Clinical Aspects of the Training of Foster Parents

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ABSTRACT: This paper recognizes that training programs for foster parents are as good as their implementation for which the author emphasizes the need for clinical expertise. It is important to help foster parents emphasize and understand issues of grief over loss and separation and the child's expressions through behavior. Techniques to help foster parents with these issues are identified.

Training of prospective foster parents is a standard part of a typical foster care program. Studies show that the best training programs are ones which are effective in helping foster parents continue to serve in that capacity and to reduce the need for replacement of a child. (Boyd & Remy, 1978) Training also helps foster parents manage more effectively the behavior of their foster children. (Gurney, 1976).

There are standardized training programs available for purchase, such as that developed several years ago by the Child Welfare League of America (Child Welfare League of America, 1976) or the newer NOVA method. (Simon & Simon 1982) Both systems contain useful information to be imparted to foster parents and serve as good teaching aids. However, both can be greatly enhanced when conducted by a trainer with a strong clinical background. Thus the clinical expertise of the trainer becomes an important consideration in the implementation of any training program.

Uses of Clinical Skills

The use of clinical skills and techniques during the training of prospective foster parents serves two purposes. It aids in the learning and ex-

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periential process of the foster parents' training and also serves as an additional assessment tool, in conjunction with the psycho-social evaluation, of the foster parents. It is important to look at both these issues from a clinical perspective.

Developing Empathy

Training programs that deal with loss and the process of grieving can help foster parents to understand their own reactions to loss as well as those of the children in their care (Edelstein, 1981). Going one step further, the trainer can help foster parents begin to develop empathy for biological parents. In group training, for example, members are helped to recall the loss of a significant other or relationship. They are guided through a vocal remembrance of their feelings during that time. This process may produce sensitive and still painful memories for some group members. It is important for the trainer to exercise appropriate caution during this phase of the group experience.

The process of reliving and sharing real feelings and experiences can often help potential foster parents better understand the sense of loss experienced, and often acted out, by both the biological parent and the child as a result of the separation of the family unit. It is a well accepted clinical belief that the process of mourning the loss of one's child involves not only dealing with the loss of that child but with the loss of one's self, because parental attachment consists of a mixture of object love and self love (Rando, 1985). By re-experiencing their own feelings of pain and hurt, the potential foster parent may begin to appreciate what the biological parent feels when a child is removed from that parent's care.

Foster parents begin to put themselves psychologically in the position of the biological parent(s) as they imagine their own children or significant others taken from them. For the first time many prospective foster parents are able to see the biological parent as a human being suffering the pain and hurt of loss. Thus the anger often initially expressed by foster parents toward an abusing or neglecting biological parent can be reduced or diffused. One such couple experienced this process during the training:

Mr. & Mrs. A. both in their early thirties, had one son and wanted more children. Prior to applying for foster care, they had suffered three miscarriages and a premature birth, ending in the death of the unborn child. Both parents initially expressed horror and hostility toward any parent who would neglect a child. Their feelings toward abusing parents went

even deeper. Initially they verbally expressed an acceptance of parental visiting but did not wish to be involved in the process or have any direct contact with the biological parents. Later they became more receptive to parental visiting. Eventually, acting as foster parents for a two year old boy, they worked closely with the biological mother for a six month period and aided in the quicker reunification of the parent and child.

Assessment

Understanding how potential foster parents handle grief in their own lives can assist in assessing how well they will function as foster parents. More than anything else, foster care is the handling of grief. Foster parents must not only be aware of feelings and behaviors associated with loss, but also must have successfully dealt with their own feelings relative to losses. As a part of the assessment process of prospective foster parents, it is important for the trainer to observe and note each participant's involvement in the discussion of grief and loss. Often times the trainer will observe an individual denying feelings of anger or depression when recalling a past loss. In this situation it is very helpful if the other participants, with the aid of the trainer, can gently confront the individual and enable a deeper expression of true feelings. If this is not possible, then it is up to the trainer to either privately, with the assistance of the individual involved, make an assessment of the denial system or to pass the group observation on to the appropriate home study worker. This was evidenced in a training group, which consisted of a married couple and three single females, held in the Summer of 1986.

