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Predictors of Placement Outcomes in Treatment Foster Care: Implications for Foster Parent Selection and Service Delivery

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Treatment foster care (TFC) is a normalizing environment in which to treat those children whose particular needs are not addressed in traditional foster care and for whom an institutional setting is a restrictive and unnecessary alternative. However, when the foster care placements of these emotionally and behaviorally disturbed children fail, as they often do, the children are shifted from one home to another without the opportunity to experience permanence or emotional attachment, resulting in poor adjustment to foster care. Placement stability, which depends in part upon effective matching of foster children with potential foster families, is critical for achieving positive outcomes in TFC. Yet, there is a dearth of information to guide placement agencies in making decisions about matching foster children with families. Moreover, once a successful match has been made, it is equally vital that service delivery be of high quality so that permanence is maintained. We review research on the predictors of positive outcomes in foster care, focusing on studies involving emotionally or behaviorally disturbed children, and provide recommendations for selecting foster parents and for ensuring high quality foster care services and placement stability.

KEY WORDS: specialized; therapeutic; outcomes; successful placements; service delivery.

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Every year at least half a million children are in foster care in the United States, and that number is expected to increase (Kools, 1997; Soliday, 1998). In addition to more frequent and longer foster care placements, the child welfare system is encountering children who are more medically fragile, behaviorally demanding, and/or in need of special services (Halfon, Mendonca, & Berkowitz, 1995; Rosenfeld et al., 1997; Soliday, 1998). Studies find that a majority of the entire foster care population, regardless of gender or age group, have clinical psychological disorders (Halfon et al., 1995). The increased risk is due, in part, to difficulties in attachment created by the abusive and/or neglectful situations often characterizing the child's developmental years, as well as to the potentially traumatic separations occurring with placement changes (Kates, Johnson, Rader, & Strieder, 1991). Many foster children "have been severely traumatized and have special medical, psychiatric, educational, and social needs. . . . In some ways, the foster care system has become an open air mental hospital serving many very disturbed children" (Rosenfeld et al., 1997, p. 449, 454). Up to 84% of foster care children have emotional or developmental problems (Halfon et al., 1995).

Some of these children are in "treatment foster care" (TFC) because their biological families are unable or are ill-equipped to manage and care for a child having serious emotional or behavioral problems. Treatment foster care (also known as specialized foster care, intensive foster care, therapeutic foster care, parent-therapist program, therapeutic families, and treatment family care) is an integral part of the local mental health and child welfare systems and often is used as a less restrictive and more cost-effective alternative to residential psychiatric treatment (Rosenfeld et al., 1997). Treatment foster care is based on the premise that foster parents can serve as a major provider of therapy in their daily interactions with the child, and that therapy need not be practiced by the clinician alone (Gabor & Kammerer, 1983). Treatment foster care developed as an outgrowth of research suggesting that children's psychological needs may be best met by living in a family environment, though treatment and out-of-home placement may be necessary in some circumstances. To accommodate these divergent needs, TFC combines features of residential treatment and foster family care (Meadowcroft, 1989; Webb, 1988).

Treatment foster care programs vary widely in terms of theoretical models and methods of implementation. However, certain features should be present in any program serving as a foster family treatment environment for troubled youth (Meadowcraft, 1989): a nurturing family for typically one or two troubled children; professionalizing treatment parents; support services for treatment families; low caseloads; frequent treatment-oriented supervision; provision of treatment services; crisis intervention services; educational services; health screening and medical services; and coordination of services ensuring system linkages. The clinical priorities of TFC include: a safe and functional home; effective parenting;

relationship therapy; continuity with loved ones; therapy for special needs; and a plan for permanency (Fine, 1993).

PROBLEMS WITH TREATMENT FOSTER CARE

Unfortunately, it is common for treatment foster parents to withdraw from foster parenting soon after a foster child is placed with their family (see Baker, 1989). When the TFC placements of emotionally and behaviorally disturbed children fail, as they often do, the children are shifted from one home to another without the opportunity to experience permanence or emotional attachment, resulting in poor adjustment to foster care (Rosenfeld et al., 1997). Inappropriate placement and increased numbers of unsuccessful placements also causes pervasive harm to the entire system by creating foster parent burnout, thus reducing the quality and quantity of available foster homes (Baker, 1989). Recognizing the importance of placement stability in foster care, the U.S. Congress passed the Adoption Assistance and Child Welfare Act (1980) requiring agencies to develop permanency plans for each child to help "end the drift of children in foster care." The Act further emphasized the need to move toward quicker placement stability, if not permanence, for children. But despite the Congressional mandates, permanence in foster care has not been achieved, and multiple placements are more common than they were 20 years ago, probably due to the growing foster care population and the more serious medical, emotional, and behavioral problems of children entering the system (Rosenfeld et al., 1997; U.S. General Accounting Office, 1999).

Placement stability, which depends upon effective matching of foster children with potential foster families, is critical for achieving positive outcomes in TFC. Yet, there is a dearth of information to guide placement agencies in making decisions about matching foster children with families. Moreover, once a successful match has been made, it is equally vital that service delivery be of high quality so that permanence is maintained. We review research on the predictors of positive outcomes in foster care, focusing on studies involving emotionally or behaviorally disturbed children, and provide recommendations for selecting foster parents and for ensuring high quality foster care services and placement stability. First, we discuss the limitations of existing research and outcome measures.

