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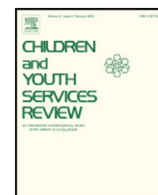

The need to do it all: Exploring the ways in which treatment foster parents enact their complex role

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ABSTRACT

Treatment foster care (TFC) is an appealing approach for treating youth with emotional and behavioral disorders because it combines the potential for intensive interventions with opportunities for growth and development in a family-based setting. To accomplish this, TFC requires treatment foster parents to simultaneously play roles of both substitute caregiver/parent and front-line professional. This requires that treatment foster parents excel at both the behaviorally focused elements of an interventionist while simultaneously enacting the more relationally-based aspects of a parent. To date there has been little in the literature to explore the extent to which practicing treatment foster parents actually utilize both behavioral and relational approaches in their work with youth. This paper uses baseline data from a randomized trial ($n = 247$) to explore eight potential approaches that treatment foster parents might use (including: monitoring/supervision, approaches to discipline, consistency of responses to behaviors, time together, adult-child conflict, positive affect towards the child, perspective taking/empathy building, and communication) as well as a measure of their own assessment of their role. Results show that treatment foster parents recognize the complexities of their role, and most view themselves more as parents than as treatment providers. Substantial variation was evident on all examined dimensions of the treatment parent role (except supervision/monitoring). Variations in treatment parent approaches were most significantly related to child's age and their own view of their role. The paper concludes with discussion of implications and directions for future research.

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1. Introduction

There is a distinct tension and complexity in out-of-home treatment for youth with mental health problems. On one hand, out-of-home placements are designed to provide a safe setting for youth, many of whom have experienced high levels of violence, abuse, and neglect (Dorsey et al., 2012). In line with this approach, youth need to have adult caregivers in these settings who can provide nurturing, trusting, age-appropriate relational "parenting" that facilitates youth development. On the other hand, many of these youth come into such placements with elevated levels of problem behavior, psychiatric diagnoses, and various developmental delays that require comprehensive, focused, and structured behavioral interventions to make it possible for the youth to achieve and maintain appropriate behavior and interactions. The challenge for individuals who are working with these youth is that they must simultaneously enact multiple roles – both parent substitute/caregiver and treatment professional (Fig. 1).

While there is clearly overlap in these two approaches and perspectives, there are also a range of challenges and contradictions that underlie this role. To dramatically over-simplify the potential conflict and complexity in juxtaposing these roles, the role of a treatment professional is conventionally viewed (and assessed) as a worker's ability to effectively implement intervention strategies, many of which focus on behaviorally-focused discipline and structure, to produce relatively short-term measurable outcomes in line with a treatment plan, model, and/or protocol. From this perspective, both the intervention and the outcomes are often very behaviorally driven and defined. The role of a parent/caregiver is, of course, also concerned with providing discipline and structure to encourage short-term success. However, the focus of parenting also includes relational elements such as providing a nurturing environment and maintaining a close, accepting, and supportive parent-child relationship. Parents are also focused on long-term outcomes, focusing on helping youth successfully navigate developmental tasks, and producing a functioning individual who internalizes key mores and character qualities that benefit both the youth and the society in which they live. All youth need both behavioral support and relational support as they grow. However, for youth in out-of-home treatment, the focus is often explicitly on the treatment/behavioral aspects, while providers struggle to figure out how and to what extent

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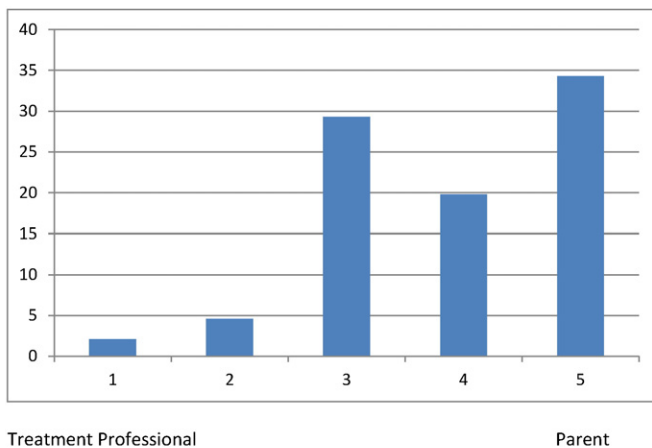

Fig. 1. View of self: treatment professional = 1 to parent = 5.

they can/should provide the more "relational" aspects of caregiving (Wells, Farmer, Richards, & Burns, 2004).

The current paper brings together previous theoretical and empirical findings from the literature on parenting with conceptual and descriptive results from the treatment literature to propose a broader view of the domains that need to be considered when examining the implementation and effectiveness of treatment foster care and other out-of-home placements for youth. Previous work has suggested that treatment foster parents recognize the tension between being a parent and a treatment professional (Wells & D'Angelo, 1994; Wells et al., 2004). This qualitative work showed that treatment parents were very diverse in how they experienced their role. Some viewed it as strongly treatment based while others viewed it primarily as "mothering" (Wells et al., 2004). The remaining treatment parents reported complicated and conflicting views of how they experienced the challenges and rewards of the role. However, little is known about what treatment parents actually do to meet these complementary, yet sometimes competing, dimensions of the role and needs of the youth. Our goal is to a) provide a broad framework that outlines the potential dimensions of the treatment foster parent role and b) to use this framework to examine the various roles and behaviors that treatment foster parents use when working with work with youth in their care.

