A STUDY OF THERAPEUTIC PARENTING IN BRITISH COLUMBIA

by

R. STEWART SINCLAIR

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We accept this thesis as conforming
to the required standard

[redacted]

Dr. John Downing

[redacted]

Dr. J. Barton Cunningham

[redacted]

Dr. R. Vance Peavy

UNIVERSITY OF VICTORIA

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Supervisor: Dr. J. Downing

ABSTRACT

Therapeutic parenting is a relatively new approach in the parenting and treatment of emotionally disturbed youngsters, with little being published on the subject.

The purpose of this study is to examine therapeutic parenting through the perceptions of people who are, or have been, therapeutic parents in the Victoria region.

The methods used in this study were twofold. First; an illustrative composite case example describing an experience as a therapeutic parent and second; the perceptions of other therapeutic parents, as revealed from their answers to a mailed questionnaire.

The Therapeutic Parenting Program in British Columbia appears to be one of the forerunners in utilizing special foster parents as primary treatment agents for emotionally disturbed children, however the program appears to have certain inherent weaknesses according to the perceptions of the therapeutic parents investigated in this study and according to reports of related programs throughout North America and parts of Europe.

It is concluded that certain modifications should be considered if British Columbia is to maintain a supply of people willing to commit themselves to being professional therapeutic parents. These modifications include; a more effective relief system, a standard philosophy of

development and treatment, ongoing training in treatment methods being made available, recreational and schooling aids being made more available and financial security of therapeutic parents being assured. It was also concluded that a thorough evaluation of the program and its various components was necessary.

Examiners:

[redacted]

Dr. John Downing

[redacted]

Dr. J. Barton Cunningham

[redacted]

Dr. R. Vance Peavy

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CHAPTER ONE

INTRODUCTION

For some time our society has recognized the importance of concerning itself with emotionally and/or behaviorally disturbed children. Many terms are applied to these children; terms such as 'emotionally disturbed', 'acting out', 'socially aggressive' and 'out of control'; and there is a widespread concern with the consequences and costs of such behavioral problems to the child, the family, the schools and ultimately, to society itself.

The concern is not just the immediate one of the disruption in the home and school, but the long term one of the future of the emotionally disturbed child and the eventual cost to society of controlling and/or treating him/her as an adult. This long term concern is clearly stated by Patterson, Reid, Jones and Conger (1974, p.9) who reviewed current research and literature and concluded that:

> about one third of all mental health referrals from parents and teachers concern these kind of problems. ...Only a small fraction are offered treatment. ... Few respond to traditional, individual therapies. ... Treatment (in residential treatment centres) produces little, if any, long term change. . . and finally, children who have

been labeled as conduct disorders during childhood do not tend to change for the better if left untreated.

The research reviewed by Patterson et al is based on findings in the United States and, for the purpose of this study, it is assumed that the Canadian experiences would be quite similar.

The province of British Columbia has recognized the problem of the emotionally disturbed child and has taken a somewhat innovative approach to providing treatment for some of the children experiencing this problem.

Each year since 1975, approximately fifty-five children in British Columbia are taken from their natural or foster parents and are placed in selected independent homes where efforts are made to modify some of their behaviors before they are returned to their regular homes or placed in long term care. The children are classified as 'emotionally or behaviorally disturbed' by the Ministry of Human Resources, Province of British Columbia, and the people to whom they are entrusted for parenting and treatment during this period are known as 'therapeutic parents'.

A serial letter, No. 552-456, dated May 7, 1975, from the office of the Deputy Minister of Human Resources

reads, in part, as follows; (See Appendix A for the complete letter).

Re: THERAPEUTIC HOMES.

A. DEFINITION AND PURPOSE

1. The therapeutic home is a resource wherein treatment is provided for the severely emotionally and behaviorally disturbed child in the therapeutic parents own home.

2. The goal of the therapeutic home is to help the child with specified difficulties in the contracted time to enable hime to return to his own home or to a less intensive placement resource in the community.

B. SELECTION OF THERAPEUTIC PARENT

Personal suitability is more important than academic qualifications. Skills required are those possessed by the child care worker in a residential treatment resource and, in addition, the ability to provide a positive family-like setting for the child concerned.

This program is based on the following components:

- Single placement.
- Payment of $900.00 per month plus food and clothing allowance.

- Short term (3 months) treatment oriented contracts renewable within a normal total placement period of one year.
- Therapeutic parent as treatment agent.

Perceived Assumptions of the Therapeutic Parenting Program in British Columbia.

1. The environment the 'out of control' child has been reared in has contributed to the development and/or the sustenance of the child's emotional and behavioral problems.

2. Children with emotional and behavioral problems require and demand special parenting skills and strengths from their parents and/or caretakers. When these skills and strengths are not present or immediately developable in the child's home environment, it is expedient to place the child in a setting that can, and will, provide such parenting.

3. The disturbed child can learn, during a relatively short period, modifications to his/her behavior pattern and new ways to cope that will translate to his/her home environment in such a manner that the presenting problem will be alleviated when he/she is returned to it.

4. Many of the problems in the home and with the child are the result of the 'storm and strife' of growing up and the child needs an environment that will give

him/her the necessary time and support to do that growing up.

5. Parenting is a natural phenomenon and there are people who, without any clearly defined special training, have the capacity and desire to successfully parent the emotionally and behaviorally disturbed child. Conversely, there are parents, natural or foster, who do not have that necessary capacity and desire.

6. The intensity and continuity of the disturbed child's needs are best met in a private home by people who have the necessary parenting skills and the time to devote on a continuous basis.

The writer's perception of the underlying assumptions is based on the description of the British Columbia program, stated philosophies of related programs investigated in the literature review, other readings and on conversations with people from both the provincial and regional offices of the Ministry of Human Resources, Province of British Columbia.

The importance and purpose of this study.

It is of practical importance to society to be concerned about emotionally disturbed children, their own welfare, the welfare of their family, their impact on schools and society and their eventual place in, and cost to, society.

In 1951, Bowlby, then Consultant in mental health to the World Health Organization, advocated preventative measures for deprived children:

> The proper care of children deprived of a normal home life can now be seen to be not merely an act of common humanity, but to be essential for the mental and social welfare of a community. Deprived children, whether in their own homes, or out of them, are the source of social infection as real and as serious as are carriers of diptheria and typhoid. And, just as preventative measures have reduced these diseases to negligible proportions, so can determined action greatly reduce the number of deprived children in our midst and the growth of adults liable to produce more of them. (p. 157).

There appears to be a growing recognition that when the emotionally disturbed child is taken from his/her regular home, and placed in care, the qualities and the learned skills of the foster parents may be critical in determining whether the experience will be therapeutic. (Boyd and Remy, 1978; Bigley, 1968; Adler, 1970; Barker et al, 1978; Bauer and Heinke, 1976; Larsen et al, 1978).

Wolkend (1977, p. 357) in discussing the original work of Bowlby and the tendency to focus on the signif-

icance to the child of the break with his/her natural parents, states:

> Important as this experience undoubtedly is, the quality of the relationship available to a child <u>after</u> its admission (to care) may be of even greater importance. It may be this that will determine a childs eventual emotional state.

There is recognition that traditional methods have not been effective and that innovations must be found. (Whittaker, 1978: Gafney, 1965; Patterson et al, 1974; Zaslaw, 1977; Barker et al, 1978; Hazel, 1976).

Bauer and Heinke (p. 478) report that in 1976:

> . . . it is continually demonstrated that few foster parents are adequately prepared to work with emotionally disturbed youngsters and that some children need a special foster family to care for them . . . . This, along with the rapidly escalating expense of placing children in residential treatment centres, emphasizes the need to recruit foster families who can effectively work with disturbed children in their homes.

A professor of law, Kittrie (1971, p. 159) states:

> . . . the reforms of the juvenile court criteria and procedures will be of little avail in

> making the rehabilitative promise come true as long as the means, the personnel, the talents and public support necessary to accomplish the regeneration of delinquent juveniles remain lacking. . . . They can effect a change in a juvenile's life by severing him from his roots, they cannot guarantee that he will receive the treatment and community reception that he allegedly needs. . . to be wanted in a happy home, to find socially acceptable satisfaction in the neighborhood, to get along well in school and work and to have friends.

New approaches are being considered and tried in various parts of North America and Europe. Some new approaches will be examined in the literature review and consequently are not cited at this time.

The Province of British Columbia has embarked on a somewhat different approach to caring for and treating some of the emotionally disturbed children in the province. An exploratory study of this approach could produce information of value to those people who are looking for more effective ways to deal with what appears to be a continuing and possibly growing

problem in industrialized societies today and also set the stage for more far-reaching research.

The focus of this study will be the investigation of the Therapeutic Parenting Program in the Victoria region of British Columbia and will employ three main approaches.

1. Investigation of certain selected programs or proposals utilizing special foster parents in the treatment of emotionally disturbed children.

2. Investigation of the experience of therapeutic parenting through an illustrative composite case example.

3. Investigation of the perceptions of therapeutic parents in the Victoria region, as reflected by their answers to a mailed questionnaire.

Definition of terms for the purpose of this study

Casework and Psychotherapy need to be defined and it was decided to use quotations from Rutter (1975) to distinguish between them.

> Psychotherapy is a form of treatment in which the main therapeutic agent lies in the communication and in the relationship between the therapist and patient . . . . In all types of psychotherapy an understanding of the meaning of behavior plays an important role and the goal is to help the

patient himself develop better ways of dealing with his emotional problems. (p. 301).

Casework:

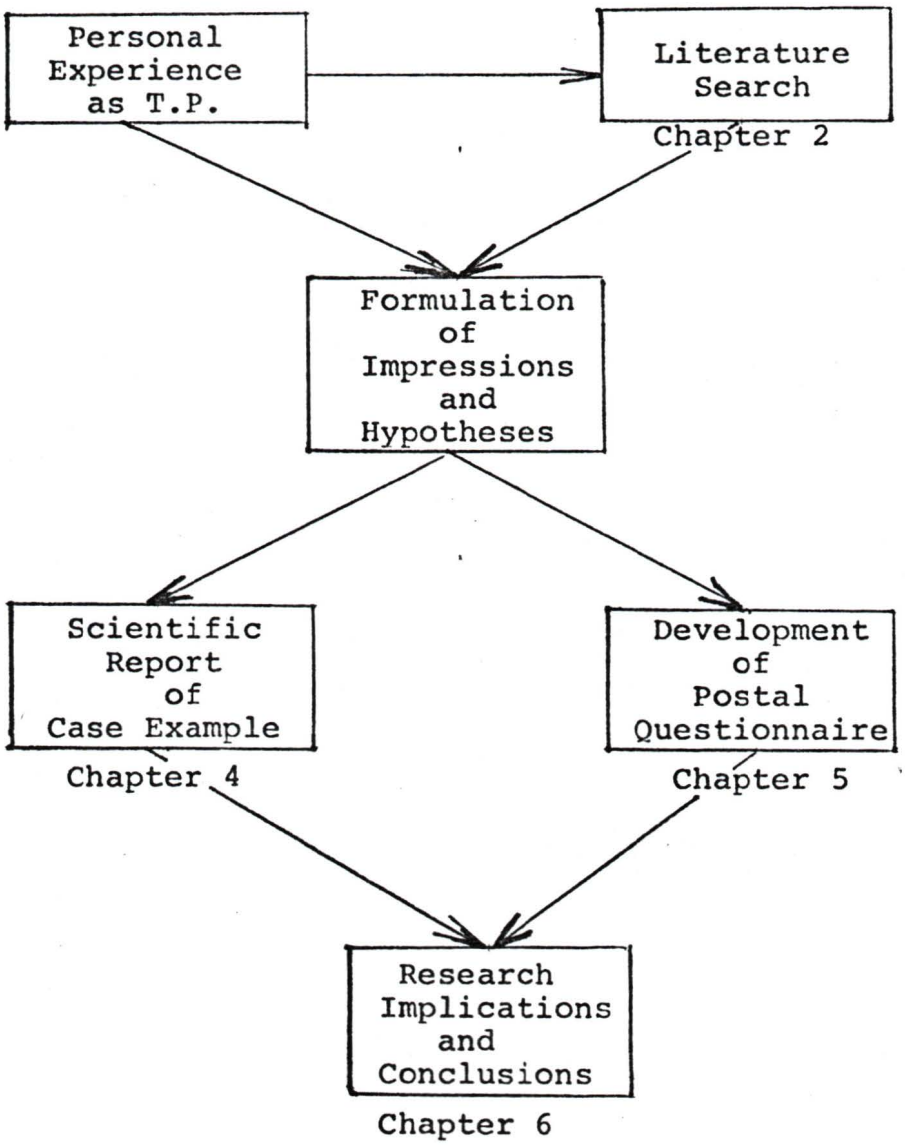
> The central characteristic of casework is its emphasis on the social context of people's behavior. Children's development is seen primarily in terms of their relations to interpersonal interaction, particularly in the family but also outside it. . . as much concerned with the ways in which social forces, resources and attitudes influence people's behavior, as with the intra psychic conflicts . . . differs from psychotherapy in that it is not primarily concerned with intra psychic conflict. (pp. 319 and 321)

The term Human Resources is used as the abbreviation for the Ministry of Human Resources, Province of British Columbia.

The term 'emotionally disturbed children' is used to describe those children who are variously described as emotionally and/or behaviorally disturbed, severely acting out, manifesting personality disorders, having personality or character neurosis, out of control, deviant and other similar descriptions.

A therapeutic parent is that person who contracts with Human Resources to provide a home, parenting and therapy for an emotionally disturbed child. As this term is used very frequently in this thesis, it will be abbreviated T.P. on most occasions.

An overview of the sequence of events may assist in establishing the flow of the thesis and is presented at this time to facilitate the reading of the paper.



The experience of being a therapeutic parent created an interest in learning more about similar programs in North America and parts of Europe.

From the experience of being a therapeutic parent and from the information gathered in the literature search, certain impressions were formed and certain hypotheses derived.

It was then decided to pursue this professional interest as a research project. A case example reporting the experience in scientific terms was documented and a postal questionnaire, testing the perceptions of other therapeutic parents, was developed and implemented.

Research examination of the documented case example and of the responses to the postal questionnaire substantially supported the earlier impressions and hypotheses. The research implications and conclusions are stated as a conclusion to the thesis.

