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EVALUATION OF THERAPEUTIC FOSTER CARE FOR INFANT AT-RISK : WHICH MILESTONES ?

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INTRODUCTION

Ever since child psychiatrists have been concerned by the situations where children were placed in foster families, they have observed in these children a high level of psychopathology as well as a frequent intergenerational transmission of the psychological disorders.
For the last fifty years in France, specialized child psychiatry units have used Foster Care as a therapeutic means in situations of pathological parenthood (correlated to various forms of parental mental disorders), susceptible to induce pathological effects in the baby through disturbed early parent-child interactions, deprivations or abuse, and to eventually create a transgenerational repetition of dysparentality.

Through this practice, therapists have acquired an understanding of the developmental and psychodynamic processes at work in this type of setting. They lead to recommendations on the indications of separation between infants and their disturbed parents, on the aims and nature of the care and treatment needed by the child, and on the necessity for a lasting commitment of the specialized therapeutic team toward both the parents and the foster family.

Thus, therapeutic foster care (TFC) has been developed and theorized as a means for secondary prevention and for treatment in some infants and children. Despite a growing number of shared longitudinal observations and case studies, TFC still raises, among some professionals, strong resistances that, beyond their usual rooting in each professional's representations of infants' and children's rights, now take the form of doubting its interest in a period of drastic cuts in infant and child mental health budgets.
In order to document a debate on what is affordable as regards the treatment and long-term prevention proposed by TFC, a sound evaluation of its goals and practices is needed. But French professionals working in the fields of infant mental health and of child welfare are not very familiar with "Evidence Based Medicine", and the francophone literature on these issues is quite scarce.

INFANTS GROWING UP IN LONG-TERM FOSTER CARE

As pointed out in a collection of papers recently published by the *Infant Mental Health Journal* [3], there is an obvious need for major public policy debates, based on research from multiple perspectives, to improve the lives of the growing number of infants who enter foster care [18]. These infants have high rates of medical and developmental problems, and they bear serious risk factors for mental health problem [4].

Some biological parents provide grossly inadequate or severely abusive care to their children, and are themselves untreatable. Long-term placement must then be considered early [2,13,17]. Successful permanent placement depends not only on the precocity of admission and the absence of prior failure of out-of-home care, but also on the commitment of a specialized team dedicated to the satisfaction of the various needs of these at-risk children, and to the provision of foster carers with effective and lasting support [5,7,8,9,12,13,16].

The interventions of such teams should at least target 3 critical need of infants in foster care: (a) accurate interpretation of their behavioral signals; (b) a nurturing caregiving environment; and (c) facilitation of their regulatory capacities [6]. Thus, following a disruption in care during the first year and a half of life, babies appear capable of organizing their behaviors and psychological development around the availability of new caregivers [7]. Indeed, the theoretical and empirical literature on attachment and early relationships provides a useful framework for designing integrated and dynamic models of long-term foster care that address the children's issues of internal security, sense of belonging to a family to rely on and to call their own, development of personal identity and autonomy [4,15].

Some foster care programs, referred as Treatment (or Therapeutic) Foster Care, are based on the assumption that the foster child's developing relational system has to be cared for and cured [4]. TFC produces large positive effects on increasing placement permanency and children's social skills [14].

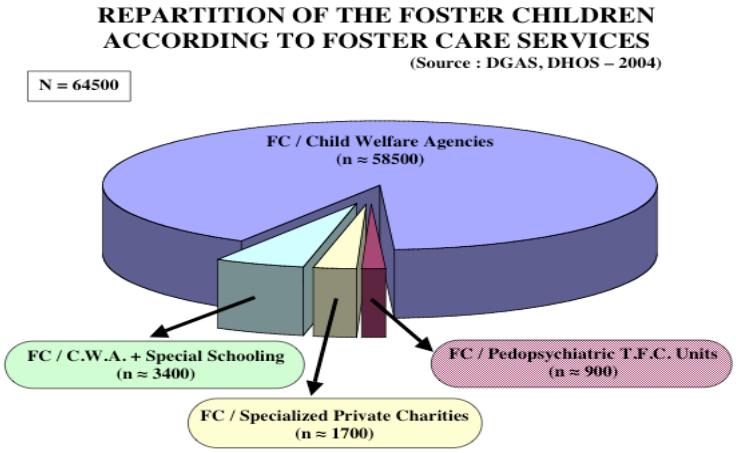
But the literature on the processes and outcomes of Treatment Foster Care leads to the conclusions that: (a) TFC is delivered with such variability that conclusions about its effectiveness are difficult to draw; (b) many variables in the child's ecology that potentially confound the effects of the intervention remain unexamined; and (c) service impacts have been defined narrowly [10]. To much attention is given to the evaluation of protocols [1] or to outputs (defined as status changes within the service program and service delivery system). There is a need to explore the broader impacts of these programs, including their effects on child functioning [11], biological and foster family functioning, child-caregiver interactions, and the child's community integration (Tab. 1).

