A Qualitative Exploration of the Experiences of Treatment Foster Parents' In Providing Care For Early Adolescent Males who Misuse Substances

by

Beata Golinska

A thesis submitted to the Faculty of Graduate Studies of

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ABSTRACT

There is a good deal of research evidence to indicate that there is a high prevalence of substance misuse amongst adolescents who are in the care of Child and Family Service agencies in Manitoba. This issue provides many challenges to foster parents who often are charged with responsibility of providing care for these adolescents. This qualitative study explores the experiences of a unique population of caregivers, treatment foster care parents, in order to better understand their experiences providing care to early adolescent males at risk to misuse substances. Participants reported that they carried a heightened responsibility to provide treatment focused foster care and shared numerous responsibilities they take on as treatment foster care providers. Early adolescent males residing in the participants' homes were reported to carry a risk to misuse substances as a result of experiencing negative life events. Participants indicated two developmental pathways of early adolescent male substance misuse, a negative affect pathway and a peer influenced pathway. The participants shared information that speaks to the role they may take on in preventing the onset of substance misuse along with supports and resources that may serve to disrupt the two pathways (i.e. respite and social and recreational activities). The implications in supporting treatment foster care providers and their youth are examined to increase the awareness of child and family service organizations.

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Chapter 1

Introduction

Purpose of Research

The purpose of this qualitative study was to examine the experiences of treatment foster parents in providing placement for early adolescent males who are at risk to misuse substances while residing in treatment foster care. The study contributes to the understanding of treatment foster care providers' experiences by creating an opportunity for treatment foster parents to share their experiences and validate their concerns regarding providing care to early adolescent males who may misuse substances.

The study used a qualitative research design based on a phenomenological approach, which allows the reader to better understand the meanings that are attached to the participants' experiences. My study focused on a unique population of caregivers in order to discover the strengths that enable them to provide care to early adolescent males who may misuse substances. Further, this study views the participants in "expert" positions that they have acquired from their direct experience providing care to early adolescent males. This study also provided participants an opportunity to voice their thoughts regarding providing care to early adolescent males who may misuse substances. This thesis report presents information shared by the participants that speaks of the various supports and services perceived by treatment foster parents as beneficial and necessary for providing placement to early adolescent males in treatment foster care who are at risk to misuse substances. By gaining an understanding of the experiences of these treatment foster parents, the child and family service field will gain information about implementing supports through which

treatment foster parents may be better equipped to provide treatment foster care for early adolescent males misusing substances.

Substance misuse was defined for the purpose of this study as "illegal or illicit drug taking or alcohol consumption that leads a person to experience social, psychological, physical or legal problems related to intoxication. Substance misuse is therefore the misuse of substances that cause harm to the individual, their significant others, or the wider community" (The London Borough of Richmond, 2005, p. 2). In addition, for the purposes of this study, early adolescent males will include males in the age range of 10-14 years old.

Relevance to the Social Service Field

Treatment foster care programs have been developed to provide a therapeutic placement for children and adolescents whose presenting needs cannot be met in traditional foster care. Literature exploring the characteristics of children and adolescents placed in treatment foster homes demonstrates a prevalence of experienced emotional and physical trauma manifesting in severe behavioral disturbances. As a result, past and current literature has explored the various consequences of children and adolescents involved in the foster care system and has found that there is an increased risk for adolescents to misuse substances. This increased "risk" for adolescents in foster care to misuse substances can be traced to the various developmental consequences of experiencing negative life events and/or the presence of co-morbid psychiatric disorders.

There is a dearth of literature exploring the experiences of treatment foster parents providing care to early adolescent males who are perceived by the social service field as an "at risk" population to misuse substances. The findings of this research study adds new

information to the field of adolescent substance misuse by presenting the lived experiences of treatment foster parents providing care to early adolescent males in treatment foster care who may misuse substances. From listening to the direct experiences of treatment foster care providers, the social service field may gain an understanding of the issues early adolescent males in treatment foster care struggle with as directly experienced by treatment foster parents providing care to this unique population. This perspective provides information for the social services field, in particular, the adolescent substance use field, regarding the issues and challenges faced by early adolescent males in treatment foster care that may place early adolescent males in treatment foster care at risk to misuse substances. Such information may be used by the social services field and the adolescent substance use field to better implement prevention and treatment interventions for early adolescent males in treatment foster care.

