

CENTRE OF EXCELLENCE FOR CHILD WELFARE

FINAL REPORT:

Lessons Learned from the "*Changing the Script*" Program: Supporting Foster Parents to 'Go the Distance' with the Children in their Care.

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DEDICATION

It was the middle of summer 2005 and word had gotten out that a meeting would take place at the office of the Catholic Children's Aid Society of Toronto to discuss the future of the "*Changing the Script*" program. Those of us who had facilitated the program were met at the agency by a couple of foster parents who had participated in the program. Since many people were on vacation, we assumed that these two foster parents would be the only ones joining us. The meeting was about to start when another foster parent, then another, and another, filed into the room. Soon there were 12 around the table. One of the foster parents explained that she had had to face down a mutiny at home in order to attend the meeting because this was the day the family had planned leave for their holidays (which included a stop at the Calgary stampede!).

Such dedication reminded us of the first meeting of the "*Changing the Script*" program when, to our astonishment, we learned that most of the participants had already fostered for many years (5 to 27 years). It was moving to think that these "veterans" were coming to us for answers. How much more we were to learn from them, we soon discovered.

We learned what it was like to be awakened in the middle of the night and asked to take in a child on an emergency basis because no other home was available at the time; and that "seven days" could turn into "seven years". We learned that when you take in a child, you also in a sense take in the child's family. "My first job", one foster parent commented, "is to become friends with the child's parents."

We learned that loving one's foster child may demand that you love her mother: one foster mother in our group accompanied her foster daughter on the long journey of saying goodbye to her mother who was dying of AIDS.

We learned what it was like to be on call - all the time. Because you cannot predict when a child who has been battered and abused will finally have enough trust in you to start to talk about the ghosts that torment him - and you do not want to miss that opportunity. That opportunity came to Nellie when her foster son asked: "***How come you and Bernie (his foster father) don't beat children here when they're bad?***"

Nellie and Bernie have fostered for 27 years and have discovered that each child's journey to trust varies. "With young children, we generally see a breakthrough after about six months in care. With some (it came) much sooner, with others, it was much longer." (We invite you to read more about Thomas' "**Long Journey to Trust**", included in the Appendix.)

We learned that foster parenthood requires one to be willing to adopt a whole new concept of what constitutes "normal" and that, at times, you have to turn your script *inside out* for the sake of the children. (Agnes' story, "**A Foster Parent's Inspiration**", also included in the Appendix, is an example of such generosity of spirit.)

And we learned to laugh together – when otherwise the truth would have been too painful.

This report is dedicated with gratitude and respect, to all the foster parents who, day-in - day-out, take care of "our" children.

ACKNOWLEDGEMENTS

Each year, in the province of Ontario, Children's Aid Societies provide care to approximately 30,000 children who cannot live in their own home. (Statistics provided by the Ontario Association of Children's Aid Societies. www.oacas.org).

In the hope of giving these children a second chance at family life, Children's Aid Societies seek to place these children in foster homes rather than more institutionalized settings. For the foster parents who come forward and open their homes, the challenges ahead can be daunting: children who come into care for the most part have suffered extremely traumatic events and the emotional backlash of these events often results in behaviour difficult for the foster parents to manage. Yet society relies on foster parents not only to provide the children entrusted to them with a safe and healthy environment but also with the understanding and nurturing the children need to heal from their past experiences.

“If you want to know what it’s like for kids in care, you should ask **Janet Morrison**,” a colleague urged when we first surveyed the child welfare landscape in Toronto. “Janet, you know, goes *rollerblading* with them!” Janet is a psychotherapist, consultant and leading advocate for children in care. Her perspective bridges both the child welfare and the children’s mental health communities. When asked what she saw as an area of greatest need, Janet responded without hesitation: “Supporting foster parents”. “Foster parents are a precious lot – a dwindling lot.”

“Investing in foster parents” has to be a key priority if we are to improve outcomes for children in care, explained **Elaine Leiba**, Manager of Foster Care Services for the Catholic Children’s Aid Society of Toronto, when we first met in 2001. Out of that meeting came a collaboration that would see the development and implementation of the “*Changing the Script*” program as a means of supporting foster parents in their therapeutic work with the children in their care.

We shall always be grateful to Elaine for inviting the staff of the Circle for Children in Care (the Circle) to offer the program under the auspices of the Catholic Children’s Aid Society of Toronto. This opportunity to work in close collaboration enabled the Circle team to benefit from Elaine’s insight, honed over years of working with foster families, and from her gentle wisdom.

The responsibility for looking after all the organizational aspects of holding the “*Changing the Script*” program at CCAS fell upon the shoulders of **Joanne Cheeatow** and **Nancy Simone**. This involved complex juggling of schedules as well as many hours contacting foster parents to inform them of the program. We are very grateful for their assistance.

The culmination of the first two-year collaboration between CCAS and the Circle was the research proposal that led to the study described in this report. The proposal was submitted jointly by the Circle and CCAS, reflecting the close kinship that evolved over the years.

From the inception of the program to its implementation and on through the research phase, we were assisted by an extraordinary cast:

Nitza Perlman, an authority on childhood trauma, participated in many of the “*Changing the Script*” sessions – to the delight of the foster parents who felt privileged to have such ready access to expert advice and support. Dr. Perlman’s insights into the issues raised in the group further enhanced the work of the facilitators.

Bruce Leslie, Manager of Quality Assurance at the Catholic Children's Aid Society of Toronto, always made himself available to respond to questions that came up in the process of developing the proposal. His contribution to the discussion of the results of this project has already triggered considerations for future research!

Helen Graham, at the time Supervisor of Foster Care Services Development at CCAS, not only lent her support to the research project but developed the “Working with the Agency” scale, one of the important measures used.

Caroline Hall, Resource Workers Supervisor, and her team (**Susan Balyk, Lorna Gold, Mira Hamat, Kalev Helde, Rita Manna, Luc Marion, Teresa Silva, Hana Vrancea and Felicia Yuen**) completed the “Working with the Agency” scales – twice (pre and post-intervention) - and we are very grateful for their help. Rita, Mira, Kalev and Hana joined our sessions when foster parents they worked with made case presentations to the group. Their contributions and the support that their presence represented were very much appreciated.

Carolyn Lanigan and her team in the Information Technology department at CCAS provided vital assistance in securing the data needed with regards to another measure: “Placement Stability”.

Liz Mazzitelli, CCAS Supervisor of Administrative Services, responded with welcome equanimity to our many, and always “urgent”, requests for help.

Jonathan Kells, Supervisor of Foster Care Services Development at CCAS, patiently managed the dual responsibilities of managing the organizational aspects of running the “Changing the Script” program on-site and coordinating the agency’s multiple contributions to the research project. By attending feedback and planning sessions of the CTS program and meeting with participants in the program, Jonathan was able to speak to the clinical intent of the CTS as well as to the pragmatic considerations involved in implementing the program. And when the time came to include the research component, his was a key contribution to the conceptualization and the gathering of the data. Jonathan’s role was pivotal in seeing the project through.

Barry Isaacs, Manager of Research and Evaluation, Surrey Place Centre, was willing at a moment’s notice to help the research team negotiate roadblocks that seemed to appear suddenly on the way to completing the project. The perspective he brought to the “larger picture” along with specific suggestions on how to deal with immediate problems were most valuable in moving the project forward. **Matthew Jacques**, analyst at Surrey Place, volunteered his time to assist with data entry.

Lynda Fernyhough, Research Coordinator, brought to the project exceptional organizational skills which were severely put to the test by the complexities of bringing together team members working in different agencies, with different commitments and different timetables. Still she managed to keep the project on track while contributing to the collection and analysis of the data. The coding system she developed for rating participants' responses has been included in the Appendix as a model for use in other research projects.

Birgitte Granofsky, Psychotherapist with the Circle, conducted the 102 interviews at the heart of the project, each at least an hour long. All but two participants returned for a second interview (one had moved away.) This is an indication of how positively the participants felt about the interview process. It reflects Gitte's ability to create a warm and welcoming atmosphere and to convey to the foster parents the high regard in which she holds their contribution.

Kathryn Gelder, Research Associate, had the difficult task of transcribing all 102 tape recordings. She did so with the greatest attention and determination to "get it right." Listening to the tapes only heightened her enthusiasm and respect for the work of the foster parents - a sense of wonder she never ceased to communicate to the team.

Claudia Koshinsky Clipsham is, in fact, the chief architect of the "*Changing the Script*" program. The concept, content as well as the title of the program - "*Changing the Script: Relationship is the Key*" - are hers. To the development of the program she brought years of study and research regarding the interaction between the inner experiences of children and their caregivers' - combined with years of practice in the field. As facilitator of the "*Changing the Script*" sessions, she wove the contributions of all the participants into narratives that illustrated the nature and role of scripts in all our lives. Keenly attuned to the yearnings and doubts that stir within each of us, she strove to create a space that was safe for all to share their stories. In turn, these stories served to illuminate the hard work, the hope, the aspirations and the faith that - above all - make it possible for foster parents to "go the distance".

The **Centre of Excellence for Child Welfare** provided the impetus for this research project and the resources to make it happen. We are grateful to the Centre for this opportunity to share with the larger community the "Lessons Learned from the '*Changing the Script*' program."

SUMMARY

“I now understand clearer about the script: that these children come to you with their own scripts and love is not always enough ...”

Comment by a participant in the “Changing the Script” program

Arising from a shared recognition of the crucial therapeutic contribution of foster parents to the lives of the children in their care, the Catholic Children’s Aid Society of Toronto (CCAS) and the Circle for Children in Care (“the Circle”) worked in partnership in 2002 to develop an intervention program to support the work of foster parents. Called “*Changing the Script: Relationship is the Key*” (CTS), this reflective consultation program was designed to enhance the reflectivity of foster parents and maximize their understanding of the children in their care; furthermore, it was intended to augment their opportunities to support and be supported by their peers and to work collaboratively with their colleagues on the children’s treatment teams. By enhancing all of these factors, the program aimed to facilitate the stability of placements, to preserve and to protect the therapeutically crucial relationships between foster children and foster parents. A grant from the Centre for Excellence for Child Welfare (CECW) in 2004 supported a study of the effectiveness of this program, the results of which are reported here.

At the time we embarked on the study, the prospects were encouraging: all the foster parents who had been in the program the year before had signed up to take it again and a whole new set of parents had registered for the introductory course. This was all the more remarkable as the time commitment asked of the participants – 15 two and a half hour sessions – was much longer than the norm. Perhaps most telling of the impact the program had had was the spontaneous show of support from foster parents who interrupted their summer holidays to meet with CCAS supervisors to ask for the program to be extended.

As part of the study, we conducted follow-up interviews with the participants asking open-ended questions that gave them the opportunity to describe their experience in the program. Their responses gave rise to the expectation that the program had indeed had a positive impact. Many of the participants’ comments are included in the report itself. Here are a few examples:

“You have no idea how many people I have talked to about this particular course.... In this course, they did presentations where foster parents brought forward (the case of a child) they had in their care. And, you know, it was really tough. There were some foster parents that were really beating themselves up because they couldn’t... make changes with their child. They couldn’t fix the situation. There were tears. I mean it was very, very heartfelt, the whole thing, very emotional and yet every person that circled the table in that group was there for that foster parent. You know, not only with the tissues, with the hugs, but with the support, the sincere support.”

“It was wonderful... it’s an incredible learning and relearning experience for me... Sometimes you can take the courses, you can read the books, you know what to do, but you get very isolated in this type of work. Some of our children can be very demanding

and you can get very focused on them and it is so wonderful to be part of a group with other people who do the same work, who have other kids in their home who do the same thing. It normalizes what we're doing...It ... it takes the edge off sometimes."

"It was like a cure. If you felt like you were going over the edge or you were drowning...those sessions just bumped you right back up again...Example is, you might have gone in there that day having a particularly bad night before or morning ...And you feel like you're ready to give up ...that your child is the only child that's giving you all these problems and you're at the end of your rope. You don't know what else to do. So you go in and you're given a chance to speak and by the time you're done you realize that, hey, you are not alone, this is what we're doing. This is our job... And now you're given suggestions and ways that you can cope and deal. And you feel after all that, oh thank god, I can go on some more."

"So, I've got to tell you, I wasn't even so sure [I] wanted to take this and give that kind of a commitment, you know, every other Tuesday for a year or the better part of a year. And that's through all kinds of weather. And, you know, I found myself in storms just busting myself to get here. I made that two, two and a half hour trip - that's how into it I got. So, it was kind of an interesting transformation, from 'God, I'm stuck to do this course: I said yes, and I didn't want to do it, I didn't really read (the information) - that'll teach me!' to 'holy cow, it's ending.' I didn't want it to end, you know."

In contrast to the subjective nature of the follow-up interviews, the core of the study was designed in such a way as to measure the impact of the CTS program quantitatively. In this regard, the results were disappointing in that we were not able to prove significant quantitative changes. We do describe in the report several problems in the measures that were used and in the implementation of the study itself that may have contributed to the lack of confirmatory results.

While significant measurable quantitative changes could not be firmly established, lessons did emerge for future efforts in program development and evaluation. In this respect, the process of doing the evaluation was most helpful: it helped identify the questions that need to be asked, among them: How to design measures that better capture the layered and nuanced experiences of the participants? What are the most crucial foci in programs designed to enhance the relationships between foster parents and the children in their care? Is it possible to significantly enhance the therapeutic quality of relationships between foster parents and their children without working directly with individual parent-child dyads? We share these questions here, in the belief that they are relevant to both the child welfare and children's mental health communities.