> During the session on grief, Mrs. B., a single female, denied ever feeling angry when her mother died. Although the others in the group related their anger experienced after suffering a loss, she remained firm that she just accepted the death. As the discussion shifted its focus to the grief experienced by foster children, the other members began to question Miss B.'s ability to relate to or understand foster children. At the conclusion of the training program, the observations of the group and the trainer regarding Miss B. were discussed with the social worker conducting the home study. In follow-up interviews, the individual was dissuaded from pursuing foster care.

Knowing where potential foster parents are in their personal handling of the grieving process gives a further indication as to the type of foster child or foster situation they could be expected to successfully manage. For example, if an individual has successfully reached resolution of a loss but can still recall the first stages of grief, then a child

just removed from the biological family and having weekly family vis-
its would be an appropriate match. On the other hand, a couple exhib-
iting denial would not be an appropriate resource. The following case
vignette is illustrative of the former in making a "match":

> Valerie, a single female, participated in a training group with two mar-
> ried couples and another single female. Valerie vividly recalled, in the
> group, her pain after the deaths of her father, mother and brother—all
> within three years. So devastated at losing all her immediate family, she
> sought counseling to help deal with her grief. After a year in counseling
> she mentioned foster parenting to her therapist and received encourage-
> ment. As a part of the home study, the agency worker contacted her ther-
> apist to ascertain Valerie's resolution of her grief and to share with the
> therapist the grieving process as it relates to foster care. Valerie shared
> with the group how she and her therapist related her grieving to the fos-
> ter care situation of a child's leaving but never to the feelings experi-
> enced by the biological parent or child to the actual separation. About
> two months after the completion of the training, two siblings were re-
> ferred to the agency for immediate placement. The girls, ages ten and
> seven, were coming from a disruptive legal risk placement. The former
> foster father had demanded the oldest girl's replacement as she was "not
> grateful for all they had done for her." She was also described as uncom-
> municative and not giving. These foster parents were eager to keep the
> younger child, who was described as sweet, cute, loving and accepting of
> the foster parents. Psychological evaluation revealed that neither of the
> girls were ready to sever ties to their biological parents or deal with their
> separation issues.
> Valerie seemed a good match for these two girls. First, she would not rep-
> resent a family and seek acceptance from the girls on that level. Second,
> she could empathize with the girls' sense of loss (of the biological and fos-
> ter parents) and perhaps, in an unthreatening way, help the girls verbal-
> ize their feelings. Finally, her understanding of the effects of separation
> enabled her to really see the need for continued contact between the girls
> and their parents. Both girls have done very well in this placement dur-
> ing the past eleven months. The oldest has been making good use of
> therapy, is not seen as withdrawing and is able to respond to a caring re-
> lationship. Both are able to verbalize their feelings to Valerie and the
> agency worker about their anger at their parents and jealousy toward
> their "new baby brother."

Understanding the Foster Child's Behavior

Teaching the theoretical knowledge of the grieving process and having
group members share their experiences aids in a better understanding
of the child's behavior in foster care. We can identify four stages of the

child's grieving process: Preprotest, protest, despair, and detachment. Each stage has corresponding behaviors and affects, as illustrated below:

TABLE 1

Phase	Behavior	Affect
Pre-Protest	Conformity/Cooperation Independence	Indifference Neutrality
Protest	Rebellion Demands Dependence	Anger Crying Anxiety
Despair	Withdrawal Hesitance	Depression
Detachment	Eagerness to please Cooperation Independence	Contentedness Self Confidence Happiness

Observing behavior as indicative of a reaction to loss is important in children. Hess states, "Because children frequently repress intense feelings or frightening fantasies, it is often difficult to determine their feelings or fears at any point in time. Therefore, childrens' behaviors have come to be relied upon as indicators to their feelings and reactions to separation." (Hess, 1984, p. 55). It is equally important to look at the clinical aspects of the foster parents' reaction to grief. Only as they are able to relate to their own grief process can they successfully deal with that of their foster children.

Once the foster parents have an understanding of where the child is in his grieving process, they can begin to understand the child's behavior. Understanding behavior from a clinical viewpoint enables the foster parent to understand how the child's behavior may elicit negative reactions. Foster parents are helped to do this by learning to identify the goal of the behavior and then to relate to that behavior in a more productive fashion.

Most professionals in this field have experienced the dreaded telephone call that a foster parent has physically disciplined a foster child or worse. By clinically examining the goals of misbehavior and how, as

adults, those behaviors make one feel, foster parents can be helped to examine their reactions to such behaviors, thus reducing the risk of physical discipline or abuse (Dreikurs et al., 1982). The focus in training shifts from "How would you handle it? to "How does that behavior make you feel?" as the first step in helping to understand and then change a pattern of behavior.