It may help the reader to know in advance, the impressions and hypotheses that were originally formulated and later substantiated by research. They are presented at this time for later clarity.

1. Therapeutic parenting can be an effective method of treatment for some emotionally disturbed children.

2. Personal qualities may be important in determining who will be effective therapeutic parents.

3. Training in both the theory and practice of

mental health and therapy appear to be important factors if people are to be effective in the treatment of emotional disturbance in children.

4. The British Columbia program appears to have inherent weaknesses that may keep competent persons from ongoing commitment to therapeutic parenting. These weaknesses appear to be:

(a) An effective relief system.

(b) Some financial security for therapeutic parents.

(c) Professional training requirements and opportunities.

(d) Enough support services.

CHAPTER TWO

REVIEW OF RELATED LITERATURE

Examination of the literature on emotionally disturbed children reveals 1) that a focused concern was apparent by 1950 and 2) that a number of programs have been reported both in North America and in Europe for the treatment of emotionally disturbed children by means other than institutionalization. Many programs use special foster parenting (analogous to therapeutic parenting) as an important procedure in the treatment program.

Perhaps more than any other single researcher, John Bowlby is a landmark figure in creating interest in the growing numbers of emotionally disturbed children in society, the costs to society and the need for preventative measures. His theories and advocacies are the basis of many social care policies to this day.

At the same time Bowlby was drawing attention to the area and advocating preventative measures, other concerned child care professionals began concentrating their efforts on the treatment of these children and experimenting with new approaches.

The following review of the literature is confined to a brief accounting of the characteristics of seventeen programs or proposals of treatment for emotionally disturbed children.

The review is in chronological order, based on the starting dates of the programs reported on and deals primarily with programs or proposals that pertain to the use of foster parents, either as primary treatment agents or in conjunction with treatment from other agents. Exceptions to this format are made only when it is felt there is pertinent information which could contribute to the present study.

In December, 1950, the Jewish Child Care Association of New York City, New York, U.S.A., initiated a program which was reported on by Kaplan and Turitz (1957). This project was designed to test whether the needs of the emotionally disturbed child could be met in the atmosphere of a foster home and thereby avoid the trauma of long term hospital care and the post hospital rehabilitation process.

Nine children, between the ages of three and eight, of potentially average intelligence, and 'requiring psychiatric treatment as a prerequisite to living in the community' made up the original group in the pilot study.

The program employed the following procedures; subsidized foster homes, intensive casework services, concentrated psychiatric treatment, support services (remedial tutoring, special schools, camps, etc.) and multiple placement homes (later changed to allow certain children

accommodation in a single placement home).

Kaplan and Turitz conclude (p. 44):

> The experience of four years of the project has strengthened our conviction that a specialized form of foster home care with intensive psychiatric and intensive casework can widen the now limited services for the disturbed young child. Even though there may be program modifications, the basic structure has already been of remarkable help to its clients and the agency. (Underlining from original text).

It may be noted critically that this was based on clinical impressions only.

Reporting on a program started June, 1951 by the Baltimore Family and Children's Society (a private agency), Waskowitz (1954) states that, by March, 1954, they had accepted fifty-one children in their 'specialized foster-family care' for children who 'because of acute behavior problems could not remain in their own homes or in regular foster-family or group care'. (p.125)

The features of the program of interest to this study were; subsidized foster homes (up to $3.00 per week more than regular foster homes, intensive casework, psychiatrist available for consultation and diagnostic

treatment and regular evaluation of child's progress.

The results of this pilot program indicated that subsidized foster home care, coupled with therapy by intensive casework and psychiatric treatment for the child, can be effective in the treatment of emotionally disturbed children, based on the children's ability to better cope with their environment after treatment.

Again, it may be noted critically that this conclusion was based only on the clinical impressions formed by reviewing case results.

In 1952, the Illinois Children's Home and Aid Society in Chicago, Illinois, U.S.A., experimented with a program which was reported on by Wildy, (1955). This Chicago program identified three groups of emotionally disturbed children who were unable to live at home and required treatment other than residential or standard foster home. The program experimented with the use of subsidized foster homes while the children were being treated. There were three groups of children requiring special treatment:

1. Young children, usually pre=school, who had experienced severe maternal deprivation and possible physical neglect during the early developmental stages.

2. Children manifesting behavior disturbances

stemming from varying degrees of rejection and by severe neurotic conflicts, due to the disturbed behavior of parents or parent substitutes.

3. Children who had received intensive institutional care and psychotherapy and required transitional home treatment before being ready for their natural home or a regular foster home.

This pilot project involved the following provisions: subsidized ($100.00 to $150.00 per month plus standard allowances) foster homes with specific qualities, listed below, required of the foster parents, intensive psychotherapy by caseworkers (weekly or semiweekly intervals) and consultation and direction from staff psychiatrist.

The specific qualities required of foster parents, according to Wildy (p. 3) were:

> (1) Stability of character of the parents and stability in family unity.
>
> (2) A genuine liking and sympathy for children.
>
> (3) Capacity to develop skill in handling special behavior problems.
>
> (4) Previous professional training and practice in child care which would provide a desirable base of knowledge and self-discipline.
>
> (5) Ability to work co-operatively with the agency staff in order to learn to carry out

effectively the treatment recommendations.

(6) Willingness to undertake the task on a sustained and continuing basis, subjugating the personal plans of the family to the welfare of the child, so that the child's treatment would not be jeopardized by unwarranted change.

Wildy (p.5), reporting on the eight children in the pilot program states: 'all of the children have shown steady, and in some instances, unusual progress since placement'. This clinical impression is based on the observed case outcomes of the eight children.

In 1957, in Toronto, Ontario, Canada, the Institute of Child Study, University of Toronto, aided by the Toronto Catholic Children's Aid Society, conducted a longtitudinal study of twenty-eight children, exhibiting the effects of severe institutional deprivation in the early part of their lives. The study is a carefully documented account of the development of these children from infancy through early adolescence and is reported on by Flint (1978).

A major part of this Toronto program was carried out within an instituional setting. However, further recovery was affected by later placement in foster and adoptive homes.

Of prime importance to the Toronto study was a consistent developmental concept of mental health which was embodied in a 'security theory' applicable from infancy through adolescence. The security theory used, identified both mentally healthy and mentally unhealthy development and linked both with behavioral indicators and desired treatment. Because it could be described behaviorally, it was relatively easy to convey the implications of the various behaviours to the institutional staff and later to the foster and adoptive parents. Flint suggest that parents would find such a theory beneficial in raising healthy children and that teachers, with such a conceptual understanding, could assess children's feelings of competence which 'we know have direct bearing on academic performance' (p. 167).

In addition to their security theory, Flint and her associates have a number of other convictions and have come to a number of conclusions that have implications for the writer's current study. These are as follows:

'A scientific conviction that the human organism has within it the capacity to strive for its optimal development expression, given the support of a physically and emotionally nurturing environment' (Preface).

The conclusion, based on their own experience, 'that

some children, from birth, have constituional dispositions that are uncongenial to the parents with whom it is fated to live' (p.60).

The conclusion that the time required for unhealthy maladjustment to shift to potentially healthy growth may be considerably more than short term programs envision. Flint mentions that 'those children who demonstrated chaotic conceptual function at six years did not begin to show evidence of healthy cognitive function until the age of twelve' (p. 97).

The conclusion 'that the deficits of severe maternal and stimulus deprivation can be overcome to a considerable degree by a thoughtful approach to the long term goals of growing healthy children in a family milieu' (p. 167).

The observation that despite the high regard North American society has for its children, 'there is a low regard for its children's caretakers.' Flint suggests that these caretakers are given very little status or financial reward in comparison to the importance and difficulty of the task.

'The conviction that change can be effected by the application of knowledge to human problems has been confirmed. . . . Long term planning and consistent intervention can ultimately bring about desired results' (p. 170).

Flint's study is particularly important because it was conducted as a research project and her conclusions regarding the progress of the children were based on controlled experimental data.

In 1962, in Rochester, New York, U.S.A., the Monroe County Department of Social Welfare was aided by federal funds to examine the general area of qualifications, selection and preservation of foster homes. Gafney (1965) reported on this Monroe County program.

During the course of the study, it was determined that there was a particular need for foster homes which could provide the 'specialized needs of troubled adolescents and emotionally disturbed younger children' (p. 395). This led the Department of Social Services to experiment with a project based on: multiple placement, subsidized ($100.00 per month) foster homes, professional status' role for foster parents encouraging them to see their role as 'job', small group orientation training for foster parents, and ongoing development of foster parents with project programs and support of caseworkers.

It was too early in the program at the writing of the report for evaluation of its effectiveness, but Gafney concludes (p. 396) that as the complexity of problems of children coming into foster care increases

and 'as we continue to have conviction about the value of well chosen and well-used foster homes, we must continue to improve our skill in finding and keeping them.'

In 1968, the Oregon Research Institute,located in Eugene, Oregon, U.S.A., conducted a well controlled research project which treated emotionally disturbed children and their families, using behavior modification techniques. This project was reported on by Patterson (1976). Patterson and his colleagues, who strongly believed in treating the whole natural family, rather than just the emotionally disturbed child, treated twenty-seven families of emotionally disturbed children over a five year period. The fact that this group of researchers concentrated on treatment of the child in his/her natural environment does not change the possibility that their treatment could be effective for the treatment of emotionally disturbed children when they must be placed in foster homes.

It is interesting to note, at this juncture, that Patterson's belief, based on many years of involvement in research and treatment of emotionally disturbed children, is that approximately one third of all emotionally disturbed children cannot be successfully treated by family intervention. It appears evident that alternate methods of treatment must be found for those that cannot

be treated within their own family setting.

The treatment factors employed by Patterson and colleagues and the research conclusions, which could pertain to therapeutic parenting, were as follows:

Families received at least one month's training based on social learning theory and behavioral management techniques and were taught to recognize aversive responses, to track them and to handle them with appropriate management techniques.

Social learning, as a result of the behavioral techniques employed in the home, did not easily generalize to other situations, particularly school, and it was important to train teachers and fellow students in techniques designed to reduce aversive behavior in the classroom.

Some emotionally disturbed children can be helped to reduce the intensity and frequency of their aversive behaviors with family intervention training, based on social learning theory. In other words, the emotionally disturbed child can be helped by teaching the parents 'the specific skills for changing child behavior' (p. 29).

This is an important study because Patterson's conclusions were based on controlled experimental data.

In Fond du Lac, Wisconsin, U.S. A., the Fond du Lac office, Division of Family Services of the Wisconsin Department of Health and Social Services has had an active

treatment home program for emotionally disturbed children since 1968. In 1971, the program was expanded to include the Green Bay area. Based on the Fond du Lac experience, Bauer and Heinke (1976) state that there are six components that are essential to the development and operation of a treatment family care program. They are summarized as follows:

1. There must be commitment and investment from all levels of the administering agency (administrative, supervisory and social work personnel).

2. The agency must be committed to a philosophy that encourages and supports the treatment of children in foster homes. A part of this philosophy must be viewing the foster parents as co-professionals and treatment agents, meaning that they play an active part 'in the selection of children for their home, preplacement, planning, development and implementation of treatment goals for the child, and evaluation session.' (p. 480).

3. Every caseworker must have ample time to plan and work with each child or family. They suggest that ideally, the case load size be limited to no more than 12-15 cases if they are to provide the intensive service needed.

4. 'Adequate supportive services are needed by the

agency , worker and foster parents to maintain the placement of a disturbed child in the community' (p. 481). These services include:

(a) Readily available psychiatric and psychological consulting services.

(b) Close working relationships with schools and provision for special schooling where necessary.

(c) Financial resources to provide play therapy and behavior modification equipment, training for foster parents, special camps for the children, tutoring services and particularly, relief help for the foster parents.

5. The agency philosophy must support a basic educational goal to 'broaden the foster parents' knowledge and understanding of problem behavior and to refine their parenting and intervention skills' (p. 481). The workers in the program were using, at the time of the report by Bauer and Heinke transactional analysis, parent effectiveness training, reality therapy, provocation therapy, play therapy, communications theory, behavior modification, gestalt therapy and family therapy.

6. A planned evaluation system which systematically measures and reports changes in the disturbed child's behavior. A three dimensional system evaluating the child, foster parents and agency is recommended.

The Fond du Lac program is a planned, goal-oriented, time-limited placement in which the emotionally disturbed child receives 'milieu therapy' through the use of trained foster parents and intensive treatment through the use of child welfare service and/or appropriate community resources. Of the 42 children who had been placed in treatment homes and then re-placed, 29 percent had returned to live with their birth parents, 23 percent had gone into adoptive homes, 12 percent had entered independent living situations, and 22 percent entered a group home, boarding home, receiving home or another treatment home. Only 7 percent entered institutions immediately after treatment family care.

Bauer and Heinke (p. 488) report on the characteristics of Treatment Home Parents as follows:

> An analysis of the families who have participated in the program reveals the following four factors to be the major strengths of treatment home parents that enable them to work effectively with disturbed children.
>
> 1. The foster parents are equally involved with their spouses in the operation of the treatment home. The men are self-motivated to participate actively with the foster child(ren) and agency.

2. Decision making by the foster parents is shared and consistent.

3. Communication is open and direct. Treatment home parents can express clear messages to each other. They are able to complement and support the child, along with setting understandable behavioral expectations. When honest, direct communication exists, there is a mitigation of the need to use the threat of separation as a controlling device.

4. Treatment home parents respond to crisis situations with action, instead of withdrawal, denial and resistance. Maluccio also found that families whose usual reaction to anxiety is denial or withdrawal can be expected to have problems in caring for a disturbed child.

Of this reporting agency's 19 current treatment homes, 17 have married couples and two have a single, male adult. The average age of the man is 40, and that of the woman is 37. Forty-two percent are in their 30's, the youngest parent being 28. . .

Seventy-eight percent of the foster parents have training behond high school.

> Over half have attended college and only 6 percent have less than a high school education. . . .
>
> All but four of the families have children of their own. Nine percent of the homes are on farms, 32 percent are rural nonfarm settings and 59 percent are in urban areas.

In summary, Bauer and Heinke state that 'most of the younsters who have participated in the program have made significant gains'. . . and 'agency experience indicates that disturbed children can be served successfully by a well planned treatment home program' (p. 489).