LIMITATIONS OF EXTANT RESEARCH

There is little controlled experimental research on the efficacy of treatment foster care, with existing studies varying widely in experimental rigor (Chamberlain, Moreland, & Reid, 1992; Hudson, Nutter, & Galaway, 1994; Reddy & Pfeiffer, 1997). Methodological limitations include small non-random samples, subjective

evaluation methods, use of instruments with unproven reliability or validity, use of instruments that have not been normed for foster care children, discrepancies among ratings between biological parents, foster parents and social workers, insufficient baseline data, unnecessarily narrow outcome criteria, failure to use control or comparison groups, and reliance on descriptive statistical analyses alone (Bates, English, & Kouidou-Giles, 1997; Rosenfeld et al., 1997).

Quality research on how best to match foster families with foster children is virtually non-existent, perhaps because of the relatively small number of foster families available compared to the number of children that need to be placed. Even if a protocol could be developed to optimally match families with children, this does not guarantee the availability of the most appropriate family when a child needs to be placed.

The literature also reflects the lack of an overarching conceptual framework by which to evaluate the effectiveness of treatment foster homes (Bates et al., 1997). Additionally, due to the accessibility of mothers as compared to fathers, most studies of foster families focus on the foster mother alone (Dando & Minty, 1987), although the father's role is also important. Interactions between foster parents and the foster child are likely to be a significant determinant of placement outcomes, but most research has focused on the individual characteristics of children and prospective families without looking at the characteristics of a good child-family match (Green, Braley, & Kisor, 1996).

Outcome Measures

The efficacy of foster care placements is usually measured by objective and quantitative measures such as length of placement, number of placements, reunification with the biological family, level of postdischarge restrictiveness, and whether the discharge was planned or unplanned (Forsythe, 1989; Galaway, Nutter, & Hudson, 1995: Staff & Fein, 1995). Although these measures are valuable in measuring placement success, they do not provide adequate information regarding child and family functioning and adjustment, nor do they provide a systematic evaluation of placement satisfaction.

However, the use of placement stability as the measure of placement success is supported by theoretical literature on the difficulties associated with separation among foster children. "Changes in living arrangements are disruptive for a child and are thought to be emotionally burdensome. The impact of separation and possible feelings of rejection are among the dangers often cited. Lack of environmental consistency alone, even when ostensibly minor, can be confusing and a source of insecurity for a child" (Festinger, 1983, p. 53). The length of the child's longest placement is positively correlated with the child's satisfaction with the placement (Festinger, 1983). Thus, stability of placement may be an indirect measure of satisfaction and other important child and family functioning variables.

Some evaluations of the effectiveness of TFC programs have used additional measures of success, including changes in the foster child's self-esteem, sense of identity and personal worth (Galaway et al., 1995; Salahu-Din & Bollman, 1994). Other outcome variables that have been used include measures of intellectual functioning, academic performance, perceptions of social environment, and levels of internalizing and externalizing behavioral problems (Colton, 1988; Iglehart, 1993; Rubenstein, Armentrout, Levin, & Herald, 1978). One thorough follow-up study of a network-oriented, developmental approach to TFC used measures of social adjustment, developmental disruption, behavior ratings, general health, personal attitudes toward foster care, and type and number of attachments, along with more typical indicators of success (Fine, 1993).

Despite the methodological limitations of current research, two reviews of published outcome studies suggest that TFC is effective. Hudson et al. (1994) reviewed 11 evaluation studies of TFC; Reddy and Pfeiffer (1997) reviewed 40 outcome studies. Comparisons of TFC with other options (traditional foster care, group homes, etc.) suggest that TFC results in positive changes for youths (improved social skills and psychological adjustment, reduced behavior problems), greater rates of placement permanency, less restrictive postdischarge placements, and lower costs than institutional programs (Hudson et al., 1994; Reddy & Pfeiffer, 1997). However, few studies have followed children beyond their TFC placements into adulthood in order to examine the quality of their lives in terms of self-sufficiency, behavioral adjustment, family and social support and functioning, and general sense of well-being (McDonald, Allen, Westerfelt, & Piliavan, 1996).

CORRELATES OF SUCCESSFUL PLACEMENTS

Having discussed the limitations of extant research, we review research findings on the characteristics of the foster child, the biological family, the foster family, and the agency that are correlated with successful foster placements. In addition to identifying factors associated with placement stability, correlates with other measures of success (e.g., child's psychological adjustment, self-esteem, academic achievement) are also reviewed. Because another indication of foster placement success is the subjective satisfaction of the foster child, the foster family and the child's biological family, we also discuss the correlates of family and child satisfaction.

Foster Child Characteristics

Emotional and Behavioral Problems

Not surprisingly, emotional and behavioral problems in foster children are negatively related to placement success (Keane, 1983; Lawder, Poulin, & Andrews,

1986; Proch & Taber, 1985; Stone & Stone, 1983; Wolkind, 1978). Foster children who exhibit normal attachment behaviors, good school conduct, who are better socialized and non-aggressive, and have experienced acute (rather than chronic) family problems precipitating their removal from the home, are more likely to have foster care placements that lasted at least 60 days and did not disrupt unexpectedly thereafter (Stone & Stone, 1983).

