



# Extending Therapeutic Alliance to Foster Care Settings

## Authors




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## Abstract

Little is known about how youth form a therapeutic alliance with their treatment parents. Favorable therapeutic alliance has been found to be a consistent predictor of positive outcomes for adults (Garcia & Weisz, 2002; Wampold, 2001; Horvath & Symonds, 1991) and for youth (Shirk & Karver, 2003; Hawley & Weisz, 2002).

This poster asks these questions:

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

Findings

- Treatment parents perceive the relationship to be more positive than youth.
- There is a "honeymoon" effect early in the relationship, particularly for youth alliance.
- There are different growth trajectories.
- The number of previous placements, diagnosis, severity of problem behaviors and resistance associate with different patterns of youth alliance.
- Race and the presence of biological children in the home also associate with a different patterns of alliance.

## What is Therapeutic Alliance?

Working relationship between youth and treatment parent that is based on:

- Perception of an emotional bond
- Agreement on goals of treatment
- Agreement on tasks to reach goals
- Perception of openness & truthfulness of the relationship

– (Doucette & Bickman, 2001)

## Complexities of Therapeutic Alliance and Treatment Foster Care

- Youth rarely enter into foster care voluntarily
- They are in a state of change (physical, cognitive and neurological)
- Developmental stage may be at odds with establishing relationships with adults
- Youth may have experienced life situations e.g. maltreatment, that may negatively impact their ability to form alliances (Doucette et al., 2003; Eltz, Shirk & Sarlin, 1995)
- Treatment Foster Care is a "nested" intervention within larger systems (Pecora et. al 1995; James & Meezan, 2002)

## Methods and Design

- Descriptive study
  - Profiling relationships
  - Repeated measures design
  - Dyads (TP-youth) (TP-TC)
- Pressley Ridge Treatment Foster Care program in Delaware
  - New program
  - Pre-service curriculum for treatment parents
  - Treatment parents supervised by a professional
  - Limited number of foster youth in the home (2 or less)

## Youth Demographics & Descriptive Information (N=25)

Mean age=15, Range=12-18
56% are male
56% are African-American
16% are Hispanic
68% have multiple diagnoses
57% had multiple placements
Range from 2 to 19 placements

## Primary Treatment Parent Demographics

Mean age=41
72% are African-American
77% are female
58% have one biological child in the home
16% have a Bachelor's degree or higher
72% make at or less than \$35,000 per year

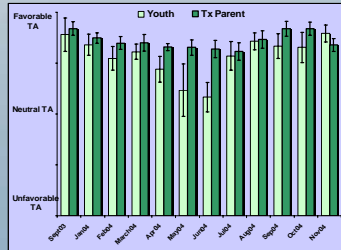
## Do youth and treatment parents have different perceptions about their relationship?

YES, their perceptions are different.

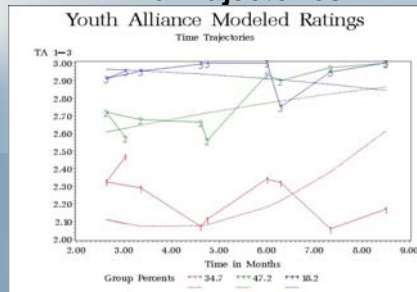
- Most youth and treatment parents alliance ratings show a favorable relationship (majority of bars are above neutral alliance).
- Treatment parents alliance ratings are higher than youth ratings. Treatment parents believe their relationship with the youth is better than what the youth reports (t-test  $p=0.03$ ).

Youth alliance changes over time

- "Honey moon" pattern – higher alliance followed by lower and then increasing alliance.



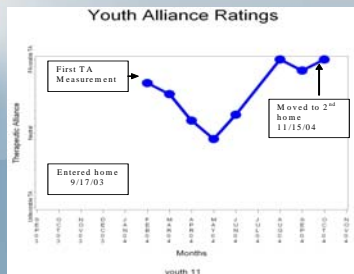
## Youth Alliance: Modeled Ratings Time Trajectories



Red=unstable; Blue=high & stable; Green=improving

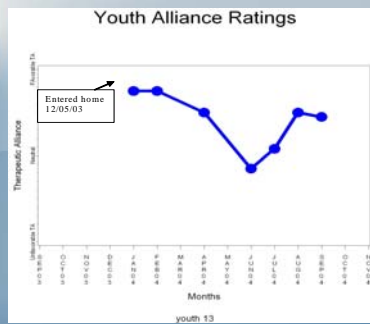
N=298 -Lack the power to determine statistical differences

## Individual Curves—decreasing then increasing



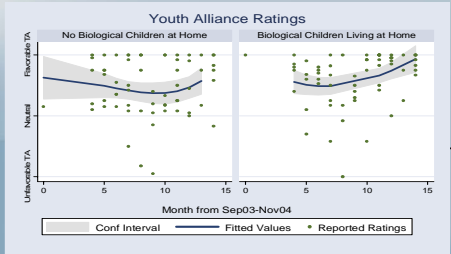
History of placement in RTC and foster care  
History of sexual abuse  
Moved to second home due to Treatment parent deciding to fostering her grandchildren

