Attachment to Therapist and Treatment Outcome Among Foster Youth

Tzipporah P. Dang, Rosana M. Aguilar, Saralyn C. Ruff, Ph.D., and June Madsen Clausen, Ph.D.

UNIVERSITY OF SAN FRANCISCO

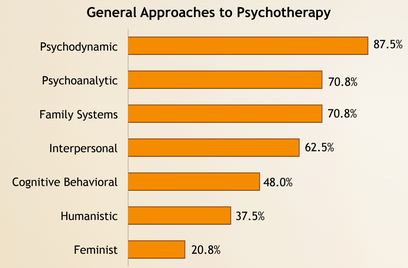
BACKGROUND AND RATIONALE

- Children in foster care are at increased risk for emotional and behavioral problems due to their experienced maltreatment, separation and loss, and the instability of the foster care system.
- Research with adults has demonstrated that relationship elements are positively associated with patient progress and secure attachment to therapist.
- Relationship elements in treatment outcome have not been researched with a foster care population.
- The stable presence of a therapist may improve the attachment of foster children to the therapist, leading to a reduction of behavioral issues and improved relationships.
- This study evaluates the impact of Relationship Based Therapy provided to current or former foster youth by licensed clinicians through A Home Within (AHW), a national non-profit organization that provides pro-bono mental health treatment to current and former foster youth with one therapist "for as long as it takes."

METHOD

Participants

- Therapists providing pro-bono outpatient psychotherapy to a current or former foster child ($N = 24$)
- 83.3% Female; 87.3% White
- Mean Age = 51.52 years ($SD = 13.57$ years)
- 37.5% Psychologists, 33.3% L.C.S.W.s, 25.0% L.M.F.T.s
- 16.9 years of clinical experience post licensure ($SD = 15.14$ years)



METHOD

Measures

Semi-structured telephone interviews about therapist and patient demographics, patient mental health symptoms, degree of healthy attachment, and overall progress by the conclusion of treatment.

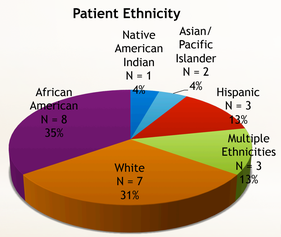
Procedure

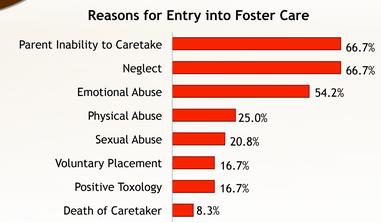
- AHW provides names and contact information of therapists upon each new therapist-patient match.
- The research team contacts the therapists and invites them to participate in the study.
- Telephone interviews are conducted with therapists who agree to participate; initial interviews occur within three months of the start of treatment with their foster child patient; interviews occur annually thereafter and an exit interview occurs within three months of the end of treatment.

RESULTS

Patient Demographics

- School-aged youth and adolescents ($M = 11.40$ years, $SD = 5.45$ years, range: 3.04 – 41.00 years)
- 70.8% Female

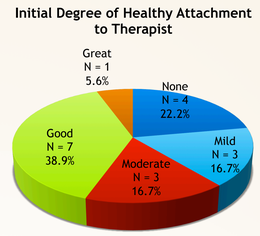


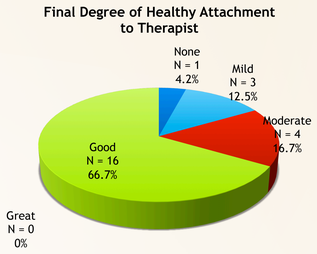


Treatment Parameters

- Frequency: Once Weekly (62.5%), Once Every Other Week (16.7%)
- Duration: 2.59 years ($SD = 1.77$ years, range: 0.7 – 8.11 years)