Children who enter the foster care system at a younger age demonstrate less externalizing behavior problems (Iglehart, 1993), and are more likely to move to less restrictive settings upon leaving foster care (Taber & Proch, 1987). Older African-American children, however, are likely to stay in foster care longer regardless of any behavior problems (Seaburg & Tolley, 1986).

Prior Placements

Prior placement experiences of the foster child are also significant predictors of foster placement outcomes. Kagan and Reid (1986) found that both length of time in institutions before the first foster placement and the total number of previous placements were related to outcomes in the most recent placement. Placement failure was higher for those children who had experienced previous negative placement outcomes. They examined youths who had experienced extreme neglect and physical abuse in their biological families and had subsequently experienced multiple placement failures in foster homes, group homes, psychiatric hospitals, and residential treatment centers. For children with such a history, attachment issues may be an important consideration. The formation of attachments to yet another set of parents may be very difficult, resulting in failed placements.

Relationship with the Foster Family

Foster children's relationship with foster parents and other children in the home has a substantial impact on their satisfaction with the placement. Children who felt close to their foster family were more satisfied with their foster care experience (Festinger, 1983). Here, the family's warmth plays a large role (Fanshel, Finch, & Grundy, 1990). Lapses in the family's warmth, such as poor treatment by the foster family's biological children or favoritism toward the biological children, have negative effects on the foster children (Fanshel et al., 1990; Rice & McFadden, 1988).

Relationship with the Biological Parents

Foster children's relationships with biological family members are also very important. Most children would like to see their biological family more frequently (Rice & McFadden, 1988). This is not true for all foster children, however. Because

the children who are in foster care often come from a background of abuse or neglect, some do not want to see their biological parents. These children's satisfaction is determined more by their control over the situation and by their satisfaction with the visitation, than by the actual amount of contact with biological parents (Festinger, 1983).

Interviews with former foster children indicate that visits with the biological family are not always satisfying; visits should be more personal and not occur at the agency (Festinger, 1983). Foster children were even less satisfied with the amount of contact they had with their biological brothers and sisters (Festinger, 1983). Particularly if the relationships between siblings are positive, all efforts should be made to keep siblings together or to arrange for frequent visits.

Summary

In sum, the children who do best in TFC are those who have: (1) fewer emotional and behavioral problems, (2) fewer prior placements and less time spent in institutions before their first foster placement, (3) fewer prior negative placement outcomes, (4) good relationships with their foster family, and (5) a degree of control over the frequency and type of visitation with their biological family. These findings, all of which are consistent with common-sense intuitions, further indicate the importance of ensuring placement stability and permanency to the extent possible, careful selection of foster parents and matching of foster families with foster children, and empowering foster children.

Biological Family Characteristics

Because a goal of foster care is, in most cases, reunification with the biological family, it often is critical for the child to maintain a relationship with her birth family. Teenagers who have no contact with a birth parent are at greater risk for foster care breakdown (Smith, 1986). Successful reunification and short length-of-stays in foster care are facilitated by the child's ongoing relationship with biological family members (Fanshel, 1979; Milner, 1987; Salahu-Din & Bollman, 1994). Other predictors of length of foster care stay include social stressors experienced by the biological family and the social supports available to the biological family (Milner, 1987).

Although many of the biological parents in one study (Fernandez, 1996) said that their children were better off in foster care, the parents' satisfaction was affected by the degree to which they were involved in the decision to place the child, how well they got along with the foster parents, and their chance for reunification with their child. Placement in foster care can deprive a child of his/her natural place in the family and lead to the further disengagement of the biological family (Kates et al., 1991). Frequent visitation with the biological family and improvement

of the child's relationship with the biological family is often essential for family reunification, but may be problematic due to the stress it can cause for foster parents and the child (Rosenfeld et al., 1997). Parental visitation has been associated with distress symptoms in children under age three (Gean, Gilmore, & Dowler, 1985), demonstrating the need to tailor visitation plans to the child's developmental stage.

Biological parents routinely report that they want to see their children and remain involved in important decision making (Jivanjee, 1999a). Professionals also report a belief in the importance of family involvement (Jivanjee, 1999b). Unfortunately, a variety of factors tend to limit the influence that biological parents have on decisions regarding the child's placement, resulting in parental dissatisfaction. Many parents are not given a realistic picture of foster care, do not meet the foster parents before the placement, and are not consulted ahead of time or included in decision making about their child (Fernandez, 1996). They also may feel excluded from helping their child deal with his or her reactions to foster care (Gruber 1978), and that their role is threatened by the foster parents (Fernandez, 1996). Efforts at empowering birth parents are undermined by their involvement in service plans that dictate the steps they must take to get their children back (Rosenfeld et al., 1997).

Biological parents may also be dissatisfied with their child's placement because of fears for their child. Despite the fact that many placements occur because of parental abuse or neglect, many biological parents often worry that their child will not return to them, that the child will get sick, or that the agency will withhold information about the child (Fernandez, 1996). These worries are exacerbated by the fact that many parents have very little contact with their child and, thus, have few ways to check on their child's well-being (Fernandez, 1996; Gruber, 1978). Such fears and feelings of powerlessness can be alleviated by giving biological parents more information about the foster care experience prior to the placement. When placements arise out of a crisis situation in which the child must be immediately removed from the home, parents should be given information after the placement to the extent possible, while ensuring the child's safety and well-being.