This study will also demonstrate the role treatment foster parents may play in preventing the onset of substance misuse for early adolescent males who reside in treatment foster care. Such knowledge is gained by listening to the treatment foster parents in this study share their experiences implementing and advocating for therapeutic interventions they perceive as beneficial to preventing the onset of early adolescent male substance misuse. From this, the field of substance use treatment and research may be better equipped to work collaboratively with treatment foster care programs and treatment foster care providers to reduce the prevalence of substance misuse in adolescent males who at one point were or are placed in the foster care system.

Treatment foster care parents are specifically recruited by treatment foster care agencies to provide a therapeutic milieu of interventions to the children and adolescents placed in their care. By exploring the experiences of treatment foster care providers, the

child and family services field may gain insight as to how it can better assist treatment foster care parents in providing therapeutic interventions to the early adolescents males placed in their homes. Such information enables the child and family services field to develop a meaningful framework for providing care to early adolescent males who have experienced negative life events and/or present with co-morbid psychiatric disorders.

Chapter 2

Literature Review

The Problem

Within the last decade there has been a growing concern that adolescents involved with foster care may misuse substances (Tovar & Frederico, 1997). Though there is a lack of studies reporting a direct correlation between early adolescent male substance misuse and treatment foster care placements, a recent study suggested that lifetime involvement with foster care was associated with the abuse of inhalants in adolescence (Wu, Pilowsky, & Schelenger, 2004). In 2005, the United States Office of Applied Studies, Substance Abuse, and Mental Health Services Administration published the National Survey on Drug Use and Health. This survey found that substance abuse is a factor in at least three quarters of all foster care placements in the United States. The survey also reported that youths who were at any point placed in foster care had higher rates of past year use of any illicit drug and higher rates of need for substance abuse treatment than youth who have never been in foster care (Office of Applied Studies, Substance Abuse, and Mental Health Services Administration, 2005).

Massinga and Pecora (2004) reviewed past research on adolescents in the North American child welfare system and report that former foster children are at a higher risk for a number of negative outcomes including substance use. With evidence of high rates of lifetime substance use and substance use disorders for youth in the foster care system (Ollie, Vaughn, McMillen, Scott, & Munson (in press) as cited in NSDUH, p.1), the National Survey on Drug Use and Health stresses that it is essential to address this perceived need by

establishing appropriate treatment programs and options for all youth who at some point were, or currently are, placed in foster care (NSDUH, 2005).

In 2004, Harden reviewed The National Survey of Child and Adolescent Well-Being conducted in the United States and determined that the majority of children that enter the United States Foster Care System enter due to neglect. The next largest group of children that enter the foster care system enter due to physical abuse, and a smaller number due to sexual abuse. Further, almost half of the children who were maltreated experienced more than one type of maltreatment (Harden, 2004). Twigg (2006) published an extensive monograph on treatment foster care for the Foster Family-Based Treatment Association and concluded that it can be safely assumed that there are treatment foster children and adolescents who have experienced some form of trauma.

There is substantial literature supporting the fact that there are various consequences from experiencing maltreatment during childhood (Cicchetti & Lynch, 1995; Tricket & McBride-Chang, 1995). Children who have been abused and neglected are found to suffer from a variety of childhood developmental deficits including externalizing behaviours, disruptive behaviours, behavioral and academic problems at school, and depressive symptoms (Cicchetti & Rogosch, 1997). Childhood maltreatment has also been associated with subsequent conduct problems such as delinquency and substance use (Pilowsky & Wu, 2006). Data from the 1998 Canadian Incidence Study of Reported Child Abuse and Neglect suggests that there are high rates of problem behaviours among teenagers who were maltreated during childhood (Trocme & Wolfe, 2001). The study found that of the youth aged 12 to 15 that were reported for maltreatment, 56% presented with behavior problems

such as running away, irregular school attendance, negative peer involvement, violence towards others, and substance use (Trocme & Wolfe, 2001).