This study too provides important evidence since Bauer and Heinke based their conclusions on research data from controlled experiments.

In 1968, Bigley, the Executive Director, Family and Child Care Service of Schenectady, Schenectady, N.Y., U.S.A., proposed a new approach to the whole foster parent system as it was operating at that time in Schenectady. As there is no report of a program operated according to Bigley's proposal, there is no measurement of effectiveness. Nevertheless, Bigley's proposal is included in the review of literature as it suggests the value of treating special foster parents as professionals.

Bigley suggests that the name, and therefore the

role of foster parents, be changed to 'Family Life Counsellors.' Whereas this may seem like a small change, the implication is that it would bring about significant changes to the child care field. Some of the benefits Bigley sees from such a change are:

1. Less role confusion by the people providing the home and counselling service to the child in care. By thinking of themselves explicitly as counsellors, there is less likelihood of role conflict and competition with the real parents.

2. Less confusion and conflict in the child's mind in regard to loyalties and allegiances.

3. Less role confusion by social workers who have a tendency to see foster parents as either clients or colleagues. Bigley sees the 'Family Life Counsellor' as an independent counsellor who is retained by the agency to do a particular job. The agency's job is to contract the job and supervise it.

4. A unified role concept by everyone involved, rather than what Bigley sees as a great deal of ambiguity about the term 'foster-parent'. Bigley believes 'Family Life Counsellor' could be clearly understood by everyone.

5. Acceptance of the value of the work done in the home which takes on the responsibility of a child in care.

Because it is seen as a job rather than strictly a humanitarian endeavour, Bigley seems to believe there would be greater willingness to pay 'Family Life Counsellors' according to their worth and abilities.

6. With 'Family Life Counsellors' seeing themselves in a contractual work situation, there can be more definite expectations place on them.

7. Bigley views the term 'counsellor' as suggesting warmth and understanding, as well as authority and superior knowledge.

In 1970, the Children Services of Cleveland, Ohio, U.S.A., concerned itself with attempting to keep emotionaly disturbed children at least partially parented by their natural parents by providing five day a week foster care, thereby relieving the natural parents of the intensity of living with an emotionally disturbed child seven days a week. Loewe and Hanrahan (1975), who reported on the Ohio experience, clearly were supporting the idea that one should keep any child in his/her natural environment by providing complementary foster parenting while family situations are being resolved and/or the natural parents are learning new parenting skills. The implication, from this Cleveland approach, is that natural parents can be assisted in the difficult task of rearing an emotionally

disturbed child by providing trained complementary relief in special foster homes.

The idea of relief may be just as valid and valuable when thinking of the demands placed on therapeutic parents of those emotionally disturbed children, who for one of a number of reasons, cannot continue to live in their natural home. Part time relief by trained persons, complementing the therapeutic parenting may help make an intolerable situation more bearable.

In 1972, the Chedoke-McMaster Child and Family Centre Department of Psychiatry, McMaster University, Hamilton, Ontario, Canada, designed a 'parent therapist' program as an alternative to residential treatment for emotionally disturbed children who could not remain with their natural parents. Levin, Rubenstein and Streiner (1976) reported on the program.

This Hamilton program utilized the extended family model with the foster parents and their families acting as the primary treatment agents. This approach eliminated the need for casework with the family and outside psychotherapy for the child.

Parent therapists were carefully selected after assessment of each parent individually, the pair as a couple and the total family unit. Assessments were based

on interview data and selected psychological tests. After selection each couple underwent four weeks of orientation training before a child was placed with them. Training and education was ongoing with the participants being trained and supervised as therapists,as well as foster parents. In addition to ongoing training, the Hamilton program formed and utilized groups of family therapists for mutual support and learning purposes.

> Each of the parent-therapist groups has been developed into a single interdependent, interacting dynamic system; it is this system that constitutes the treatment facility. All the members share common goals for all the children placed within the system, although individual couples in the group are delegated specific responsibility for the care and treatment of the child placed with them. These children thus have in addition to parents - uncles, aunts and cousins to whom they relate, providing them with more than the triadic foster parent and child relationship (p. 408).

As well as providing support to one another and sharing in the training process, the group members provided a much needed relief system to one another assuring continuity of care and treatment during the relief period.

Parent therapists received approximately $6400.00 per year to cover a fee for service as well as a living allowance. They were supported in their efforts by provision of special education resources for those children requiring it and a weekly group activities program for the children in care, conducted by a child care worker.

Evaluation of the parent therapists as individuals, as a couple and of their family as a functioning unit was ongoing, based on interviews and selected psychological tests. Evaluations of the gains made by the children in care was also ongoing and at regular intervals, based on controlled research data.

> Children in the program have made substantial gains in developing social and interpersonal skills and in their academic achievement. There has also been an overall reduction of symptoms and maladaptive behaviors. Currently, there are 11 families who have been with the program since its inception more than four years ago, two for three years, and two more for more than two years. That seems to point to the fact that the majority of families who met our selection criteria derived sufficient satisfaction from their participation to remain involved for extended periods of time (p. 410).

The conclusion Levin et al draw from their experience is that the children in the parent therapist program made substantial gains that are not significantly different from those children in treatment in residential centres. Because of excessive residential costs, they state, (p. 410) 'This cost data, together with clinical outcome data, indicate the desirability of maintaining the parent therapist program as an alternative to residential treatment centres.'

In 1973, in Toronto, Ontario, Canada, a joint project of Thistletown Regional Centre of Children and Adolescents (TRC) and the Children's Aid Society of Metropolitan Toronto (Metro C.A.S) was conducted. It is reported on by Barker, Buff and Zaretsky (1978). Whereas this Toronto plan bears some resemblance to some other programs, principally the Hamilton program reviewed immediately prior and an Alberta 'parent counsellors' plan to be reviewed later, it has two unique features. It is a joint project of a psychiatric treatment centre and a child welfare agency and it can be an alternative to residential care, an adjunct to it or an after care resource.

This Toronto program was based on the conviction that; 'a high and increasing proportion of children referred for residential psychiatric treatment come from broken homes' (p. 373), that intensive work with the child's family may help restore family functioning to the degree the child

can return and show progress. This, however, is not the case in a significant proportion of the cases and that regular foster homes are not often suitable for seriously disturbed children and special placements must be sought.

Barker and his associates developed a program which utilized a careful intake interview and assessment, to assure that the potential foster care worker and family could provide the love and skilled care along with the necessary physical home requirements.

After careful selection the foster care workers were enrolled in a four week training course during which the foster care workers attended five, 2½ hour sessions on these five topics (p. 375):

(1) Basic human needs; the families normal growth and development and the tasks of childhood;

(2) Normal growth and development and the tasks of adolescence;

(3) Communication and social learning as it applies to children; the meaning behind behavior;

(4) Separation, illustrated by the film, 'Jane';

(5) Behavior disorders and emotional disturbance in children's treatment used at TRC; responsibilities of foster care workers.

In addition to the formal training there was a series

of three, 2½ hour periods for each foster care worker observing foster care work in an inpatient house. The foster care workers were encouraged to react to material through group discussions and excercises , promoting mutual support and learning. Support services were also provided by clinicians and clinical teams from within the inpatient service of TRC who monitored ongoing treatment and co-operated with the foster care workers. A social worker was assigned to each child and was considered a part of the clinical team.

The foster care workers received a basic monthly salary of $150.00 plus allowances of $150.00 for household help and $25.00 for wear and tear and damages, in addition to a per diem, ranging from $5.55 to $7.75, according to the child's age. There was also a travel allowance of 20¢ per mile, plus a clothing allowance, prescription costs and a holiday fund. A monthly retainer of $50.00 per month was provided when the workers had no child to care for.

In describing the foster care workers, Barker et al (p. 376) state that they:

> are varied in characteristics, ranging from young couples without children of their own to older couples whose children have grown up. A wide range of socioeconomic backgrounds is

> also found. Motivation also seems varied; some undertake the job for social, moral or religious reasons; others see it primarily as a job the wife can do in the home; still others sign up because of their inherent interest in children.

Barker et al (p. 377) sum up their experience by stating:

> The program is viewed by the TRC and C.A.S. staff as a helpful addition to services available, permitting appropriate treatment plans for some children who otherwise would have been at grave risk of becoming overdependent on the institution. It is clear that through this program, seriously disturbed children can be maintained in the community - children who otherwise could not be.

In considering this item in the review of the literature, it may be noted critically that Barker et al base their conclusions on clinical impressions only.

In June, 1974, the Alberta Parent Counsellors (APC) program, funded jointly by federal and provincial governments, undertook an ambitious program which was carried out simultaneously in Calgary and Edmonton, Alberta, Canada, and was reported on by Larson, Alliston and Johnston (1978). Designed for children with emotional or behavioral prob-

lems, APC took the position that there were citizens in the community who, with the right kind of support, could provide treatment in their own homes for such children. The objective of the program was to 'place back in the community the responsibility for the care of troubled youth' (p.47). This pilot program on which Larsen et al have reported, was seen as a mid-point between expensive, highly specialized institutional care and inexpensive, non specific normal foster care. The child was given a home environment, plus goal directed treatment. Children selected for the program exhibited a variety of severe emotional and behavioral problems. 'All exhibited problems of such severity that they could not be positively maintained in their prior living situations' (p.49).

This Alberta program utilized the following components, each of which was carefully outlined and reported on in a series of booklets: recruitment; selection; matching and placement of children with parent counsellors; education for parent counsellors; casework procedures for social workers; evaluation and report on treatment outcomes of the children served; and an additional booklet covered administration of this program.

A number of the features of the Alberta parent counsellors plan are of relevance to the current study.

Training was compulsory and consisted of thirty-five to forty hours in small group sessions, during which the parent counsellors learned to work with disturbed youngsters. Topics included were: communication skills, behavior management, how to work with natural families, theories of personality development, sexuality and legal department policy. No one therapeutic model was endorsed by the program and a range of possible strategies was presented.

Ongoing support and learning was facilitated through weekly group meetings of parent counsellors with specialist consultation from time to time, as required by the individual support group.

Payment of $7100.00 per year to parent counsellors was designed to compensate for both therapy and parenting functions and included a fee for service and a maintenance allowance.

The participating adults, as reported by Larsen et al (p. 49), were characterized as follows:

> The parent counsellors were diverse in background and experience. Some had extensive counselling and child care experience; others none at all. Professional, technical and labor occupations were all represented. Some parent counsellors were in their early 20's and were parents; others were in their 60's and no

longer had children at home. An effort was made to include single, married, divorced and widowed candidates. The assumption was that a wide variety of persons could succeed as parent counsellors given the right kind of support.

Parent counsellors were considered an integral part of the professional treatment team and were involved in both treatment and discharge plans. Treatment time was short term, with the average length of stay in a parent counsellor's home being 8.17 months.

Evaluation of the effectiveness of the program was based on the behavioral improvement demonstrated by the children in care as measured by controlled research data.

As of August, 1977, 50 children had been discharged from the program, with approximately 70 percent being placed in permanent situations in the community and 30 percent found still in need of specialized institutional care. When the demonstration project ended in early 1977, it was decided, on the basis of evaluation, to continue the program as one aspect of foster care in the Alberta child welfare system.

This study provides important evidence because the evaluation of each child's progress was based on data from controlled research.

In 1974, in Pittsburg,Pennsylvania, U.S.A., the Family and Children's Service employed a unique concept in working with foster parents which was reported on by Freeman (1978). This Pittsburg program was designed to use foster parents as part of the treatment for retarded children. Because a high percentage of the children considered for this treatment approach were considered emotionally disturbed, and this was the most difficult problem for the foster parents to deal with, it appears that there are some implications that could contribute to the current study.

Briefly, the implications are summed up by Freeman when he states:

> The biggest change within the agency is that foster parents in this program are part of staff. They are no longer independent contractors providing service to the children of the agency; they are part of the total staff structure and programming. This is reflected in their being on salary, with deductions made and benefits accrued. The new status has changed drastically their orientation to the agency; they are much more involved, work closely with other staff, and are clear about agency resources they need to get their job done. It is

> perhaps this staff relationship that has made it possible for them to recruit relatives and friends into the system (p. 118).

Foster parents participating in this program, because of the 'concept of professionalization' were believed to need 'close association with other persons doing the same job and highly skilled and available staff to help them.' Casework by the social workers engaged in the program was quite extensive and intensive and the agency concluded, 'that for the program to be effective at the foster care level, the casework staff must work with the foster parent and child on a far different basis than checking up or recording' (p. 119).

There was no outcome study included in Freeman's report.

In March, 1975, in Marylhurst, Oregon, U.S.A., the Child and Adolescent Secure Treatment Program (C/ASTP) embarked on a very ambitious and extensive treatment program which was reported on by Zaslaw (1977). This Oregon program was the result of:

1. A 1964 comprehensive report on the mental health needs of Oregon children which indicated that 'there were still many severely emotionally disturbed children and adolescents in the state whose needs were not being met' (p. 529).

2. A 1967 pilot program for emotionally disturbed children, and a resolution to conduct research to assess the nature and extent of services needed. Areas identified as barriers to effective services included lack of treatment resources and poor coordination among resources that were available.

3. A report to the legislature in May, 1974, calling for a statewide program to provide secure, intensive treatment for youths.

4. Establishment of the C/ASTP as a result of the report.

The C/ASTP program was specifically set up for the more severely emotionally disturbed child manifesting homicidal, suicidal or other grossly acting out behavior, as well as those less severely disturbed.

Objectives of the Program (Zaslaw, p. 530):

> The proposal for the C/ASTP was submitted to the Legislature in July, 1974. It set these objectives:
>
> - Provide inpatient services to an average of 15 youths between the ages of 8 and 14 who exhibit self-abusive, aggressive or violent acting-out behavior.
> - Provide emergency clinical care services to the youths.
> - Provide diagnostic and treatment planning.

- Provide aftercare and followup services.
- Establish case referral and resource linkage, by providing consultation and coordination throughout the state.
- Develop and implement evaluations and research to determine statewide program development needs, program effectiveness, and cost-effectiveness data.

