The development of problem behaviour in foster children: a Flemish longitudinal research

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Introduction

• In Flanders foster care is increasingly the first option of choice

• Aims of a foster care placement
  – Immediate protection of the child
  – Providing a nurturing and warm home
    • With the birth parents after reunification if possible
    • With foster parents until majority if necessary
  – Promotion of (socio-emotional) development
    • Promotion of pro-social behaviour
    • Reduction of problem behaviour
Development of problem behaviour

• Social workers and foster parents expect decrease of problem behaviour.

• However,
  – Only a few studies examined longitudinally the development of problem behaviour in foster children
  – Most studies examine the development at group level (nothing is said on the development on a case level)
  – Only 2 studies examined development at case level
• Mostly *foster parents* report no change or an increase of problem behaviour (e.g. Bastiaensen, 2001; Chamberlain et al., 1992; Damen & Veerman, 2005; Damen & Pijnenburg, 2005; Fernandez, 2008; Fisher et al., 2000; Nilson, 2007; Strijker et al., 2000, 2005; Van Holen et al., 2007; Van Oijen, 2010)

• In a few studies *foster parents* report small reductions of problem behaviour shortly after start of placement (Barber, 2003, 2005; Wilson, 2006) or at longer term (18 and 36 months) (Aarons et al., 2010)
Development at group level (2)

• Foster care workers report a stabilization (Fernandez, 2009)

• Data from foster children are inconclusive:
  – A decrease (Fernandez, 2009)
  – No change (Van Oijen, 2010) and
  – An increase (Farmer et al., 2004) are reported
Development at case level

- Few studies examine development at a case level
- For most foster children as reported by foster parents the level of problem behaviour remains the same
- An increase is more common than a decrease
- An increase is more severe: more children change in problem status (from normal to borderline/clinical)

<table>
<thead>
<tr>
<th>Author</th>
<th>Decrease</th>
<th>Stabilization</th>
<th>Increase</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strijker &amp; Zandberg, 2001</td>
<td>13%</td>
<td>66%</td>
<td>20%</td>
</tr>
<tr>
<td>Van Oijen, 2010</td>
<td>9%</td>
<td>63%</td>
<td>28%</td>
</tr>
</tbody>
</table>
Development of problem behaviour (1)

- Development of problem behaviour in non-foster children is multi-factorial

<table>
<thead>
<tr>
<th>Global</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contextual</td>
</tr>
<tr>
<td>Family</td>
</tr>
<tr>
<td>Child</td>
</tr>
</tbody>
</table>

- Distal (e.g. parenting stress)
- Proximal (e.g. parenting)
Development of problem behaviour (2)

- Development of problem behaviour in foster children is also multi-factorial

<table>
<thead>
<tr>
<th>Global</th>
<th>(Educational level FM)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contextual</td>
<td>(e.g. length or kind placement, …)</td>
</tr>
<tr>
<td>Family</td>
<td>Distal (parenting stress)</td>
</tr>
<tr>
<td></td>
<td>Proximal (parenting)</td>
</tr>
<tr>
<td>Child</td>
<td>(Age, gender, problem behaviour at start)</td>
</tr>
</tbody>
</table>
Research questions

• How problem behaviour of foster children develops over a period of 2 years?
• Which factors are associated with a decrease or an increase of problem behaviour?
Methods (1)

• Longitudinal design with 2 data collection waves:
  – T1 (2004): 77 Fmothers (out of 96 or 80% response rate)
  – T2 (2006): 49 Fmothers (out of 65 or 75% response rate)

• Characteristics response group (n=49)
  – 37 couples and 12 single mothers
  – 37 non-kinship and 12 kinship placements
  – Fostering 31 girls and 18 boys
  – 33 voluntary placements and 16 children placed by juvenile court
  – Duration of placement from 1 to 11 years (average 4.8 years) (T1)
• Non-response group: 28 mothers
  – 12 placements already ended (8 breakdowns & 4 planned reunifications)
  – 16 refused collaboration

• Response and non-response group differ:
  – Gender foster child (↑ drop-out foster mothers of boys)
  – Referrer (↑ drop-out of foster mothers of children placed by juvenile court)
  – Problem behaviour (↑ drop-out of foster mothers of children with more PB on T1)
  – Parenting stress (↑ drop-out of foster mothers with more PS on T1)
Methods (3)