Summary

In sum, biological parents may be dissatisfied with a placement when they fear that they will not regain custody of their child, when the agency fails to keep them informed about their child's progress and fails to involve them in decision-making about the child, and when they have insufficient contact and visitation with their child. These problems can be ameliorated by involving parents in decision making and by facilitating and maintaining ongoing contact between the child and his/her biological parents. But particularly because some parents of foster children are abusive, it is critical that the frequency and amount of visitation be consistent with the child's best interest and tailored to the individual needs of the child, who must be actively involved in decision making about visitation.

Foster Parent Characteristics

Foster parents often consider giving up an emotionally disturbed child within the first 90 days of placement (Baker, 1989). This disturbing fact has encouraged researchers to study the characteristics of foster parents that may help to counteract the potential effects of the child's behavior on the placement outcome. Although a successful foster parent prototype has not been established, several qualities of good foster parents have been identified.

Motivation for Fostering

Foster parent motivation predicts placement success. Dando and Minty (1987) interviewed 80 women who had been foster mothers for at least one year and asked them about their motivations for wishing to foster children. The overall performance of the foster mothers was evaluated by a caseworker. Two motives for fostering were most often associated with high performance: (1) the desire to parent a child when it was impossible to conceive a child, and (2) identification with deprived children due to the foster mothers' own past personal experiences. These findings suggest that high quality fostering is associated with motivations based on strong personal needs, and that it is important to explore emotional maturity when recruiting and assessing applicants for foster parenting. For applicants who have experienced a deprived childhood, it is vital to determine if they have built up appropriate emotional reserves and are capable of being supportive and giving parents (Dando & Minty, 1987).

Vocational Interests and Personality Characteristics

Sanderson and Crawley (1982) examined the characteristics of effective foster parents using the Holland Vocational Test, a scale identifying occupational interests corresponding to unique personality structures, social competencies, and abilities. Effective families were defined as having maintained placement for at least one year. Most of the effective mothers had vocational interests in the "conventional" role category, characterizing high conformist individuals who are respecting of authority, orderly and practical. Most successful fathers fell in the "realistic" role category, characterizing men who are very masculine and practical, with a preference for physical activity over thinking and feeling. These findings suggest that "realistic" male and "conventional" female couples be targeted as foster parents.

Age of the foster parents also was an important predictor of outcomes. Single parents and older couples (45–55 years of age) dominated the successful group. Sanderson and Crawley (1982) suggest that young persons whose family and career plans are still in a fluid state may be unsuited for foster parenting. Parents' educational level was unrelated to the success of foster placements; successful

parents included many who had not completed high school but were functioning well in the caregiver role.

Parental personality characteristics also predict foster care outcomes. In a study of foster care children with severe emotional and behavioral problems, Ray and Horner (1990) assessed foster parent personality with the 16FP, a scale measuring 16 bipolar personality traits. Successful placement outcomes were determined by a combination of objective measures (e.g., length of time in the foster home) and subjective assessments of case managers and parents' perceptions of success. Greater parenting effectiveness was related to at least one parent scoring the "222 personality pattern" (balanced, moderate anxiety levels, equally introverted and extroverted, uses both thinking and feeling to guide decisions, shows both internal and external locus of control). Placements were least successful when neither foster parent had this personality profile. For foster mothers, specifically, effective parenting was related to higher levels of impulsiveness (happy-go-lucky, lively, enthusiastic), emotional stability (mature, faces reality, calm), and tough poise (cool, emotionally detached, controlled). For fathers, effective parenting was related to higher levels of suspiciousness (hard to fool, distrustful, skeptical) and sensitivity (tender-mindedness, preference for using reason over force to get things done), but lower levels of self-discipline (disciplined with self-conflict).

Thus, Ray and Horner's (1990) findings suggest that the most successful foster mothers apparently are those having "conventional" vocational interests and who are able to face reality, demonstrate enthusiasm, and make decisions dispassionately. This last characteristic is essential when dealing with a child's behavioral and emotional problems. Emotionally stable mothers are better adept in handling the child's problems and making parental decisions without being overwhelmed by stress and frustration. The most successful foster fathers apparently are those having "realistic" vocational interests and who are sensitive, self-sufficient, and less rigidly disciplined (Baker, 1989; Dando & Minty, 1987). These characteristics allow fathers to be more sensitive to the feelings of the child yet more flexible in dealing with her problems. But because these finding are based on only two studies, they should be considered with caution vis-à-vis their use in guiding foster parent selection.