In the year 2000, there were approximately 76,000 children and adolescents in Canada under the protection of Child and Family Services. In 2001, there were 5,440 children in care in the Province of Manitoba (Child Protection and Support Services of Manitoba Family Services and Housing, 2005). A child or adolescent in care is defined as a child or youth who is "in the charge of an agency or treatment centre with or without the transfer of legal guardianship" (Child Protection and Support Services of Manitoba Family Services and Housing, 2005). In Manitoba, 3,768 of the reported 5,440 children and adolescents in care were residing in foster homes (Child Protection and Support Services of Manitoba Family Services and Housing, 2005).

With a high rate of children and adolescents residing in foster home placements, and with literature supporting a prevalence of substance misuse among adolescents who were at one point or are currently in foster care, it is beneficial for the social service field that a study explores the experiences of a distinct population of foster care providers caring for an at risk population of adolescents. By listening to the experiences of treatment foster parents in this study, the social service field gains information shared by the participants regarding the prevalence, if any, of substance misuse by early adolescent males placed in the participant's treatment foster care homes. Such information will contribute to available literature exploring the prevalence of substance misuse by adolescents involved in the foster care system. More important, by conducting a qualitative study on treatment foster parents' experiences caring for early adolescent males who may misuse substances, the social service field gains valuable insight regarding the challenges and issues present for early adolescent

males in treatment foster care that the participants believe may place early adolescent males in treatment foster care at risk to misuse substances. This information provides valuable insight to the social service field for exploring prevention strategies and treatment options for adolescents who were at one point or are currently residing in foster care.

Theoretical Foundations

Treatment Foster Care Model

Though the Family Based Foster Treatment Association (FFTA) aims to differentiate treatment foster care from traditional foster care, there are similarities between the two that justify the use of foster care research to support the exploration of substance misuse by early adolescents in treatment foster care. For instance, the two models do share similar characteristics such as caseload size, frequency of home visits, and the average number of children placed in the home (Bereika, 1992). In addition, treatment foster care and traditional foster care share the common belief that there are significant benefits to utilizing family-based care (Bereika, 1992). Finally, both traditional foster care and treatment foster care serve children and adolescents who have experienced multiple foster care placements (Massinga & Pecora, 2004) and maltreatment and trauma (Twigg, 2006).

In recognizing the similarities between traditional foster care and treatment foster care, it is also important to discuss the differences between traditional foster care and treatment foster care. By highlighting the differences between traditional foster care and treatment foster care, the reader will be able to understand the necessity of focusing on this particular pool of foster care providers. Treatment foster care is presented in the literature through a variety of names including therapeutic foster care, foster family-based treatment,

treatment family care, professional parenting, specialized foster care, intensive foster care, and individualized residential treatment (Burns, Dubs, Farmer, & Thompson, 2002). Regardless of the name attached to a particular treatment foster care program, the following common features are present: a focus on special needs youth, a focus on recruitment of treatment foster parents, extended pre-service training and in-service supervision/support for treatment parents, placement of children in treatment parents' own homes, foster parent stipends substantially higher than those of traditional foster care, treatment combining aspects from more restrictive settings with an additional emphasis on daily interactions with treatment parents and others as opportunities for treatment and development (Burns et al., 2002). Within these mentioned general parameters, all interventions are individualized to meet the needs of each child or adolescent placed in the treatment foster home (Burns et al., 2002).

For the purposes of this study, the term treatment foster care will serve to represent the program model called by these various names and will be defined as "a distinct, powerful, and unique model of care that provides children with a combination of the best elements of traditional foster care and residential treatment centers" (Family Foster Treatment Association, 2001). In treatment foster care, the positive aspects of the nurturing and therapeutic family environment are combined with active and structured treatment. According to Meadowcroft and Trout (1990), the treatment foster care model is an

> "adaptive hybrid that combines elements of residential treatment programming and the foster family...offering an alternative to both the traditional foster family home and the institution for youngsters who are not appropriately or adequately served in either type of program" (p. 2).