2. Conceptual underpinnings

In this paper, we looked to both the treatment and parenting literatures to provide guidance into potential dimensions of roles and specific behaviors that treatment parents may engage in as part of their role. The literature on parenting and treatment is widespread, based in various theoretical frameworks, and much too complex to simplify easily. Thus, the following discussion is intended to provide guidance into potential dimensions of the treatment parent role, not to provide a comprehensive synthesis of all that is known about parenting or treatment. In line with this, some broad generalizations and overly simplified "ideal types" of treatment vs. parenting are utilized to provide a heuristic scheme for broadening understanding of how treatment parents view and enact their role.

2.1. Treatment foster care literature

In its most well-articulated model, Treatment Foster Care (TFC) is often seen as a very behavioral approach to intervention (Chamberlain, 2002). The best-known and longest-standing evidence-based version of TFC is Chamberlain's Multidimensional Treatment Foster Care (e.g., Chamberlain, 1994, 2002; Chamberlain & Mihalic, 1998; Chamberlain, Leve, & DeGarmo, 2007; Harold et al., 2013; Kerr, DeGarmo, Leve, & Chamberlain, 2014; Leve, Chamberlain, Smith, & Harold, 2012; Rhoades, Chamberlain, Roberts, & Leve, 2013). This model builds from a coercive family process model (e.g., Patterson & Forgatch, 1987; Reid & Eddy, 1997) to develop an intervention approach that is firmly rooted in behavioral principles, points-and-levels, proactive teaching-oriented discipline, and a comprehensive/coordinated system that structures and reinforces appropriate behavior (Chamberlain, 2002; Chamberlain & Mihalic, 1998). MTFC, in its ideal form, is also a relatively short-term intervention, with a goal of working with youth and their families (or other post-discharge caregivers) to create systems, approaches, and strategies that work in the TFC setting but also facilitate the transition back "home." MTFC clearly recognizes the complexities of the foster parent role (Chamberlain, 2002), but the core elements remain firmly grounded in behavioral principles.

Other work in the field suggests that TFC, as it is widely practiced, does not adhere closely to the well-articulated model of MTFC. Rather, in "usual care," TFC shows moderate levels of conformity to national standards of care (FFTA, 1995, 2004) and resembles a very "watered down" version of MTFC (Farmer, Burns, Dubs, & Thompson, 2002). In particular, there is much less focus on proactive behavioral strategies and a less delineated underlying model or treatment paradigm. In this "usual care" implementation, treatment parents often receive much less intensive training, coaching, and consultation than is standard in MTFC, and they are, in many ways, left to their own devices (with minimal levels of supervision and support) to live with and deal with very difficult-to-treat youth.

The only other currently recognized evidence-supported model of TFC, Together Facing the Challenge (TFTC) (Farmer, Burns, & Murray, 2009; Farmer, Burns, Wagner, Murray, & Southerland, 2010; Murray, Culver, Farmer, Jackson, & Rixon, 2014; Murray, Dorsey, Farmer, Burns, & Ballentine, 2015; Murray, Farmer, Southerland, & Ballentine, 2010), explicitly recognizes the dual roles required of treatment parents, but remains firmly grounded in behavioral approaches to intervention. In an attempt to recognize some of the complexities of the role treatment parents play, TFTC incorporates domains in its training and supervision that expand the role to emphasize more relational aspects. This includes, for instance, incorporating some elements taken from Trauma-Focused Cognitive Behavioral Therapy (particularly a focus on helping treatment parents understand the interplay of behavior, emotions, and thoughts). TFTC also explicitly recognizes the importance of helping youth (and the agencies/sectors that serve them) think about long-term plans and trajectories, rather than just focusing on current behavior, functioning, and crisis minimization. It also directly addresses the importance of incorporating activities that bring "family fun" to the forefront and helping the treatment parent prioritize their own well-being and "taking care of self," both as an approach to reduce burnout and to model for youth the importance of healthy lifestyles and choices (Murray et al., 2010; Murray et al., 2014). Despite this attempt to broaden and recognize the multiple domains and demands that treatment parents must address, nearly 75% of TFTC training is devoted to developing competence in behavioral approaches to address problem behaviors (Murray et al., 2015).

2.2. The parenting literature

Beyond TFC, the broad literature on parenting also supports a behavioral approach to working with youth. Inconsistent parental discipline and rewards, such as failure to set limits and standards of behavior and follow through to reinforce them, has been associated with an increased risk of child problem behavior (Edens, Skopp, & Cahill, 2008; Halgunseth, Perkins, Lippold, & Nix, 2013). Parents are central socializing agents for children, and children learn to identify acceptable behavior through their interactions with them (Bandura, 1986). Clear external standards of conduct, and consistent limits and rewards, may help children foresee consequences for their behaviors and over time, develop their own internal standards of conduct (Halgunseth et al., 2013). In contrast, when parents use inconsistent discipline and reward systems,

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