Table 1. OUTCOME VARIABLES USUALLY TESTED FOR EVALUATING THE IMPACT OF T.F.C. [10,14]

CHILD	BIOLOGICAL FAMILY	FOSTER FAMILY	CHILD INTERACTIONS
Behavioral problems	Mental health problems	Dropout rates	With biological family
Self-concept	Social Stability	Role satisfaction	With foster family
Social competences	Parental skills	Fostering skills	With peers
Psychological adjustment	Family conflicts	Changes in F. Fam.	With the service system
Health status	Family cohesion		At school
Intell. & Acad. functioning	Family adaptability		In the community

SITUATION OF FOSTER CARE IN FRANCE

The vast majority (61900*) of foster children depends on the Child Welfare Agencies (managed and funded by local public authorities), 5,5% of them having disorders that also require a special schooling. Private Charities provide foster care for some children needing specialized "medico-social" interventions, or directly placed by the juvenile courts. Less than 1% of all French foster children are cared for by child psychiatry Therapeutic Foster Care Units.



French policies in the fields of child protection and of family preservation are somewhat conflicting, the result being an increase of short-term admissions in out-of-home care, encouraging the "oscillations" of children in and out of care, and a postponement of long-term placements. Many children have then become seriously disturbed in behaviors, and grossly delayed in educational attainments.

Yet clinical practice acknowledges the limits to the degree of remediation possible in relation to both the psycho-social and educational development of these late-placed children, following a childhood deprived of adequate education, affection, appropriate attention, and proper control.

This situation, which Berger describes as "the failure of the child protection policy" [2], is worsened by the usual ignorance of most professionals about the developmental and mental health needs of young children newly entering foster care. Moreover, the children problems are addressed through 4 separate service sectors (the early intervention, medical, mental health, and child welfare sectors) whose coordination is still clearly unsatisfactory.

Despite this detrimental situation, a network of French child psychiatrists keeps on trying to use Foster Care as a therapeutic tools in the framework of both child mental health and child welfare. Our "must-read" remains the book where Myriam David describes her 30 years + practice with at-risk children, their parents, and their foster families [5].

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* *Figures are drawn from official data for 2004*

A PROJECT PROPOSED BY THE "R.I.A.F.E.T." *

Following Myriam David's seminal work, some French professionals assume that child foster care implies the provision of therapeutic interventions designed to prevent the risk of placement break down and to promote the best possible development in the child. The organization of such T.F.C. is complex and demanding, and must provide each protagonist of the fostering situation with careful and lasting support.
As French foster care is now in the midst of political and economical debates, the cost / benefits issues for these intervention need to be examined with a special attention to the medico-psychological processes at work.
T.F.C. interventions can be conceptualized according to 3 main functions: the fostering; following through; and working through functions (see diagram).
Our professional network* is currently examining the feasibility of a French prospective study that would aims at answering 3 questions:

- *What are the correlations between the use of Treatment oriented Foster Care and a satisfactory enough evolution of the foster children*
- *What are then the minimal conditions for a F.C. being therapeutic?*
- *Are there clinical situations that could be indicated for another, less costly, F.C. program (namely "Social FC")*

In order to assess the impact of the various forms of F.C., the study should systematically, lastingly, and coherently collect data on psychopathological and psychosomatic troubles in the infants, on attachment and separation disorders in the toddler and the child, as well as on the development of various psychodynamic and cognitive processes in infancy, childhood, and adolescence.

These clinical data should be confronted to the ones drawn from the description of the services and programs, with special attention to the actual means (as opposed to the generally displayed goals).

The Table 2 exemplifies the mains topics to be examined by our study, the remaining conceptual problem being the scarcity, in our field of research, of tools validated for the French population.

And we are eager for any helpful suggestion to refine the design of our project.