Further, treatment foster care programs provide a clinically effective and cost-effective way to individualize and provide intensive treatment to children and adolescents

who would otherwise be placed in institutional settings (FFTA, 2001). For youth presenting with emotional and behavioral disorders, treatment foster care is considered to be the least restrictive treatment-based option within a residential setting (Almeida, Fabry, Hawkins, & Reitz, 1992). In fact, Social Learning Theory has argued that the treatment of various psychological disturbances should take place in a setting most closely approximating that to which the individual must return or adjust permanently, in order to maximize generalization of therapeutic progress to natural settings (Bryant & Snodgrass, 1990).

Current treatment foster care programs may vary in many ways (e.g., the type of clientele served), yet the programs have several common features specific to treatment foster care providers including: that they are families from the community who are recruited, trained, and supported to become treatment foster families; that they receive higher reimbursements for their services than traditional foster parents in recognition of their knowledge; skill level, and the special needs of the foster child, that they are considered to be part of the treatment team, and that they are provided with extended pre-service training and in-service supervision and support (Twigg, 2006). With treatment foster care providing "treatment for troubled children and youth within the private homes of trained families" (Jivangee, 1999, p. 451), treatment foster care programs are built around treatment foster families (Twigg, 2006).

When conducting a qualitative study, researchers often use a theoretical lens or perspective to guide their study as to "what issues are important to examine and the people that need to be studied" (Creswell, 2003, p.133). Although some phenomenological studies contain no explicit theoretical orientation, most phenomenological studies are influenced by prior conceptual structure composed of theory and method (Creswell, 2003). The

conceptualization of this study was influenced by the Strengths Perspective, Resource Theory, Systems Theory, and Developmental Theory.

Strengths Perspective

My decision to interview treatment foster parents regarding their experiences providing placements to early adolescent males who may misuse substances was influenced by elements of the Strengths Perspective. The Strengths Perspective views individuals, families, and communities "in the light of their capacities, talents, competencies, possibilities, visions, values, and hopes… and requires an accounting of what people know and what they can do" (Saleebey, 1996, p. 297). I have chosen to interview treatment foster parents who are currently caring for early adolescent males. I have selected this sample based on an assumption of the Strengths Perspective. This assumption states that all people and environments possess strengths that can be drawn on to improve the quality of a client's life (Saleeby, 2000). By interviewing treatment foster parents who are currently providing care to early adolescent males, I am acknowledging that treatment foster parents possess numerous skills and strengths that enable them to successfully care for early adolescent males. Further, treatment foster parents hold valuable information regarding the issues and challenges early adolescent males who misuse substances may struggle with as a result of their direct experience providing care to early adolescent males. Further, my study acknowledges that the participants hold valuable information regarding the specific resources that may already be, or if not, should be, attached to the treatment foster home that can be drawn from to best support an early adolescent male who is misusing substances.

Resource Theory

Cox, Orme, and Rhodes (2003) utilized Resource Theory as their theoretical approach towards exploring the relationship between foster families' resources and their willingness to foster emotionally or behaviorally disturbed children. Resource theory is originally derived from Social Exchange Theory and has been used by researchers to understand interpersonal relationships (Foa, Converse, Tronblom & Foa, 1993) and to investigate decision-making processes within marital relationships (Lee & Peterson, 1983; Warner, Lee, & Lee, 1986). Resources are defined by Hesse-Biber and Williamson (1984) as "anything one individual family member can offer another to help that person satisfy needs or attain goals" (p.262). Foa et al. (1993) believe that "the larger the amount of resource possessed by a person, the more likely it is to be given to others" (p.93). Cox et al. (2003) suggest that foster families with more resources in place may be more willing to care for children with emotional or behavioral problems because they may feel better equipped to cope and provide care for such children.

Through interviewing a group of foster parents, Cox et al. (2003) found that there were particular resources viewed as essential to increasing a foster family's willingness to foster children with emotional and behavioral problems. In particular, foster families were more willing to foster children with emotional or behavioral difficulties when they knew that they would receive assistance from the placing agency in the form of additional agency training, support, and services (e.g., respite care) (Cox et al., 2003). This particular study attempted to initially discover what resources foster parents held that increased the probability of them providing care to emotionally and behaviorally disturbed children but in turn concluded that it is just as important to focus research on how the social service field can further support foster families in providing care for such children (Cox et al., 2003).

