

The therapeutic foster carer

A key characteristic of therapeutic foster care that distinguishes it from more traditional foster care models is the role of the carer. For the majority of therapeutic foster care programs a central facet is *"using trained foster parents to provide therapeutic intervention to a child within a family setting"* (Fisher, Ellis et al., 1999, p. 162). In this regard, carer/s are considered to be an integral and active member/s of the treatment team. The therapeutic carer's role (also referred to as treatment parent) is essentially extended from traditional conceptualisations of care to implement an individualised therapeutic plan for the child. This approach is built on the premise that the daily contact carers have with the child in their care offers countless opportunities for 'therapeutic moments'. Essentially, *"therapeutic foster parents are trained to view their interaction with foster children and everyday activities as supplying opportunities for therapy"* (Murphy & Callaghan, 1989). Such frequent contact enables carers to implement a treatment strategy daily as opposed to the limits of a weekly visit to a therapist (Chamberlain & Weinrott, 1990, Sheperis et al., 2003). Essentially, it is contended that, *"Treatment foster care is based on the premise that foster parents can serve as a major provider of therapy in their daily interactions with the child, and that therapy need not be practised by the clinician alone"* (Redding et al., 2000, p. 426).

Motivation for fostering

The foster carer's motivation to foster a child has been noted as a predictor of placement success (Redding et al., 2000). A study by Dando and Minty (1987, as cited in Redding et al., 2000) has indicated that high performance was correlated with two motives, infertility issues with a desire to parent, and identification with a child due to own past personal experiences. Such motives highlight that quality fostering is associated with caregiver motivations being based on strong personal needs (Redding et al., 2000).

Motivations to foster from a cultural perspective are also interesting to consider. An Australian review of Aboriginal and Torres Strait Islander carers found that *"Aboriginal people may be motivated to foster to help prevent another generation of children being disconnected from their people and their culture"* (Richardson et al., 2005). This finding highlights the ongoing impact of past welfare policies (stolen generation) on Aboriginal and Torres Strait islander people and how such experiences may contribute and motivate a desire to become foster carers.

Foster carer selection and assessment

The importance of considering the carer's personality in the assessment and recruitment process is complex and an issue that is deserving of exploration. One study has examined the relationship between the personal characteristics of carers and their effectiveness in providing therapeutic care: *"understanding the personalities of parents who choose to*

work with these disturbed children, and identifying those personality factors that predict success may reduce the number of failed foster homes" (Ray & Horner, 1990). Whilst the authors are not proposing psychometric testing as a determinant for carers, it raises an interesting question as to the relationship between the quality of the caregiver assessment in assessing the carer's personal characteristics and in predicting good outcomes for children in care. Further consideration is required as to the competence and skill required to conduct a specialist caregiver assessment, as well as the training provided to caregivers in implementing a therapeutic foster care model.

A comprehensive assessment of the caregiver is critical in order to understand potential relational dynamics between the carer and child, and in developing interventions for the child and their carer. International research, particularly that conducted by Dozier (2001), has found that *"the attachment classification of a foster mother has a profound effect on the attachment classification of the child"* (Becker 2006, p. 3). Despite this finding, the attachment experiences (or unresolved history of trauma) of the caregiver are not always well assessed or understood in a child welfare context. Child welfare agencies could potentially assist carers and the children in their care greatly by developing more comprehensive psychological assessment frameworks and the skills of those professionals undertaking the assessment.

Existing Victorian foster care agencies adopt a variety of criteria when assessing carers, with quality and expertise varying across both agencies and workers who undertake such assessments. Similarly, there also appears to be differences in practice between traditional foster care assessments undertaken by permanent care teams in comparison to foster care programs. Whilst such differences in practice are not well understood, it perhaps illustrates the importance of developing practice standards for caregiver assessment and training and the staff that undertake such tasks.

It is important to make the distinction that while advocating for more comprehensive caregiver assessment processes, it should not be seen as 'increasing the criteria' or 'bench mark' to become a therapeutic carer. Rather, to illustrate the importance for professionals to have a more comprehensive knowledge of 'who they are working with' and the potential vulnerabilities that children in their care may elicit. Carers come from a variety of experiences and backgrounds. In developing a therapeutic foster care program, emphasis should not be placed on finding the 'perfect' carer, but on developing a better understanding of the carer who will potentially become an integral part of the treatment team. Knowledge gained from such specialist assessments is likely to assist in both a sophisticated matching process and a better understanding of the potential support and specialist training carers require. For example, this knowledge could possibly include a possible history of trauma, unresolved family of origin difficulties and attachment difficulties.

