



Adult visitation and permanency for children following residential treatment

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ABSTRACT

The absence of parents for foster children in residential treatment undermines the known positive effects of parental visits during treatment on children's permanency. To date, little attention has been given to the scope and role of visitation by non-parental adults. This study utilized clinical data from a residential treatment center for children to examine the patterns of adult visitation during treatment and their effects on children's permanency at and 6 months following discharge. Different types of relationships including parents, extended family and non-family adults, and various measures of visitation, such as frequency and regularity of visits, were included in descriptive and logistic regression analyses. Results showed that while children had the most number of visits from parents compared to other visitors, non-family visitors were just as likely to visit regularly. Logistic regression analysis indicated that having parent visitors only as opposed to having parents and other visitors was positively associated with permanency at and 6 months after discharge. In addition, controlling for composition of visitors and age at discharge, more visits by non-family increased the likelihood of permanency. Implications for practice and theory are discussed.

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1. Introduction

Residential treatment centers provide 24-hour care and mental health services for foster children with serious behavioral and emotional needs. The final phase of treatment involves assisting children to discharge into permanent homes. While there is evidence that parental involvement and contact during treatment help children to achieve permanency (Landsman, Groza, Tyler, & Malone, 2001), only a small proportion of children in residential treatment have parents who are willing or are capable of getting involved. To date, little is known about the relationship between children's contact with other adults including non-family during treatment and permanency outcomes. Thus, this study examined patterns of adult visitation during residential treatment and their relationship to permanency.

1.1. Residential treatment centers and permanency

Despite the national trend toward deinstitutionalization, residential treatment centers continue to serve a large number of children in the foster care system with mental health needs. Nationally, close to 10% of youth in the foster care system are in institutional settings (U.S. Department of Health and Human Services, 2009). As a form of group care, residential treatment centers are designed to provide highly structured, intensive services that family-based foster care cannot

offer. Treatment components include individual therapy, family therapy, and group recreation programs among others.

An integral part of residential treatment is planning for permanency after completion of treatment. Permanency is defined as reunification with biological parents, adoption, or legal guardianship (Los Angeles County Department of Children and Family Services, 2004). However, many children fail to achieve permanency and instead transfer to another temporary placement upon discharge. In a study involving nineteen residential facilities nationwide, over 30% of youths did not achieve permanency at the time of discharge and remained in the foster care system (Drais-Parrillo, 2005). Another important outcome to consider is whether youths are able to maintain their permanency over time. Among an entry cohort of youths discharged to permanent homes from a residential treatment center, 58% lost their permanency status within one year, and more than 60% of these youths ended up back in group care settings such as emergency shelters and group homes (Teare et al., 1999). These outcomes highlight the need to identify factors that may enhance children's achievement and maintenance of permanency following residential treatment. While various child characteristics and treatment factors such as severity of dysfunction and after care services have been associated with outcomes including academic achievement and adaptation in the community (Frensch & Cameron, 2002), there is a lack of research on factors associated with permanency.

1.2. Parental visitation and permanency

Research indicates that parental visitation during residential treatment relates to achieving and maintaining permanency. In an

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evaluation of a demonstration project that emphasized family participation during residential treatment, Landsman et al. (2001) compared permanency achievement between children in the intervention group and a control group of children receiving standard care in the same residential treatment center. The intervention components included facilitating family involvement through tangible support such as transportation money. Children in the intervention group had significantly more on-site visits from family members and were more likely to achieve permanency through reunification than children in the control group.

Consistent with this research, reviews of the literature indicate that parental involvement during residential treatment is linked to various child social and behavioral outcomes (Hair, 2005). For example, no or minimal visits with parents during residential treatment increase children's likelihood of treatment incompleteness due to serious behavior problems, running away, and incarceration (Sunseri, 2001). Studies with children in foster homes also show positive impact of parental visitation. Foster children who have at least weekly contact with biological mother have lower levels of behavioral problems compared to those with no parental contact (McWey, Acock, & Porter, 2010). The frequency of parental visitation is also associated with permanency through reunification for children in foster homes (Leathers, 2002).