In my study, I asked treatment foster parents to share their thoughts regarding the supports and resources they have experienced to be beneficial to them when providing care to early adolescent males who misuse substances. Participants were given an opportunity to share their thoughts regarding supports and resources that they have not experienced that would also be useful when providing care to an early adolescent male who misuse substances. The information shared by the participants will bring insight to the substance use treatment and research field and the child and family service field as to ways they may support treatment foster families caring for early adolescent males who misuse substances. Foster parents who are willing to foster high needs children are an important element in the social service field (Cox et al., 2003). The information foster parents share may serve to "improve utilization and, more important, the quality of care provided to foster children, the quality of life for foster families, and the effectiveness with which agencies provide family foster care" (p. 312).

Systems Theory

Treatment foster care providers exist in a social context with other social systems (Molin, 1994). This contextual relationship may affect how treatment foster care providers function and deliver care to early adolescents placed in their homes (Molin, 1994). Social systems attached to treatment foster care providers may include institutions and formal systems such as child and family service agencies, mental health systems, schools, communities, extended families of the treatment foster care providers, and the biological families of the child or adolescent placed in the treatment foster home (Molin, 1994). According to Molin (1994), how these systems perceive and relate to foster care providers may affect how foster care providers see themselves and their relationship with such systems.

Molin (1994) conducted a study exploring a group of traditional foster care givers' perceptions of how they felt they were viewed by the larger systems they interact with. This group of traditional foster family participants reported that they felt they were either viewed in a positive manner (e.g., as saints or martyrs) or in a negative manner where they were seen as individuals exploiting children for their own needs. Both labels may serve to disempower foster care providers in that providers may feel that the labels attached to their care may affect how these larger systems respond to their voiced needs.

In this study, I listened to and attempted to accurately present the voices of treatment foster care providers regarding their experiences in providing placement for early adolescent males who may misuse substances. In so doing, I believe that my study provided valuable information to the larger contextual systems attached to treatment foster care. According to Molin (1994), "in order to collaborate effectively with foster families and foster children, professional care providers working with foster parents in various capacities need to understand the issues and tensions foster parents face in their roles" (p. 20).

Treatment foster care programs continually aim to re-label and empower their treatment foster care providers by emphasizing the importance of their collaboration with the larger systems attached to their treatment foster home and by informing the larger systems of a provider's role when caring for children and adolescents (Hawkins, 1989). My study served to empower the participating treatment foster parents by providing them an opportunity to share information with the social service field that may serve to clarify their role as treatment foster care providers, demonstrate their knowledge of the issues and needs of a particular client group, and detail the skills that they hold that enable them to provide

care to the client group of focus (early adolescent males in treatment foster care). Such information will serve to distinguish treatment foster care providers from traditional foster care providers.

Developmental Theory

This study will focus on interviewing treatment foster parents currently providing placement to early adolescent males because of literature indicating that early adolescent males presenting with emotional and behavioral difficulties may be at risk, developmentally, to misuse substances. It is estimated that more than 85% of youths in North America experiment with substances at some point during their adolescent years (Whitmore & Riggs, 2006). Yet, adolescents most vulnerable to progress from experimentation to substance use disorders are "those who have been on an 'at-risk' developmental trajectory from an early age" (Dawes, Antelman, & Vanyukov, 2000; Hops, Andrews, Duncan, & Tildesley, 2000; Tarter, 2002).

Children and youth placed in foster care are particularly vulnerable to detrimental outcomes that may compromise their healthy development (Harden, 2004). Most children go into state care due to their exposure to maltreatment and/or familial instability (Harden, 2004). As mentioned, according to data from the National Survey of Child and Adolescent Well-Being conducted in the United States, the majority of children who enter the foster care system do so as result of neglect (Harden, 2004). The next largest group of children and youth enter foster care due to physical abuse, followed by those who were victims of sexual abuse (Harden, 2004). Chicchetti and Lynch (1996), report that maltreatment is associated with a variety of adverse developmental difficulties in physical health, brain development, cognitive and

language skills, and socio-emotional functioning.