INTRODUCTION

Day in and day out, within the therapeutic milieu of their family homes, foster parents engage with the children in their care, offering them experiences of relationships that are consistent and nurturing (Osmond, Durham, Leggett, & Keating, 1998). In so doing, they provide the key therapeutic experiences that are needed to promote healing and improve long-term developmental outcomes for children who have experienced abuse, neglect, trauma, and/or rejection.

Arising from a shared recognition of this crucial therapeutic contribution, the Catholic Children's Aid Society of Toronto (CCAS) and the Circle for Children in Care ("the Circle") worked in partnership in 2002 to develop an intervention program to support the work of foster parents. Called "*Changing the Script: Relationship is the Key*" (CTS), this reflective consultation program was designed to enhance the reflectivity of foster parents and maximize their understanding of the children in their care; furthermore, it was intended to augment their opportunities to support and be supported by their peers and to work collaboratively with their colleagues on the children's treatment teams. By enhancing all of these factors, the program aimed to facilitate the stability of placements, to preserve and protect the therapeutically crucial relationships between foster children and foster parents. A grant from the Centre for Excellence for Child Welfare in 2004 supported a study of the effectiveness of this program, the results of which are reported here.

While significant measurable quantitative changes as a result of the CTS program could not be firmly established in this study, we present in this report other indications that the program has been seen by the foster parents as a valuable resource. Furthermore, this study provides some lessons for future efforts in program evaluation. The comments of the participants themselves encouraged us to continue to develop the CTS program and to ask crucial questions about how the work of foster parents may best be supported and enhanced. We share these questions here, in the belief believe they are relevant to the both the child welfare and children's mental health communities.

In the section that follows, we briefly outline the effects on children of life experiences of maltreatment and separation from their caregivers and the concomitant elevation of risk for compromised developmental outcomes. We explicate some ways in which relationships with sensitively caring and committed foster parents may promote resilience and optimize the development of these children. Then, we describe some of the challenges faced by foster parents in their attempts to form and to maintain such growth-enhancing relationships, and suggest some ways in which they may be supported as they do this crucial therapeutic work. Following this, we describe the particular conceptualization and approach taken in the CTS program in order to support foster parents. Finally, we explicate our hypotheses regarding the effects of the program.

Effects of Previous Life Experiences of Maltreatment and Separation on Children

As a group, children in foster care show high levels of developmental, emotional, cognitive, behavioural, social, and physical problems (Chernoff, Combs-Orme, Riskey-Curtiss, & Heisler, 1994; Clausen, Landsverk, Ganger, Chadwick, & Litrownik, 1998; Kerker & Dore, 2006; Leslie, Gordon, Meneken, Premji, Michelmores, & Ganger, 2005; Simms, Dubowitz, & Szilagyi, 2000). From the prenatal period onward, the developmental trajectories of these children are likely to be affected by family experiences of poverty, substance abuse, domestic violence, mental health problems, and legal difficulties (Simms, Dubowitz, & Szilagyi, 2000; Chipungu & Bent-Goodley, 2004). Most children in care have themselves directly experienced abuse, neglect, and/or traumatic exposure to violence.

Experiences of maltreatment, trauma, and chronic stress exert a detrimental impact on the developing child's neuroendocrine functioning and brain development (Cicchetti & Rogosch, 2001; Glaser, 2000). Children may either become hypervigilant and hyperaroused or underreactive, leading to difficulties in both affective and behavioural regulation. The effects are especially devastating for very young children. While they may have the capacity as infants to form memories of traumatic events at an emotional and sensorimotor level, the parts of the brain involved in forming and processing specific autobiographical memories don't develop until somewhat later in the preschool period. Children may thus experience memories of traumatic events at a visceral emotional level, without the capacity to connect them with words or to examine and reflect upon them using reason and logic (Siegel, 2003). Further adverse effects of maltreatment have been demonstrated with respect to children's abilities to process emotional information (Pollak, Klorman, Thatcher, & Cicchetti, 2001) and to understand the internal experiences of others (Cicchetti, Rogosch, Maughan, Toth, & Bruce, 2003). Perhaps not surprisingly, children with a history of maltreatment exhibit more difficulties adjusting to school, showing both more internalizing and externalizing behaviour problems and more disruptive social interactions (Cicchetti & Rogosch, 1997) as well as difficulties in academic adjustment (Shonk & Cicchetti, 2001). Furthermore, delays in language acquisition (Eigsti & Cicchetti, 2004) and difficulties involving thought disorganization and dissociation (Macfie, Cicchetti, & Toth, 2001) have been identified.

Experiences of abuse and neglect in their families of origin place foster children at risk for difficulties in their attachment relationships (Crittenden, 1988). Maltreated children may avoid or resist contact with their parents, and often exhibit what are considered to be disorganized relational behaviour patterns, characterized by contradictory behavioural strategies, wariness, hypervigilance, dissociation, and efforts to control interactions rather than trust their caregivers to offer protection (Lyons-Ruth & Jacobvitz, 1999). Children adopt such behavioural strategies as a means of coping with parents who are their primary attachment figures but who nevertheless are a source of fear (Main & Hesse, 1990). Despite the problematic nature of these conflicted relationships with their parents in their families of origin, separation from them upon being taken into foster care constitutes a major loss. Furthermore, foster children may be transferred from one foster caregiver to another, sometimes many times; thus, they often have endured multiple separations from all of the adults in their lives who might have functioned as attachment figures for them, further exacerbating their neuroendocrine dysregulation (Dozier, Manni, Gordon, Peloso, Gunnar, Stovall-McClough, Eldreth, & Levine, 2006). It also further

increases their reliance upon defensive strategies involving disengagement, mistrust, manipulation, and control instead of trust and open communication.

The strategies adopted by foster children to cope with the challenges they have experienced in their previous attachment relationships may have been adaptive in the short run, in order to deal with parents who were abusive or unpredictably available or with caregivers who frequently disappeared from their lives. However, these strategies create difficulties for children as they attempt to adapt to new situations in which they are offered the guidance, comfort, and soothing by protective adults. Even when opportunities arise to form relationships with new caregivers who may be able to help them to develop more effective ways of modulating their affective and behavioural functioning, thereby counteracting the developmental influences toward emotional and behavioural dysregulation described above, it is often difficult for foster children to make constructive use of these new relationships.

Difficulties in their attachment relationships and experiences of neglect, abuse, and rejection adversely affect children's more generalized internal working models or scripts regarding relationships and their inner representations of themselves and of others (Sroufe & Fleeson, 1986). Children who develop experience-based internal working models of their caregivers as being emotionally available to soothe their distress and to provide a sense of security to them develop complementary working models of themselves as being worthy of such protection and support. Conversely, children whose internal working models or scripts regarding their caregivers predict that they will often respond with rejection and harshness or neglect come to view themselves with shame, feeling unworthy and undeserving of protection (Bowlby, 1973). If these children carry these negative expectations and scripts into new situations, they will be likely to continue to interpret in the actions of others and to enact in their own behaviour these longstanding themes of defeat, unworthiness, shame, and unwillingness to communicate openly. By enacting these scripts themselves, they may induce others to respond in kind. Thus, in place of fulfilling relationships, they are more likely to encounter repeated experiences of struggles for control rather than mutuality, shame rather than affirmation, and fear and suspicion rather than trust.

Therapeutic Value of Relationships with Committed Foster Parents

When foster parents are able to embody caregiving qualities that provide a "secure base" for children (Schofield & Beek, 2005), they surprise them by not reacting in the negative ways that the children expect. By not confirming the children's worst fears, they show them that more satisfying ways of relating are possible.

Furthermore, foster parents mediate the children's relationships with others, enabling them to experience a sense of connection and belonging to a wider circle, including their families of origin but also extending to their foster families, peers, teachers, and other individuals within the larger community. These therapeutic relational experiences can enable children to change their maladaptive internal working models or scripts (Ackerman & Dozier, 2005; Delaney, 1998).

They can begin to see themselves and others in a more positive and hopeful light, eventually revising their scripts based on shame and control to incorporate the possibility for trust and mutuality. With time and trust, as children develop the capacity to process their feelings, foster parents can help them to label their day to day emotional experiences with words and images, to observe themselves and reflect upon their self-observations, and to imagine or envision the inner experiences of others. Gradually, raw emotions and disjointed memories can be transformed into more coherent and rich narratives that bring meaning and understanding into children's lives. Children's misconceptions and self-blame and lacunae in their life stories can be addressed directly, strengthening the adaptive value of their narratives. **Grief, pain, and anger can be given voice, and potential spaces for the inclusion of acceptance and possibly forgiveness can be created.**

Along with this relationship- and narrative-focused work, foster parents can also make crucial contributions to long-term developmental outcomes by dealing sensitively and effectively with the behavioural problems experienced by their children. Within the milieu of foster family homes, supervision, structure, and support may be offered in a manner that is attuned to the needs and strengths of individual children, providing the means for them to gradually develop increasingly internalized capacities for self-direction and affective modulation and for positive social coping skills such as cooperation and the negotiation of conflict (Barth, Crea, John, Thoburn, & Quinton, 2005). When foster parents are able to identify small steps towards progress and help their children to recognize these as well, both children and parents are encouraged to "keep trying." Furthermore, when foster parents have an accepting attitude that values the unique qualities and strengths of individual children, the children are more likely to be able to make use of the behavioural guidance offered by the parents without feeling that they are being forced to relinquish aspects of their identities that they treasure.

Foster parents are also in a unique position to maximize their children's access to other appropriate therapeutic resources. Frequently, they are the best "champions" for their children, advocating on their behalf for assessments of their individual needs; in fact, the value of these assessments is greatly enhanced by the observations contributed by foster parents regarding their children's responses to a wide variety of contexts and circumstances. Once assessments have been conducted and treatment plans have been formulated, the implementation of those plans often falls squarely on the shoulders of foster parents, to follow through day to day in their homes with the children; to seek out and secure any specialized services that may be recommended; to coordinate day to day communications between members of the children's treatment teams, including workers, teachers, therapists, physicians, and others; to facilitate the children's ongoing connections with their biological parents if recommended; and to actually make sure that the children are where they are supposed to be, when they are supposed to be there, in order to implement the treatment plans.

Challenges Faced by Foster Parents in Developing and Maintaining Relationships

The road to change is arduous: it may take months or years for children to be able to believe and integrate the new ways of relating that foster parents attempt to offer to them. In the meantime, foster parents have to be able to hold on to the best while the children may continue to act on their expectations of the worst.

The narratives that foster parents bring to the experience of fostering affect their capacity to respond to the children's needs. For instance, when foster parents have been able to develop coherent and open or "autonomous" narratives about their own early relationships with their own parents, presumably predisposing them to be open and responsive to the attachment communications of the foster infants in their care, the infants are more likely to be able to develop secure attachments to them (Dozier, Stovall, Albus, & Bates, 2001; Stovall-McClough & Dozier, 2004). Younger infants especially appear to be able to organize their attachment strategies to reflect the responsive availability of their "autonomous" foster parents. However, when parents bring their own narratives about relationships that predispose them to act avoidantly or resistantly themselves, even young infants are less likely to be able to develop secure attachments to them. Instead, they are more likely to exhibit disorganized attachment strategies.

When children come into care relatively later, after the first year of life, they tend to behave in accordance with the expectations developed from their earlier experiences of interactions. They tend to avoid contact or to resist it, and even many "autonomous" foster parents tend to respond reciprocally; that is, when the infants avoid or resist their bids for closeness, the foster parents tend to respond more avoidantly or angrily themselves. In order to be therapeutic, the child's expectations must be contradicted, and parents can only do this when they respond not to the child's overt behaviour strategy alone but to the underlying emotional needs that the child has never learned to be able to express directly (Stovall & Dozier, 2000).

In order to be able to respond therapeutically, responding to their children's inner emotional needs rather than just to their overt behavioural communications, foster parents (like all parents) need to be able to "read" the behavioural cues with a deeper appreciation of the children's underlying scripts. They must be able to "mentalize" or imagine a child's inner experiences, and to communicate that understanding and compassion to the child. At the same time, they need to be able to explore the contents of their own inner experiences, to recognize their own intentions that inform their own actions (Fonagy & Target, 2002; Slade, 2005).

The need for these capacities to mentalize, both with respect to the children's inner experiences and their own, implies that the narratives of foster parents about themselves and their specific roles and relationships with their foster children are crucially important. In fact, Dozier and her colleagues (Ackerman & Dozier, 2005; Bates & Dozier, 2002; Dozier & Lindhiem, 2006) studied foster parents' narratives regarding their level of investment in specific children, including their emotional acceptance of the child, commitment to parenting the child, and belief

in their own capability to influence the child's development (Ackerman & Dozier, 2005). Compared to foster mothers who were less accepting of their children early in their relationship, those who were more accepting had foster children who went on to develop more positive self-representations and better coping responses to separation (Ackerman & Dozier, 2005). Furthermore, the commitment level of the foster parents was found to be predictive of placement stability (Dozier & Lindhiem, 2006). Thus, the capacity to be therapeutic – to be effective in changing children's self-representations and to provide them with more stable caregiving relationship experiences – was linked to the accepting emotional quality of the parents' narratives and their investment in their children. Following from these findings, Dozier (2005) suggested that from the point of view of children, the crucial influences on their developing inner representations of themselves are not the practical actions that their parents take to be protective – such as covering electrical light switches – but the children's feelings of certainty regarding their parents' attitudes and commitment to them – that their parents would step in front of a threatening attacker, risking their own lives if necessary to fight for them. Out of this rock-solid conviction comes the child's sense of self as a person who is prized and valued.

