bank” good feelings that can be “drawn” when the alliance is less positive and the resistance higher.
 - If the youth has had multiple placements, then the treatment parents can be prepared for some high and low alliance periods by the youth.
 - Knowing this, supervisors can provide support, increased supervision or respite during these periods.
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Presenter(s) Contact Information:

Mary Beth Rauktis, Ph.D.
Pressley Ridge
530 Marshall Avenue
Pittsburgh, PA 15214
Email: MRauktis@pressleyridge.org

Ann Doucette, Ph.D.
Vanderbilt Institute for Public Policy Studies
1207 18th Avenue South
Nashville, TN 37212
Email: ann.doucette@vanderbilt.edu

Ana Regina Andrade, Ph.D.
Center for Evaluation and Program Improvement
Peabody College 151
1212 21st Avenue South
Nashville, TN 37203
Email: ana.regina.andrade@vanderbilt.edu

Lucy McDonough, M.Ed.
Pressley Ridge Delaware
509-A Hatchery Road
Dover, DE 19901
Email: LMcDonough@pressleyridge.org

FIGURES:

Figure 1 Youth & Parent

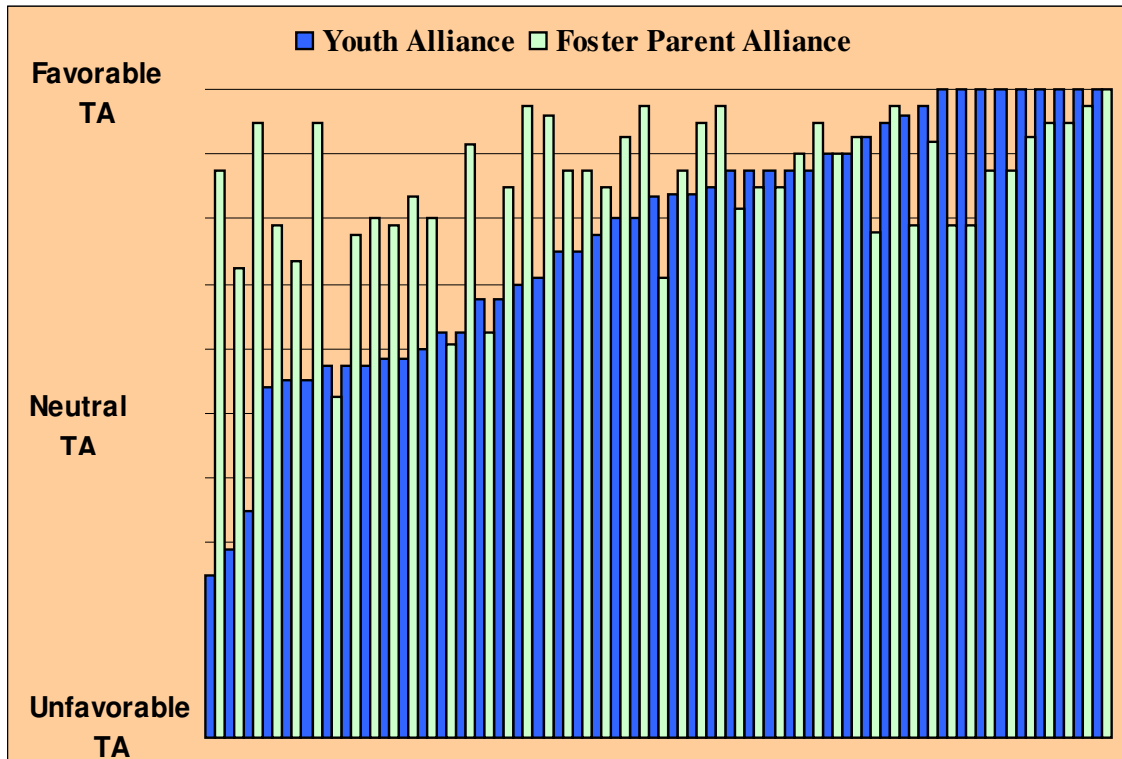
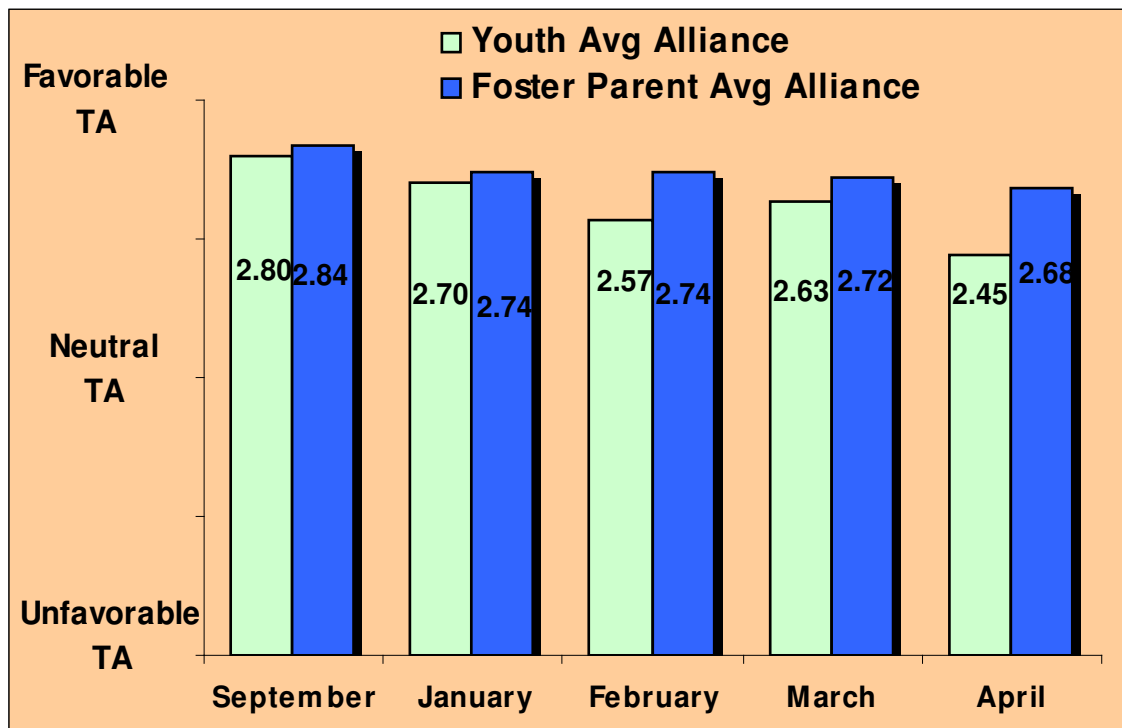


Figure 2 Monthly Average Ratings



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