RESULTS

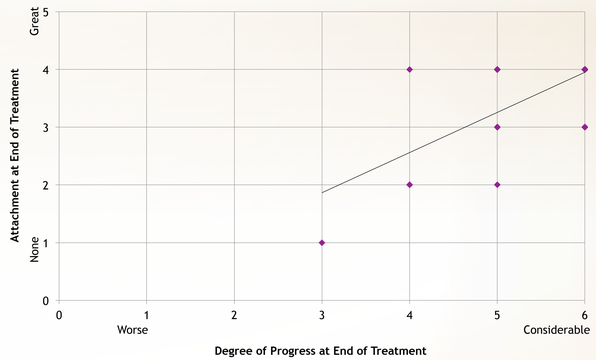




		Start of Treatment		End of Treatment		
Symptoms	N	Mean	SD	Mean	SD	Sig. Value
Anxiety	24	3.3333	1.0072	2.6667	0.9168	0.001
Problems with Current Living Situation	24	3.2500	1.1516	2.2917	1.6011	0.001
Depression	24	2.8333	1.0072	2.2083	1.0206	0.006
Aggression/Violence	24	2.5000	1.1421	1.7500	0.9891	0.006
Enuresis	24	1.6667	1.2039	1.0417	0.2041	0.022
Sleep Problems	24	2.2500	1.3910	1.7500	1.0321	0.037
Peer Relationship Problems	24	3.000	0.9780	2.5833	1.2482	0.038
Conduct Problems	24	2.7500	1.1887	2.1667	1.0901	0.060
School Problems	24	2.2917	1.5174	1.7500	1.2597	0.067
Anger Problems	24	3.0000	1.4142	2.5833	1.2129	0.076
Dissociative Symptoms	24	2.0000	1.1421	1.6667	1.0072	0.103
Risk Taking	24	1.7917	1.1025	2.0833	1.1389	0.110
Legal Problems	24	1.0833	0.4083	1.2917	0.8587	0.135
Hoarding Problems	24	1.4583	0.9315	1.3333	0.8681	0.185
Eating Problems	24	2.1667	1.5789	1.9583	1.1221	0.233
Substance Use/Abuse/Dependence	24	1.1250	0.4484	1.2500	0.7372	0.266
Transiency	24	1.0000	0.0000	0.9583	0.2041	0.328
Learning Problems	24	2.2500	1.5673	2.1250	1.3290	0.601
Self-Injurious Behavior	24	1.5000	0.9780	1.3750	0.8242	0.524
Problems with Family of Origin	24	2.8333	1.7611	2.6667	1.5511	0.622
Psychotic Thoughts/Behavior	24	1.3750	0.8242	1.3333	0.7010	0.747
Suicidality	24	1.1667	0.3807	1.1667	0.3807	1.000
Sexual Behaviors	24	1.6667	1.0495	1.6667	1.2039	1.000

Symptom Scale: 1=None, 2=Mild, 3=Moderate, 4=Severe, 5=Extreme

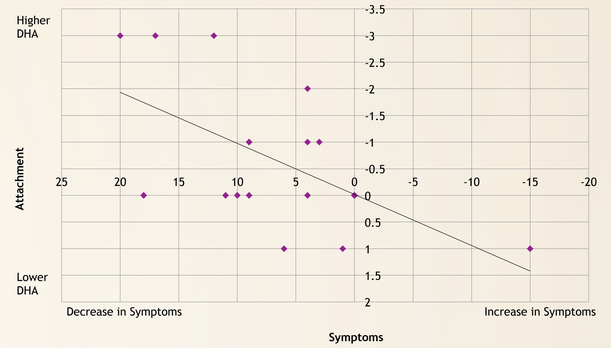
Correlation between attachment to therapist at end of treatment and overall progress



$\rho\ (22) = 0.51$, $p = 0.011$

RESULTS

Correlation between change in Degree of Healthy Attachment (DHA) to Therapist and change in Symptomology



$\rho\ (16) = -0.51$, $p = 0.031$

Degree of Healthy Attachment (DHA) was rated on a scale of 1 (None) to 5 (Great). DHA to Therapist change was calculated by subtracting ratings of DHA at treatment end from DHA at treatment start, such that a more negative number indicates greater attachment at the end of treatment.

The severity of 24 symptoms was rated on a scale of 1 (None) to 5 (Extreme). Change in symptoms was calculated by taking the sum of all the symptom ratings at start of treatment and subtracting the sum of all the symptom ratings at the end of treatment. A more positive number indicates greater decrease in Symptomology.

DISCUSSION

- Symptoms that significantly changed during the course of outpatient treatment with this sample of current and former foster youth included depression, anxiety, aggression or violence as the perpetrator, and problems in relationship with people in current living situation.
- Increased attachment to therapist over the course of treatment was significantly correlated with reductions in severity of psychological symptoms and greater progress in therapy.
- Limitations include a small sample size, reliance on therapist report, and use of correlational analysis.
- Future work should include assessments of the foster child patient's attachment to other people in his/her life besides the therapist, interviews with foster youth patients, and standardized measures of attachment and psychological symptoms.

Contact Information
Foster Care Research Group
Department of Psychology
(415) 422-5321
fcrg@usfca.edu