* : Réseau des Intervenants en Accueil familial pour Enfants à but Thérapeutique

Tab. 2 : SUGGESTED DATA TO BE COLLECTED

Assessment of the child's psychological development

1) When entering Foster Care

Anamnesis (before and after separation)

- Length of stay with biological parents (nature of common life, number of care disruption, family preservation interventions…)
- Age at separation (< 3 years for inclusion; before or after 18 months)
- How did the separation occur?
- Length of stay in out-of-home care before entering the foster family.

Diagnostic at admission in F.C.

- French version of 0-to-3 classification
- Q-sort for assessment of attachment strategies?

2) During the placement : Repeated assessments

Number, causes and consequences of any care disruption

Tests

- Assessment of attachment behaviors and representations (Q-sort, Narrativity, SAT, AAI in adolescents…)
- Cognitive assessment (Brunet-Lezine; WISC…)
- Projective Tests (CAT, TAT, Family drawing…)
- Usefulness and feasibility of biological testing (cortisol)??

Social adaptation (Vineland Adaptive Behavior Scale?)

Assessment of the evolution of parentality processes

Parental psychopathology (and treatment if any)

Parental S.E.S.

Evolution of parentality disorders

- "3 axes – classification"?
- Coding of parents-child interactions during visits?

Attachment representations in the Foster Family (AAI?)

Assessment of the Foster Care Interventions

1) Nature of the child's accompaniment by the team

Is there a long-term referring professional for the child? Foster children / professional ratio.
Actual nature of his/her place besides the child

2) Nature of the team support to the Foster Family

Visits to foster home, consultations… (frequency?; who's in charge?, which data are collected?)

3) Nature of the support provided to the parents

Mediatization of visits and encounters? (Why, How…?)
Support to parental function (parenting skills, parenthood); by whom?

Assessment of the conceptual bases and tools for the F.C. interventions

Is there a long term project for the child (who's in charge?…)
What are the means of adjustment of this project?
Is there a child psychologist / psychiatrist in the team (what is his/her role?
What is the training of the team members, of the foster family?
…

CONCLUSION

Despite pejorative social representations due to the abusive and non-evaluated use of F.C. as an exclusively social response to protect children, long-term placing out-of-home children in foster families can promote encouraging outcomes, notwithstanding the *sine qua non* condition of providing the children, their parents, and their foster families with lasting specialized interventions of committed teams, as described in the TFC literature.

These interventions benefit from being designed in reference to attachment and early interventions issues, and to an understanding of the psychodynamic processes at work. What is to be prevented and treated in F.C. are the risks for the formation of pathological attachment behaviours and representations, trouble object-relations, psycho-affective and cognitive disorders, and their consequences on the children's mental health and social capacities as they grow up

The cost of such a therapeutic use of F.C. implies an urgent need for a sound evaluation of the practices and outcomes. But literature on the evaluation of T.F.C. is somewhat confounding, and only few studies examine the situation in France, where the cost / benefits issues are complicated by the ideological debates on children's rights vs. parents' rights in the field of child protection.

A long-term prospective study could provide insightful data on the needs of these at-risk children, and on their outcomes in the various forms of F.C.

The question remains of the feasibility of such a study in France, where research validated instruments are scarce in the area of out-of-home placement.

We hope this poster session will provide both the presenters and the audience with the opportunity for scientific exchanges on what should / could be a meaningful evaluation of T.F.C. for infants who are, in a context of disturbed parenthood and consecutive alterations of parents-child ties, at-risk for later psychopathology.

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FOSTERING FUNCTION

SOME FUNCTIONS & ACTIONS OF A THERAPEUTIC FOSTER CARE CENTER

FOSTER FAMILY
(Containing & holding setting where the child can display his attachment disorders & his psychopathology)

Child-Foster Parents' Bonds

Double Attachment System

Child-Parents' Bonds

PARENTS
(Effects of their psychopathology on parenthood and parenting)

SUPPORT TO FOSTER FAMILY
↓
Understanding of the child's problems; Promotion of new attachment representations
…

FOSTER CHILD

Mentalizing (from acting out to fantasizing)
↑
Promotion of the child's external security
Enhancement of the symbolizing processes
↑
THERAPEUTIC ACCOMPANIMENT OF THE CHILD

WORKING WITH PARENTS
↓
Understanding of the attachment issues; Mediated encounters; Working through of parental imagoes
…

FOSTER CENTER TEAM

MAINTAINING INTERNAL CONTINUITY

FOLLOWING THROUGH FUNCTION

WORKING THROUGH FUNCTION

WORKING OUT SEPARATION ISSUES

H. Rottman & P. Richard; 2006