Neglect has been associated with childhood developmental difficulties in the areas of cognitive development, language, academic delays, poor peer relations, and internalizing and externalizing behavioral problems (Bolger & Patterson, 2001). Physical abuse has been linked to cognitive delays, aggressive behavior, peer difficulties, and post traumatic stress disorder (Crittenden, 1998). Sexual abuse is documented to have consequences such as low academic performance, depression, dissociation, inappropriate sexual behavior in early childhood (Trickett & Putnam, 1998), and substance use in early adolescence (Bergen, Martin, Richardson, Allison, & Roeger, 2004). Emotional maltreatment is implicated in all other forms of maltreatment and is found to contribute to a decline in cognitive and academic functioning as well as a variety of behavioral problems (Moeller, Bachmann, & Moeller, 1993). As well, the term "failure to thrive" represents a health outcome of a problematic family environment, that is, the experience of severe parental emotional unavailability, resulting in growth delays and psychological difficulties in young children (Black, Hutcheson, & Dubowitz, 1994).

Familial-based factors that have been found to influence adolescents' "risk" in developing substance abuse disorders include ineffective parental monitoring, attachment problems, parental substance abuse, and physical and sexual abuse (Dawes et al., 2000; Hops et al., 2000; Riggs & Whitmore, 1999; Tarter, 2002). Further, Tarter (2002) reviewed available developmental research on the interactions of biopsychosocial risk factors that may increase an adolescent's risk in developing a substance use disorder. From conducting the review, Tarter (2002) details risk factors such as difficult temperaments, as characterized by behavioral and affective dysregulation, impulsivity, hyperactivity, aggression, and low

frustration tolerance. Whitmore and Riggs (2006) reviewed available literature on co-morbid psychiatric disorders such as ADHD, learning disabilities, oppositional defiant disorder, conduct disorder, affective disorders, and anxiety disorders. From the review, Whitmore and Riggs (2006) state that all of the above mentioned co-morbid psychiatric disorders have been found to be prevalent in adolescent substance users and therefore may contribute to an adolescent's vulnerability and risk of misusing substances (Whitmore & Riggs, 2006).

This study acknowledges that children and adolescents in foster care often present a variety of developmental deficits as a result of their familial and social history of maltreatment. With literature supporting various negative developmental consequences of experiencing maltreatment, including an increased risk to misuse substances during adolescence, it was beneficial to explore substance misuse in early adolescent males placed in treatment foster care. Further, by exploring the experiences of treatment foster care providers caring for early adolescent males who have most likely experienced maltreatment, the social service field may gain insight regarding the supports and services that would assist treatment foster parents in providing care to early adolescent males and promote the establishment of therapeutic interventions in the home that may deter early adolescent males from misusing substances. By providing a therapeutic environment for early adolescent males in foster care, treatment foster parents may interrupt the negative developmental impact of substance misuse during adolescence as development may be further arrested by regular substance abuse.

Empirical Findings

Treatment Foster Care Clients

According to Stein, Evans, Mazumdar, and Rae-Grant (1996), Canadian prevalence estimates of emotional and behavioral problems of children and adolescents in foster care have risen from 30-40% in the 1970-80s to 48%-80% in the mid 1990s. Ownbey, Jones, Judkins, Everidge, and Timbers (2001) and Wells and D'Angelo (1993) report that most of the children and youth who were placed into treatment foster care programs in their studies presented with serious emotional and behavioral problems. Jivangee (1999) reports that children and youth placed in treatment foster homes typically have a history of behavioral and emotional problems that have shown to manifest themselves in family, school, and community settings. Also, Fauolo, Cross, Mosley, and Leavey (2002) state that treatment foster children and adolescents have experienced loss, stress, and dislocation associated with North America's foster care system. Such dislocation is found to promote further behavioral, emotional and attachment problems for these children and adolescents (Fauolo et al., 2002)

Reddy and Pfeiffer (1997) conducted a literature review exploring treatment foster care and found that the majority of the studies reported severe emotional and behavioral disturbances as the primary reason for placing a child or youth into a treatment foster care home. Bates, English and Kouidou-Giles (1997) reviewed literature exploring the variety of residential treatment programs available to children and youth and report that the children and youth referred to specialized residential treatment settings present with a wide range of problems such as antisocial behavior, depression, hyperactivity, social deficits, co-morbid psychiatric disorders, and substance abuse problems.

