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Mental Health Difficulties and Traumatic Sequelae of Children in Foster Care: Developing a Group Practice for Foster Families

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INTRODUCTION

Young people in care, such as in foster families, often present severe psychological and behavioural issues, specifically anxiety, aggressiveness, and hyperactivity (Baker et al., 2007). These types of issues can be significant challenges for the foster parents integrating these children into their living environment. Such limitations, specifically concerning attachment, emotional regulation, and skills development, are increasingly recognized as dysfunctional adaptations stemming from traumatic experiences (Cook et al., 2005). Thus, the problems manifested by young people are considered to be a reflection or a symptom of deeper traumatic issues that deserve to be recognized and treated.

In spite of their daily contact with the children in their care, foster parents may have limited tools at their disposal to deal with mental health concerns and traumatic sequelae, and they may lack concrete strategies to implement in their living environments. Such limitations could lead to various potential negative impacts, such as the instability of the placement, persistent psychological and behavioural problems for the children, and a diminished sense of competency for the foster parents. This method is part of an emerging line of research demonstrating that training foster parents boosts their skills and their sense of effectiveness, which in turn has a positive influence on the functioning of the young people in their care (Cooley & Petren, 2011). Furthermore, it seems that children whose foster parents receive professional training and support show greater improvement than those who receive none (Turner & Macdonald, 2011).

Research has shown that training foster parents boosts their parenting skills and sense of effectiveness, which in turn has a positive influence on the functioning of the young people in their care (Cooley et Petren, 2011).

THE « ARC » FRAMEWORK

Of the various trauma treatment models that are recognized and evidence-based (such as *Trauma-Focused Cognitive Behavioral Therapy*, for instance) the *Attachment, Self-Regulation, and Competencies* framework (ARC; Blaustein & Kinniburgh, 2010) is the model that appears the most relevant to us in a foster family context due to the flexibility of its implementation (varied methods, minimal training required). This framework, recognized as a promising practice by the *National Child Traumatic Stress Network* and the *Substance Abuse and Mental Health Services Administration*, is founded on trauma, attachment, and child development theory. Cognitive-behavioural and educational techniques constitute the core framework of this model of intervention, and these are complemented by methods such as relaxation techniques and creative approaches (art therapy). The model was developed

for children and adolescents between the ages of 3 and 17 years who have experienced a range of traumatic events (e.g. physical or sexual violence) and present consequences of this in their emotional, social, and behavioural functioning. This project is specifically designed for children aged 3 to 11 years who are in foster care.

The ARC model aims to support the rehabilitation of children and adolescents who have experienced multiple traumas by providing tools to the adults who have custody of them. The purpose of the intervention is to develop these adults' strengths, skills and awareness and thereby boost the key protection factors that are considerably altered in traumatized youth: attachment, emotional regulation, and skills development (D'Andrea et al., 2012). Rehabilitation in these areas of functioning is essential, since they serve as foundations for fulfilling other spheres of development (e.g. healthy social relationships, investment in academic success; Kinniburgh et al., 2005).

The ARC framework sets out 10 intervention modules building on three key themes:

- ✓ Attachment: (1) Routines and Rituals; (2) Caregiver Affect Management; (3) Attunement; and (4) Consistent Response
- ✓ Self-Regulation: (5) Affect Identification; (6) Affect Expression; and (7) Affect Modulation
- ✓ Competency: (8) Executive Functions; (9) Developmental Tasks; and (10) Trauma Experience Integration



THE INITIATIVE AT CISSS DE LANAUDIÈRE

The ARC framework is a collection of tools and activities that are tailored for the target age group (e.g. school-age children, adolescents) and target each of the 10 intervention modules. On the basis of this general model and with the backing of the team of researchers, stakeholders at the CISSS de Lanaudière have developed a 12-week manualized awareness program for foster parents with one two-and-a-half-hour session per week. The manual for this program is available upon request. Copyright is held by the CISSS de Lanaudière.

The group, led jointly by two stakeholders, consists of 8 to 10 foster parents, all of whom participate in the entire 12-week program. Theoretical content is presented to participants, and targeted activities are provided to foster learning and skills development. Throughout the sessions, a psychoeducator provides support to foster families for integrating and applying the skills taught in the awareness program by assessing their needs before the program begins, meeting with them in their home as required, and conducting a review following the 12 sessions in order to cement what they have learned and set long-term goals.