Program Components (p. 530):

- A team of specialists to provide diagnostic consultation and training services to local communities. This team would be involved at the preliminary stage of referral and follow through as necessary with local resources. The team would also establish local screening and referral committees as essential components of a statewide children's mental health service network.
- Comprehensive diagnostic evalution.
- Treatment services for each child in residence in accordance with the standards of the Joint Commission of Accreditation of Hospitals. (JCAH)
- Crisis emergency services available on a 24-hour basis for either temporary placement

of youths or consultation with local community resources.

- Staffing that would allow for meeting JCAH standards of comprehensive physical, medical and psychiatric services.
- Program and client evaluations for both the C/ASTP unit and the state in general.
- A special education component.
- An advisory board of professional and lay persons to monitor the services of the program and act as an advocate for the children.

The staffing provided a high ratio of skilled and experienced persons, including a child psychiatrist, a child psychologist, community outreach team, registered nurses, teachers and teacher aides, child care supervisors and child care workers, secretarial staff and maintenance staff. The cost of the total program was estimated at $400,000 a year.

This Oregon program does not specifically suggest special foster homes as a part of care or after care of emotionally disturbed children. However, such placements could be compatible with such a program. The program is included in the review of literature because of its

thoroughness in dealing with the problem of out of control youth and because some of its components, as well as some of the observations reported on by Zaslaw, are relevant for the present study. These observations and components follow:

The recognition of the scope of the problem of emotionally disturbed youth and the lack of resources available for the treatment of these children.

The effectiveness of a multidisciplinary team approach in dealing with severely disturbed youth when the funds and public support are given. Zaslaw indicates the program has been highly successful, basing this clinical impression on the outcome of 131 children referred.

The extreme difficulty of administering and co-ordinating a multidisciplinary team approach when more than one public agency or department is involved. Zaslaw states, (p. 535), 'the politics of such an arrangement are extremely complex. Delineation as to who has ultimate authority and responsibility, can become vague and therefore subject to political manipulation.'

Training component. The program recognized the need for a variety of techniques and interventions to be used by the child therapists if they were to produce benefits for each individual youth. However, this conclusion is

unsupported by data. Several modalities were used: general relationship therapy; behavior management techniques; recreation and activity therapy; formal group and individual therapy sessions; and special education.

The support services were extensive in this program with specific reference to recreation, special education and special community training and consultation which referred to parent training.

In 1975, in various European countries, Hazel conducted a cross national survey of social services for children unable to remain in their own homes. Her findings and conclusions were reported in 1976. Hazel made a number of observations which are relevant to the present study:

'In all industrialized European countries there are children who can no longer remain in their own homes with their own parents, either because society is no longer willing to tolerate their conduct or because their parents are ill, separated, have disappeared or have neglected or ill treated their children (p. 316).

In Sweden, where residential treatment for all children is giving way to foster home care, they are using therapeutic placements and paying the foster parents higher fees for difficult tasks. The special foster parents who are treating disturbed children in Sweden, are considered highly valued professionals.

Belgium still favors residential treatment for disturbed children who can no longer live with their natural parents. Hazel believes that the problem of residential treatment in Belgium appears to be that of shortage of funds for trained personnel, or that of treatment being prohibitively expensive when funds are available. She believes Belgium will have to start trusting its foster parents more if they are to remedy that situation.

In Germany, disturbed children in care may first be admitted to a therapeutic institution where the staff seek to understand and help them. While providing this service, the institution also is involved in the training and support of special foster parents who will become a part of the treatment team and gradually assume responsibility for the treatment of the disturbed child. 'Such specialized fostering is paid for at a special rate and has attracted former social workers, residential staff, psychologists and teachers who enjoy working in their own homes (p. 324). Foster parents of 'disturbed and damaged' children in Germany are all part of a mutual support and training network. They receive initial training and support from institutional professionals and later from peers.

Hazel makes two strong conclusive statements based on her findings.

Institutions cannot act as 'true permanent substitute homes, because inevitably staff come and go and in the long run the child's bed is always needed for someone else' (p. 325).

The foster concept should contain a variety of fostering services to include the more difficult placement and treatment of emotionally disturbed children. Each variety of fostering care, she then states, should be paid for according to the difficulty of the task.

In considering this report it must be noted critically that Hazel's conclusions are unsupported by specific research data.

In 1976, in Kent, England, the Special Family Placement Project instituted an experimental project for the treatment of emotionally disturbed children which was reported on by Hazel (1977). Kent's special family placement program is a five year program to see if lay people, who are specially selected and paid, can carry out the tasks of both parenting and treating difficult children who can no longer live at home.

Hazel's views were made known in the report directly preceeding this review. It seems she was able to get support for her ideas and to test them in this second

study. The main components of her plan were:

1. Professional foster parenting seen as work for which people are paid adequately. Hazel believes that each placement should be considered the equivalent of a half time job.

2. Peer groups are seen as the focus of work, relief, support and training.

3. Placements are for treatment. The purpose of placement is to promote change, not just to provide a substitute home.

4. Placements are time limited and goal oriented, with both being renegotiable, depending on outcome.

Hazel's report was too soon after the instigation of the plan to permit definite conclusions. However, the indications to date were most favorable and the strategy appeared to be effective in dealing with some delinquent and disturbed youths. These tentative conclusions were based on clinical impressions.

Summary of the review of the literature.

An overview of these experimental approaches indicates the following conclusions, developments and trends:

1. The conclusion that, whereas treating the disturbed child in his/her natural home environment is desirable, there is a large and increasing proportion of cases where this is not feasible (Hazel 1978, Patterson 1976, Loewe and Hanrahan 1975, Whittaker 1978, and Barker et al, 1978). Whittaker, Barker and Patterson explicitly favor treatment of the child in his/her natural home and concede that this is not possible in a great number of cases.

2. The conclusion that, although residential institutions can and do serve a valuable function in the treatment of emotional disturbance in children, there are two factors that mitigate against their use as total-treatment resources:

(a) Institutions cannot provide the continuity of care by a consistent adult in the child's life on a 24 hour a day basis (Flint, 1978; Bauer and Heinke, 1976; Levin, 1976; Hazel, 1976).

(b) Residential institutions are a prohibitively costly way of trying to provide a sutstitute home and treatment resource (Levin et al, 1976; Bauer and Heinke,

1976; Hazel,1976).

3. The growing conviction, as evidenced from all reviewed programs, that the goal of special placements should be treatment (to bring about change) as well as, and not only, to provide a home for a child who is difficult to live with.

4. The conviction, based on clinical evidence and impression, that disturbed children can and do change or grow toward mental health with help from trained professional therapists. These professionals can be psychotherapists, caseworkers or special foster parents or a combination of them (Kaplan and Turitz, 1957; Waskowitz, 1954; Gray, 1957; Flint, 1978; Patterson, 1976; Bauer and Heinke, 1976; Levin et al, 1976; Barker et al, 1978; Larsen et al, 1978; Zaslaw, 1977).

5. The trend toward the use of special foster parents as primary treatment agents (Bauer and Heinke, 1976; Levin et al, 1976; Larsen et al, 1978; Hazel, 1976,1977) or as secondary treatment agents, (Flint, 1978; Barker et al, 1978) in conjunction with other professionals.

6. The trend toward granting professional status and fees for special foster parents (Gafney, 1965; Bigley, 1968; Bauer and Heinke, 1976; Levin et al, 1976; Barker et al, 1978; Larsen et al, 1978; Freeman, 1978; Flint, 1978; Hazel, 1976,1977).

7. The continuing and growing belief that certain qualities are an important consideration in the selection of special foster parents (Kaplan and Turitz, 1957; Wildy, 1955; Bauer and Heinke, 1976; Levin et al, 1976; Larsen et al, 1978). Levin et al believe that some of these essential qualities can be measured by certain psychological tests.

8. The growing importance placed on training of those people who are acting as change agents and/or foster parents for emotionally disturbed children (Gafney, 1955; Flint, 1978; Patterson, 1976; Bauer and Heinke, 1976; Barker et al, 1978; Larsen et al, 1978; Zaslaw, 1977).

The training being utilized is of two basic natures: (a) conceptual developmental theory; (b) treatment modalities and techniques, with an emphasis on variety.

Flint, as well as Bauer and Heinke, make strong recommendations that everyone working within a program, whether in administration or in the field, should operate within the same conceptual framework and that the conceptual training required should apply equally to everyone connected with the program.

9. The continuing importance placed on evaluation of each program based on the progress or lack of progress of each individual child in care (as evidenced in each program reviewed).

10. The conclusion by a number of the programs of the need for support/training groups and support services to assist the special foster parents in the difficult task of treating and parenting emotionally disturbed children (Kaplan and Turitz, 1957; Gafney, 1965; Levin et al, 1976; Larsen et al, 1978; Hazel, 1976,1977).

11. The current trend of gathering objective information regarding the background, education, experience, marital status, sex, age, etc. of special foster parents (Bauer and Heinke, 1976; Barker et al, 1978; Larsen et al, 1978).

CHAPTER THREE

THE METHOD

The central purpose of the study is to investigate the experience of being a therapeutic parent from the perceptions of those people who were, or had been, therapeutic parents (T.P. s). Two approaches were employed; (1) An illustrative composite case example of the experience as a T.P. (2) A postal questionnaire survey of T.P. s in the Victoria region.

I THE ILLUSTRATIVE COMPOSITE CASE EXAMPLE METHOD.

The writer was a T.P. for two years and documented the experience on the basis of the research method of participant observation. To protect the confidentiality of the writer's child-in-care, it was agreed with the Ministry of Human Resources for the writer to interview the T.P. s of six other emotionally disturbed children and to construct a composite case example.

The writer approached three T.P. s who were known to him and who had previously indicated a willingness to contribute to the current study. They were informed of the need for additional case information in order to contruct a composite case example and agreed to participate, with one T.P. agreeing to discuss 3 children, one - 2 children and one - 1 child.

Interviews were conducted separately in the homes of the T.P. s in a quite informal manner with the writer

keeping the focus of the interview on the experience of being a T.P. for one specific child. The T.P. s who had been the treatment agents for more than one child were asked to select one child at a time to discuss and informed that there would be a separate interview procedure for each individual child so selected. This approach was designed to keep information specific, rather than general, and was quite successful.

For each child discussed, the interview format was identical. The T.P. s were first asked to give a brief description and history of the child. The writer then asked questions regarding the areas in which the child manifested emotional and behavioral problems. Once the discussion started to focus on problem areas, the writer, by asking open ended questions, kept the focus between the general problem areas and the specific behaviors that were a problem in those areas. For example, if the response was 'Oh, he/she has a lot of trouble at school', the writer would ask a question such as; 'What exactly does he/she do at school that is a problem?' or 'Could you tell me more about that?' When the problem areas and specific behaviors were identified, the focus was then directed to the treatment methods used and the apparant results of those treatment approaches.

This general format and the use of open ended questions worked quite well in keeping the interviews focused and yet relatively non-directive within that focus.

The resulting composite case study is designed to be a typical example of an emotionally disturbed child's background, behavioral problems, and the type of treatment that such a child might receive in therapeutic care.

II THE POSTAL QUESTIONNAIRE METHOD

Questionnaire construction

The questionnaire was constructed to provide information in three main areas of interest:

1. Objective data about the characteristics of the T.P.
2. Subjective data about the experience of being a T.P.
3. Indications, from the perspectives of the T.P.s, of ways in which the program might be improved.

The original questionnaire and a covering letter was constructed by the writer, with suggestions from Human Resources personnel at both the regional and provincial level being used as guides.

Following the original construction of the questionnaire, a pilot study was made with six people who had experience as T.P. s. Two of them studied the questions without answering them and made editorial suggestions.

The other four volunteers answered the questions and gave information about any difficulties they encountered with either the content or the wording of the questions. In addition to the pilot study with other T.P. s, the questionnaire was reviewed by two professors. Each of the professors made suggestions as to wording and ways of keeping questions open while facilitating a response.

The questionnaire was reworded in places where difficulties were encountered by the volunteers, and some of the more open questions were redesigned to give a selection of rated answers in accordance with the suggestions of the professors.

The redesigned questionnaire was then presented to the supervisor at Human Resources, who gave it final approval and made further suggestions regarding the covering letter.

The final questionnaire and covering letter were ready for mailing on March 30, 1979. (See Appendix B for questionnaire and Appendix C for the covering and follow-up letters).

The population and sampling.

The original intention of the study was to send questionnaires to T.P. s throughout British Columbia. However, this proved impractical. Discussion with Human Resources personnel, at the provincial level,

who gave the study their approval, indicated that each region was autonomous. This meant that approval and lists of names to contact would have to be obtained from each regional manager, which would prove very time consuming, if indeed possible.

In addition, it was pointed out that each region operated the T.P. program, not only autonomously, but in some cases, quite differently, making any information difficult to correlate and evaluate.

The recommendation from the provincial office of Human Resources was that an exploratory study would best be conducted within the Victoria region, where the interest and co-operation had already been shown and where results could best be evaluated. It was decided to follow this approach. The Victoria region is also one of the more active ones in the province in its use of the T.P. program. For these reasons it was decided to follow this approach. The Victoria regional office agreed to send the letter to all T.P. s, past and present, whom they had addresses for. This turned out to be 39 out of an estimated 66 T.P. s.

The data collection procedure.

The questionnaires, with covering letters and self-addressed return envelopes, were taken to the regional office of Human Resources, March 15, 1979, where they

were to be mailed out. Human Resources did not want to jeopardize the confidentiality of T.P. s by giving out a list of names, and as a result, the writer could not do the mailing. It took approximately four weeks to mail out forty questionnaires, with the first batch being mailed within the first ten days. The remainder were mailed as the clerical staff found the time between year end reports and regular duties.

The completed questionnaires were returned directly to the writer. Nine had been received by the end of April. A follow up letter was composed by the writer (See Appendix D) and mailed by the regional office of Human Resources over a three week period in the month of May. Three more completed questionnaires were received during May, bringing the total to twelve.

In June, the writer again composed a follow up letter (See Appendix E) and the regional office of Human Resources mailed it to those names that they had in their records. Ten of the names and addresses of the original list had inadvertantly been lost.

The writer, at this point, determined to make more direct contact with the potential respondents and acquired a year old list of names of T.P. s. This list had been compiled by a T.P. in an effort to organize the T.P. s in the district for regular meetings. This list

had 34 names on it. To this list were added the names of three other former and/or present T.P. s whose identities became known to the writer through his work.