Because of the crucial importance of this investment, Dozier and her colleagues (Bates & Dozier, 2002; Dozier & Lindhiem, 2006) studied some factors that influence its development. For the foster parents in their program, they found that levels of acceptance of their children and beliefs that they as parents could make a difference in their children's lives were higher when the children were younger at the time of placement. Bates and Dozier (2002) suggested that younger infants are less likely to exhibit avoidant or resistant behaviours, making it easier for parents to respond to their needs and to feel effective and committed; however, with older children who are more likely to respond in ways that are more avoidant or resistant and less overtly expressive of their wish for connection and need for attachment, parents may feel less effective and committed, and may be more likely to doubt their own potential for making a significant contribution to the child's life. Thus, helping these parents to interpret the behavioural cues of the children drawing on an understanding of the children's scripts may help them to maintain a high level of commitment, encouraging them to respond in a more engaged and reassuring way to their children, even when the children act as if they do not want or value the connection.

Dozier and Lindhiem (2006) also found that the level of commitment to their children was higher for foster parents who had fostered fewer children previously. In part, this may reflect a strategy of self-protection: foster parents who have become deeply invested in caring for children in the past, and then had to deal with separations from these children when they were returned to their families of origin or transferred to other placements, may not want to repeat these painful experiences of loss. It may also reflect a sense of frustration and lack of control arising from characteristics of the systems within which they work (Heller, Smyke, & Boris, 2002). Foster parents often feel that their input and understanding of the children are not adequately considered when plans are formulated for the children's future, especially when some court decisions seem to be contradictory to the best interests of the children in the eyes of the foster parents. On the other hand, when they protest and attempt to fight for their children, they sometimes feel that they are perceived to be too personally and emotionally invested in the children, as if the emotional quality of their investment were somehow contradictory to their "professionalism." Developing a sense of investment in children in contexts in which there is a high likelihood of separation, a relatively low level of control, and a substantial degree of ambiguity about the

appropriateness of their emotional investment in the children in their care, is indeed an incredibly difficult task to ask of foster parents.

Helping children in foster care to develop the capacity for better affective and behavioural self-direction is also a goal that places a heavy demand upon foster parents. The behaviour problems that they are asked to deal with can be quite extreme and challenging (Heller, Smyke, & Boris, 2002). If they take children's behaviours at face value, without understanding the underlying scripts that have become embedded in the child's biobehavioural and relational developmental organization, they are more likely to interpret misbehaviour, acting out, and defiance as intentional bids for control and power without considering the deeper needs that these mask. These interpretations carry risk. The social cognitive literature on parenting (e.g., Bugental, Blue, & Cruzcosa, 1989; Dix, Ruble, Grusec, & Nixon, 1986; Dix, Ruble, & Zambarano, 1989) indicates that when parents attribute more power to children than they feel they have themselves in a situation and thus become invested in struggles for control, and when they believe that the child intended to misbehave, was capable of acting otherwise, and understood that what he was doing was wrong, they tend to become more negatively affectively aroused themselves and use harsher power-assertive discipline techniques rather than explanation and persuasion. Thus, when parents don't understand the reasons underlying the child's misbehaviour, they are at greater risk for escalating the explosive atmosphere surrounding the misbehaviour, further dysregulating the child rather than helping him to learn to control his feelings and his behaviour. When this occurs, the risk of negative outcomes for the child is increased: foster parents who endorse harsher discipline practices have been found to be more likely to have children in their care who generate aggressive solutions to social problems (De Robertis & Litrownik, 2004). Even when parents understand the underlying reasons for the child's behaviour, under situations of great stress they still might find it difficult to act on that understanding and maintain their own sense of emotional control; rather, they may be more inclined to react in the anger of the moment.

When foster parents have been supported to develop realistic expectations for themselves and the children in their care regarding the longstanding influences of old scripts on current behaviour and the challenges involved in trying to change them, they are more likely to be able to persist when behavioural difficulties seem

However, when foster parents believe that just "doing what comes naturally" to them based on their experiences with their own children should be enough, and that the loving care they offer to children should be able to precipitate behaviour changes fairly quickly, they are at risk for feeling defeated and discouraged. When they yearn for the affirmation that rapid dramatic changes in children's behaviours would provide, and when they hope that the children will be able to "give back" the love and commitment that they have invested in them, they are "set up" for disappointment and often just give up (Butler & Charles, 1998).

Many foster parents worry about the effects on their own biological children of their commitment to fostering, both because their own time and energy and the resources of the family

are stretched further and because their families may at times be exposed to some very difficult situations that carry some risk for physical or psychological harm (Swan, 2002). As if these challenges were not enough, foster parents often feel a lack of support regarding their work from their extended families and friends and from the larger community (Heller, Smyke, & Boris, 2002). Friends may tell them that they are “asking for trouble” by bringing children with such emotional problems into their homes. Neighbours may react warily, making negative comments about the activities of the foster children along with implications that the foster parents are inadequate. Foster parents often receive messages that the larger culture undervalues their efforts and that their motives for fostering are poorly understood.

Sometimes the challenges involved in caring for a particular child become so great that the placement breaks down. When this occurs in an unplanned fashion, the relationship between foster parent and child is severed, and what was intended to be a therapeutic relationship that challenged the child's negative scripts becomes yet another experience of loss and abandonment for the child, confirming his negative views of himself and of others.

Such experiences may also induce foster parents, and indeed the whole foster family, to feel as if they've somehow failed or were not able to measure up to the task, diminishing their generalized sense of effectiveness and the investment that they are able to bring to the care of other subsequent children.

Cognizant of these detrimental effects of placement breakdown, Brown and Bednar (2006) asked foster parents to describe the challenges that would make them consider ending a foster placement. One factor they identified was a perception that a child would pose a danger to their families involving physical violence, sexual abuse, or sexual allegations. They also stated they would consider terminating a placement if there was a mismatch between the child's needs and what they could offer, if the child's behaviour problems were too challenging, or if the child's needs became too complex over time to continue to be met in their homes. Problems in working with the agency and difficulties in their relationships with their workers could lead them to end a placement, as could a lack of the community resources and support needed to care for a child effectively. Changes in their personal circumstances that make it difficult to continue fostering, or threats to their health or to that of their families, were also reasons given to consider placement termination. Finally, they reported that if they had tried several times to resolve problems that had arisen in a placement without success, they would be more likely to terminate it.

Supporting the Work of Foster Parents

In light of the therapeutic contribution made by foster parents and the particular challenges they face, a range of intervention programs have been initiated to support their work (Barth, Crea, John, Thoburn, & Quinton, 2005; Dozier, Albus, Fisher, & Sepulveda, 2002; Dozier, Higley, Albus, & Nutter, 2002; Dozier & Sepulveda, 2004; Fisher, Burraston, & Pears, 2005; Heller, Smyke, & Boris, 2002; Linares, Montalto, Li, & Oza, 2006). These interventions vary with respect to the specific goals that are targeted and the methods that are used, but they share much in common.

A primary goal in most of the intervention programs is to support parents in their day-to-day behaviour with the children in their care, to enable them to respond in ways that are optimally therapeutic. Parents are encouraged to respond in a sensitive, nurturing manner to children, even when those children rebuff their initiatives and act avoidantly or resistantly (Dozier, Albus, Fisher, & Sepulveda, 2002). They are encouraged to behave in ways that are clear, predictable, and responsive to children's needs for affective and behavioural regulation, even when children's behaviours may be very challenging (Heller, Smyke, & Boris, 2002).

These behavioural goals are sometimes addressed by giving parents direct advice and guidance about what to do with specific children to deal with their behaviour problems, based on information gained from psychological developmental assessments of the children together with parents' observations (for example, Heller, Smyke, & Boris, 2002). Parents may be encouraged to record children's behaviour, taking note of particular precipitating incidents, circumstances that exacerbate or ameliorate, and responses that are effective in helping the foster children to deal with their behavioural issues. Parents may also be provided with teaching by example, either in parent-child playgroups where modelling is provided by a leader, or by using teaching videos that illustrate responsive interaction that is supportive of child development and therapeutic change.

These behavioural goals are also addressed by interventions directed at the internal representations, meanings, narratives, or scripts that foster parents bring to their interactions with the children in their care (for example, Dozier, Higley, Albus, & Nutter, 2002; Heller, Smyke, & Boris, 2002). By providing parents with general developmental information about attachment relationships and about the scripts that children form from experiences of maltreatment and trauma early in life, their beliefs and understandings about children's needs may be enhanced, facilitating their capacity to interpret the meanings underlying the behaviour, capturing the **“story within the story”** rather than responding only to the overt communications. When foster parents are having difficulty responding to a child's needs for connection and security, the specific qualities and characteristics that they attribute to the child can be explored, and any negative attributions and destructive or unrealistic scripts that come to light can be revised in order to promote a stronger parent-child relationship. In addition to considering their narratives about the children, intervention programs may also address the parents' representations or “states of mind” about attachment relationships more generally, including their narratives about their own relationships with their own attachment figures. Sometimes the “ghosts in the nursery” – old scripts from the parent's own past life experiences – have to be examined before the parent can

be free to respond to the needs of the child in the present (Fraiberg, Adelson, & Shapiro, 1975). Parents' narratives about their own roles as foster parents, their sense of commitment to the children in light of the challenges they deal with that work to erode it, and the reality basis of the expectations that they place upon themselves and the children in judging the effectiveness of their work, all may profitably be considered in efforts directed at supporting foster parents.

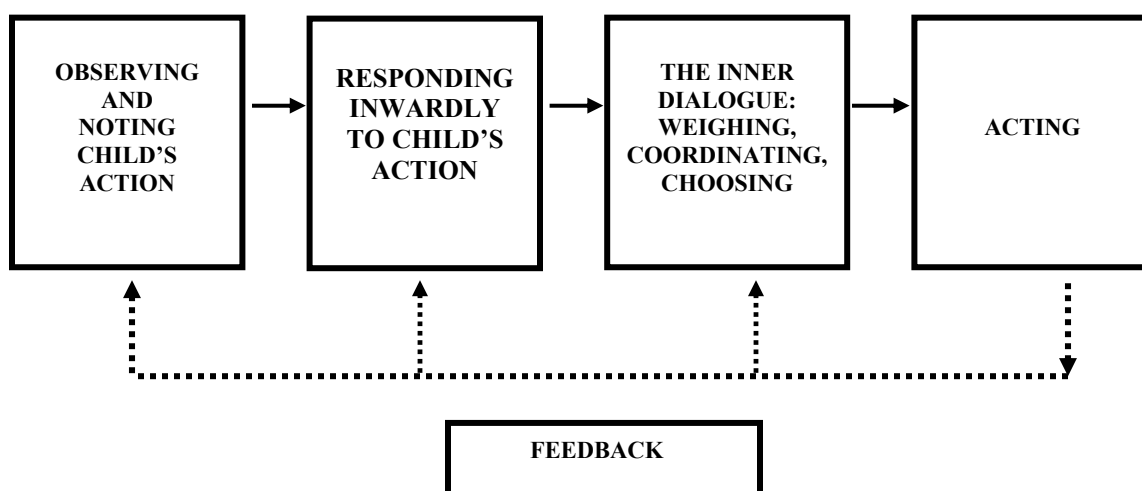
Often, the goals discussed above are addressed using methods that are more or less content-driven, in groups or in individual sessions with an informational, educational, or training focus. However, the opportunity is also often provided for foster parents to discuss together the challenges that they encounter in their day-to-day work, and to offer support to each other (Heller, Smyke, & Boris, 2002). These discussions afford the chance for participants to explore the reasons why they may have found some particular strategies that have been "taught" in previous information/training sessions to be difficult to practice, to share their frustrations, and also to share coping strategies to deal with them.

The Approach Taken in "Changing the Script: Relationship Is the Key" Program

Conceptualizing the Development of Parents

Similar to other programs that are focused upon supporting foster parents, the ultimate goal in the CTS program is to enhance their therapeutic relationships with the children in their care, both at the outer behavioural and at the inner representational levels. In order to identify some strategic methods for exerting an impact on foster parents, it has been helpful to conceptualize the ways in which they translate their inner narratives or scripts into outer actions, and the ways in which changes may be effected over time. The following conceptualization of parental development (Clipsham, unpublished dissertation, 2006) addresses these questions and has guided the design of the CTS intervention.

In this conceptualization, the flow of experience of the parent from moment to moment is described. At the most general level, the flow of experience can be conceptualized as follows:



The flow begins with the parent's observing and noting the child's action. As she does this, numerous responses are activated within her. She engages in an inner dialogue, weighing and coordinating her inner responses, and making choices about how they will inform her actions. From this evaluative process, she translates her inner choices into outer actions. Finally, she observes the child's subsequent behaviour, providing her with feedback on the effect of her action on the child. These observations often initiate a new cycle of responding inwardly, weighing and choosing among her inner responses, and translating these into action.