Parenting Styles and Home Environment

Parenting styles and home environment also contribute to placement success. Smith's (1994) study used the Home Observation for Measurement of the Environment (HOME) Inventory, based on observations of mother-child interactions and information obtained from maternal interviews, to assess aspects of the foster home environment. With more children in the home came a lower quality of the home environment, which was associated with less language stimulation, learning, and academic stimulation provided by foster mothers. Such conditions, along

with less variety in stimulation and lower HOME scores, were associated with more externalizing behaviors. Providing the child with a variety of stimulation may provide a behavioral outlet that reduces the child's need to act out. Greater variety in stimulation and more authoritative parenting attitudes contributed to higher prosocial scores. Authoritarian mothers, who had higher expectations for their children and believed the children are responsible for their actions, were more upset when children misbehaved and were more punitive than authoritative mothers. Smith's study indicates that parents who provide a higher quality home environment and demonstrate more interactive parenting styles, with a variety of stimulation, elicit more positive developmental outcomes in their foster children. These homes provide a consistent, structured environment that sets limits and clear rules.

Social Support

Beyond the characteristics of the foster parents and home, it is important to consider the supports and services available to foster parents (Soliday, 1998). There are some suggestions in the literature that the availability of social support contributes to successful placements. Fine (1993), for example, found that mothers who reported knowing their neighbors well and having at least three good friends, had foster children who were less likely to experience placement disruption and more likely to show improvement in symptoms of developmental disruption. Time away from children and other family members was also associated with greater success. (Other social support indices, however, such as involvement with extended family, church attendance, and use of support groups, were not correlated with measures of placement success.)

Foster parents who have solid social support networks, especially when provided by a support group organized through the agency, tend to be more satisfied with foster parenting than those who do not have strong support (Soliday, McCluskey-Fawcett, & Meck, 1994; Steinhauer et al., 1988). Benefits gained by parents from attending such groups included feeling understood by others, learning new parenting skills, being able to express their feelings and concerns with others who understand their position, and learning to empathize and work with their foster children's biological family. Parents who receive social support from the agency are also more likely to feel that their foster children benefitted from the services (Steinhauer et al., 1988).

Thus, assessing potential families' support systems before placement, and attempting to strengthen it during the placement, may improve the likelihood of placement success. The Inventory of Parent Experiences (IPE; Soliday et al., 1994), which assesses how mothers perceive their current parenting situation, is helpful for measuring foster parent social support. The IPE measures social support, satisfaction with parenting, and general life satisfaction for mothers of children ages 1 to

48 months. The Satisfaction with Parenting Subscale assesses the mothers' degree of satisfaction in the maternal role and her feelings toward the child.

Summary

In sum, while the research base is small, findings to date indicate that effective foster parents tend to have particular personality characteristics, motivations for wanting to be foster parents, parenting styles, home environments, and social support systems. They are relatively stable emotionally, particularly the mothers, and are realistic and hardy while sensitive and responsive to the child's needs. They are often motivated to be foster parents out of a desire to parent a child or as a result of their own childhood experiences. As disciplinarians, they tend to be authoritative (rather than authoritarian or permissive), and provide a variety and ample amounts of stimulation for the child. These findings are entirely consistent with research showing the importance of effective, authoritative parenting practices and a stimulating environment for child development (see Baumrind & Black, 1967; Gray & Steinberg, 1999). In addition, adults with effective social supports (from friends as well as from the agency) tend to do better as foster parents.

Foster Parents' Biological Children

While the biological children of foster parents often see foster parenting as beneficial (Rice & McFadden, 1988; Steinhauer et al., 1988), many are dissatisfied, feeling that they take "second place" to the foster children and must compete with them for parental attention (Twigg, 1994). They see their family as "disrupted and undermined by a bombardment of activities, feelings and behaviors stirred up by the intruding foster children" (Twigg, 1994, p. 513). This is exacerbated when the foster children do not respect their privacy, take their possessions, or embarrass them with unruly behavior in public. Biological children are more likely to be satisfied with the foster care arrangement if they feel that their parents are spending as much time with them as with the foster children (Poland & Groze, 1993). In addition, they want greater involvement in decisions affecting the whole family (Steinhauer et al., 1988). Thus, foster parents' biological children need to feel that their rights and privacy are respected and that they remain valuable members of the family.

Unfortunately, foster families often do not realize the extent to which their own children are affected by the foster child's presence (Kaplan, 1988). While Kaplan found that mothers were aware of jealousy, rivalry, and conflict between their own and the foster children, many mothers did not recognize their own children's separation anxiety. Younger children (ages 6–8) tended to be afraid of losing their own parents, while older children (ages 9–12) were concerned about

the foster children leaving. Foster mothers generally overestimated how well their own children understood the circumstances surrounding the placement of the foster children. Many of the young children did not accept the reasons for fostering given by their mothers, instead believing that the foster children had been intentionally abandoned by their biological parents. This illustrates the need for foster parents to take additional time to ensure that their own children are comfortable with the placement and fully understand the purposes of foster parenting.

Agency Characteristics

Although the TFC agency bears much of the responsibility for ensuring placement success (with only a small percentage of the variance in placement stability due to characteristics of the foster child), the agency characteristics associated with successful placements have been largely neglected in the literature. Baker (1989), however, identified three agency variables associated with successful foster placement: (1) contact rapport building and energy expended by the caseworker with the foster parents; (2) overall rapport between the foster parents and the agency; and (3) rapport between the foster child and caseworker as manifested in self-disclosure and emotional and verbal spontaneity. Baker emphasizes the importance of a strong emotional bond based on mutual respect and trust between the agency caseworker and foster parents. It is encouraging to note that based on the correlation coefficients in Baker's study, none of the individual characteristics of the child or the foster family are nearly as important as the rapport between the foster family and the caseworker or the energy expended by the caseworker. Energy expended by caseworkers helps facilitate successful placements, even with more difficult children.