Of the thirty-seven people on the list, twelve had moved from the district and could not be easily traced or contacted and twenty-five were contacted by phone with the following results: four had kept copies of the original questionnaire and agreed to complete and mail it; four had already completed and returned the questionnaire; sixteen agreed to complete the questionnaire if another copy were delivered and mailed to them; one was involved in a family crisis and not willing to co-operate.

It was not possible to have the list compiled by the writer correlated with the list used by Human Resources, as they had lost their original list and were unable to duplicate it. Two of the people on the writer's compiled list claimed that they were relatively certain that they had not received the original letter and questionnaire and the others were either quite certain or relatively sure that they had received the original letter and questionnaire.

From all this, it was concluded that the questionnaire was received by thirty-nine people.

views, between the respondents and the researcher.

Limitations of the two methods used in this study.

The result of this survey of the T.P.s from the Victoria district may not be generalized to other populations of T.P.s, particularly as each district is managed autonomously with regard to therapeutic parenting.

The questionnaire used in this study is subject to the usual limitations of the instrument, including possible misinterpretation by respondents, the subjective nature of the information sought, and the consequent need for some degree of interpretation by the writer.

Whereas the same questions were asked of each respondent, each of the respondents varied from the other in the length of time they had been therapeutic parents which leads to unmeasured variability of response.

Testing the respondents with the same questions at a later date to assure reliability was not done.

The compilation of responses did not utilize cross tabulation which may limit the potential of the method to reveal meaningful data.

The wording of the questionnaire might have been improved upon. For example, question No. 14, which reads, 'How do you feel about the length of placement?' could be reworded to read, 'Do you think the normal maximum placement of one year should:

(a) remain as it is ☐

(b) be reduced to 6 months or less ☐

(c) be reduced to 3 months or less ☐

(d) be extended to 2 years or less ☐

(e) be extended to 3 years or less ☐

(f) be extended to 5 years or less ☐

(g) be extended to as long as considered necessary ☐

Please check one

The participant observer method lends itself well to the explorative study as the total immersion or involvement of the researcher allows a relatively complete and comprehensive understanding of the program. It is an 'in situation' method of naturalistic observation which permits almost continuous observation of behaviors as they happen. The implicit as well as explicit components of the program come to the awareness of the researcher.

The participant observer method does have limitations inherent in it.

(a) Data gathered are perceptions and reactions, making quantification difficult. Final decisions may require further research using other methods which will produce quantified data.

(b) Data are recorded after the event and there is danger of researcher bias or distortion. Scientific recording of the data offsets this tendency to a great extent.

(c) Objectivity of the researcher is endangered. There is a possibility that that which is taken for granted by most other participants will be taken for granted by the participant observer. This danger is also offset by scientific recording of the data.

Statistics

In the initial conception of this study, it had been hoped to obtain statistical information on Therapeutic parenting from Human Resources. However, it appears there are few statistics available that would shed light on the present study. In discussions with the provincial office, it was discovered that they were in the process of reprogramming their computer program in order to have more statistical information available in the future. Such information would include length of stay by children by age range, by year, as well as reason for referral and outcome evaluation. Unfortunately, these types of statistical data were not available at the time of this present study.

CHAPTER FOUR

METHOD I. THE ILLUSTRATIVE COMPOSITE CASE EXAMPLE.

Becoming a therapeutic parent.

The therapeutic parents became T.P. s through seeing a poster put out by the Ministry of Human Resources. This led them to visit the offices of that organization. There they learned that their desire to be involved in what appeared to them to be a worthwhile programme would at the same time satisfy their own needs for additional income.

The child was chosen by the social workers at Human Resources after consultation with the T.P. s and a pre-placement three day trial period. The T.P. s were then fully informed of the child's background.

How the child came into the T.P.'s care.

"Sandy" is the pseudonym for this composite case child. This name was chosen because it is appropriate for either sex. Sandy, who is now twelve years old, was first rejected by the natural mother at birth and re-claimed at two weeks. This rejection-reclamation pattern was repeated several times by the natural mother. She rejected and reclaimed Sandy several times between the ages of two weeks and five years.

Earlier records indicated a history of emotional and physical deprivation in the family while Sandy was with

the natural mother. For example, at two years of age, Sandy could not chew and digest solid food and there was physical evidence of malnutrition, as well as behavioral evidence of emotional deprivation. Finally, at the age of five, when Sandy was again turned over to Human Resources for care, the agency had the natural mother sign papers that made Sandy a ward of the Province permanently. What precipitated this final separation was Sandy's uncontrolled destructive behavior, both at home and in the day care centre that Sandy was attending during the mother's work day. It was on the current 'father's' insistence that Sandy was made a ward of the Province.

From that time until Sandy was placed in therapeutic care, the child had been in a number of foster homes, in two of which the foster parents had intended and promised permanent adoption. Being adopted was, and is, Sandy's most treasured fantasy. In each case, Sandy's behavior was so aversive and disruptive to the families involved, that adoption was considered impossible if the family was to survive as a family. In one case, the conflict was with the foster siblings and, in the other, the conflict was with the foster father, dividing the couple and causing the marriage to become at risk. Sandy had been aware of the promise of adoption and of the reason

for failure. Sandy's aversive behavior continued to accelerate at school as well as at home, and assignment to a special class for behavior problems in a school other than the home school was considered necessary. It was shortly after this school placement that the last regular foster placement failed and Human Resources determined that Sandy required special treatment in a therapeutic home.

Problem areas identified.

When Sandy first came into the full care of the T.P. s, certain problem areas were identified in conversation with the social workers involved in the child's care, and from the T.P.'s pre-placement experience with Sandy. These areas were then expanded upon to identify specific behaviors that required modification before the child could be returned to regular care. Following is an outline of the problem areas that were identified and the specific behaviors that required treatment.

1. Lack of self caring.

Associated behaviors:

(a) Bedwetting - every night.

(b) Soiling pants - frequently at school, when disciplined.

(c) Almost total lack of personal hygiene - would not wash, bathe, or clean teeth; would not change clothers; would not flush toilet.

2. Disrespectful responses to adults.

Associated behaviors:

(a) Abusive language and threats of violence.

(b) Defiant, sullen manner.

(c) Hostile acts - hitting, biting, scratching, kicking, spitting.

3. Destructive relationships with peers.

Associated behaviors:

(a) Abusive language and threats of violence.

(b) Displays of cruelty when competing.

(c) Manipulating peers to do things that would get them in trouble (to act out).

(d) Hostile acts - spitting, hitting, kicking, destroying their property.

Any sustained contact was made impossible.

4. Poor functioning at school.

Associated behaviors:

(a) Abusive language and behavior towards both teachers and peers.

(b) Refusal to work.

(c) Refusal to learn.

(d) Provoking trouble.

(e) Refusal to co-operate.

5. Negative self-concept.

Associated behaviors:

(a) Negative self statements.

(b) Refusal to care for self.

(c) Refusal to believe in any future.

(d) Refusal to accept any belief in own powers.

These are not mutually exclusive areas and some of the problem behaviors are evident in more than one area. Categorizing Sandy's problem behaviors into areas helped the T.P.'s to realize the destructive effect these behaviors were having on the child's functioning and to set goals by which to measure the effectiveness of the T.P.'s treatment methods. The T.P. s treated the behaviors individually where possible, and measured the effectiveness in terms of improvement in Sandy's: self caring; relationship with adults; relationship with peers; functioning at school; demonstrating a positive self concept.

Treatment methods.

For each problem behavior, or area, a treatment method was decided upon and then subsequently modified, dropped or strengthened, depending on the effect it was having on the child's behavior and self concept.

Human Resources allowed a great deal of latitude and freedom in the choice of treatment methods and the two social workers with whom the T.P. s worked were fully involved and concerned, without being overly directive.

The T.P. s felt that they were allowed to decide what they could best do for the child and that the social workers were there to guide them where they could, while satisfying themselves that the T.P. s were employing methods that would be constructive. The T.P. s were not always in agreement with the social workers as to method and possible effect, but everyone shared the common responsibility of experimenting, in concerned ways, with known techniques that have been supported by some evidence of success in the treatment of emotionally disturbed children. Following is a description of the treatment methods that were used and their observed effects in each of the five main problem areas for Sandy that were listed above:

1. Lack of self caring.

In the area of self caring, Sandy wet the bed every night and the T.P. s used a number of methods to help eliminate that behavior:

(i) Non-judgmental responses, such as 'that must be really uncomfortable for you.'

(ii) Demonstration of affection, which was usually a big hug, particularly during the first week.

(iii) Natural or logical consequences (after one week of acclimatization). The T.P. s would not get up to

change Sandy's sheets or to reassure the child. They also informed Sandy that there would be no clean pyjamas in the middle of the night.

(iv) Sandy was not allowed to have anything to drink after the evening meal.

Improvement was noted during the second week and continued progressively until, after four months, Sandy ceased altogether to wet the bed.

Sandy would frequently come home from school with soiled pants and the T.P. s used the following approaches in their efforts to eliminate this undesirable behavior:

(i) Non-judgmental responses, such as ' that must be uncomfortable for you'.

(ii) Self disclosure and logical or natural consequences, such as 'I don't like the smell when you soil your pants'. Sandy was made to bathe self in colder water each time and to wash out own underwear.

(iii) Humour. At one time, Sandy, after reacting violently when angry, asked 'Well, what else could I do?' The response to Sandy's question was, 'You could poop your pants'. Sandy's face took on an impish expression which gradually grew into an expression of hilarious laughter. Sandy never again soiled his pants.

Still in the area of 'self caring', Sandy refused to attend to matters of personal hygiene, such as bathing,

washing, combing hair, cleaning teeth and such matters. The T.P. s used the following approaches in attempting to change this type of behavior:

(i) Logical and natural consequences. The T.P. s would not play with Sandy or allow the child to eat until personal hygiene was attended to. When Sandy flatly refused to wash,the child was washed quite firmly and roughly. This happened only a few times before Sandy decided it was better to wash without refusal. Eventually, the T.P. s incorporated personal hygiene in a points system, which was instituted at school (That system is described below under section 4 on poor functioning at school).

(ii) Positive verbal reinforcement for attending to personal hygiene. The T.P. s were pleased to see Sandy improve quite rapidly in the area of personal hygiene and that improvement continued throughout the placement. Sandy did however, regress whenever the consequences were not forthcoming on a regular basis.

2. Disrespectful responses to adults.

In the areas of relationship to adults, Sandy's response to adults was so constantly hostile and so subtly covert at times, that many adults found themselves hating the child without understanding what had

happened. At other times, Sandy's hostility was so open that there could be no question as to what was happening. Sandy was extremely demanding of adults and expected them to be constantly in attendance.

It was noticed at the outset of the placement, that Sandy would look at the T. P. and at other adults, with an expression that could best be described as reptile-like - cold, malevolent and somewhat hooded. When being openly aggressive, which was frequent, Sandy often was phsyically violent and almost constantly verbally abusive. Phrases such as, 'Fuck you, you bastard! or bitch!' abounded. At one time, when the T.P. father was attempting to physically handle one of Sandy's more violent rebellions, he was fortunate to escape a very deliberate and vicious kick aimed at his groin. Adults were definitely enemies for Sandy.

The T.P. s approached this area as one integrated problem instead of separately treating each of the behaviors that were associated with it. The tactics the T.P. s used were as follows:

(i) Active listening in depth. Such phrases as 'You must be really angry at me right now' were frequent and effective. After six months, Sandy would let down the defences and share the hurt, anger and bewilderment of feeling abandoned.

(ii) Phsyical outlets. The T.P. s encouraged Sandy to vent feelings in ways that were not harmful. Initially, Sandy needed physical outlets but as treatment progressed, Sandy could be satisfied with more verbal expressions. Sandy initially liked to roll up a newspaper and, with the T. P. father's approval, hit him across the back until Sandy felt satisfied. At first, there seemd no end to the need to hit. However, one evening, after about three months, when the T. P. father was encouraging Sandy to, 'really let it out',the child looked at him and said, quite calmly and with some amazement, 'I guess I don't have it in me right now'. After that, Sandy would only occasionally suggest that hitting the T.P. father with a paper might help relieve the tension.

In addition, the T.P. s purchased a special air filled dummy that Sandy could attack at will with special air filled gloves and punch and kick until aggressive feelings were dissipated.

(iii) Humour. At times when Sandy would be getting into a 'temper tantrum', the T.P. father would say something like, 'You don't call that a tantrum,do you? Here, let me show you how'. and the T.P. father would act out a tantrum by getting on the floor and thrashing about wildly. Sandy was always delighted and would ask if the

T.P. father really had tantrums when he was a child, and if he got away with them. The results of such efforts were usually to calm Sandy and bring about a feeling of comradeship. Later, tantrum behavior faded and was finally eliminated.

(iv) Natural and/or logical consequences. When particularly abusive, Sandy was put in isolation (a room other than the one that the T.P.s were in) until there was a readiness to treat the T.P.s differently. This isolation usually followed a statement by the T.P.s to the effect that they would not be treated that way and that they did not want to be with anyone treating them that way. Sandy did not like being isolated. Because the T.P.s did not want Sandy to feel rejected for <u>any</u> hostility, they used this approach with less frequency as the treatment progressed.

(v) Gestalt catharsis. At a later stage of treatment, the T. P. used a Gestalt technique in which Sandy was asked to talk to his Mom and Dad in fantasy and let them know how it felt to be rejected by them. The T.P. would say, 'Talk to the people you are really angry at - what is it you want to tell them?'

The T.P. was surprised at the ease with which Sandy would get into such a fantasy conversation and pleased with the cathartic release and the following sense of well-being demonstrated by Sandy after such a

release. Sandy grew to talk with greater ease about his mother and father and how they should not have had children if they were not prepared to look after them.

(vi) Didactic instructions. In the second year of placement, the T.P. s could talk to Sandy about the importance of learning to get along with adults in order to obtain the help and support necessary to grow up and become independent.

(vii) Setting expectations. Sandy often talked about being a 'regular person', an adapted term, meaning a person who feels good about him-/herself. The T.P. s would state that they expected Sandy to behave like a regular person and this became an acceptable goal.