The following is a hypothetical example that illustrates this flow of experience:

Sarah, a foster mother, sees Alex, her 4-year-old foster child, running away from her when she is trying to read him a story. This feels familiar to her because he has responded similarly to all of her efforts to engage him since he came to her home a week ago. Alex's constant avoidance of her makes Sarah feel a little flat and depressed, and rather ineffective in connecting with Alex. This puzzles her, because she has been able to form quite close relationships with her own children who are all now grown. She thinks to herself that maybe Alex really doesn't need her, because he's fairly contented, occupying himself with the toy cars in the corner. She has a million other jobs to do in her home that could legitimately occupy her time now, and she could just let him play on his own. However, this option doesn't sit completely well with Sarah because she has a strong belief that all children need connections; after all, the whole reason she and her husband David became foster parents was to help children heal from their difficult life experiences. She remembers a discussion last month with the other experienced foster parents in her group. Another parent, Denise, had told them all that her two foster children often rejected her, even though they also seemed sometimes to be desperate for affection. Denise figured that it was because these children were afraid of her, because their parents had been quite affectionate with them when they were sober, but got really abusive when they'd been drinking. Denise had said that she thought it was important to keep trying. Sarah also remembers what David had said before he left to go shopping, when she'd told him she felt like giving up: "Look, we'll do what it takes. We're in this together." She thinks to herself, "OK, I can try again." So, instead of doing the dishes, she takes a deep breath and goes over to the corner where Alex is playing with the cars. As he is racing them wildly all over the floor, she "drives" a toy truck up alongside them, and says, "Hey, can I drive down this road with you guys?" Alex steals a sidelong glance at her, half-smiles, and slows down the pace of the race just a bit. Sarah thinks to herself, "He noticed!" She goes on to help the "truck driver" join in the racing with the "guys" in the cars, and sees that Alex makes one of his drivers bump his car into her driver's truck.

This simple sequence represents two repetitions of the cycle, and she may continue for several more cycles in a similar vein.

Not all cycles include a substantial inner dialogue. The extent of the inner dialogue engaged in by the parent in each repetition of the cycle depends at least in part upon the amount of conflict she experiences among her inner responses. If she does not experience much conflict and if her inner responses readily predispose her to act in a certain way, her inner dialogue may be minimal and she may more or less automatically move on to act on her strongest inner tendency, with little impetus for change in that particular repetition of the cycle. In fact, much day-to-day interaction proceeds at this relatively automatic level. However, if she experiences a greater

degree of conflict between her inner responses or finds it difficult to generate an action that adequately addresses her inner concerns, she may engage in a more extensive inner dialogue before acting, increasing the opportunity for change. In Sarah's case in the example above, if she didn't have second thoughts about leaving Alex to play in the corner on his own while she did the dishes, the outcome might have been quite different in this moment, and the effects may have reverberated differently through future moments.

Each time the cycle begins again, the accumulated experiences of the previous cycles modify the inner meanings that the parent brings to the outer interaction. Thus, the point from which she starts each new time around the cycle potentially moves forward, more or less, depending upon the quality of change that has already occurred. She is not simply going in circles; rather, she is progressing in a spiral of development as the foster parent of this child. Her inner responses continually guide her outer behaviour, and are constantly transformed by the feedback she perceives from the child's responses to her actions. Her developmental spiral traces a course that is intertwined with the path of the child's development. The link between their paths, from the parent's point of view, is her interactional experience with the child and the meanings she brings to it, just as his developmental progress is linked to hers through his experience of interacting with her.

Thus the processes of development for the foster parent and her foster child trace a “double helix” of reciprocally interrelated, interdependent, intersubjective spirals.

Implications for Programs to Support Foster Parents

This conceptualization carries implications for the design of efforts to support foster parents. The first implication arises from the recognition that the inner responses that arise for any parent are diverse. They include her feelings about the child's action and her mood evoked by the situation; her sense of self as the parent of this child, including her senses of responsibility, love, connection, and effectiveness with the child; her goals and intentions for the child; her understanding of the child in the interaction, including her interpretations of his behaviour, expectations about how he might respond, and attributions toward the child; her own beliefs, values, and ideas about parenting and children; the images that she creates in her imagination of what might have happened to the child in the past and what may happen in the future, both for him and for her self and her family; her memories of her relationships with her own parents; the needs and opinions of close family members; influences on her from her larger social context, including friends and others in her community; and finally, influences on her from the rules, policies, supports, and attitudes of her worker, the child's worker, and others within the child welfare system who may be involved in the placement. A support process that focuses exclusively on education and the provision of information, regardless of how well-founded that information may be, may not address all of these potential sources of conflict with which the parent struggles. In the CTS program, the effort was made to create the “mental space” needed in order for the participants to feel welcome to put all of those sources of conflict on the table.

The second implication arises from the nature of the inner dialogue. The essence of this key component in the process of change is the parent's active engagement in a *reflective* process, pausing to weigh and choose alternative ways of thinking, feeling, and acting, rather than acting on the first impulse that comes to mind. Thus, interventions need to promote an optimal level of conflict to support the active engagement of the parent in reflecting and problem solving, rather than simply providing advice about what to do. When direction is given by a consultant or colleague, it may have great value if it gives the parent another alternative to consider, validates a perception that has arisen for her, or suggests a solution to a dilemma with which she has been grappling. But if the suggestion is immediately taken by the parent to be "the right answer," it can paradoxically shut down her reflective process and sense of personal agency, as she strives to comply with it. Furthermore, even when a parent has engaged in a process of weighing and choosing and has settled upon a way of responding that she wishes to use, she may feel overwhelmed by other inner impulses that threaten to override this choice. Her reflective process needs to include the development of strategies to help herself in these circumstances to be able to act in accordance with her choices. Often, this involves finding ways to calm down and soothe her own feelings of anger and distress so that they don't override her reasoned choices regarding how to respond. An intervention that focuses exclusively on providing information, insight, and recommendations to a parent about how she "ought" to deal with a child, even when well-based, may not fully address the reflective processes that are needed in order to strengthen the parent's ability to act in accordance with her choices moment by moment. Therefore, the CTS program has embraced the active engagement of foster parents, focusing on the reflective process rather than being content-driven.

The third implication arises from the nature of the reflective process, and the extent to which it goes on in the form of an *inner dialogue* in which the parent weighs the opinions of others. Often, the parent may draw on the voices of others who are significant to her that she has internalized, replaying their reassuring or inspiring words to herself in her mind to help her to act in accordance with her beliefs and goals – to act from her "best" side rather than her "worst." In order to strengthen these positive inner voices and amplify the richness of the inner reflective dialogue of the foster parent, the opportunity to share her reflections in outer dialogue with other parents is invaluable. Therefore, providing the occasions for such exchanges to take place, in an atmosphere that emphasizes mutual support but that also maintains a focus on the work with the children, was adopted as a priority in the CTS program.

The fourth implication arises from the crucial importance of the parents' observing their children's behaviour, noting their responses to actions by the parents, and using this feedback to alter subsequent "cycles" of weighing, choosing, and acting on the part of the parent. Feedback thus propels the course of parental development, providing new information that induces conflicts that may contribute to the process of change. The CTS program addresses this by inviting parents to present their experiences with a child to the group, allowing enough time for them to describe as clearly as possible their observations of the actions of the children and of themselves. Sharing these observations with their colleagues is intended to enhance their opportunities to view their relationships with the children from a "fresh" perspective, noting aspects of the children's responses to their actions that may have been previously overlooked, providing additional "feedback" to inform future interactions.

Implementing the "Changing the Script" Program

Following from the considerations described above, the "Changing the Script" program has been envisioned as a *reflective consultation program* in which parents are invited to present their work with an individual child to the group, highlighting the specific questions and concerns that are uppermost in their minds. They are encouraged to describe the child's life history and experiences that may contribute to the scripts that the child brings with him to his relationships in the present, and to explain as much as they can about how they understand the child's needs and strengths. They may discuss their collaborative efforts with other members of the child's treatment team, both within and outside the agency, to meet the child's needs. They are also invited to share with the group, to the extent they feel comfortable doing so, any of the challenges and questions that arise for them personally or for their family members as they care for the child. In order to prepare for this presentation, foster parents are encouraged to collaborate with the child's worker, their own resource workers, and any other resources whom they think might be helpful to them; furthermore, if they wish to, they may extend an invitation to these workers to attend the presentation session itself. They are also invited to discuss their presentations with the group facilitator/consultants ahead of time; these discussions are intended to support the parents in formulating the questions they wish to raise for the group's consideration, and to enable the facilitators to more effectively ensure that these questions are addressed in the discussion.

Each presentation is typically scheduled for the better part of a two or three hour session. The parent who is presenting may choose whether he or she would like to entertain questions and discussion from the other participants during the presentation, or whether he or she would prefer for these to be held until the presentation is completed. If workers attend the session, they are also invited to add any comments that they would like to make. Either during or after the presentation, other participants in the group are invited to ask questions to clarify points of interest, comment on issues that are particularly salient for them, and raise other points of view. Most importantly, they draw connections between the experiences of the parent who is presenting and other situations they have experienced, reflecting on similarities and differences, considering alternative interpretations of events and ways of coping, raising questions where more information or resources would be helpful, and suggesting strategies to deal with the difficulties that make it hard to follow through on their best intentions. At least two group facilitators are needed to facilitate the weaving together of the multiple threads of discussion, drawing connections and highlighting areas for expansion, bringing in some additional information or commentary where helpful, and generally trying to ensure that every one has a chance to speak.

These sessions are not intended to be "clinical"; neither the participants nor the leaders have any mandate to make any clinical recommendations for the treatment of the child being discussed. The experiences with the individual children are used as "training cases" in a sense, to promote a reflective process that moves to a more generalized level of experience as participants relate the discussion to their own work with other children.

Time is also allotted for parents to bring up issues and experiences of concern to them that may have arisen since the group last met, either with children whom they have not presented to the

group, or with children who were presented in the past, where new information or events have arisen. Thus, the effort is made to invite the participation of all of the parents in the group, including those who have presented and those who have not.

During these open-sharing times, workers from the agency are not invited, in order to provide an opportunity for parents to put into words feelings and thoughts that they might never choose to act upon or that they would never want to be shared in a forum with their workers. The confidentiality of these discussions is essential in creating a “safe space” or “container” that permits the examination and airing of feelings that might otherwise have been denied or dismissed, leaving them to exert an influence in a manner that is disowned and unrecognized. The whole point of the program is to enable participants to face these feelings squarely, evaluate them directly, and then to make conscious decisions about how they will – or will not – influence future actions.

When parents register for the CTS program, they are asked to make a commitment to attend as regularly as possible, given the contingencies that arise in the lives of busy foster parents. The importance of the commitment of group members to each other is emphasized, to “be there” for each other as presenters, supportive listeners, and colleagues who share a very powerful commitment to extremely challenging but crucial life-changing work.

In the first session of each new CTS group, the facilitator/consultants introduce the concept of scripts, describing how they develop, how they influence children’s day- to-day behaviour, and how they change. The therapeutic contributions made by foster parents in this process of change are emphasized. These basic concepts are summarized in printed form and given to every participant. In addition, after each group session, a letter is sent to each participant highlighting some of the general questions that were raised. These letters are intended to help participants keep track of ongoing threads in the discussions, to provide them with some concrete reminders of the reflection and support they’ve experienced in the group, to enable them to reconnect with these and draw upon them in challenging times, and to engage in further reflection.

Hypotheses Regarding the Effectiveness of This Program

The overall goal of the "*Changing the Script*" program is to support foster parents in order to enhance, preserve, and protect the therapeutically crucial relationships they develop with the children in their care. This reflective consultation program was designed to enhance the reflectivity of foster parents and maximize their understanding of the children in their care; furthermore, it was intended to augment their opportunities to support and be supported by their peers and to work collaboratively with their colleagues on the children’s treatment teams. By enhancing all of these factors, the program aimed to facilitate the stability of placements.

Following from these goals, in this evaluation of the CTS program, the following hypotheses regarding expected outcomes were formulated:

Capacity for Reflection

Participants' capacity for reflection regarding their relationships with the children in their care will be increased. In particular, two aspects of the parents' reflective function will be strengthened. The first is their **understanding of the children's behaviour – the attributions** that guide their interpretations and responses to the children's behaviour. The second is their **inclination to pause and reflect** before reacting to children's behaviour.

Ability to Work Within the System

As a result of their increased capacity for reflection, participants' ability to work collaboratively and effectively within the system of the CCAS agency will be enhanced. By this, we do not mean that the parents will become more docile and "easy to manage," but rather, that they will be able to articulate and advocate for the children more effectively, based upon their own points of view regarding what is needed to offer them the best therapeutic services possible. They will also be able to seek the supports they and their families need to optimize the care that they are able to provide.

Placement Stability

As a result of their increased capacity for reflection and opportunities for support, participants will be better able to persist with difficult children, increasing the overall stability of placements and thereby protecting the crucial therapeutic relationships between foster parents and the children who need them the most.

METHOD

Participants

In the proposed evaluation study design, two groups of foster parents at the Catholic Children's Aid Society of Toronto were intended to receive the intervention, and their progress was to be evaluated in comparison to a third group who did not receive the intervention. Measures (see specific descriptions below) were to be collected for each group at Time 1, before the intervention groups began, and again at Time 2, after the interventions groups were completed about 8 months later. Following this plan, the following three groups of foster parents were recruited and interviewed.

Advanced Group

The 18 participants in this group had attended the CTS program during the year prior to the study; in addition, some had attended an even earlier version of the program as well. When those original groups were initiated, foster parents were recruited largely by invitation by CCAS staff members. They were highly experienced, long-time foster parents, many of whom had already received considerable advanced training from the agency. The total number of CTS sessions that each participant had attended prior to the year of evaluation ranged from 8 to 18, with an average of 14 sessions.

