Extending Therapeutic Alliance to Foster Care Settings

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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

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**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.

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**Youth Alliance: Modeled Ratings Time Trajectories**

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

N = 288; Lack the power to determine statistical differences

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**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 than parents without biological children (see retention).

Youth Alliance by treatment parent & youth race

Caucasian youth placed with African American parents or Hispanic vise/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 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 Alliance by Functioning Problem Level

Youth Alliance by Resistance Level

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

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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