The T.P. s found it gratifying to watch the improvement in Sandy's behavior towards adults. In the second year, there were many days without any evidence of the old abusive ways, and, when they were in evidence, they lacked the original intensity. Neighbors commented on what an interesting and pleasant child Sandy was. This was in direct contrast to neighbours' remarks heard during the first six months to a year of the placement. The cold, malevolent, reptile-like look in Sandy's eyes was gone entirely during the last six months of the placement, and was replaced by an alive, interested look.

3. Destructive relationships with peers.

Sandy's relationship with peers was constantly strained at the outset of the placement. The child's attitude and behavior toward other children, particularly older ones, was provocative, hostile, competitive, cruel, violent and highly manipulative. Sandy enjoyed getting other children into trouble and sustained peer contact was impossible. When Sandy first came to the T.P.'s, they knew that the child could not be expected to play with other children for more than a few minutes before a fight would break out. The methods used in dealing with this problem area paralleled the treatment regarding Sandy's relationship to adults. They were as follows:

(i) The T.P. s listened empathically after asking questions such as, 'What's it like for you when nobody wants to play with you?' and making statements such as, 'You must be pretty lonely'. Sandy did open up more and more as time progressed, and, after a few months, would tell the T.P. s what it felt like to have no peer relationships.

(ii) The T.P. s allowed Sandy to receive the natural consequences and to take the full responsibility of not having friends. The T.P. s would help, but Sandy had to do the work and pay the penalty of loneliness

when too aggressive, cruel and abusive.

(iv) Sandy was encouraged and supported in any effort to handle loneliness in a constructive manner by developing interests in things that could be done without playmates, when that was necessary.

(v) The T.P. s encouraged Sandy to persist in trying to make friends and set the expectation of behaving like a 'regular person'.

Peer relationship is still one of Sandy's most troublesome areas of development, in spite of the improvement. It is the T.P. s hope that, having experienced some good relationships, Sandy will want to continue developing them more and more. Sandy seems by now to know the difference between co-operative and aversive relationships and seems able to choose a different way of relating.

4. Poor functioning at school.

Sandy's functioning at school had deteriorated to the point where the child could not stay in a regular class without disrupting it. Sandy constantly used abusive language , refused to work, to learn or to co-operate, and provoked trouble with other students. At the outset of the placement with the T.P. s, Sandy was in a special class for children displaying behavioral problems. This class was made up of 6 to 8 children, aged 6-10 years, with one teacher who had received special

training in dealing with disturbed children. Sandy disrupted this class constantly and became so unmanageable, that the principal insisted that the child be placed in a class of older emotionally disturbed children, where there was one teacher and two child care workers for 5-6 students.

In this second class, the philosophy appeared to be that disturbed children had a right to be disturbed, and love and acceptance without too much discipline would result in better behavior. The stated treatment approach in the classroom was to ignore all aversive behavior and reinforce only positive behavior with verbal praise and tokens which were added up to give special privileges.

The behavior in the classroom was chaotic, with many open fights. Jackets were torn and cut, lunch boxes smashed, food thrown about and the children would hit and spit on one another. Sandy, being the smallest, was now the victim more than the architect of conflicts and the child's behavior worsened, becoming totally unmanageable, in and out of class at school. The principal asked the T.P. s to withdraw Sandy from this school and talk to the school psychologist about alternatives. This was about five months after Sandy's placement with the T.P. s.

After discussions with the school psychologist, it was decided to place Sandy in a special school, run by

the school board, to teach only those children with behavior problems. At the time of Sandy's enrollment, the school had about six teachers and child care workers looking after approximately 15 children. There were also some parents in attendance who were encouraged to be a part of the system in order to learn new approaches to teaching and discipline.

The philosophy in this school also appeared to be based on the belief that the emotionally disturbed child has the right to be disturbed but, in addition, it was assumed that the disturbed child has the capacity to be responsible for his/her behavior. Therefore, in this school, there were consequences for inappropriate behavior. Children were expected to clean up any mess made (sometimes multiplied many times), run laps around the school yard, do push ups, complete their school work if it meant staying late or working week-ends and it was firmly stated, 'You are here because you have a problem and we expect you to work at correcting it. We are here to help you with that problem.'

The school had definite rules and they were firmly enforced. There was no violence, abusive language or other inappropriate behavior, without an appropriate consequence. The school encouraged parents to participate and co-operate in this treatment approach.

The classrooms were usually extremely quiet and there was definite concentration on the work being done. Classrooms became a safe atmosphere for children to work and learn in. Sportsmanship and fair play were stressed in sports activities, with teachers and workers in constant attendance. Disruptions were handled immediately and logical consequences were meted out to the disruptors.

The T.P. s worked out a points system with the principal of this school and it was used in Sandy's treatment both at home and at school, with certain variations, for the duration of the child's stay. Certain behaviors which the T. P. s aimed to reduce or eliminate were clearly identified and each time the behavior was witnessed by anyone at school, or at home, a negative point was awarded. Each point meant a certain number of minutes (exact number of minutes varied from time to time) early to bed. For example, if the school wanted Sandy to stop swearing in class, they would allocate one point for each swear word. Sandy did not like this system and initially the allocation of a point lead to the acceleration of the behavior and the awarding of many more points. Sandy, on occasion, would wind up in bed as early as two o'clock in the afternoon, with no evening meal. When Sandy realized the way to stay up was to

behave, rather than misbehave, and that the T.P. s were firm in their resolution, both at home and at school, the points became the most effective way of meting out appropriate consequences.

During the last six months, the T.P. s started awarding positive points for desired behaviors. Positive points could be used, upon negotiation with Sandy, for the attainment of a number of privileges. Sandy came to realize that special privileges were contingent upon responsible behavior. Originally, Sandy believed special privileges should be forthcoming, regardless of anything, and demanded them from everyone. The manner in which the school personnel and the T.P. s co-operated with one another proved to be one of the strongest determinants in Sandy's treatment. Sandy progressed steadily and moved from grade three level work to grade five, after a full year at the school. Sandy's behavior also improved steadily, although there were plateaus and regressions. At the end of the placement with the T.P. s, Sandy was in 'grad' class, with those students who were considered ready to try again in a regular school. Sandy had learned to play co-operatively with the other children and, although there was still evidence of over competitiveness and cruelty at times, the almost constant presence of adults kept such displays to a minimum. Sandy was learning the pleasure and benefits of getting along with other children.

5. Negative self-concept

One of the areas, which was identified as 'negative self-concept', overlapped into each of the other problem areas. Sandy appeared to have few feelings of self worth, and matter of fact statements such as; 'I was born bad', 'I'm just bad', 'I can't help being the way I am', 'I'm no good, that's why my mother sent me away', abounded. It was decided to concentrate on this area separately, since it appeared that Sandy's very poor self-concept was contributing to the behavioral problems manifested with adults and peers, especially at school. The specific methods used for restructuring Sandy's self-concept were as follows:

(i) Negative self statements were challenged and Sandy was encouraged to replace them with positive self statements. Initially, the child could not or would not make any positive self statements. The initial 'break through' came one evening when the T. P. kept insisting that Sandy should repeat, ' I am a worthwhile person', After many refusals, the T. P. then insisted that he would not allow any play until the child would at least paraphrase the statement. Finally, with a rush of tears, Sandy said, ' You think I'm a worthwhile person.' This was a moving experience for Sandy and the forerunner of many similar experiences. Sandy, at later

times, grew to make many positive self statements and appeared to believe them. It was a red letter day for the T.P.'s when Sandy, after being disciplined, yelled,'Yeh, well I'm still a worthwhile person,so there!'

(ii) The T.P. s decided to tell Sandy the truth about his mother, her inability to raise children, and that she had given up several children - not just Sandy. The child did not want to believe that 'Mom would give me up forever', and insisted on seeing the final papers. After Sandy was satisfied the papers were real, there seemed to be a greater willingness to accept the fact that Sandy's 'being bad' was not the reason for abandonment.

(iii) Sandy was encouraged to have fantasy conversations with his/her real 'Mom and Dad'. Sandy fell into this easily, with very little help or encouragement. These fantasy conversations were effective for releasing Sandy's pent up emotions and an equally effective medium for Sandy to practice positive self statements.

(iv) The T.P. s reinforced Sandy with verbal praise for any positive self statement or behavior that reflected self valuing.

These various methods enabled Sandy to develop a more positive self-concept, which reflected itself in better functioning in all areas of the child's life.

Results and summary.

Sandy left the T.P. s after two years, and was placed with a family with children of their own, both older and younger than Sandy. The family hoped to proceed with adoption, if things worked out with all members of the family. After six months the indications were quite positive. Sandy appeared to be getting along quite well with the family, but was experiencing some relationship problems with neighbors. Also, although still experiencing difficulties in functioning at school at the level that would be expected of a child twelve years of age, Sandy was more willing to work at it.

Until the time of placement with the T.P. s, Sandy had never been able to maintain peaceful relationships with any family for a six month period. Prior to that time it appeared highly improbable that Sandy could become sufficiently well adjusted for adoption by a normal family. After the T.P. treatment for two years, the prognosis was favorable. Sandy's goal of being a regular person with an adopted family seemed attainable.

The results in this composite case example show how Therapeutic parenting can be an effective method of healing the wounds of an emotionally disturbed child and bringing about changes in behavior patterns that have been destructive to the child's functioning with other people.

Some additional observations on therapeutic parenting.

1. An eclectic therapeutic approach is effective in T.P. work. The T.P. s in this study used ideas and methods from many schools of psychology, including Adlerian, rational and emotive, communication skills, Rogerian, reality, gestalt, transactional analysis, assertiveness training, and parent effectiveness training.

2. It became apparent to the author of this study during the course of his own participant observation as a T.P. that Human Resources were only partly committed to the concept of therapeutic parenting. Whereas some staff in the program believed in the potential of the foster parent being the therapist and principle change agent, there was evidence to indicate that some other members of staff believed that change would only come about when the child outgrew the disturbance. This latter group of people appear to view therapeutic parenting as a way of getting extra money to people who will put up with the difficulties of living with an emotionally disturbed child until he/she will outgrow the problem.

3. The great importance of the mutual assistance of school and T.P. home is very clearly indicated in the case of Sandy. The T.P. s were treated as professionals by the informed and concerned professionals at the school.

The T.P.s' experience with the principal and staff was supportive, educational and rewarding.

4. These effects from the school staff's treatment of the T.P. s as professional equals indicate that this type of policy should be implemented more generally. If T.P.s are not recognized and treated as professional equals and are not given the professional back up services required for ongoing commitment, the T.P. is left to carry too much of the responsibility and concern alone. In the future development of the therapeutic parenting programme consideration should be given to planned support for T.P.s from such professionals as those found at Sandy's school. Such services as ongoing training and support groups (at the T.P.s' discretion), relief facilities with trained professionals in attendance, special tutoring for the child when required, and holiday camps and recreational programs, staffed to deal therapeutically with emotionally disturbed youngsters might be included.

METHOD II. THE QUESTIONNAIRE.

Thirty-nine questionnaires were mailed to people who were, or had been, T.P.s in the Victoria region. Twenty-eight (71.8 percent) were answered and returned. This is a large enough proportion to insure that the sample is representative of T.P.s in the Victoria region.

Backgrounds of therapeutic parents

T.P.s ranged in age from 33 to 54, with the mean age being 33.5 years. Sixteen of the designated T.P.s were female and twelve were male. Twenty-eight of the respondents had children of their own, ranging in number from one to four with a mean of 2.1. Seventeen of the respondents stated that they had foster children other than 'therapeutic', however the wording of the questionnaire was ambiguous and it appeared that several respondents included their present therapeutic child as a foster child.

The educational level of the respondents ranged from high school graduation to a doctoral degree. One respondent had a doctoral degree, three had masters degrees (one with a double M.A.), four had baccalaureate degrees plus some post graduate studies, three had completed some university courses, after high school graduation, and ten had high school diplomas, with no further

formal education.

Twenty-three of the twenty-eight respondents, either as a part of their education, or in addition to it, had received special training in the fields of psychology, child care, special education or counselling. One of the respondents was a special nurse. The remaining four indicated no special training that might relate to care and treatment of an emotionally disturbed child, however, the spouse of one had been a social worker.

The number of children for which the respondents had been T.P.s ranged from one to seven, with the mean number being 1.6. The seven children being parented therapeutically is atypical of both the Victoria region and of British Columbia and could be excluded on this basis, leaving a more typical range of one to three, with a mean of 1.4.

The length of time spent as a T.P. ranged from six months or less to five years or more. Three of the respondents had been T.P.s for less than six months, thirteen for from six months to one year, seven for from one year to less than two years, and four for from two years to less than three years. None fell into the three years to less than five years category and only one had been a T.P. for five years or more.

The single case of a T.P. with five years or more experience is atypical both in the Victoria region and in British Columbia. A review of the Provincial records of 196 people who had served as T.P.s revealed that only 39 of them (19.9 percent) have served for more than one year. These data indicate that the Victoria region has experienced longer commitments from T.P.s than is typical for T.P.s in British Columbia.

Motivation for becoming a therapeutic parent.

In answer to the question, 'What prompted you to become a therapeutic parent?' almost all respondents gave more than one motive. The motives for becoming a T.P. fell into the following categories:

(a) Interest in child care work and/or desire to utilize their training and experience in child care work - 23 respondents.

(b) For income - 18 respondents.

(c) Other motives - 5 respondents.

This question might have produced more useful data if the respondents had been asked to list these motives in order of importance, Nevertheless, the data obtained seemed to support the assumptions of other programs (Larsen et al, 1978; Hazel, 1976; Holman, 1975) that among the general population capable people exist who are available to help to parent and to treat emotionally

disturbed children.

The number of respondents including money as a motivator, indicates that money is an important consideration, even for those people who are otherwise motivated to work in the helping field. This confirms the findings in the review of the literature that there is a trend toware accepting therapeutic parenting as a profession, with the need for the participating special parents to be treated and paid as professionals (Gafney, 1965; Bigley,1968; Bauer and Heinke,1976; Levin et al, 1976; Barker et al, 1978; Larsen et al, 1978; Freeman, 1978; Flint, 1978; Hazel 1976, 1977).

Personal qualities important to being an effective therapeutic parent.

The responses of the respondents to this question appeared to have a wide range. Seventy-five qualities were listed. However, they may be classified into three main categories.

Forty-one of the qualities mentioned were related to stability of personality. Such answers as patience, inner strength, stable personal life, objectivity, firm but fair, strength of purpose, consistent, decision making skills, fell into this category.