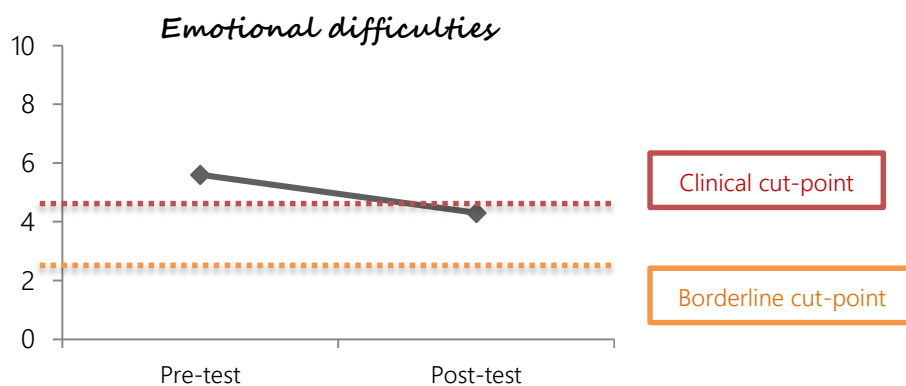


Methodology

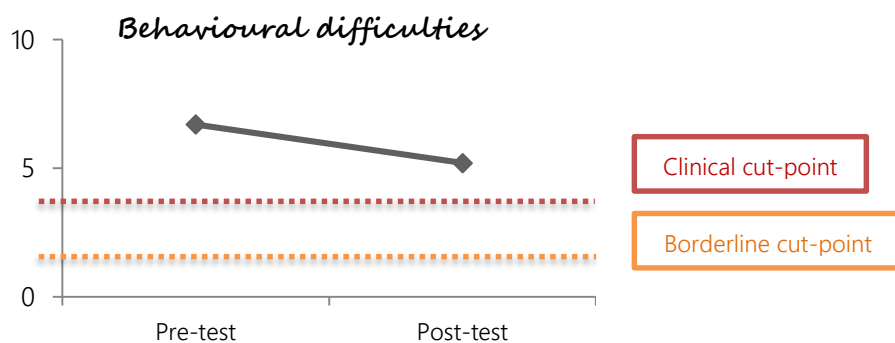
A pilot study was carried out alongside the process to implement the foster family awareness program in order to (1) document the issues affecting children in care, as perceived by foster parents; (2) explore the short-term changes in these issues (before and after the 12-week intervention); and (3) gather foster parents' opinions as to the relevance of the ARC framework and their satisfaction with the service received. The results from the first two cohorts have been compiled (Cohort 1: Fall 2013; Cohort 2: Winter 2014). While pre- and post-intervention data is now available for 16 foster families, it is still important to bear in mind that the results shown are exploratory and descriptive. The issues observed in children in care, from the perspective of the foster parents taking part in the awareness group, were measured using the *Strengths and Difficulties Questionnaire* (Goodman, 1997) at the first and last meetings of the group (pre-test/post-test). The questionnaire evaluates four categories of difficulties (internalizing symptoms, behavioural problems, hyperactivity and inattention, relational problems with peers) and a resource category (prosocial behaviours). Scores can be categorized according to whether they reflect a normal range of behaviour, borderline behaviour, where problems were observed but remain below a clinical cut-point (borderline category), or abnormal behaviour (clinical category).

Results

The first chart shows a reduction in emotional difficulties for children in care, as perceived by the foster parents, over the 12-week program, falling from the clinical category into the borderline category (scores of 5.6 to 4.3 on a scale of 0–10).



A similar reduction in behavioural difficulties was also observed, although the results following the program remained in the clinical category (6.7 to 5.2).



With regard to the three other scales, more modest changes were observed. Hyperactivity symptoms were assessed at the borderline level, both in the pre-test and the post-test (4.9 to 5.0). The majority of these children were taking medication to control their attention issues and hyperactivity, which may explain how these issues appeared to be under control both before and after the intervention. Relational difficulties were equivalent in both the pre-test and post-test, and were assessed slightly above the borderline mark in both cases (4.0 to 4.2). Finally, there seemed to be a slight improvement in prosocial capacities, which climbed to near the normal mark in the post-test (5.1 to 5.8).

Furthermore, the individual and structured telephone interviews that were conducted with the foster parents attest to their satisfaction with the program. Many of the parents described the group as an opportunity to better understand their foster child, to learn what to do when he or she talks about traumatic experiences, and to gain awareness of their own emotions as foster parents.

One participant said, for example: “We thought we had monsters and that we were just incompetent, but now we understand that our children are almost normal, but they have different needs, or greater needs than others.”

Participants were especially able to put into practice the techniques they learned to manage their emotions and resolve problems in the home. The majority felt that the behaviour of the children in their care had improved since the start of the group, while some felt that their situation had not changed, but attributed this to external causes and not to the intervention program. Many participants reported that their changes in attitude as foster parents had led to positive impacts on the children in their care, specifically because they felt better equipped to deal with challenging situations and had more tools at their disposal. Participants highlighted that the group helped them to share their experiences with other families and no longer feel ‘alone’ in facing their challenges, to normalize their emotional reactions and not attribute them to any failure or lack of competence on their part, and to get a fresh perspective on their situation.

As one participant said, participation in the program enabled her to gain a sense of effectiveness and greater self-esteem as a foster parent: “I felt inadequate and incompetent, but this [the group] has helped me to see that it’s not my fault [...] I feel like a better person.”

Many of them highlighted the benefits of the group effect and pointed out that the training would not have been as effective in a different format (e.g. delivered individually or through a manual).

Conclusion

Ultimately, this fruitful partnership between stakeholders at the CISSS de Lanaudière (youth division) and a team of researchers made it possible to develop, implement and broadly assess a trauma awareness program for foster parents of children aged 3 to 11 who present significant psychological and behavioural issues. Foster parents have been able to take advantage of this program since 2013. Preliminary results are promising in terms of reducing the perceived difficulties experienced by children in foster care and improving foster parents’ sense of effectiveness. Indeed, a slight decrease in emotional and behavioural difficulties was observed, together with an increased incidence of prosocial behaviour in children by the end of the program, as perceived by the foster parents. Feedback from foster parents was also positive, suggesting that the awareness program was helpful in terms of coping with the children’s behaviour, providing support and reducing isolation, improving their understanding of the role that trauma may play in the difficulties they are experiencing, and learning new strategies that will enable them to take more effective action to help the children in their care. The implementation of a more extensive evaluative research project in years to come will make it possible to offer this program in a greater number of health and social services facilities and assess its effects beyond the scope of this pilot study.

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