FOSTER CARE AGENCY FUNCTIONS

Because TFC agencies are responsible for many aspects of placement, there are many points at which the agency can intervene to help foster families, foster children and their biological families. Agency functions typically include: (1) foster parent recruitment, (2) foster parent selection and training, (3) service delivery, and (4) empowering families and children. Based on the research findings reviewed, we provide recommendations for maximizing the effectiveness of these agency functions, with particular emphasis on the empowerment of all involved parties.

Foster Parent Recruitment

The recruitment of motivated and skilled foster parents is essential. Careful recruitment of qualified foster parents, followed by the training and support

provided to foster parents, contributes to successful placement outcomes. Unfortunately, recruitment may be the biggest barrier to a successful TFC program; many researchers and practitioners (e.g., McIntyre & Keesler, 1986) argue that the demand for additional TFC placements far surpasses the current supply. The problem may not lie in the scarcity of willing and capable families, but rather, in the failure to devote sufficient energy to recruitment activities, to target the appropriate population, and/or to provide sufficient pay to attract parents interested in the professional aspects of treatment parenting (Chamberlin et al., 1992; Dawson, 1989).

Foster Parent Selection and Training

The foster parents will serve as role models and should embody the traits we want children to develop. Because research on the characteristics of effective foster parents is scant and far from conclusive, service providers should not base decision making on current research findings alone. But extant research (see above) suggests that the most effective foster parents are those whose family and career plans are relatively stable, who have strong personal motivations for wanting to foster, who are emotionally mature and stable, and who can provide authoritative parenting in a stimulating home environment.

Goodness-of-Fit

Selection of foster parents will always be a judgment call, one that is partly contingent upon the availability of parents. But a good fit between the foster parents and child, which takes into account the child's prior placement experiences, is especially important. Thomas and Chess' (1977) interactional goodness-of-fit model suggests the importance of the similarity between the child's temperament and home environment; when the child's temperament matches the expected or valued temperament in a particular home environment, the child is likely to do better. Prior research has established a relationship between placement success and the child having a temperament that falls within the parents' range of expectations (Doelling & Johnson, 1990). In order to increase the probability of long-term successful placements, Valdez and McNamara (1994) propose a protocol to match child temperament, parent temperament and parental expectations. They recommend using the Dimensions of Temperament Survey Revised (DOTS-R) (Windle & Lerner, 1989) to obtain information on child and adoptive family temperament. In order to match parent temperament and parental expectations with child temperament, three versions of the DOTS-R would be completed: (1) the child questionnaire would be filled out by the current caretaker; (2) an adapted version of the child questionnaire would be completed by the foster parents to determine their expectations; and (3) the adult questionnaire would be filled out by the foster

parents. Matching expectations and temperaments on the three DOTS-Rs may increase the probability of a successful placement.

Foster Parent Training and Social Support

Agency support is very important to foster parents, who have identified five key programmatic supports: (1) information about children, especially diagnostic information; (2) resources to help foster parents care for children, especially help in finding medical and recreational resources that do not exist within the agency; (3) relevant training and consultation regarding treatment of individual children; (4) respite care for foster parents; and (5) emotional support when foster children complain about their foster parents (Wells & D'Angelo, 1994). A good rapport between foster parents and the agency is especially important for good outcomes, as is having a caseworker who has time and energy to spend on the foster family. In part, this necessitates small caseloads and individualized service plans for families.

Unfortunately, few foster parents receive adequate information about, or training to deal with, the specific emotional and behavioral problems of foster children (Halfon & Klee, 1987; Hochstadt, Jaudes, Zimo, & Schachter, 1987). Parents who are misinformed about the limitations of their foster child's functioning are typically less satisfied with placements (Gruber, 1978; Nelson, 1985). About 25% of placement failures stem from specific child behaviors that the foster parents feel incapable of handling (Cooper, Peterson, & Meier, 1987). Parents' problems in coping with the child's behavioral problems may result from the child's inability to live up to unrealistic expectations and a lack of foster parent training before placement. Maintaining motivation over time is important to prevent burnout, which results in less effective interactions with children.

Without appropriate and sufficient training for foster parents, early termination is likely. Studies have found that training reduces the number of unsuccessful placements and increases the retention of TFC parents in the program, with the probability of a desired outcome increasing in direct relation to the amount of specialized training received (Bryant, 1981; Webb, 1989). Research shows that on-the-job training and 24-hour supervision is a more effective way to teach skills to caregivers than classroom-style teaching (Daly & Dowd, 1992). Extensive parent training ensures that parents are equipped with the skills and expectations necessary to deal with children having behavioral and emotional problems. Providing families the tools to handle situations effectively can reduce inappropriate responses and decrease feelings of frustration. Training to help foster parents manage reactions to the foster child, avoid stress and burnout, and cope with difficult times are important in promoting sustained placements (Baker, 1989). In particular, parents must be taught effective parenting techniques (primarily communication skills and behavior modification) that effect rapid behavior change (Baker, 1989). Parents also should be encouraged to act as loving parents and professional therapeutic change

agents. Respite time, ongoing responsive supervision from the agency, and social support are also important (Daly & Dowd, 1992; Dawson, 1989; Soliday, 1998).