The plan was for the parents in this group to be offered an advanced level program of 8 monthly CTS group sessions during the year of evaluation. However, although 18 foster parents initially signed up for the program, attendance dropped dramatically after the first session because the meeting place had to be moved, adding considerably to the travel time and inconvenience for many participants. In the end, the total number of CTS sessions that each participant attended during the year of evaluation ranged from 1 to 6, with an average attendance of 4 sessions.

In accordance with the proposal, data were collected before and after the evaluation year (Time 1 and Time 2) for 14 participants in this group. However, the low level of attendance in this group negated the premise that these participants had received an advanced level of intervention, severely compromising the value of any comparisons between the data for this group and that of the other groups.

Introductory Group

Participants in the introductory level of the CTS program were recruited by listing the course in the training calendar of the agency and by word of mouth, when previous participants or workers recommended the program to new participants. In order to be eligible for the group, these parents had to have completed the basic training offered to all new foster parents, and they had to have worked as foster parents for a minimum of 2 years.

Two sessions a month for a total of fifteen CTS sessions were offered to the Introductory group during the year of evaluation. Twenty foster parents initially signed up to participate in this

group. Two withdrew without explanation and one withdrew because of health reasons. For the 17 remaining participants in this group, the total number of CTS sessions that each person attended ranged from 6 to 14 sessions, with an average attendance of 11 sessions.

Comparison Group

The intention had been to draw the comparison group from a waiting list for the CTS program. However, there was a lapse in communication between the principal investigator and the recruiting staff at CCAS with the result that candidates for the Comparison group were contacted directly and asked if they would like to volunteer. Fifteen participants were thus recruited, 13 of whom completed participation in the study, including the interviews at Time 1 and Time 2. Only later did it come to light that many of these participants cared for children in group home settings rather than individual foster homes. Because these participants were not self-selected and because they provided care in a setting quite different from individual foster homes, comparisons between their performance on the measures and the performance of participants in the introductory group must be considered with caution.

Procedures

When potential participants had been identified for the two training groups, they were invited to an introductory session that was facilitated by Circle staff to explain the details of the research project. All of the foster parents in the two intervention groups were clearly informed that participation in the program was not contingent upon consent to participate in the research.

Once the participants had given consent to participate in the research, they were contacted by the interviewer, a member of the Circle team who was not involved in the clinical program at that time, to make an appointment for the initial interviews to collect the data for the pre-intervention (Time 1) condition. All of these were completed for each group before the starting date for the group. At the same time, Time 1 interviews were also completed for all the participants in the Comparison group. All of the interviews were conducted by the same interviewer in person in a room at the offices of the Metro Toronto Catholic Children's Aid Society. In addition, the foster care Resource Worker who was associated with each participant was asked to complete the "Working With the Agency Scale" for that participant prior to the start of the groups.

Following the end of the intervention groups (about 8 months later), the same interviewer again contacted all the participants to complete the Time 2 interviews. In addition to the formal interview protocol related to the measures used in the study (see descriptions below), the participants were also invited to discuss their experiences of having been in the CTS program. Also at Time 2, Resource Workers were asked to complete the "Working With the Agency Scale" for each participant again.

Placement stability data were calculated for each participant for the year prior to participation in the group and for the year following participation in the group, according to the procedures and criteria outlined below.

Measures

The following interview protocols and rating procedures were implemented in the same way for the data collections at Time 1 (pre-intervention) and Time 2 (post-intervention).

Measures of Capacity for Reflectivity

The interview protocol used to assess parental capacity for reflection in this study was adapted from one that was used by Stirtzinger, McDermid, Grusec, and their colleagues (Stirtzinger, McDermid, Grusec, Bernardini, Quinlan, & Marshall, 2002), based on those used in the research on parental attributions by Dix, Ruble, and Grusec and their colleagues (Dix, Ruble, Grusec, & Nixon, 1986; Dix, Ruble, & Zambarano, 1989). (We extend our sincere thanks to Dr. Ruth Stirtzinger, Psychiatrist-In-Chief at The George Hull Centre for Children and Families, Toronto, for providing us with more detailed information about the way this measure was used in their study.) Four brief vignettes describing difficult situations with children were read to participants. The scenarios that were described were chosen from several possible ones that were pre-tested in pilot interviews with foster parents, in order to ensure that they were representative of the kinds of challenging experiences typically encountered in their work. The vignettes that were chosen included situations involving children smearing feces, coming home from school hours late, beating up other children, and acting up in school. (Please see Appendix A for the full text of the scenarios as they were read to the participants.)

After each scenario was read to the participants, the following questions (adapted from Dix et al., 1986; Dix et al., 1989, and Stirtzinger et al., 2002) were asked:

1. *How would you handle that situation? What would you say or do?*
2. *What would your tone of voice be?*
3. *How angry would you feel in this situation? (From “1 – not angry at all” to “7 – very angry.”)*
4. *When your child was doing that behaviour, did he or she know he wasn’t supposed to do that? (From “1 – definitely did not know” to “7 – definitely knew.”)*
5. *Do you think your child realized that by doing this behaviour, he/she would upset you? (From “1 – definitely did not realize this” to “7 – definitely knew.”)*
6. *Would it be reasonable to expect your child to know it was wrong to do this behaviour? In other words, should he have known better? (From “1 – definitely no” to “7 – definitely yes.”)*
7. *How much blame does your child deserve for doing this behaviour? (From “1 – no blame” to “7 – complete blame.”)*
8. *Can you find an adjective or two to describe your child in that situation?*
9. *When you were thinking about what you would do, what was your main goal? What were you trying to achieve?*

All of the interviews were recorded and transcribed.

Parents’ understanding of the children – their attributions. In order to index the parents’ understandings related to children’s misbehaviours, including their attributions of intention and blame, the ratings on questions 3, 4, 5, 6, and 7 in the interview protocol were summed and multiplied by 5. (All of these questions asked parents to provide a Likert-scale rating from 1 to 7). The range of possible values for these Total Scores was thus 20 to 140, with a lower score reflecting a more positive attributional style, and a higher one reflecting a more negative attributional style.

Parents’ inclination to pause and reflect. In order to rate the parents’ responses on their inclination to pause and reflect rather than responding impulsively and automatically, for each scenario in the interview protocol described above, their answers to questions 1, 2, 8, and 9 were considered. A 7-point Likert scale coding system was developed by Lynda Fernyhough, where “1” indicated a rating of “Very impulsive” and “7” indicated a rating of “Very reflective.” The criteria for applying these ratings are fully described in Appendix B. In the original proposal, this measure of reflectivity-impulsivity was intended to be conceptually distinct from the rating of parents’ attributional style; however, in the process of developing the criteria for rating the parents’ responses with respect to reflectivity-impulsivity, the decision was taken to consider the parents’ attributions as well, since the two concepts were intricately interrelated in the parents’ responses.

For every parent, a separate rating was made for each vignette at each time of administration. In addition, the ratings were summed across vignettes, providing a Total Score for each parent at each time.

All of the vignettes in all of the transcripts for Time 1 and Time 2 were rated by one coder. In order to estimate the reliability of these ratings, an independent coder rated 50% of the transcripts, and correlations between their ratings were calculated separately for Time 1 and Time 2.

Table 1: Intra Class Correlations for Time 1 and Time 2

	Scenario 1	Scenario 2	Scenario 3	Scenario 4	Total
TIME 1					
July 29/05	.80	.73	.72	.40	.74
TIME 2					
Dec. 9/05	.65	.78	.70	.73	.77

As Table 1 shows, the correlations between the ratings for the first 3 scenarios at time 1 and at time 2 all fell between .65 (for Scenario 1 at Time 2) and .80 (for Scenario 1 at Time 1). Thus, the ratings for the first 3 scenarios were considered to be reliable. However, the correlations between the ratings provided by the two coders for Scenario 4 at Time 1 was only .40; therefore, the ratings for Scenario 4 were considered to be unreliable, and were dropped from the Total Scores and from all the analyses.

Working With the Agency Scale

In order to evaluate the participants' ability to work effectively within the system of the CCAS agency, a 12-item *Working With the Agency* scale was constructed. (Please see Appendix C for the full scale). The items for this scale were suggested by Helen Graham, a CCAS staff member. Each item provided a functional description of aspects of foster parents' work that reflected their relative capacity to work with the agency. The Resource Worker who worked with each participant was asked to rate him or her on each item, using a Likert-like scale where "1" represented "absolutely true" and "7" represented "absolutely false." A Total Score was calculated by adding the scale score for each item. These total scores could range from 12 to 84, where lower scores reflected a stronger capacity to work with the agency. The response rate for completion of the scale was 89% at Time 1 and 95% at Time 2.

Placement Stability

Placement stability was calculated for each participant for the full year prior to starting the group and for the full year following the end of the group. In order to calculate this figure, CCAS staff members reviewed the agency records to determine the total number of children who were in care with each participant during the period in question, together with the total number of "planned" and "unplanned" transfers that took place. "Planned" transfers were judged to be those that had been thoughtfully mapped out ahead of time with the child's best interest in mind, protecting rather than severing the relationship between the child and the foster parents and other members of the foster family. In contrast, "unplanned" transfers occurred without this preliminary organization and thought, and the relationships between the child and foster parents were more likely to be terminated. The Resource Workers were consulted in order to ensure that these categorizations accurately reflected their understandings of the reasons for transfer of these children.

Additional Interview

In the year prior to the year of evaluation, the participants in the CTS program were often asked as a group to provide feedback on their experiences of the program. In fact, the key factor that propelled the efforts to continue the program and to evaluate it was their enthusiasm. In addition, over and above all of the quantitative measures indicated above, the foster parents in the Advanced Group were asked to talk further with the interviewer at Time 1, to give more detailed individual feedback on their first year of experience of the CTS program. The format of this interview was flexible in order to follow the train of thought of the parents, creating the opportunity for them to raise points that were especially important for them. However, some guiding questions for this interview were as follows:

1. *How long have you fostered?*
2. *Looking back at last year's program, what stands out for you?*
3. *Did the program change anything in the way you foster?*

4. *As you know, we have gotten a lot of feedback. It would be helpful for us to know, what specifically led to that change? Could you pinpoint anything? Was there any moment when it “clicked” for you?*
5. *What would you keep the same?*
6. *What would you change?*
7. *What would you most hope to get out of the program this year?*

The parents in the introductory group were also asked (at Time 1) to describe their experiences as foster parents and to articulate what they hoped to get from the CTS program. The guiding questions for those interviews were the following:

1. *How long have you been fostering?*
2. *What’s the best part about fostering?*
3. *What’s the hardest part?*
4. *What do you feel you can give to the children in your care?*
5. *What advice would you have for some one who’s just starting off as a foster parent?*
6. *What made you decide to participate in this program?*
7. *What do you most hope to get out of the program?*

RESULTS

Reflection, Attribution and Working With the Agency

Pre and post means for reflection, attribution, Working with the Agency Scale, by group, are shown in Table 1. It is important to remember that a high score on the Reflection scale is positive, whereas low scores on the Attribution and Working with the Agency scales are positive.

Table 2: Pre and Post Mean Scores for the Advanced, Introductory and Comparison Groups

Group	Reflection		Attribution		WWA	
	Pre	Post	Pre	Post	Pre	Post
Intro	11.71	12.71	89.31	88.18	19.88	20.12
Adv	12.86	13.79	95.36	90.93	17.23	18.92
Comp	12.13	14.31	80.80	83.50	16.42	16.87

Originally an analysis of covariance (ANCOVA) was planned to compare all three group across all measures. This plan was abandoned, however, because attendance for the advanced group was insufficient to permit a meaningful comparison with the other two groups.

ANCOVA were conducted comparing the introductory and comparison group on reflectivity, attribution and working with the agency. This analysis tests for between group differences in post-test scores while controlling for pre-group differences. Results are shown in Table 3. No significant differences were found. The degrees of freedom also show that in each test some cases were dropped due to missing data. The actual N for each test is shown in Table 4. Given the small differences between means for the pre-post scores for each variable shown in Table1, it is unlikely that power was reduced to the extent that a type II error occurred.

Table 3: Results of ANCOVA for 3 dependent variables

Dependent Variable	Source	Df	Mean Square	F	Probability
Reflection	Group	1	14.067	2.886	.101
	Error	26	4.874		
	Total	29			
Attribution	Group	1	83.938	.377	.545
	Error	26	222.772		
	Total	29			
Working With Agency	Group	1	29.336	1.166	.291
	Error	23	25.164		
	Total	26			

Table 4: N by group for each ANCOVA

Group	Dependent Variable	N Intro-group	N Comparison group
Introductory	Reflection	17	12
	Attribution	16	13
	Working with Agency	16	10

Placement Stability

In order to examine placement stability, placements were tracked over the year preceding and the year following the program and unplanned moves were documented. Data for the Introductory and Advanced groups is shown in Table 5. Overall there were a large number of placements and very few unplanned moves. **The percentage of placements resulting in unplanned moves declined in the Advanced Group, while it rose in the Introductory Group.** As can be seen in the table, however, most homes had no planned moves. As a result the distributions for both groups were flat and deviated from normality to such an extent that statistical analysis was not appropriate due to lack of power.