- Mothers 2 times questioned:
  - T1 & T2: Problem behaviour with the CBCL (Total problem score)
  - T2: Parenting with Ghent Parental Behaviour Scale.
    - Nine subscales: Positive parenting ($\alpha = .83$), Monitoring ($\alpha = .65$), Rules ($\alpha = .76$), Discipline ($\alpha = .80$), Inconsistent discipline ($\alpha = .60$), Harsh punishment ($\alpha = .62$), Ignoring ($\alpha = .61$), Material rewarding ($\alpha = .71$) and Autonomy ($\alpha = .58$)
    - Positive parenting, Rules and Autonomy form the Support scale ($\alpha = .86$). Discipline, Harsh punishment and Ignoring constitute the Negative Control scale ($\alpha = .69$).
  - T2: Parenting stress with 4 scales of the Nijmegen Child Rearing Questionnaire ($\alpha = .95$)
• Statistically significant development/changes were examined with a Reliable Change Index (score_{t1} - score_{t2} / SE(diff))
• RCI < -1.64 or > 1.64 are significant
• Statistically significant is not clinically relevant
• Clinically relevant:
  – Statistically significant change
  – Change of problem status CBCL (normal versus deviant (T-score > 60))
Results (1)

• Behaviour of most children did not change
• But behaviour of more children deteriorated than improved

<table>
<thead>
<tr>
<th>Improvement</th>
<th>No development</th>
<th>Deterioration</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>RCI &gt; 1.64</td>
<td>1.64 ≥ RCI ≥ -1.64</td>
<td>RCI &lt; -1.64</td>
<td></td>
</tr>
<tr>
<td>Total problem score</td>
<td>8</td>
<td>23</td>
<td>18</td>
</tr>
</tbody>
</table>
• No child out of 8 showed clinically relevant progress

<table>
<thead>
<tr>
<th></th>
<th>Normal</th>
<th>Deviant</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Problem score T1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal</td>
<td>6</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Deviant</td>
<td>0</td>
<td>2</td>
<td>2</td>
</tr>
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</table>

Scores T2
8 children out of 18 (44%) showed clinically relevant deterioration

<table>
<thead>
<tr>
<th></th>
<th>Normal</th>
<th>Deviant</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Problem score T1</td>
<td>6</td>
<td>8</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>0</td>
<td>4</td>
<td>4</td>
</tr>
</tbody>
</table>
• No child, contextual or global factor is associated with a decrease
• Only family factors (supportive parenting and parenting stress) are associated
• Effects are small
Results (5)

- No child, contextual or global factor is associated with a deterioration
- Only family factors (parenting and parenting stress) are associated
- Effect sizes are moderate

<table>
<thead>
<tr>
<th>Total Problem score</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Child factors</td>
<td>none</td>
</tr>
<tr>
<td>Family factors</td>
<td></td>
</tr>
<tr>
<td>Parenting behaviour: PP</td>
<td>- r=.29</td>
</tr>
<tr>
<td>MON</td>
<td>0</td>
</tr>
<tr>
<td>RUL</td>
<td>0</td>
</tr>
<tr>
<td>DISC</td>
<td>+ r=.30</td>
</tr>
<tr>
<td>IncDISC</td>
<td>0</td>
</tr>
<tr>
<td>HaPUN</td>
<td>+ r=.64</td>
</tr>
<tr>
<td>IGN</td>
<td>0</td>
</tr>
<tr>
<td>REW</td>
<td>0</td>
</tr>
<tr>
<td>AUT</td>
<td>0</td>
</tr>
<tr>
<td>SUP</td>
<td>0</td>
</tr>
<tr>
<td>NC</td>
<td>+ r=.43</td>
</tr>
<tr>
<td>ParentStress</td>
<td>+ r=.42</td>
</tr>
<tr>
<td>Contextual factors</td>
<td>none</td>
</tr>
<tr>
<td>Global factor</td>
<td>none</td>
</tr>
</tbody>
</table>
Discussion

• The expectation problem behaviour decreases is not justified
  – In more foster children problem behaviour got worse
  – A worsening was often more severe
  – No relation with duration of placement ⇒ FC may slip back at any time of placement

• Results raise questions about effectiveness of foster care as an intervention and the parenting of foster parents? (e.g. 16% ↓ PB in FC; 25-60% ↓ PB in Residential Care)
• Due to correlational design causality is not known
• However,
  – Mainly negative parenting and absence of positive relation (including parenting stress) was associated with increase of PB
  – Association of negative parenting with increase PB was stronger than association of positive parenting with decrease
• Thus,
  – Negative parenting ⇒ more PB
  – Foster children with more PB ⇒ more use of negative parenting
Implications for practice

• Foster parents should be prepared to address problem behaviour (externalizing and internalizing problem behaviour)
• Foster parents should be ready to act as therapeutic agents
• Even in cases of progress, foster children may slip back
• Foster parents should be supported to adapt their parenting and to make it more specific
  – Using alternatives for negative parenting practices
  – Using more positive parenting strategies
• In Flanders recently an intervention was developed, implemented and evaluated with promising results
Limitations

- High drop-out and drop-out of most severe cases
- Only two years follow-up
- Placements were not followed from beginning of placement
- All foster families came from one foster care agency
Conclusions

• Conform literature behavioural problems of foster children remain stable or increase

• Promoting positive parenting and reducing the use of negative parenting strategies can contribute to a reduction of problem behaviour

• Support programs should be developed in order to make foster care more effective

• A start is made in Flanders
Selected bibliography