During training sessions, role playing of different misbehaviors is an excellent way for foster parents to experience a new way of looking at and reacting to behavior. First, the misbehavior is acted out by the trainer and group member(s) and the other foster parents are asked to state how they would deal with such a situation. Next, the foster parents are asked to describe how they felt while the behavior was occurring. Once they have identified the feeling, they are then asked to identify the goal of the behavior and then suggest a more appropriate response to that behavior. The final step is to compare and contrast their initial response to the behavior and the more appropriate modified response. Figure 1 highlights this comparison.

The use of role playing is best scheduled later in a training series after the trainer and group members have become comfortable and relaxed with one another. Premature efforts to force group interaction and self disclosure inhibit their role play and the learning process is stilted or lost entirely. (Euster, 1982)

Conclusion

In this discussion the emphasis has been on clinical aspects in the training of foster parents. It should be noted that this type of training also applies to agency staff. It is equally important that staff experience the same training program as potential foster parents, especially if the agency is promoting the team concept or approach and foster and biological parents are a part of the team. By experiencing the same training, workers and supervisors are also asked to look at their own feelings, biases and attitudes towards loss, biological parents, and foster parents. Those biases which may effect a working relationship with either parent or situation in foster care, may then be discussed further in the supervisory consultation.
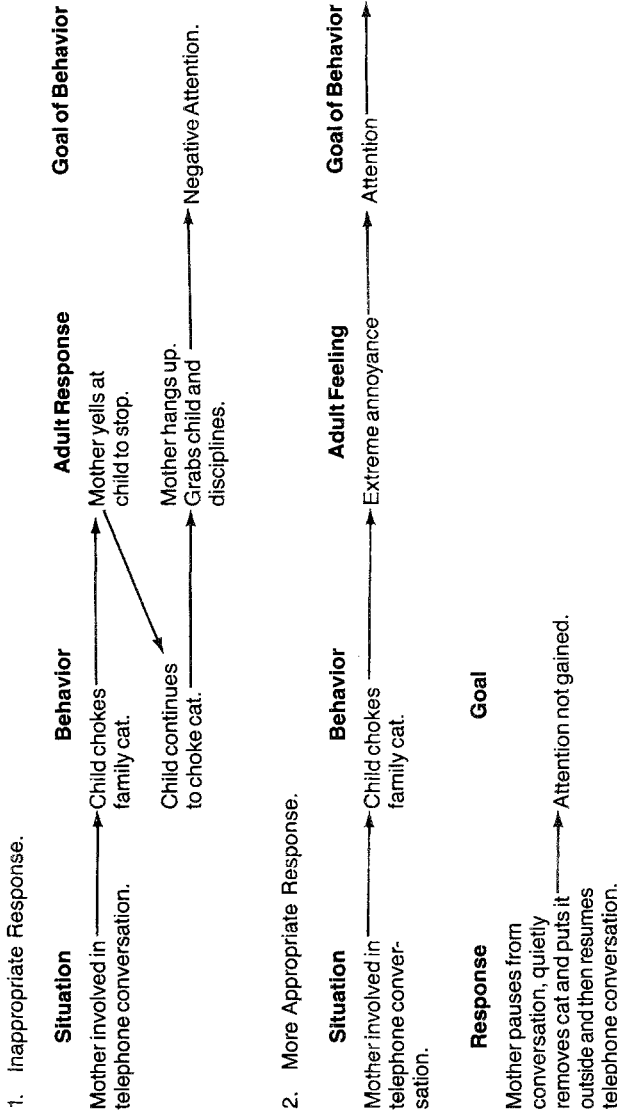
1. Inappropriate Response.

Situation	Behavior	Adult Response	Goal of Behavior
Mother involved in telephone conversation.	Child chokes family cat.	Mother yells at child to stop.	
	Child continues to choke cat.	Mother hangs up. Grabs child and disciplines.	Negative Attention.

2. More Appropriate Response.

Situation	Behavior	Adult Feeling	Goal of Behavior
Mother involved in telephone conver-sation.	Child chokes family cat.	Extreme annoyance	Attention

Response	Goal
Mother pauses from conversation, quietly removes cat and puts it outside and then resumes telephone conversation.	Attention not gained.

Figure 1

A Comparison of Responses To Misbehaviors

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