Table 5: Placement Stability data

Group	N	# of Homes with no Unplanned Moves		Number of Children Placed in Home		Unplanned Moves		% of Placements Resulting in Unplanned Moves	
		Pre	Post	Pre	Post	Pre	Post	Pre	Post
Advanced	11	9	8	85	90	8	4	9.41	4.44
Introductory	15	14	12	84	59	3	4	3.57	6.78

DISCUSSION

Despite our best efforts to perform a meaningful study, none of the quantitative outcome measures showed significant changes as a result of the CTS intervention program. Of course, we must consider the possibility that this program was not effective as a support program for foster parents. However, we have also identified several problems in the measures and in the implementation of the study itself that may have contributed to a lack of confirmatory results. In the first section below, we identify the lessons we have learned from the problems in this research project, to inform future evaluation efforts. In the following section, we present some of the comments made by the participants in the follow-up interviews; these comments keep our hope alive that the program is indeed useful, despite the difficulties encountered in quantitatively demonstrating positive effects. Finally, we outline some of the clinical questions that we continue to ponder, as we try to develop constructive ways to support the therapeutic relationships between foster parents and the children in their care.

Lessons Learned About Implementing Evaluation Research

Our clinical-research team was comprised of a large and diverse group of individuals. Although our collaborative efforts enriched the CTS program immeasurably, they also increased the necessity for effective communication and coordination among us. Despite our best efforts to take these needs into account in our plans and practices, we all experienced instances of misunderstanding or misremembering that collectively took their toll on the implementation of the design in this study. For future collaborative evaluation research, we learned that even more attention and planning must be allotted to facilitating communication regarding the ways in which we put our research plans into action.

Ever since we began work on the proposal to evaluate this program, we have been grappling with the difficulties inherent in selecting appropriate outcome measures to adequately reflect the processes of change in the participants. With respect to the measures of understanding and reflectivity, in retrospect, we wondered whether asking foster parents to state what they would do in hypothetical situations was actually effective in capturing changes in their abilities to translate their understandings of the children into action. Perhaps inquiring about their experiences with specific children in real situations instead would have better reflected shifts in their capacities to act on their cognitions without being overwhelmed by negative emotions evoked in the intensity of the moment. Furthermore, the multiple interacting aspects inherent in a construct such as “reflectivity” were difficult to adequately address in one global rating scale, decreasing the probability of successfully capturing subtle distinctions and changes and demonstrating the progress that we believed the participants made, based on our clinical impressions. Instead of trying to develop a global measure of reflectivity, we wonder if identifying and assessing more specific components that potentially contribute to reflectivity might have allowed for more sensitive documentation of changes. We recognize that these difficulties might have been decreased by more extensive pilot work alerting us to the complexity of the participants’ responses.

Over and above these specific questions about what the reflectivity measures indexed, some of us maintain a fair bit of scepticism regarding any method that purports to “objectively measure” the inner experiences of others. This task inherently involves the interpretation of the statements of the participants, and by its very nature, draws upon the subjective evaluation of the interpreter. This recognition leads some of us to search for other research methods that acknowledge this subjectivity as we try to evaluate the effects of an intervention on the inner experiences of participants.

Our measures of placement stability also presented some problems in this study. The low frequencies of unplanned transfers in the foster parent participants, **while reflecting well upon the quality of care offered at CCAS**, didn’t allow for adequate quantitative analysis. Even if there had been a high enough incidence of unplanned transfers for such analyses, other factors would have complicated the interpretation of these data, including the type of foster care home and the specific characteristics of the children themselves. As we discuss below in the section on the clinical questions that remain, our experiences with the parents in these groups also suggested that the relationship between reflectivity and placement stability was more complex than we originally anticipated. Therefore, future efforts at evaluation should exercise caution in using placement stability as an outcome measure.

The time frame of this research project did not allow for any pre-testing of the “Working with the Agency” scale. While the items that were included in that measure appeared to have face validity, their value in discriminating between foster parents in terms of their capacities to work effectively within the system had not been empirically established. Furthermore, the perceptions of resource workers regarding foster parents with whom they have had long histories were likely to have been influenced by many factors over and above this one intervention, decreasing the likelihood that this measure could have been adequately sensitive to document the differential effects of the CTS groups.

Finally, even if we had successfully collected data for a comparison group in this study, the conclusions that we would have been able to draw regarding the essential component in the CTS program that led to change would have been extremely limited. In order to make such judgments, a group of foster parents receiving the CTS program would need to have been compared with other groups receiving interventions that are focused on other specific goals, including groups that are education - or insight focused, support-focused, or behaviour-focused. Only by drawing such comparisons could the differential effects of this specific program be addressed.

Lessons Learned from the Participants’ Descriptions of Their Experiences of Participating in the CTS Program

The contrast between the lack of quantitative findings in this study and the comments made by the participants in the less structured interviews about their experiences was striking. Therefore, we offer below a sampling of some of the comments of the participants that we found to be helpful in understanding their experiences of participating in the CTS program.

When asked what was the most outstanding aspect of their experience in the CTS program, the support, validation, and open communication with their colleagues was the first thing that came to mind for most of the participants:

"You know, it's kind of like a feeling of fellowship that you're sharing, you know, you're sharing feelings and emotions that you don't share with your sister if she's not fostering, or your neighbour. ... It's a different plane that you're on."

"There isn't one of those people in that room that I wouldn't call up and ask for some help."

"When you go to any organized training, you talk about behaviour management, so you'll say (for example) that your child steals. When you go to this training, you'll say that your child steals and it frustrates the heck out of you and I need to know what to do now. So it's more bottom level emotions. Nobody is afraid to show what would be considered negative emotions, (afraid) about what people might think - that you don't know how to do your job. So all the defensive stuff is gone in this group. You can say you completely blew it, you yelled at a kid, freaked out at a kid, then you stepped back and you took your time. ... (In this group) there would be at least one or two other people who had done exactly the same thing at some point and will support you and say, 'you know what, I did the same thing and this is how I dealt with it'. It's validating. Sometimes you just need that validation- that it isn't you, that you know it doesn't matter how good you are, how many years experience you have, you're still going to have the same basic emotions because you're human, you know."

"It was wonderful... it's an incredible learning and relearning experience for me... Sometimes you can take the courses, you can read the books, you know what to do, but you get very isolated in this type of work. Some of our children can be very demanding and you can get very focused on them and it is so wonderful to be part of a group with other people who do the same work, who have other kids in their home who do the same thing. It normalizes what we're doing...It ... it takes the edge off sometimes."

"You have no idea about how many people I have talked to about this particular course. And in this course they did some presentations where foster parents brought forward a case that they had in their care. And you know, it was really tough for some of those presentations. There were some foster parents that were really beating themselves up because they couldn't... make changes with this child. They couldn't fix the situation. There were tears. I mean it was very, very heart felt, the whole thing, very emotional and yet every person that circled the table in that group was there for that foster parent. You know, not only with the tissues, with the hugs, but with the support, the sincere support."

These experiences of sharing and validation seemed to promote a sense of pride in themselves as foster parents and in the work they do:

"Primarily what stands out for me... was listening to the stories... the recounting of the experiences by foster parents around the table ... What I got out of it was a great admiration and respect for what they did."

"Listening to how (other foster parents) dealt with something; there's always something to learn. And you think to yourself, oh I should try that or what a good idea. It also makes me very proud of being a foster parent because I can look at the other people in the group and I see the effort and I see the professionalism, the care, the concern, the seriousness that they attach to their work with the children. It makes me feel really proud to be part of the community like that. ... It's so wonderful to be with people who put these behaviours and all these crises into perspective and who can laugh at what we do.... If you laugh with another mother because your kid smeared all over the wall, (some people) are going to think you're loony but you can do that with another foster parent...We have work in common."

The comments of several foster parents confirmed that for them at least, the support they experienced from their colleagues in the group helped them to hang on when times were tough. Here is an example:

"It was like a cure. If you felt like you were going over the edge or you were drowning...those sessions just bumped you right back up again...Example is, you might have gone in there that day having a particularly bad night before or morning ...And you feel like you're ready to give up ...that your child is the only child that's giving you all these problems and you're at the end of your rope. You don't know what else to do. So you go in and you're given a chance to speak and by the time you're done you realize that, hey, you are not alone, this is what we're doing. This is our job... And now you're given suggestions and ways that you can cope and deal. And you feel after all that, oh thank god, I can go on some more."

Some parents stated that the program helped them to understand their children better and to pause and reflect before they acted:

"It really equips me to further understand the complexity of the children we are asked to look after..."

"It's given me a lot more tolerance, a lot more patience. I mean I treat situations a whole lot differently. I see my children different. You know, I realize that it's not their fault... And I wasn't able to see that before."

"'Changing the script of a child', I didn't, throughout the years I didn't have a word for it...I would see it happening but I wouldn't know how to explain it. I wouldn't know what to call it. You get the child one way for a week, and then the child up and goes for a visit or something happens, and the child goes right back where they were. And you have to start all over again... Like, when the program was going on, I had a child who was soiling...And I didn't understand what was happening...It had never happened to me before...I could talk about it in there. I could get feedback...You

know, everyone helped me to deal with that situation...So I could go home and not be angry but trying to figure out what's happening to the child..."

"Sometimes it's very difficult to do when you have six or seven children, to think that you have the time to pause in the middle of a day... Sometimes you're just going from one thing to the next, to the next...And so just reinforcing the importance of that pause and the fact that, if you do actually do that pause, you may stop a later situation... you (would) end up dealing with again in the evening, again the next day or whatever... So take the pause, collect yourself together and then..."

For some, reflecting upon their own stories and those of others promoted a reappraisal of their expectations of themselves as foster parents:

"It's good for us to hear positives and negatives. We all hope for positive outcomes but you know what, there's only so much you can do sometimes... When you hear someone that you really admire talk about doing everything she could for a particular child but that child still had to move onto another situation, you realize it was the right thing to do - and that sometimes we have to do that too...without feeling like a failure. We're going to feel bad for ourselves, for the child, but you know, it's not the same as feeling like a failure."

The ongoing processes of reflection and reappraisal were facilitated by internalizing the voices of others in the group, including at times a respected leader:

"I think that having to realize that, even though I do not see myself in the light of a foster mother, the children see me as a foster mother. ... I had to learn that because if I couldn't, if I didn't get that clear then, I would take many of the behaviours very personally... (Now) I understand that quite often how I perceive myself and how the child sees me, there is a difference...And if anything else I can get from this group, that was the major learning curve..."

"I have a little boy who was with me for nine years this month and sometimes the things he would say would give me a rude awakening - but now I understand clearer about the script - that these children come to you with their own scripts and love is not always enough... I was struggling. I really was struggling... And I remember in one particular session, Nitza, in her summation of one session, clarified for me how the child sees me as a foster mother. It doesn't matter how great I am, how wonderful I am. And even though he's attached to me at different points, there comes a time when he knows, 'you're not my Mom'. And when he says that, I can't take it personally because that's a reality for him, that's his reality. So that was for me the defining moment."

When asked suggestions for future sessions, one that came up repeatedly was to extend the program to include more workers and more foster parents:

"I think this is a program that should be made available to all foster parents."

You know I can't think of a thing that I would change...except for to have more of the workers hands on. You know we've got some amazing workers here but we've got some that could really benefit from this."

"Well the goal certainly would be to be able to provide additional help, not only to the person that's presenting...but to other people. ... There's another group now that's going to go through that same process and hopefully another will come.... It will eventually get out to everyone, right?"

One parent supported her conviction that others could benefit from the program but their readiness to commit should also be considered by summarizing her own gradual process of committing to the group as follows:

"I think that this should be a part of basic training. Although having said that I don't know if I would have been ready for it right at the start, you know. ...I think that you would want a year or two under your belt of fostering before you could get into this. Coming here [at the beginning]...I thought, "you know, 'Changing the Script', what the heck is that, you know? I don't want to change any scripts. I don't understand why they call it that"

"I said "yes" to the course before I knew it was a whole year and I was pretty sceptical: "A year, what's the matter with these people, you know?" And I came to the first one and I was kind of, it was like I was stung by a bee. "What, what just happened here?" I got into the second one and more of the same happened, then all of a sudden I started to, holy cow, you know, started to see it. But it was like opening a gift very slowly...So I've got to tell you I wasn't even so sure [I] wanted to take this ...and give that kind of a commitment, you know, every other Tuesday for a year or the better part of a year. And then that's through all kinds of weather. And, you know, I found myself in storms just busting myself to get here - but that's how into it I got ..."

"So, it was a kind of an interesting transformation, from "God, I'm stuck to do this course: I said yes, and I didn't want to do it, and I didn't really read it - that'll teach me!" to "holy cow, it's ending." I didn't want it to end, you know."

Lessons and Questions for Future Efforts to Support Foster Parents

Notwithstanding the absence of quantitative group data to demonstrate the effectiveness of the "Changing the Script" program, the comments made by individual participants supported our clinical impressions that participating in this program was a significant experience for many of them. Even after allowing for the problems in indexing change using quantitative methods that were described above, we are left with some serious clinical questions.

The first question is the following: for whom is this program best suited?

