

# Adult outcome of children after long-term placement in 4 Therapeutic Foster Care Units: Quantitative analysis / Qualitative analysis of subjects' discourse

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## Therapeutic Foster Care Units (TFCU)

In France, Therapeutic Foster Care Units (TFCU) are mental health services operated by some public facilities of child and adolescent psychiatry. Less than 800 places are available for this kind of alternative to hospitalization (as compared to the 2000+ beds for full-time hospitalization in child psychiatric wards).

Children are admitted for preventive and curative **treatment of developmental and relational psychological pathologies** related to a disturbance of the child's early interactions. These troubled first relationships are most often due to heavy disturbances of parenting and/or parenthood (some of them leading to the placement of the child).

Admission in care is based on a multi-disciplinary evaluation that concludes to the therapeutic interest of : • a physical separation between the child and his parents; • the placement of the child in a suppleance family environment; • a foster care program specifically aimed at promoting attachment changes in the child.

Such TFC program involves both foster families and a multi-professional team whose interventions are designed with reference to the principles of institutional psychiatry.

One of the aspects of the psychological care that the child must benefit from is indeed **the stable and reliable relationships** that he is allowed to weave, in a finally reassuring daily life, with the members of the **foster family**.

The coherence and predictability of these new interactions will gradually allow the fostering of the affective and behavioural manifestations of the child's relational psychopathology that reflect the re-actualization of his traumatic history.

The support that the specialized team brings to the foster family and the specific care provided to the child allow him to venture into a dynamic of disorganization and then reorganization of his feelings and his history, thus gradually engaging in a transformation of his representations and defence mechanisms (i.e. of his internal working models).

The team is also involved in an **intensive care of the pathological relationship between the child and his parents**: the child must be supported as he progressively tries to disengage from such pathogenic affective ties while keeping his affiliative and identity benchmarks and is encouraged in a progressive understanding of his parent's difficulties. These objectives are mainly based on a mediation of visits between the child and his parents, a psychological support for the child in the different aspects of his life, and for the parents in a better understanding of their parenting issues.

The evaluation of the effects of this institutional function of holding and supporting is based on regular **clinical syntheses**, in conjunction with the field of child welfare, and on an analysis of practices.

**But the final evaluation relies on the adult outcome of this child who was such at risk for his psychic development.**

## Aims of the study

Our exploratory evaluation of the adult outcome of children formerly hospitalized in a sample of 4 TFCU aimed mainly at studying their current attachment status (CaMir & Edicode), the various dimensions of their functional status (FSQ), the possible existence of psychiatric problems (MINI), and at exploring some subjective issues in their discourse (GT).

These data were compared to those drawn from their TFCU files, and discussed in reference to other studies in the field of Child Welfare.

## Materials and Methods

**4 TFCUs** : 2 in Paris, 1 in suburb of Paris, 1 in Poitiers

**Inclusion criteria** :

- Aged > 20 years
- Continuous "hospitalization" at TFCU for at least 8 years
- Discharge from TFCU > 3 years

**Study** :

- Mixed research
- Multicentric
- Exploratory study

**80 children** admitted in the 4 TFCU between 1977 et 2012.

22 files non compatibles :

- Aged < 20 years
- Discontinuous "hospitalization"
- Discharge from TFCU < 3 years

**58 files** meeting the study inclusion criteria

1 deceased subject

14 persons whose contact details could not be found

43 people contacted

5 contacts without answer

5 refusals to participate

**33 participants = final sample**

**CaMir Q-sort format questionnaire attachment**

**Grounded Theory (GT) qualitative analysis**

**Mini International Neuropsychiatric Interview (MINI)**

**Edicode qualitative assessment of the narrative discourse**

**Functional Status Questionnaire (FSQ)**

## Results :

In our sample, **narrativity** – coherence, fluidity, appropriateness, reflexivity authenticity – representations of **attachment** (58% with a Secure attachment) and **social functioning** (except sexual functioning) are **comparable to those of the general population**, unlike what is found in researches on the outcome of children placed in traditional, social, foster care.

The GT analysis revealed the importance for these young adults to be given **the opportunity of a planned interview**, after care has been ended.

Inquiry, a few years later care could provide a manner in which young adults, who have been cared for, take stock of their life story, how they may see themselves and are able to **express their past or present difficulties**.