However, for many children in residential treatment, parents are absent due to a range of personal reasons such as lack of responsibility, legal issues, and strained relationships with the children (Nickerson, Brooks, Colby, Rickert, & Salamone, 2006). Various structural factors, including visit time constraints, transportation resources, and influence of authority figures are additional barriers to parental visitation for children in foster care (Kovalsky, 2001). Consequently, a higher percentage of children in residential treatment and other forms of group care experience frequent cancellations of family visits compared to children in family-based foster care (60% versus 29%; U.S. Department of Health and Human Services, Administration for Children, Youth and Families, 2003). Moreover, children in group care are five times more likely than children in family-based foster care to report never seeing their biological parent (U.S. Department of Health and Human Services, Administration for Children, Youth and Families, 2003). This suggests that although parental visitation may be positively associated with permanency, not many children in residential treatment may benefit from it.

1.3. Non-parental visitation as a source of additional support

Having close relationships with various types of relationships, such as extended family and friends, is associated with better adjustment, self-concept, and social competence among children (Levitt, 2005). In the absence of parents in the everyday lives of children in residential treatment, extended family members may be the next closest group of adults to provide social support from outside the residential treatment center. Research on kinship foster care shows that children placed with extended family in comparison to those placed in non-kin foster homes exhibit fewer behavior problems (Keller et al., 2001; Rubin et al., 2008), suggesting the potential benefits of extended family relationships for children in residential treatment. While parental involvement is strongly encouraged in the current residential treatment practices, extended family or other members of the social network typically have less contact with the youths (Nickerson et al., 2006). Frensch and Cameron (2002) note that one of the common characteristics of children in residential treatment is that their families lack close, helping relationships with extended family members.

Studies also suggest that unrelated adults may have a role to play as support figures that promote adjustment among youths (Munson & McMillen, 2009). Relationships with non-family adults may foster resilience among at-risk youth (Southwick, Morgan, Vythilingam, & Charney, 2007). There is also evidence that children in out-of-home

care are able to develop new attachment relationships that allow emotional security (Frey, Cushing, Freundlich, & Brenner, 2008). A focus group interview with young adults discharged from residential treatment centers and other types of group care revealed that due to the difficulties of achieving permanency within the birth family, youths felt the need for continued relationships with non-family adults in addition to maintaining contact with parents (Freundlich & Avery, 2005). One of the study participants indicated a strong desire to stay connected with her former foster parent, whom she considered as her family. In response to such need, some child welfare agencies have recognized the importance of identifying permanent connections for youths who are without adequate parental support (Los Angeles County Department of Children and Family Services, 2004). However, research has yet to examine patterns of non-family involvement for children in residential treatment or their relationship with permanency achievement following residential treatment. Examination of these areas may hold practice implications for residential treatment centers in identifying permanent connections for children.

1.4. Assessing adult visitation for children in residential treatment

In examining the impact of visitation on various outcomes of children in out-of-home care, previous studies have used number of visits as the primary measure of visitation (McWey & Mullis, 2004; Sunseri, 2001). However, the number of visits alone may not accurately capture the actual visit patterns in residential treatment settings. For instance, a parent might visit the child frequently in the first half of the child's length of stay, and then not visit at all in the latter half. By dividing the number of visits by the length of stay, the parent may be identified as a frequent visitor, but the regularity of visits cannot be assessed. Stability of relationships may be important for children who have experienced family separation and multiple caregiver changes. Research on mentoring for foster children indicates that youths consider consistency of contact as an important attribute of positive relationship (Munson, Smalling, Spencer, Scott, & Tracy, 2010).

Other aspects of adult visitation that may be relevant to the residential treatment context include the visitor's role, purpose of visits, and duration of visitation. One reason that parental visitation is effective in helping children achieve permanency is that reunification with parents is often the primary goal in discharge planning (U.S. Department of Health and Human Services, 2009). Whether a visitor is part of the discharge goal may be related to how frequently or regularly he or she visits. Additionally, such persons are encouraged to participate in family therapy with the child, which serves a specific purpose and must be distinguished from other visits. Affronti and Levison-Johnson (2009) identify family therapy as an essential and effective family involvement strategy that can lead to positive discharge outcomes. Lastly, duration of relationship (i.e. how long two people have known each other) is a component that characterizes an interpersonal tie or connection in the social network literature (Berkman & Glass, 2000). The duration of visitation should be considered along with frequency of visits as children in residential treatment often meet new people or lose connection to previous acquaintances during treatment.

1.5. Theoretical framework

Grounded in attachment theory and the life course perspective, the convoy model of social relations (Kahn & Antonucci, 1980) includes three levels of relationships varying in closeness and importance to the individual. Structurally, the model is visualized as three concentric circles, in which the inner circle relationships are the most stable over time and often include primary attachment figures. The two outer circles represent expanded social networks which may

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