Many of the participants who have attended have been very enthusiastic, recommending the program to the agency and to their fellow foster parents. The time commitment that many have invested has been remarkable. **Even at the time of writing this report, a lively CTS group continues, comprised of some foster parents who were involved from day one and who were participants in the Advanced group in this study, some who were newcomers at the time of this study and were participants in the Introductory group, and yet others who got involved in the program after the study was completed.** These participants continue to attend meetings, share their experiences, and passionately state their conviction that the group has been essential to them. By and large, these committed long-term participants tend to be fairly experienced foster parents. Are we preaching to the converted? Are those foster parents who are predisposed to be reflective to start with more likely to become engaged and to stay connected with such a group? We have not studied the experiences of parents who participated for a time, and then dropped out. If we were to do so, we might learn more about why they did not continue. Perhaps they felt the group didn't meet their needs, or perhaps they felt they'd received enough support by attending just one series of sessions, given their heavy time commitments. Is there additional gain to be made by investing resources in continuing to offer the program to the long-term participants, to provide sustained support for their ongoing reflective processes? Should efforts be made to recruit relatively newer foster parents? How would the program need to be modified to meet the needs of newer versus more experienced foster parents?

The question of recruiting new participants raises another set of questions. For the first two years in which we offered the program, the response from new participants was substantial. Much of this enthusiasm seemed to be generated by word-of-mouth communication, even though participants at times found it difficult to convey "what the group was about". As one participant told us when she attended for the first time, her friend who had been a member for a while told her, ***"I don't know what we do there, but you'll like it! It will help you! You should come!"*** More recently, the response to the group from new participants has decreased. Perhaps we've exhausted the group of foster parents in this agency who are likely to be interested in a group that is focused on reflectivity and support. But we also wonder how best to engage new participants who might be interested, but who don't understand what such an experientially based program is about. Would more parents profit from the program if they were encouraged to try it? Is it more likely to be useful to those who have already identified for themselves the wish to become more reflective and to "go deeper" in understanding the children?

Another powerful clinical question that has emerged as we have implemented this program has been the relationship between reflection and placement stability. For two separate foster families in the advanced group, the process of presenting a child with whom they were feeling "stuck" actually supported the parents to recognize that they had done all they could, and yet it wasn't enough on its own to meet the needs of that child. However, rather than suddenly terminating the placement in a crisis, or transferring the child to an entirely new treatment setting without support, in both cases, the parents were able to work through processes by which they participated in selecting new settings for the child, continued to stay connected to the child after the transfer, and promoted the child's adaptation to the new setting. In one case, even though the child was transferred to a new foster home, he maintained an active connection with the foster family with whom he had been connected for 9 years, hopefully preserving his sense of their continued support and commitment to him as a person. In the other case, the child was moved to

a treatment program during the week, but returned to his foster home on the weekends. The child has stated directly that he can “hang on” during the week to get the treatment he needs, if he knows he is going home on the weekend. These foster parents have thus created their own models for foster care, whereby their relationships with the children have not been severed, the children have received the assurance that their foster parents are continuing to protect and advocate for them, and the children’s specialized needs have been met. These experiences have taught us that the relationship between reflectivity and placement stability is complex, and it can lead to breaking new ground in the provision of care for the children who need it most.

Given the enthusiasm of the participants who have stayed connected to the CTS program, and actually, as a result of a comment made by one of them, we have also wondered whether such a program promotes the retention of foster parents. Perhaps, over and above not giving up on a particular child, the experience of validation and support from other foster parents enables them to not give up on themselves, the agency, or the system, and continue to do this crucial work.

We also continue to ask ourselves, what specific “active ingredient” in the program is most useful? Do the participants actually develop new understandings and become more reflective because of the content of the discussions? Do they simply get new ideas and behavioural strategies to try out? Is the primary active ingredient the support and validation they get from each other? Above and beyond the difficulties in evaluating this question without direct comparisons with interventions directed at those particular goals, the very nature of the CTS program makes it difficult to draw firm conclusions. In the way the program is delivered, these components are completely interwoven; furthermore, although some general principles can be articulated, their specific enactment at a given point in time arises almost entirely in response to the needs and strengths that are being expressed at that moment by the individuals in the group. This intervention is not content driven, and is difficult to “manualize” in a very specific manner.

The final, and perhaps the hardest question we ask ourselves is the following: Is it possible to make real changes in the relationships between foster parents and the children they care for without actually doing “real” hands-on relationship-focused work?

Our vision for the future would be to couple the provision of the "*Changing the Script*" program for groups of foster parents with supportive clinical consultation with the participants individually, focusing on their intersubjective relationships with specific children. In this way, we would hope to maximize their capacities to act upon their insights and reflections in their day to day interactions with the children in their care, optimizing the therapeutic quality of their work and affirming in yet another way their central role on the treatment teams of the children for whom we all care.

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APPENDIX A

Scenarios Presented to the Participants

Scenario 1: It has been a particularly long and difficult day with the children. Finally, at the usual time, you send them upstairs to take their baths and get ready for bed. When you go upstairs to say goodnight, you find that your seven year-old has smeared feces all over the bathroom.

Scenario 2: Your thirteen-year-old foster son usually comes home from school on the bus at 3:15 every day. You have told him that, if anything unusual happens to make him late, to please call you to let you know. On this particular day, he has not returned home at the usual time. Worried, you call his friends, then call the school, then finally the police, but find no trace of him. At 6 pm, he ambles in, explaining that some new friends invited him to come over and shoot baskets at their house, and so he did.

Scenario 3: It is a beautiful day and the children are playing outside. Suddenly, you hear screaming and shouting, and the five year old comes in to tell you the ten year old has gotten really angry and is beating up the eight year old.

Scenario 4. It is Monday morning. The last of the children has left for school. The phone rings: it's Paul's second grade teacher. "He's been fighting all morning long and is now waiting for you in the principal's office." When you arrive, you see that Paul is sitting at the back of the room, looking sad and lost.

The principal calls him over and asks him to explain why he has been behaving the way he has. Paul says he doesn't know. You ask what happened, did anyone get hurt. "No, nobody got hurt," the principal replies, "but Paul used terrible, terrible language. And he *could* have hurt somebody."

APPENDIX B

Self-Reflection Coding

Abused and neglected children tend to develop internal working models of relationships that negatively impact their subsequent development (Sroufe & Fleeson, 1986). When foster parents do not react in the negative ways that their wards expect, they provide evidence that more satisfying ways of relating are possible which, in turn, enables the children to revise their maladaptive internal working models (Delaney, 1998). Maltreated children often behave in ways that appear disorganized, unregulated, and confusing. Foster parents can increase the sensitivity of their care by interpreting these behaviours in the context of the child's experience and reflecting on appropriate and helpful ways in which to respond (Dozier et al, 2002).

In order to assess the degree of reflectivity a caregiver has with regard to child behavior, four brief vignettes describing difficult situations with children were read to the participants in the present study. Scenarios included:

1. Smearing feces
2. Coming home late
3. Children fighting at home
4. Child is inappropriate at school

After each vignette was read, participants were asked four open-ended questions designed to tap into their level of reflectivity, or the degree that parents stopped to reflect on the situation. The questions were asked as follows:

1. How would you handle this situation? What would you say and do?
2. What would your tone of voice be?
3. Can you find an adjective or two to describe the child in that situation?
4. When you were thinking about what you would do, what was your main goal? What were you trying to achieve?

Theoretical underpinnings of the coding system:

Responses to the questions listed above were coded on a 7-point scale, where 1 represented "Very Impulsive" and 7 represented "Very Reflective" responses. A score of "4" indicated that the response was neither reactive nor reflective. It is a neutral response that focuses on the practicalities of the situation. Scores that fall below 4 are on the poor side of neutral, whereas scores that fall above are on the positive side of neutral. The following table is divided into subcategories in order to provide more specific direction with respect to the scenarios and questions asked. First, a general coding rationale is presented. Then responses specific to the 4 questions (How would you handle the situation? What would your tone of voice be? Can you provide an adjective? What was your main goal?) are provided. Finally, considerations on how to form an overall score are presented.

The rationale for the coding system is based on research that examines parent's inferences about why children behave as they do (Dix, Ruble, Grusec, & Nixon, 1986; Dix, Ruble, & Zambarano, 1989). In essence, this research suggests that parents who interpret a child's behaviour as intentional and inherent to the child's disposition will tend to respond more reactively and negatively to the misdeeds of the child. Accordingly, in the present coding system a "7" is used when parent responses are curious about what happened, non-reactive, and sensitive. Parents in this category understand that children may not have learned how to control their behaviour and parents are able to provide different explanations as to why the behaviour might have occurred. These parents typically show unconditional support of the child and are patient. To further distinguish sensitive care giving from their less sensitive counterparts, parents who score in this highly reflective category also help children learn from their experiences by identifying possible triggers to and consequences of the event as well as alternatives for dealing with the situation. Alternatively, respondents who score a "1" tend to blame the child for not knowing better and intending to cause the problem. In addition, they may reason that the event occurred because of the child's inherent negative qualities and think that the child should know how to control his/her behaviour. Parents who fall into this category will resort to punishment as a means for controlling the child because they think that the child's behaviour is intentional and controllable. These parents may also be very impatient and intrusive.

TABLE B1

Categories	1	2	3	4	5	6	7
General coding rationale	<p>Reactive.</p> <p>Intolerance for child's behavior. The use of the "should" word is an indicator that the parent expects far more from the child.</p> <p>Blaming.</p> <p>Does not indicate a desire to gain understanding of what motivated the behavior.</p> <p>Expects child to be able to control his/her behavior. Thinks behavior is intentional. Indicates that the parent does not recognize that the child's frame of reference may be quite different; what may have been a normal way to react in his own home is no longer acceptable in the foster home.</p> <p>Attributions are dispositional (part of child's nature).</p> <p>Focus on punishment and stopping the behavior (rather than understanding it).</p> <p>Focus on rules and the child understanding the rules.</p> <p>Focus on age indicates that parent has clear expectations about how children at certain ages should behavior, which suggests that the parent may not be tolerant of older children behaving at a younger developmental level.</p> <p>Shames child into cooperation.</p>			<p>Practical focus.</p> <p>Questions have to do with reporting or obtaining facts as opposed to understanding the child.</p>	<p>Not reactive.</p> <p>Desire to better understand the child & what motivated the behavior.</p> <p>Contemplates different explanations for behavior.</p> <p>Understands child may not have control over their behavior, therefore understands behavior may not be intentional.</p> <p>Attributions are not dispositional (inherent nature of the child).</p> <p>Sensitive and responsive</p> <p>Exhibits soothing and calming strategies.</p> <p>Examines consequences of interventions.</p> <p>Awareness of child's needs based on their developmental abilities.</p> <p>Offers strategies to deal with the situation differently (eg. Helps child to identify triggers and think of different options for dealing with it)</p> <p>Reframes the situation for the child.</p> <p>Acts as a secure base: shows unconditional love and support; allows the child to feel accepted and cared for no matter what, even if the behavior isn't OK.</p>		

Handle situation	<p>Expects child is to behave in a more mature way.</p> <p>Focus on punishment and explaining expectations / rules.</p>	<p>Clean up.</p> <p>Report behavior to SW.</p> <p>Stop the fight.</p> <p>Ensure safety.</p>	<p>Curiosity about motivation for child's behavior.</p> <p>Ask for report about what happened (5)</p> <p>Offers strategies. Helps child identify triggers. Supports child through process.</p> <p>Is compassionate.</p>
Tone of Voice	<p>Angry</p> <p>Impatient</p> <p>Disappointed (sets child up for specific expectations)</p> <p>Emotional tone is dependent on child's response or behavior (indicates that parent's response is a reaction to child's behavior and not based on own choice)</p>	<p>Parent is worried.</p> <p>Parent is firm</p>	<p>Not angry.</p> <p>Empathetic.</p> <p>Curious</p>
Adjectives	<p>Attributions are dispositional and negative; sees behavior as purposeful; eg. Manipulative, defiant, destructive, impulsive, irresponsible (particularly for his age)</p>		<p>Attributions are not dispositional because understands child does not have control over their behavior. eg. Angry, upset, sad, out of control, confused, hurt, tired, overwhelmed, unhappy</p>
Main Goal	<p>To control parent's own anger.</p> <p>To define rules and expectations.</p> <p>To punish in order to ensure that the behavior doesn't occur again.</p> <p>To explain that the behavior will not occur again.</p>	<p>To deal with practicalities of the situation;</p> <p>eg. break up the fight; clean up the mess; ensure safety</p>	<p>To understand the child (higher)</p> <p>To understand situation (lower)</p> <p>Help child learn alternative strategies.</p>

<p>Overall Rating</p>	<p><u>Very low scores:</u> Parent is blaming and interprets the behavior as intentional and manipulative because they do not consider that the child may not have control over their behavior regardless of their age.</p> <p>No attempt whatsoever to understand what motivated the child's behavior.</p> <p>Parent is very angry as she is reactive.</p> <p>Parent blames child for how she feels.</p> <p>Parent is very distressed which indicates that they had much higher expectations of their child.</p> <p>Focus is on parent's feelings and needs, not the child's.</p> <p>Adjectives are very negative attributions; eg destructive, manipulative, defiant, irresponsible</p> <p>Parent is focused on punishment to ensure that the behavior doesn't happen again.</p> <p>"Shoulds" implies that the child has a skill set that he may not have.</p> <p><u>Mid Range Scores:</u> Parent wants child to not do the behavior again for safety reasons.</p> <p><u>Higher Range Scores:</u> Adjectives are negative attributions, but not as negative as the low end scores: eg. forgetful, easily distracted</p> <p>Parent doesn't want the behavior to happen again, but instead of punishment uses discussion to help the child understand the impact of his behavior.</p>	<p>People with scores of 4 have a very practical approach.</p>	<p><u>Very High Scores:</u> Parents demonstrate a strong desire to understand the child's triggers and behaviors. Parent describes how she is going to do that.</p> <p>Parent offers alternative options for dealing with the situation, or helps the child identify them.</p> <p>Parent responds in a sensitive and empathetic way. Parent shows unconditional support.</p> <p>Adjectives consider the child's deeper emotional state and inability to cope with the situation: confused, hurt, out of control, overwhelmed</p> <p>Parent understands child may not have any other strategies to achieve his goal.</p> <p>Parent understands child may not know why he's behaved as he did.</p> <p>Parent hypothesizes several different possible reasons for the child's behavior, and is not set on any one of them.</p> <p><u>Mid Range Scores:</u> Adjectives consider that the child's surface affect: upset, unhappy, angry</p> <p><u>Low Range Scores:</u> Adjectives consider the child's physical state: tired</p>
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APPENDIX C

“Working with the Agency” Scale

INSTRUCTIONS TO RESOURCE WORKERS

We are asking you to consider the work of “*NAME OF FOSTER PARENT*” as a foster parent with your agency. Please consider each statement below, indicating how well it describes your experience in working with “*NAME*” over the past three months.