Twenty-four of the qualities chosen by the respondents fell into a category that seemed best described as

warmth of personality. Terms such as empathic, accepting, compassionate, loving,generous, forgiving, were included in this category.

Ten of the qualities listed pertained to a skill and were categorized as possessing communication skills. Such responses as communication skills, ability to listen, willingness to listen, willingness to explain, ability to express feelings, openness,were included in this category.

Using the above mentioned categories, it would appear from the responses of the Victoria region T.P.s that an effective T.P. can best be described as one demonstrating stability and warmth of personality and possessing communication skills, with stability of personality being the most important quality.

It is interesting to compare these qualities with the first three qualifications of special foster parents for emotionally disturbed children, as identified by Wildy, 1955, (p. 3) and her colleagues at the Illinois Children's Home and Aid Society.

1. Stability of character of the parents and stability in family unit.
2. A genuine liking and sympathy for children.
3. Capacity to develop skill in handling special behavior problems.

It is also interesting to note that in the Hamilton program (Levin et al, 1976) 'parent therapists' were selected and evaluated regularly on the basis of their own and their families' stability as revealed by specific psychological tests. The Hamilton experience indicates that people selected on the basis of family stability are likely to continue being parent therapist for a number of years.

Perceived need for special training of therapeutic parents.

Twenty of the 28 (71.4 percent) respondents answered that some sort of special training would be beneficial to the T.P.,while one answered 'maybe - for some'. Twenty-five percent (7) answered that no special training would be beneficial. Fifty-five percent (11) of those believing special training would be beneficial or 39.3 percent of the total respondents felt it should be required.

Those respondents who believed special training would be beneficial were asked what type of training they would recommend. The answers included 14 suggestions for specific treatment approaches, such as behavior modification, communication skills, parent effectiveness training, transactional analysis, crisis intervention, management techniques. Six of these 14 answers favored behavior modification training. The need for a repetoire of treatment methods is supported by a number of current

programs investigated in the review of the literature; (Larsen et al, 1978; Barker et al, 1978; Bauer and Heinke, 1976; Levin et al, 1976) also, the composite case example demonstrated the use of a number of modalities including gestalt, client centred, reality, Adlerian, and parent effectiveness training.

Six of the suggestions for recommended training were for basic developmental psychology, while two were for internship type training in a therapeutic home setting, two were for 'whatever was required' by the therapeutic parents. The remainder of the suggestions were from one respondent only and were: types of family life styles, education for working with Human Resources, life experience and first aid.

In summary, T.P.s in the Victoria region believe that training for therapeutic parents would be beneficial but it should not necessarily be required of T.P.s. The training favored by the respondents was of two main types - therapeutic methods and developmental concepts, with therapeutic methods being considered of greater importance. Those questionnaire responses of the Victoria sample of T.P.s support the philosophies of the programs examined in the review of literature, both as regards the need for training, and the type of training necessary. These conclusions regarding the training of T.P.s are confirmed also by the results of the composite case study reported

under Method I in this chapter. The T.P.s in the composite case study came to the conclusion that any successful program must be based on a consistent concept of child development that is followed and supported by every member of the administrative and treatment team. Flint (1978) outlines a security theory of development which relates both mentally healthy and unhealthy development with behaviors and treatment needs. This theory, along with Flint's research findings of what can and cannot be expected of once deprived children seems particularly helpful in guiding the T.P.'s treatment of the child in care.

Unfortunately, the composite case study found no such consistent conceptual understanding was evident in the administration nor in the treatment team of Human Resources. Indeed, what was in evidence, was a program where each person had a highly individualized developmental philosophy which was often at odds with the real purpose of the program (treatment) and with other workers in the system. The writer's own experience as a participant observer T. P. was that there were a number of people in Human Resources who believed that there was no way of treating the 'illness', other than providing a home and waiting for adulthood to happen, at which stage,

hopefully, the undesirable behaviors would disappear or be treatable. The consequences of this attitude are indicated in a statement by Flint (1978):

> Personalized, individualized care can be given only when caregivers are convinced of its worth. It is enormously challenging and emotionally draining. It requires knowledge about human development and minimal recognition of the rules of mental health. Beyond these qualities, it can be given consistently only when the caregiver is a relatively mature self disciplined person. Maturity takes time to grow. Its progress can be hastened by knowledge. Hence in-service staff training should be constant. The security theory could provide a means for such development (p. 167).

Results of therapeutic parenting as measured by the child's ability to better cope with his/her environment, as perceived by the therapeutic parents.

Forty-five children had been treated by the T.P.s answering the questionnaire. Of these 45 children, the perceived results were as follows: Helped a lot - 21 (46.7 percent), helped to some degree - 16 (35.5 percent) and not helped at all - 8 (17.8 percent).

It is likely that these results may be biased by the tendency to view positively that in which a person invests

so much of him/herself. Nevertheless, these findings are comparable with conclusions drawn from other 'parent therapist' programs reported on in the review of literature (Bauer and Heinke, 1976; Levin et al, 1976; Hazel, 1977; Larsen et al, 1978).

There is reason to believe that special parenting, with the foster parent being the primary treatment agent, can be effective in bringing about desirable changes in the behavior of many emotionally disturbed children, helping them to better cope with their natural environment.

Factors that may detract from ongoing commitment as a therapeutic parent.

The answers to two items in the questionnaire signify that T.P.s in the Victoria area are not disposed to a continuing commitment to helping emotionally disturbed children.

1. In the objective data collected, it is noteworthy that 57.1 percent of the T.P.s surveyed had been so employed for less than one year, with only one person or 3.6 percent having been a T.P. for more than 3 years.

2. In the final question, the respondents were asked if they would be therapeutic parents again. The asnwers were as follows: No - 10 (35.7 percent), Yes - 4 (14.3 percent) and Maybe - 14 (50 percent), with 3 of these stating, 'Not very likely'.

In addition to the indication that ongoing commitment is not likely, the answers to three questions shed some light on what appears to be the main detractors from an ongoing commitment as a T.P.

Firstly, the T. P.s answering 'No' and 'Maybe' to the question regarding continuing service, gave explanations that indicate their dissatisfactions.

Of the ten answering 'No', the explanations fell into the following categories: The lack of effective relief - 4, the work is too heavy and intensive - 2, the lack of income security - 2, the pay is insufficient for the type of work - 2, the Human Resources policy allowing no other work is unfair - 1, and dislike for Human Resources - 1. These answers indicate that the work is too heavy and intense if there is not effective relief and satisfactory pay and treatment.

Of the 14 answering 'Maybe', the explanations fell into the following categories: If their own family situation permitted - 4, No explanation - 3, Not really likely -3, If they were given more job security - 1, If a firm agreement with Human Resources regarding treatment could be reached - 1, Too heavy a burden to consider seriously - 1, Like working with children, however dislike working with Human Resources - 1. No particular pattern is available from these responses, however there appears to be a distinctly negative tone to them.

There is some indication of the intensity of the work and the lack of job security.

Secondly, in determining the reason for lack of on-going commitment, the respondents were asked to name the main problem for them, of being a therapeutic parent. The answers were categorized as follows: No effective relief - 8, Difficulties in working with social workers and Human Resources - 5, Intensity of dealing with emotionally disturbed children - 5, Disruptions to own family - 5, Lack of privacy in own home - 4, and lack of summer camps - 1.

The above answers indicate the intensity of the work and its effect on the family, with no satisfactory relief from the continuous aversive impact of living with an emotionally disturbed child.

Thirdly, with regard to lack of ongoing commitment, the respondents were asked to make recommendations for changes to the program (a) for better administration (b) for the treatment of the child. In reviewing the answers, it was decided to amalgamate answers to sections (a) and (b), as the answers did not clearly belong in one section or the other. Twenty-four of the twenty-eight respondents made at least one recommendation, with a number making more than one. Answers were categorized as follows: More security for therapeutic parents - 10,

More effective relief system - 6, More training available for therapeutic parents - 6, More special school aids made available - 4, and more recreational aids made available - 2.

The answers to these three questions indicate that therapeutic parents in the Victoria area have difficulty in finding effective relief from the intensity of the work with the emotionally disturbed child and the resulting disruption to family life and privacy. It also appears that there is felt a lack of financial security and back-up resource support from Human Resources. In addition, there is strong evidence of a felt need for more training opportunities being made available.

Human Resources would be well advised to look at each of these areas individually to see what, if anything, can be done to reduce the negative effect on the commitment of people willing to work in an area where, it is safe to assume, most people are either not equipped to work, or are not desirous of working. Working with an emotionally disturbed child is intense and draining, requires special skills, deserves the support of training programs for the adult involved and school/recreational aids for the children struggling to develop in areas that are proving difficult for them.

From the answers given in the questionnaire, the writer's own experience as a participant observer, and the statements and findings of many of the programs covered in the review of literature, it seems evident that if British Columbia is to reduce the turnover rate of therapeutic parents, it should consider some modifications to its program.

Based on this study, the modifications to be considered are: A better relief system, increased financial security, ongoing training and education and more available resources aids (schooling and recreational).

Flint (1978, p. 169) sums it up succinctly, when she states:

> One of the bitter observations which must be made about North American society is the recognition that despite its high regard for its children, there is a low regard for its children's caretakers. Since the caretakers are the moulders of the children's character and can influence their development towards healthy or unhealthy outcomes, this surely is a conflicting set of values. . . . Child care is considered anyone's field, yet it is one of the greatest challenges of a lifetime for individuals or for communities.

A final statement.

A summary of the answers to question number 13 of the questionnaire, brings the issue into focus. When asked to state which, of a group of statements, best described their experience as a therapeutic parent, 7 stated - worth the effort, 5 - difficult, 4 - challenging, 3 - frustrating, 3 - rewarding, 2 - underpaid, 1 - adequately paid, 1 - satisfying, 1 - disappointing, 1 - unappreciated. Bringing these generalized opinions together into one final statement, it would seem that T.P.s find their job difficult, challenging and frustrating, but rewarding and worth the effort. However, they have a number of disatisfactions with the current therapeutic parenting program that deserve attention if it is to be developed seriously in the future.

Originally mailed by Human Resources.....39

Returned unopened, with no forwarding address... 3

36

The writer's own..... 1

Additional names as ascertained by phone conversations..... 2

Total.....39

Completed questionnaires returned were:

After original letter..... 9

After first follow up letter..... 3

After second follow up letter and phone calls...16

Total.....28

This is a 71.8 percent return, which is considered sufficient to indicate the representative perceptions of the T.P. s in the Victoria district.

Information about non-returns was not available as the questionnaires were not coded in order to determine who had returned them.

It was concluded that, in future, any individual conducting further studies would be well advised to compile and work with his/her own lists, doing his/her own clerical and mailing work, if such a list could be obtained, either with Human Resources co-operation, or independently. Such an approach would appreciably reduce the time consumed, increase the number of respondents and allow direct questions and answers, as well as inter-

CHAPTER FIVE

CONCLUSIONS AND IMPLICATIONS

Therapeutic parenting can be an effective treatment modality for the treatment of emotional disturbance in children, based on evidence from the review of literature, the composite case example and the perceptions of T.P.s in the Victoria region. The evidence indicates that some emotionally disturbed children can be helped to cope, in a more effective way, with the intense intrapersonal and interpersonal strife that typifies their existence, through special foster parenting treatment. Therapy can be effectively implemented by the child's home caretaker, providing a more assured consistency of treatment in therapy and parenting. In addition, the difficulty of transferring what is 'learned' in therapy to the home environment is reduced when therapy is provided in the home and by the 'parent'. A number of recent programs throughout North America, England, Sweden and Germany utilize professional caretakers, who are also trained therapists, to care for those children who, for some reason, are not able to live in a mentally healthy way with their natural parents.

There are people, with a high degree of interest, who are willing to invest their time and energy in helping emotionally disturbed children by being special foster parents. Some of these people possess special skills

and training for dealing with difficult children. From the answers to the questionnaire, one can draw a profile of the type of people , in the Victoria district, who are willing to work with the emotionally disturbed children in such a manner. They are generally well-educated, with a majority of them having University education. Most of them have training and/or experience in child care or related work and many of them are motivated by the desire to help children, and/or the desire to utilize their training and experience in that field. They are interested in using their skills professionally and making sufficient income to support a life style that allows them some flexibility, while working out of their own home.

These helping adults are usually married and have children of their own, with some of them having regular foster children as well. They very in age from the early twenties to the early fifties and may be either male or female, with a greater likelihood of their being female. This profile is quite similar to the profile of the Alberta Parent Counsellors, reported on by Larsen et al, (1978), with two small differences noted. Firstly, the Victoria region T.P.s are primarily University educated, with the majority having training and/or experience in helping children, whereas, the

Alberta Counsellors were diverse in background and experience, with only 'some' having extensive counselling and child care experience. Secondly, in the Victoria district sample, parents were predominantly married, with only some singles, while in Alberta, a deliberate effort was made to include single, married, divorced and widowed candidates. The profile of Victoria district parents is also similar to that of the Fond du Lac program, reported on by Bauer and Heinke, (1976). The main difference is in the vocational area, where the Fond du Lac parents had a greater diversity of background.

There are identifiable personal qualities that may be important to being an effective T.P. A potential T.P. would be perceived to have a stable, warm personality and possess communication skills.

There is a rapid turnover of therapeutic parents in British Columbia, based on the Victoria sample and provincial statistics. It would likely be beneficial to the British Columbia program to study the possibility of providing the kind of support the Victoria T.P.s require, based on their answers to the questionnaire, if they are to continue their commitment to help emotionally disturbed children. These supports are:

(1) A more effective relief system, so that a therapeutic parent can, when required and of his/her own

volition, leave a child with the secure knowledge that care and treatment are ongoing and basically in keeping with the concept of development and treatment methods that they have been operating with.

(2) A more secure arrangement that protects the income of T.P.s while waiting for a child to be available for their care or while they are 'renewing' themselves for readiness in an intense involvement with another child in care.

(3) Ongoing training of two main types made available: (a) Training in a conceptual understanding of developmental psychology (preferably consistent for everyone operating in the child care system); (b) Training in a variety of therapeutic modalities that are apparantly meeting with success elsewhere.

(4) More and better recreational and school aid programs available for children who may always experience some difficulty with conceptual skills and in relationships with peers. Flint's (1978) study suggests that these conceptual and relationship problems are evident in once deprived children, throughout their growing years.