An additional problem is that the role of a foster parent can often be ambiguous. Some feel unsure and anxious, particularly when having to share authority with the biological parents and the agency. Often, boundaries are not clearly defined for the different involved parties. This may cause hesitation in incorporating a new child into the family, which does not know how long the child will remain or what to expect (Kates et al., 1991; Smith, 1994). Support from the agency can ameliorate some of the anxiety felt by foster families, and ambiguities can be reduced when foster parents adopt the role of extended family members in which the child's relationship with biological family members is kept intact (Kates et al., 1991).

Models for Service Delivery

It is important that agencies have a well-defined model of service delivery and set of procedures to implement the model, along with measurable goals and a method for program evaluation and improvement. A well-specified model increases consistency across workers and situations, and reduces the ambiguity that can lead to ineffective caregiving. Well-defined procedures lend themselves to clear evaluation of what does and does not work (Daly & Dowd, 1992). Evaluation is an important component of successful programs. Through evaluation, programs can define and maintain standards of care, and obtain feedback on whether goals are being met (Daly & Dowd, 1992).

Effective models of service delivery focus on strength-based assessment and positive behaviors, and are proactive, working to intervene before problems develop. During the assessment process, social workers should examine a wide range of domains in the child's life to gain a better understanding of the child and his/her circumstances. The model for parenting and service delivery should emphasize the strengths and potential of children, using these as the foundations for change (Clark et al., 1994). By constantly teaching the child new skills, opportunities are created for the child to succeed and exhibit positive behavior. At Father Flanagan's Boys Town, for example, caregivers try to emphasize four positive behaviors for every negative behavior encountered (Daly & Dowd, 1992).

People Places, Inc., a family-based treatment program in Virginia for seriously emotionally disturbed youth, uses a social learning orientation to reinforce positive behaviors (see Bryant & Snodgrass, 1992). The core of the People Places parent training is the ABC (Antecedent- Behavior-Consequences) treatment model, which helps parents identify problem areas and establish a treatment plan. The agency also provides families with round-the-clock crisis intervention services, in-home weekly or bi-weekly contact with a program manager, monthly support group meetings and connections to appropriate community agencies and services.

To ensure permanence planning and continuity of care, it is critical that there be effective working relationships between the placement agency and the child welfare, mental health, educational, and juvenile justice systems, as well as continuity in case management and records sharing. But this often is not the case (Rosenfeld et al., 1997). Because services often are fragmented and funded as separate programs, "it frequently is difficult to follow the child from birth family to treatment foster home and back again with services" (Bryant & Snodgrass, 1992, p. 23).

Empowering Children and Families

Effective TFC programs empower children and families by being consumer-oriented, actively seeking input from the child, the foster parents, the biological parents, teachers, and others involved with the child (who may be in the best position to detect smaller behavioral and emotional changes in the child) (Daly & Dowd, 1992). To the extent possible, both foster parents and biological parents should be involved in decisions regarding the child's treatment planning and the nature of the placement, transfer, and departure, which are especially vital to the child's attachment security (Ruff, Blank, & Barnett, 1990). They should have authority in handling important decisions because they are closest to the children. Programs should seek information from these sources and be willing to make changes in accordance with the information provided (Daly & Dowd, 1992).

Empowering Foster Children

It is important to empower foster children (Bush & Gordon, 1982). Johnson, Yoken, and Voss (1995) found that over half the children reported that they had no role in the placement decision. Another common complaint was that they did not have adequate information about their rights as foster children or the decisions made concerning their placement (Johnson et al., 1995; Rice & McFadden, 1988). Common complaints about the agency included being embarrassed because they were taken from school by the police to their new foster home, not being told the truth about the nature and length of their foster placement (Johnson et al., 1995), not having adequate confidentiality (Rice & McFadden, 1988), and not having someone to tell if something is wrong in the foster family (Fanshel et al., 1990). In addition, many young adults felt their agency had not prepared them adequately for living on their own at the end of the placement; 43% said that their agency had prepared them "very little" or "none at all" for independent living (Festinger, 1983).

The Chicago Services Project (CSP), which supplements the placement-planning and support services of the Illinois Department of Children and Family Services for troubled adolescents who have experienced repeated moves, empowers foster children by including them in all facets of key decision making. Based on research indicating that only a small part of the variance in the number

of placements is explained by the characteristics of the foster child (Fanshel & Shinn, 1978), CSP tries to change the way that services are provided, rather than the foster child. Information is obtained from the youth and from current and past caregivers, rather than being based solely on an accumulation of past psychological tests and social histories. The child is actively involved in case planning, attends all conferences discussing his case, and is part of the CSP planning team. The CSP approach has shown impressive results. An outcome evaluation using a time-series design found that the mean number of moves *before* CSP service was 4.8, while the mean number of moves in comparable time periods *after* CSP service was only 1.8. In addition, 70% of children were placed in institutions in the two years before CSP service, as compared with only 19% following service.