1. Foster parent requests relief or extra help appropriately when needed.

Absolutely True	Moderately True	Slightly True	Neutral	Slightly False	Moderately False	Absolutely False
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2. Foster parent copes constructively when s/he has to deal with the limitations in the financial resources of the agency.

Absolutely True	Moderately True	Slightly True	Neutral	Slightly False	Moderately False	Absolutely False
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3. Foster parent communicates with agency staff in an open and collaborative manner.

Absolutely True	Moderately True	Slightly True	Neutral	Slightly False	Moderately False	Absolutely False
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4. In working through difficult situations that arise in his/her work, the foster parent is able to maintain a focus on the child’s needs.

Absolutely True	Moderately True	Slightly True	Neutral	Slightly False	Moderately False	Absolutely False
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5. The foster parent works constructively with the natural families of the children in his/her care.

Absolutely True	Moderately True	Slightly True	Neutral	Slightly False	Moderately False	Absolutely False
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6. The foster parent collaborates with the Children’s Service workers involved with the children in his/her care.

Absolutely True	Moderately True	Slightly True	Neutral	Slightly False	Moderately False	Absolutely False
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7. The foster parent copes constructively with frustrations arising from the involvement of the courts/ legal system in the lives of the children in his/her care.

Absolutely True	Moderately True	Slightly True	Neutral	Slightly False	Moderately False	Absolutely False
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8. The foster parent collaborates with other professionals (therapists, teachers, etc.) involved with the children in his/her care.

Absolutely True	Moderately True	Slightly True	Neutral	Slightly False	Moderately False	Absolutely False
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9. The foster parent recognizes that potentially threatening situations may arise in the course of caring for children (i.e. allegations, harassment of family members, intrusions into private family matters, etc.). S/he manages this stress well, minimizing any negative impact on his/her work with children and families.

Absolutely True	Moderately True	Slightly True	Neutral	Slightly False	Moderately False	Absolutely False
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10. The foster parent understands his/her own role within the larger agency team, and is able to use that understanding to cope effectively with day-to-day issues that arise in his/her work.

Absolutely True	Moderately True	Slightly True	Neutral	Slightly False	Moderately False	Absolutely False
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11. In tough times the foster parent is able to reflect on what has happened, to learn from it and move forward to work productively as a team member.

Absolutely True	Moderately True	Slightly True	Neutral	Slightly False	Moderately False	Absolutely False
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12. The foster parent collaborates with you, his/her Resource Worker.

Absolutely True	Moderately True	Slightly True	Neutral	Slightly False	Moderately False	Absolutely False
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Thank you so much for taking the time to answer these questions! Your effort will help to develop training that supports foster parents' work on your agency.

APPENDIX D

"Long Journey to Trust"

[Contributed by Bernie and Nellie Des Roches, Foster Parents]

Reprinted with permission from: *Around the Circle* – a publication of the Circle for Children and Youth in Care, Issue 1, Summer 2005

Thomas, seven years old, is at our door, late at night, with a worker and two police officers. He has come from an environment where there was some form of violence or abuse in a place that was his home. He doesn't know you and he now finds himself in a home that is foreign to him where he is told that we will look after him, and he doesn't know why. We are strangers to him and he has no reason to believe that things will be any different with us than they were at home; they could even be worse. Thomas doesn't trust us.

Thus begins a long journey that will focus on meeting his needs in every sense. The first stage of the journey is often traumatic as he learns the ways of our home while trying to cope with the trauma he cannot or will not discuss. In Thomas' case, he would not tell anyone who did what to him.

Why should he? He doesn't trust them either. Of greater concern is the fact that Thomas has kept this all internalized, living with the trauma of guilt, fear and anger he creates for himself in his own mind.

So, we feed him, clothe him and see that he gets to school every day. The physical and educational components of his care are generally easy to meet. But we want much more than that for Thomas ... we want him to feel comfortable in our home and know that he is loved. A longer term goal is to help him address, understand and deal with the issues that brought him into our care. For this, we will need his trust.

We have not found a manual on how to gain a child's trust by following a step-by-step process that "works every time". Thomas' story is unique and differs from that of other children that come into care. For Samantha, we had to develop different strategies, as we had to for Jawal and Marie. Our experience has taught us, however, that there are some basic principles which facilitate the process and thus enhance the likelihood of success. We share these with you in the hope that they will help foster parents with their challenges and provide workers with some appreciation of the challenges that exist in a foster home and how their role is key to our success.

Consistency

In the first two days that Thomas is in our home, he begins to see that there is a routine he can count on. Meals, bedtime, baths, play time, etc. follow a regular pattern which, with time, he comes to realize he can count on. Fears, outbursts and inappropriate behaviours are dealt with calmly and promptly; the need for hugs and reassurance are met with in a similar manner. He

“tests the waters” from time to time with actions and words he knows we do not approve of to determine our boundaries and to see if he can get us to react like others have. When this doesn’t happen, he begins to see that he can count on us to deal with him in a manner he can predict and understand. Our first goal has been met – Thomas has begun to feel comfortable with us. Consistency increases this comfort level as time goes on. Comfort, in many cases, leads to love.

Honesty, Patience and Intuition

As concerned foster parents, we are eager to have Thomas tell us details about life in his home. Really, we are looking for him to tell us what happened to him, and who was involved. We are looking for him to disclose. In our eagerness, we never promise that he can tell us and that it will be “our secret” when, in fact, we will likely discuss it with a worker and perhaps our own family members. We are very mindful that children listen to and watch closely what everyone around is saying and doing. It is quite likely that what he discloses, once shared with others, will get back to his ears. At that moment, any chance of establishing on-going trust would be lost.

We know that we must be patient. With young children like Thomas, we generally see a breakthrough after about six months in care. With some, like Maria, it came sooner, with others it was much longer. At some point, we do begin the process of gaining some information from Thomas. The occasional question, dropped in a casual manner, gives us cues as to whether he is ready to talk about it or not. We will know from his response or reaction. We count on our intuition to tell us whether the time is right.

When it does happen, it is both a terrible and marvelous experience. Frequently, it is the child who sends out the first clue that there is something they want to talk about but are afraid and somewhat hesitant. While his foster mother, Nellie, was cooking dinner, Thomas casually asked: “How come you and Bernie don’t beat children here when they’re bad?” With careful response and soft questioning, she opened the door a little. She did not pursue the discussion beyond answering his questions. She knew that he was processing his issues in his mind and perhaps still testing to see if this was someone he could trust. We bided our time.

A couple of weeks later, after bedtime stories were finished, Thomas told Nellie that people didn’t treat him at home the way he was treated by us. With a single question, Nellie opened the doors and everything came pouring out... the beatings, the confinements in the closet, the sexual abuse, the threats to ensure silence, etc. The tears flowed as fast as the words. The rest of the evening was spent in calming and reassuring Thomas until he finally fell asleep.

The horror of it all is hearing what happened to this child in front of you. The marvel is the sense of relief you could see in his face as he finally was able to unleash the demons that so plagued his mind. We got to this point because we gained his trust.

Moving On

Early on, we had told Thomas that we could not promise that we would not share with others what he tells us. Now that he has disclosed, we tell him that we are going to discuss this with his worker, Eileen, who will want to talk to him about it too. He knows Eileen as she has been to our home to see him many times. He sees that we get along great with her so the trust can be extended and he says that is OK. What followed from this point would be the subject of another article.

Once the details of the horrors that were part of Thomas' early life were disclosed, a process was set into motion that involved many people, frequently including teachers, police, psychologists, judges, to name a few. Today, we know more about how to handle disclosure but this was not the case in our first experiences and we may yet encounter a situation with different twists that challenge our ability, knowledge and resources. For this we counted on and continue to look to the foster care system, which includes workers and other foster parents, for support and guidance.

Once a relationship is established with workers or foster parents, we generally come away richer from the interactions. Sometimes we get some advice that helps us deal with the challenge, sometimes it is just reassurance that we are doing as much as can be expected. We trust their advice.

Relationships have their origins in trust. From that we get to caring and from there we get to love, without boundaries.

- Nellie and Bernie Des Roches

APPENDIX E

"A Foster Parent's Inspiration"

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Agnes Craig, a wonderful foster parent at Catholic Children’s Aid and a member of the Changing the Script group, described her experience when two little brothers came to live with her. Alexander and Aloysius were 8 years and 5 years old, and had withstood deeply painful experiences in their lives. Despite the harshness of the situations they had endured, dealing with what was familiar was preferable in their minds to facing the unknown that Agnes represented for them. She described their first meeting as follows:

Five years ago yesterday, Alex and his younger brother arrived at our home. After being introduced to me, Alex took a good look at me and exclaimed, “You are black and you are old – I am not staying here!” You see, we had been introduced on the phone before, prior to our meeting and he had assumed that I was white and young. Needless to say, I was quite taken aback by this. After regaining my composure, I tried to reach out to him by saying, “Black old people are nice and I plan to be extra nice to you.” It didn’t work. The worker and I coaxed him inside, showed him his room, which was, at the time, rather nicely set up, including TV, VCR, and computer – all of these have since been removed. He was very excited by this and was calm for a while. The worker visited with us for a while to ensure that everything was OK. As soon as the worker left, all hell broke loose. The boys, led by Alex, decided to destroy the room, screaming in chorus, “We want Mama! We want Mama!” “Mama” was their previous caregiver, whom I might add, was abusing them daily. This went on for quite some time, with me thinking, “What have I gotten myself into? What can I do with this?” I prayed; a thought came to me. I closed the bedroom door, sat in the middle of the floor, and started to sing. I opened with the hymn, “What A Friend We Have in Jesus.” They stopped cold. Alex looked at his brother and exclaimed, “What’s wrong with her?” “She’s crazy and she’s got an ugly voice!” I continued to sing, and the screaming stopped. It was Day One, the beginning of a very challenging journey.

What better example could any of us find of reaching deep within ourselves to find the inspiration to deal with really difficult challenges? Agnes was obviously highly skilled in finding creative ways to connect with her own deepest sources of inspiration. In time, she helped Alex to be inspired too. But it wasn’t easy.

Alex would trash his room completely, trash the whole house, destroy his property, his brother’s, and mine... jump out of windows, beat on all the doors

and windows with a hockey stick, beat on my car and damage it with rocks, the list goes on and on. At one point the neighbours even called the police. It seemed he was always testing me to see if I would send him away and acted as though he didn't care if he was sent away or where he was sent. I kept reassuring him that he was not going anywhere and that he should give up trying....

No matter how I felt and no matter what he did, I never stopped giving Alex lots of love, caring, and most of all, understanding. When all was calm, after a bad session, I would go to his room, sit with him, test the waters – put my arms around him and try to find out how he was feeling...

I decided that he was not going anywhere. I continued to pile on the love and understanding, trying new methods, and most of all, lots of prayer, non-ceasing. I decided that God would be our worker...

When it seemed that my prayers weren't being answered, things started to change slowly. It seemed as though Alex woke up one morning and realized that he wasn't going anywhere. The oppositional behaviour and defiance slowed down. Alex now started to make an effort to do the right thing... Things started to settle down at home.

The next step was to work on Alex's educational experience. This time, Agnes not only had to inspire him, she also had to inspire the school to give him the chance to show what he was capable of.

Eventually the agency and myself decided that the school environment was not doing Alex any good. We decided to move him. We met with the principal and vice principal of the school he was now about to attend. The meeting went well. They decided to accept him on condition that an education assistant be provided and paid for by the agency to work with him... In September, Alex started his new school. He was well accepted by all staff. He didn't want to be there and took a long time adjusting. He complained daily, and did not want to go. I continued to encourage him and point out all the benefits he was receiving. But each day continued to be a struggle. Eventually, he settled in, made a few new friends, and life at school seemed much better. Generally, his school work is average, his behaviour in school is good, he has gained the respect of his peers and his teachers.

Agnes changed Alex's life, by inspiring him to hold on to hope when he had no reason from his own life experience to hope. She inspired the people around him to meet his needs in a way that allowed him to fulfill his hopes. She did it all by reaching deep within herself, to her very source, for her own inspiration, and she continues as she started:

I thank God every day for giving me the strength and patience to hold on and persevere and not to send him away. Sometimes, when you think all is well, something else surfaces. If things continue to be the way they are now, I have great hopes and aspirations for Alex. I am and am not looking forward to the teenage years! But I hope and pray that with God's grace, we'll see those through also.