Evaluation of the program is either lacking or not in evidence. There is no evidence of evaluation of: results on the child's behavior; effectiveness of therapeutic parents; effectiveness of social workers;

effectiveness of various treatment modalities. It is highly desirable that such a program be evaluated on an ongoing basis. This is a relatively new approach, with important implications for the future of care and treatment of emotionally disturbed children. It is important to evaluate and assess the effectiveness of all components in order to help determine the effectiveness of the present treatment and the direction for the future.

In summary, in 1975, British Columbia embarked on a therapeutic parenting program for treating some emotionally disturbed children. This program is in general accord with the recent approaches utilized in North America, England, Sweden and Germany.

It has been encouraging to find that the therapeutic parenting program in British Columbia is quite advanced and in tune with recent developments in the field of treatment for emotionally disturbed children. There are however, inherent weaknesses in the program that require attention. Without some modifications, the program may have difficulty retaining therapeutic parents. Unquestionably, cost of modifications to the program will be an important factor in deciding whether these changes will be considered. But in considering this cost factor there is a dilemna - - the choice between either paying the additional costs now, in the

Therapeutic Parenting Program, while they are manageable and measureable, or waiting until there may be much more emotional harm done to all involved; and the costs are largely unmanageable and immeasurable, with many of them being incurred by mental health facilities and jails. Therapeutic parenting may be one of the least costly and more effective interventions to be utilized in the continuing fight to prevent the perpetuation of the problem of emotional disturbance from generation to generation.

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APPENIX A - SERIAL LETTER FROM MINISTRY OF HUMAN RESOURCES

APPENDIX A

DEPARTMENT OF HUMAN RESOURCES
PARLIAMENT BUILDINGS
VICTORIA, BRITISH COLUMBIA

OFFICE OF THE DEPUTY MINISTER

Serial Letter No. 552-456 May 7, 1975

CIRCULAR LETTER TO ALL MUNICIPALITIES AND
OFFICIALS OF THE DEPARTMENT OF HUMAN RESOURCES

Re: Therapeutic Homes

The Honourable Norman Levi, Minister of Human Resources, has approved the following as policy effective May 1, 1975:

A. DEFINITION AND PURPOSE:

1. The therapeutic home is a resource wherein treatment is provided for the severely emotionally or behaviourally disturbed child in the therapeutic parent's own home. This option is usually selected for the child whose problems are more likely to be satisfactorily resolved in a family setting rather than in a residential treatment centre but who requires the intensity of service offered in a residential centre. It is also used in areas where no residential treatment centre exists in order to keep the child in his home community while he is undergoing treatment rather than remove him to an area where a treatment centre may be located.

2. The goal of the therapeutic home is to help the child with specified difficulties in the contracted time to enable him to return to his own home or to a less intensive placement resource in the community.

B. SELECTION OF THERAPEUTIC PARENT:

Selection of the therapeutic parent is a local responsibility. Personal suitability is more important than academic qualifications. Skills required are those possessed by the child care worker in a residential treatment resource and, in addition, the ability to provide a positive family-like setting for the child concerned.

C. APPROVAL PROCEDURES

1. Each region will be notified of its budget for this programme, approved on an annual basis.

.....2

2. Approval of therapeutic homes is obtained from the Regional Director. A proposal consisting of draft contract which will include proposed formal agreement, outline of child's problem, treatment methods, goals, and review date should be submitted in writing ahead of time and should have the recommendation of the District Supervisor. The form of contract to be used and appending schedules is attached.

3. Each contract will be for a specific child and will have the child's name appended. It is important to recognize that we are contracting with a home and are setting a rate for the treatment and care of a child whether care is provided by an individual or by a couple. The person named as the therapeutic parent will be the one who is considered to be in receipt of the fee for service. The child who justifies this intensity of service generally requires a full time commitment. The contract is drawn up to cover the treatment of the child for no more than a three month period on the approval of the Regional Director. Contracts may be renewed for three month periods of up to one year in total on the approval of the Regional Director. Copies of each contract are to be forwarded to the Division of Residential and Treatment Programmes for Children. The Division must be notified of each renewal.

   In exceptional situations where treatment is required for longer than one year approval may be given for a further extension by the Division of Residential and Treatment Programmes for Children. Requests for such extensions must be forwarded in writing prior to the lapsing of the current contract and must have the approval of the Regional Director.

PROVISIONS AND LIMITATIONS

1. The District Office should develop proposals for therapeutic homes only to the extent that it can provide adequate social worker time from the existing staff establishment to monitor all aspects of the service provided.

2. Relief is not considered a general provision in all therapeutic homes, but where it is necessary in exceptional circumstances, it is the responsibility of the local office, with the prior approval of the Regional Director, to provide relief, payable by billing to Child Welfare Accounts, Victoria for one person for specified time which may not exceed fourteen hours per week. (See Item E4). Such relief will be contracted for with persons other than the therapeutic parent's immediate family. When relief is used it will be on a monthly reportable basis to the Division of Residential and Treatment Programmes For Children. (See Schedule D). Annual holidays are the personal responsibility of the therapeutic parent.

3. When contracts, for whatever reason, are terminated before the expiration of the period contracted for, the Co-ordinator of Group and Therapeutic Homes must be notified immediately. Submission of a C.W. 39 showing the child moved terminates payment only of the maintenance for the child. When a child does move before the expiration of the period contracted for, payment of fee for service will continue to the end of the month in which the child is moved or for a two week period, whichever is longer. Maintenance will terminate as of the date the child moves.

4. These guidlines will take effect April 1, 1975. Continuity provisions to permit a particular child to complete a period of treatment already underway under different arrangements may be negotiated with the Co-ordinator of Group and Therapeutic Homes Programmes. Time limitations to achieve goals will still apply to continuity arrangements. These guidelines are based on the experience of a lengthy trial period and will, until further notice, be reviewed annually.

E FINANCIAL ARRANGEMENTS

1. Parents with earnings will be expected to contribute to the costs of the therapeutic home according to their ability to do so. This provision does not apply where the child came into care by a court procedure with no provision for a maintenance order against the parents.

2. All payments made under this program (except the maintenance payment for the child) are to be considered as fees for contracted service. The therapeutic parent is fully responsible for making his own arrangements for payment of Income Tax and Canada Pension contributions and purchase of any fringe benefits such as medical coverage and sickness and accident insurance. This has been allowed for in the rate.

3. Fee for service will be paid for the current month and maintenance (regular) for the child will be paid in arrears. Please ensure that the therapeutic parents understand that the maintenance payment covers food, the child's share of household equipment and operation, transportation, personal supplies, recreation, gifts and spending allowance; and that there will be no additional expenses paid. Family allowances are included as in foster homes, in the regular maintenance rate.

One Child	
Fee for Service	$900.00
Two Children	
Fee for Service	$1,100.00
Three Children	
Fee for Service	$1,300.00

4. Relief, if used, should be contracted for on an hourly basis. The fee payable may range from the minimum hourly wage to a maximum of $5.00 per hour. Any relief payments made are chargeable to the regional Therapeutic Home Budget.

J. A. Sadler
Deputy Minister and
Director of Human Resources

Purpose: Amended Policy

Filing Instructions: Serial Letter Book - Miscellaneous

Office Responsible for Questions Arising from this Release:
Residential and Treatment Programmes for Children

APPENDIX B - QUESTIONNAIRE FORM.

1. What prompted you to become a therapeutic parent?

2. Are there any personal qualities that you feel are important to being an effective therapeutic parent?

   Yes ____ No ____

   If your answer is Yes, what are those qualities?

3. Have you had any special training or experiences that have better prepared you for being a therapeutic parent?

   Yes ____ No ____

   If your answer is Yes, please list.

4. In your estimation, would any special training be beneficial to a therapeutic parent?

   Yes ____ No ____

   If your answer is Yes, What special training would you recommend?

5. How complete and/or effective was the pre-placement visiting, goal-setting and orientation to the childs' background done by the Department of Human Resources?

6. How has your child in care interacted with other people:

   (a) In your home.

   (b) In your community.

7. What community services and/or resources, (such as: schools, recreational facilities, church, other learning, etc.) have you been able to utilize or co-operate with to aid you in your therapeutic parenting?

   (If you have listed more than one, please indicate order of importance to you)

8. What additional community services and/or resources, if any, would you like to see made more available to assist in therapeutic parenting?

(If you have listed more than one, please indicate order of importance to you)

9. Would you prefer (have preferred) - (please check one)

	More	Less	O.K., as is
Contact with Human Resources			
Direction from Human Resources			
Training from Human Resources			
Evaluation from Human Resources			
Support from Human Resources			

10. What particular problem(s), if any, have you had with being a therapeutic parent? Please list.

11. What changes would you like to see made to the program?

12. Do you consider your child has been helped to cope with his/her environment? If you have had more than one child, treat each child individually. Please check one.

	Child 1	Child 2	Child 3	Child 4
Not at all				
Minimally				
Satisfactorily				
Considerably				
Greatly				

13. Would you consider your experience as a therapeutic parent to be: (check whichever ones are suitable).

Unrewarding _____
Challenging _____
Rewarding _____
Frustrating _____
Impossible _____
Overly demanding _____
Worthwhile _____
Well Paid _____
Underpaid _____
Satisfactory _____
Unsatisfactory _____
Appreciated _____
Unappredíated _____

14. How do you feel about the length of placement?

15. What are your perceptions regarding the transition from your care back to childs' own home or other care?

16. Did you feel your opinion re: treatment proceedures and time of contract termination valued by Human Resources?

Treatment		Termination
_____	Not at all	_____
_____	Minimally	_____
_____	Somewhat	_____
_____	Considerably	_____
_____	Greatly	_____

17. To how many different children have you been a therapeutic parent?

18. Will you be a therapeutic parent again?

Yes ____ No ____

please explain.

APPENDIX C - COVERING LETTERS

APPENDIX C

2609 Arbutus Rd.,
Victoria, B. C.
V8N 1W4
Feb. 28, 1979.

Dear Therapeutic Parent:

Being a therapeutic parent, either now or recently, you will be aware of the difficulties of working with the emotionally or behaviorally disturbed child. You will also be aware of the consequences and costs of such emotional and behavioral problems to the child, the family, the schools and ultimately, to society itself.

British Columbia has, with its' 'Therapeutic Parent Program', what appears to be a unique approach which could contribute information of value to other people working in this area. As a part of a thesis for my degree in Counselling Psychology, I would like to collect the perceptions and impressions of other therapeutic parents and present them in a manner which may be helpful to the great number of people struggling with this problem. We, as therapeutic parents, have information and perceptions which could help shape better treatment and care for children here in B. C. and/or other parts of the country. Your help will be invaluable to me and ultimately, I hope, to the Department of Human Resources, with whom I am working co-operatively in preparing my thesis.

Should you choose to participate, your confidentiality is assured, as the Department of Human Resources will be addressing the envelopes so that I will not have access to your name. Your reply will come directly to me and Human Resources will have access only to the cross section of answers as compiled by me, not to any individual questionnaires.

It is my hope that all of us as therapeutic parents, can contribute information that will be of significant value to children in treatment, their families and to all concerned adults. Your co-operation is earnestly solicited.

If you do choose to reply, I would appreciate receiving your questionnaire at your earliest convenience, so that I might complete my survey in March of this year. Enclosed is the questionnaire and stamped, addressed envelope.

Respectfully,

[redacted]

Stew Sinclair.

2609 Arbutus Road,
Victoria, B. C.
V8N 1W4
April 12, 1979.

Dear Therapeutic Parent:

You were recently mailed a Questionnaire asking you to share your perceptions as a therapeutic parent.

I have received some questionnaire back, but not enough, as yet, to complete my study. Your effort to fill in and return this questionnaire will not only help me to complete my thesis, but could be of great value to both the children and concerned adults who are involved in this most important human enterprise.

If you have misplaced your questionnaire and require another one, please contact Kay Kaminski's office, Department of Human Resources, which will have one mailed to you.

My sincere thanks to each of you who have, or soon will have, taken the time to complete and return this questionnaire to me. I am indebted to each of you.

Sincerely,

R. S. Sinclair.

2609 Arbutus Road
Victoria, B. C.
V8N 1W4

May 31, 1979

Dear Therapeutic Parents;

Re: Thesis Questionnaire
or The Good News and the Bad

I've received 12 completed questionnaires and the information coming from them is exciting to me and valuable to the field of caring for 'emotionally disturbed' children. The problem is, that while 12 out of forty respondents in the Victoria area is enough to make the study interesting, it is not enough on which to base any 'strong' statements or recommendations.

Because we, as therapeutic parents, have been doing the actual one on one work with the 'difficult to handle' children, we are professionals and have valuable information to offer in this field. Other people actively working at parenting these rather special children, and the children themselves, can only benefit from the information we have to share, if it can be presented in a strong enough fashion.

If you would like to discuss my thesis with me on the phone, or face to face, I would welcome the opportunity. Remember, you have my name and phone number while I do not have yours as Human Resources want to leave it up to you whether you want to be known to me or not.

Whether you would like to talk to me or not, please help me to give this study enough impact to be effectively heard and felt by taking 30 minutes of your time to answer the questionnaire.

Questionnaires are available from me personally or from Kay Kaminski's office in Human Resources.

Respectfully,

[redacted]

R.S. Sinclair
477-5965

P.S. To those of you who have already responded, my sincere thanks.

VITA

Surname: SINCLAIR Given Names: ROBERT STEWART

Place of Birth: TUELON, MAN. Date of Birth: May 30, 1925

Educational Institutions Attended, with Dates of Entering and Leaving:

UNIVERSITY OF SASKATCHEWAN, SASKATOON	1943 to 1944
UNIVERSITY OF SASKATCHEWAN, SASKATOON	1945 to 1948
UNIVERSITY OF VICTORIA, B.C.	1976 to 1980

Degrees, Diplomas, Etc., Awarded, with Dates and Names of Institutions:

B. Comm.	1948	University of Saskatchewan, Saskatoon

Honors and Awards:

Publications:

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Title of Thesis/Dissertation

A STUDY OF THERAPEUTIC PARENTING IN BRITISH COLUMBIA

Author [redacted]

ROBERT STEWART SINCLAIR

March 14, 1980.