Empowering Other Children in the Family

Agencies can facilitate smoother transitions for the biological children of TFC parents by providing: (1) pre-training sessions for biological children, (2) an opportunity for biological children to talk to other biological children of foster homes, and (3) by requiring that social workers conduct sessions for the entire family prior to the placement (Poland & Grove, 1993).

In sum, TFC agencies play a critical role in recruiting and ensuring the selection of appropriate foster parents, in ensuring high quality treatment foster care through an effective model of service delivery, and by empowering families and children. Three key recommendations emerge from the research.

First, though effective foster parents may tend to share certain common characteristics, it is important to take into account individual differences, and the unique needs and characteristics of foster children and potential foster parents, given the apparent importance of the goodness-of-fit between foster parents and the foster child. Second, throughout the foster care process, it is essential to empower all involved parties (the foster child, foster parents and their children, biological parents, other involved parties) by keeping them informed, seeking and valuing their input in decision making, and maintaining frequent contact and visitation to the extent doing so is consistent with the child's safety, developmental level, and psychological well-being. Third, the agency should follow a well-defined model of service delivery that provides a positive, proactive, strength-based model of authoritative parenting, which allows for the ongoing assessment of progress towards measurable goals and fine-tuning of services accordingly. We recommend programs using a social learning approach to reinforce positive behaviors.

CONCLUSIONS AND FUTURE DIRECTIONS

Treatment foster care (TFC) is a normalizing environment in which to treat those children whose particular needs are not addressed in traditional foster care

and for whom an institutional setting is a restrictive and unnecessary alternative. In this paper, we have reviewed the characteristics of foster children, biological families, foster parents, foster parents' biological children, and agencies that are associated with successful placements, especially for children with severe emotional or behavioral problems. We also reviewed research and provided recommendations for maximizing foster care agencies' approaches to foster parent recruitment, foster parent selection and training, selection of appropriate service delivery models, and empowering families and children.

The findings are consistent with research literatures on effective parenting styles (Smith, 1994), child-parent attachment (Stovall & Dozier, 1998), social support (Soliday et al., 1994), and therapeutic efficacy (Hudson et al., 1994; Reddy & Pfeiffer, 1997). Favorable outcomes are associated with authoritative, sensitive parenting, higher levels of social, emotional, and informational support, and well-defined treatment and service delivery models. Overall, treatment foster care "works" when all parties involved feel supported and have a voice (Jivanjee, 1999a), there is a clear plan (as well as available resources) for a stable placement and conditions for return to the biological family (Staff & Fein, 1995), there is a good "fit" between foster child and foster family (Green et al., 1996), and there is sufficient training and preparation for the foster parents (Wells & D'Angelo, 1994).

Need for Expansion and Clarification of Focus

The psychological problems of foster children today have been largely ignored, and the therapeutic avenues that could be taken are often under-utilized (Weisz, 1994). Unfortunately, many children fail to receive the specialized services they need, warranting an expansion of TFC programs in many states. As one example, most TFC programs have been designed to serve school-age children. There is a clear need for some TFC programs to focus on the unique issues (e.g., emotional regulation and developmental delays) of preschoolers, especially those who have experienced maltreatment (Fisher, Ellis, & Chamberlain, 1999). Reddy and Pfeiffer (1997) note that TFC was initially designed as a short-term, intensive treatment and transition program to move children from residential care back into the care of their parents. It is now frequently viewed as an alternative to residential care, and many cases are long-term. As TFC programs focus on treatment improvement, placement stability, and permanency, child welfare agencies' stated objectives and policies for program development and service improvement must be informed by the research literature we have reviewed.

Improved Research and Evaluation

More research is needed on the general effectiveness of TFC, comparing it with other institutional treatment alternatives and nonresidential placement

options. In particular, further research is necessary to understand the characteristics that mark successful TFC placements and to utilize available resources to fund effective recruitment, retention, training, and support services. Not only is substantial further research needed, but the research must demonstrate greater methodological sophistication by using samples and designs that overcome the serious methodological limitations inherent in much of the extant research on TFC.

This recommendation for further research is vital for improving the quality and scope of services to children and families. For costly but necessary and effective TFC programs, evaluation may be the key to financial survival. Under many states' performance-based contracts, TFC programs are starting to be evaluated on the basis of whether their clients are treated with respect and provided with individualized services (process), and whether there is improvement in the quality of their clients' lives (outcome) (Brawley & Martinez-Brawley, 1988). With this focus on effectiveness and efficiency, program planning will require careful needs assessments, process evaluations, and outcome evaluations (Britner & Reagan-Cirincione, 2000).

Final Cautions

The relatively small number of studies on TFC, combined with the problems of these studies, limits the implications for policy and practice that may be drawn from current research. Nevertheless, the research corpus is sufficient to provide useful guidance for policy makers and practitioners in development of effective TFC programs, particularly as relating to foster parent selection and training and models of service delivery. Unfortunately, the literature suggests that many TFC agencies and service providers fail to follow best practices in these areas, which may be due in part to funding constraints and difficulties recruiting well qualified foster parents and service providers. Unless and until these obstacles to effective TFC service delivery are confronted, however, the Congressional mandate to "end the drift in foster care" (Adoption Assistance & Child Welfare Act, 1980) will remain unrealized.

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