Training therapeutic carers

Whilst therapeutic foster care programs may differ in theoretical orientation or structure, a common philosophy is the enhanced training and support provided to therapeutic carers (or treatment parents). The emphasis on specialised training and support provided to carers is seen as critical if carers are to deliver and implement treatment plans for children in their care. Whilst the specialist training for therapeutic carers is typically facilitated by specialist mental health clinicians, the theoretical framework and training content is largely dependent on the treatment paradigm of the program. Many of the therapeutic foster care programs provide pre- and in-service training to carers who are also supported by ongoing training and regular support groups facilitated by TFC program staff. TFC programs internationally typically adopt a behavioural approach to treatment and therefore train carers in such approaches, as opposed to attachment-based-therapeutic parenting approaches that have gained favour in the Victorian context.

In Victoria, foster carers typically access standard foster care training as part of their initial assessment/recruitment process, with the process being largely determined by the agency. Whilst some agencies may provide specialist training for their carers, this appears limited and inconsistent. Recent departmental initiatives in Victoria have sought to address this, by developing a common and competency based pre-service package for foster carers based on an NSW Department of Community Services model, Shared Stories Shared Lives training program (Hayden et al., 2001). This pre-service training is then supplemented by advanced training for carers (DHS, 2006). These advanced training programs are currently in a developmental stage at the time of writing this review. Such initiatives provide an important first step in developing standard training for carers in Victoria. Further specialist training that complements existing training and support services is also essential to ensure that carers can continue to build on their skills and access specialist resources to continue in their role of caring for the complex children who present in out of home care.

Whilst the need for specialised training for carers is enormous (see an Australian review of carers views and needs about specialist training by Anne Butcher, 2002), what appears fundamental is the inclusion of opportunities for carers to explore the impact of their own family of origin experiences, relationships, and possible experiences of trauma which is highly likely to be evoked in caring for a foster child. Cole (2005a, p. 57) states that, "*Prospective caregivers may need assistance in understanding how their own childhood experiences of childhood trauma and anxious concern for the infant can make it difficult to respond to the relational needs of the infant in care. Caregivers may need coaching to develop the ability to read the signals the infant is providing and to understand and respond to the needs of the child* (Dozier &

Albus, 2000b). Most foster parent training includes topics related to child development, loss, and attachment from the child's perspective (Child Welfare League of America, 1996). However, the training does not assist caregivers in exploring their own childhood experiences. Child welfare agencies can provide training that links the caregiver's experience with its effects on the infant."

A rationale for training carers

In line with the need for enhanced training for carers, several factors are deserving of mention. These are:

- The impact of increasingly complex presentations of children in care requires more intensively and highly skilled foster carers (Butcher, 2002).
- 25% of placement breakdowns result from carers feeling incapable of responding to and managing the child's behaviours, which is attributed to a lack of foster parent training (Redding et al., 2000).
- The need and importance for specialist ongoing training. Studies have shown that "three days of training within the normal structure of services is insufficient to improve the emotional and behavioural functioning of children in foster care" (Minnis & Devine, 2001, p. 53).
- Training can provide carers with a conceptual framework that assists them in understanding the young person's difficulties (Allen & Vostanis, 2005).
- Studies have shown that training carers reduces placement breakdown and increases caregiver retention rates (Bryant, 1981; Webb, 1989 as cited in Redding et al., 2000).
- In TFC programs, carers are expected to implement a treatment plan daily and while some carers will be able to do this instinctively, many will need training to develop the specialist skills and knowledge to enable them to carry out this role (Chamberlain & Weinrott, 1990).
- A key area of effective treatment for children with reactive attachment disorder is attributed to foster care training (Sheperis et al., 2003).

These aspects provide a strong rationale for the importance of providing specialist training to foster carers. Carers are often ill-equipped to manage the complexity of behaviours, histories and needs that children in care present with, and often face the risk of placement breakdowns, resulting in further disruption for the child. Training and support for therapeutic foster carers is not regarded as an optional extra or an after-thought, rather as an integral part of the therapeutic foster care treatment model. Training is considered necessary in supporting placements, achieving optimum outcomes for children in care, enabling carers to implement treatment plans and indeed as the carer's right.