## Individual Curves—decreasing then increasing



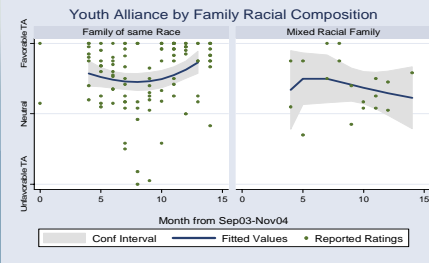
Referred through Juvenile Justice  
History of running from foster homes  
No biological family involvement  
No placement changes

## Youth Alliance: biological children in treatment home



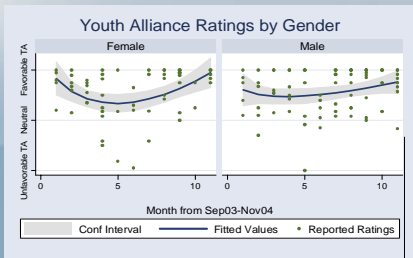
Presence of biological children at home does not seem to prevent youth and treatment parent from building good relationships. Over time parents with biological children living at home get higher ratings that parents without biological children (less variation)

## Youth Alliance by treatment parent & youth race



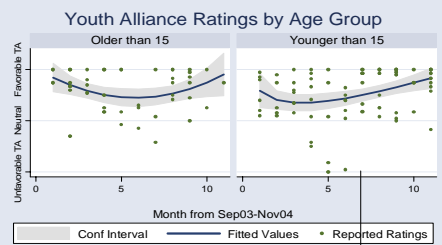
Caucasian youth placed with African American parents or Hispanic and vice-versa reported neutral to favorable alliance. But the pattern is more variable & has a tendency to deteriorate over time.

## Youth Alliance: youth gender



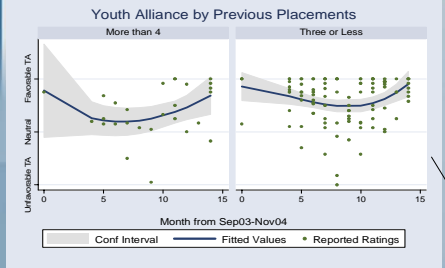
There is not much of gender differential in youth TA ratings—males slightly flatter slope

## Youth Alliance: youth age



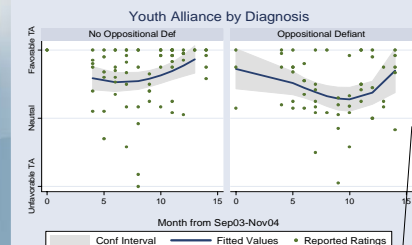
Little age differential

## Youth Alliance: previous placements



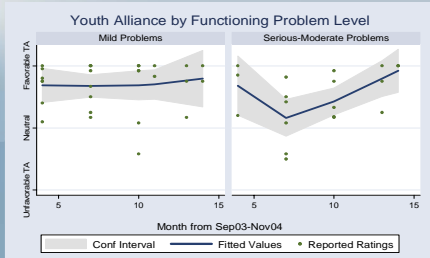
Youth with three or less prior placements have higher alliance scores & a flatter curve

## Youth Alliance: diagnosis



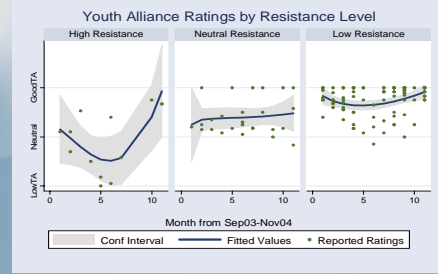
For youth with ODD, the alliance curve is "U" shaped, showing decreasing alliance then increasing

## Youth Alliance: problems & behavior



Youth with high internalizing and externalizing behaviors have decreasing then increasing alliance

## Youth Alliance: resistance



High youth resistance associates with low alliance and a steep slope

Low youth resistance associates with higher alliance and more stable alliance

## Limitations

- Descriptive and preliminary
- Small N (only 25 youth)
- One program—could be something different about the parents, youth or the program
- Measure of alliance adapted from an earlier measure used in a partial program education setting
- Not able to obtain TA scores on all youth from the day when they first entered the treatment home

## Summary

- Overall, both youths and treatment parents report favorable alliance.
- Treatment Parents are more positive about the relationship than the youths.
- “Honey moon” pattern –higher alliance followed by lower and then increasing alliance.
- There appear to be different trajectories of alliance growth over time.

## Summary

- The presence of biological children and treatment parent race influenced the development of youth alliance.
- Youth diagnosis, resistance, degree of problem severity and the number of prior placements influenced the development of youth alliance

## Implications

- Policy:
  - closely monitor & limit changes in placement.
- Training & Supervision:
  - mentoring, supporting and training parents e.g. “inoculating” them for when the honeymoon period ends.
  - supporting parents and training them to effectively deal with reactive and resistant behavior.
  - helping treatment parents to understand that for some youth, it may take a longer time to develop a relationship.
  - helping parents understand the role of culture and race in cross-racial placements.

## Implications

- Clinical
  - Pre-planned contingencies and individualized planning *before* crisis.
  - Matching youth (highly resistant, ODD, many placements) with experienced treatment parents & providing close supervision.

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