Research comparing maltreated and non-maltreated youth has supported the view that maltreated youth are more likely to engage in problematic risk taking behaviors (Wekerle, Wall, & Knoke, 2004). For instance, Southwick-Bensely, Spieker, Van Eenwyk, and Sroder (1999) found that youth who reported maltreatment also reported using drugs and alcohol at an earlier age and/or current heavy drug and alcohol use. Harrison, Fulkerson, and Beebe (1997) found that adolescent victims of physical and sexual abuse reported using multiple substances more often than non-maltreated youth. Moran, Vuchinich, and Hall (2004) investigated associations between four categories of maltreatment (physical abuse, sexual abuse, and sexual and physical abuse) and substance use among 2,187 grade 10 to 12 students. Results suggested that all types of maltreatment, including emotional abuse, are related to higher levels of substance use and should be considered serious risk factors for substance use during adolescence (Moran et al., 2004).

Adolescents involved with foster care have been found to have more psychiatric symptoms than adolescents not placed in foster care (Burns, Phillips, & Wagner, 2004; Leslie, Hurlbert, & Landsverk, 2004; Pilowsky, Rosenfeld, & Fine, 1997). In reviewing several population studies, Kessler et al. (1996) report that adolescent substance dependency is associated with co-occurring mental disorders. For example, there is research supporting a relationship between experiencing trauma and Post Traumatic Stress Disorder (PTSD) and the subsequent onset of substance abuse disorders in adolescents (Clark, Lesnick, & Hegedus, 1997; Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995). These findings, in turn, support the self-medication hypothesis that holds that a person may use substances in an attempt to reduce the distressing symptoms of trauma and/or PTSD (Brown & Wolfe, 1994; Saladin, Brady, Dansky, & Kilpatrick, 1995). On the other hand, substance abuse disorders

may place an adolescent at risk to experience trauma and/or PTSD because the disorder may increase an adolescent's risk of engaging in risk-taking behavior that then increases the probability of being exposed to trauma (Brown & Wolfe, 1994, Saladin et al., 1995).

In addition, the co-occurrence of substance use disorder and major depressive disorder is a common problem found among adolescents (Becker & Curry (2007). For instance, one in four adolescents receiving treatment for substance use disorder will also concurrently struggle with a major depressive disorder (Deykin, Buka, & Zeena, 1992). Further, one in three adolescents receiving treatment for major depressive disorder will be struggling with a substance use disorder (King et al. 1996). Reviewing research conducted on adolescents with both disorders, Becker and Curry (2007) conclude that such adolescents are at an increased risk for a variety of negative outcomes including increased severity of illness, substance use relapse, and suicide ideation, attempts, and completions.

More important, the negative effect of co-morbidity on adolescents appears to occur regardless of which disorder came first (Becker & Curry, 2007). For instance, Riggs, Backer, Mikulich, and Young (1995) found that for those adolescents who develop substance use disorder first, the experienced symptoms of depression will be associated with the frequency and severity of the substance use disorder. In addition, King et al. (1996) report that the symptoms and negative consequences of having a substance use disorder will exacerbate the existing symptoms of depression, resulting in longer and more severe depression episodes for adolescents. As mentioned earlier, adolescents in foster care are found to present with co-morbid disorders including depression that, according to the cited literature, place these adolescents at risk to misuse substances. This study presents treatment foster parents experiences' caring for early adolescent males with co-morbid disorders. The

participants spoke of their concerns regarding the onset of substance misuse for early adolescent males in treatment foster care who present with co-morbid disorders. Such information will add to the child and family services field and the field of adolescent substance use research and treatment, as it will present information detailing the possible consequences of substance misuse for early adolescent males with co-morbid disorders. This information will add insight to the field of adolescent substance use as there is limited research exploring the combined effect of having a substance use disorder and co-morbid disorders (Becker & Curry, 2007).

Finally, children born into alcohol-abusing families may have been exposed to alcohol or other drugs prenatally, which may result in physiological damage (Tovar & Fredirico, 1997). Children and adolescents with Fetal Alcohol Spectrum Disorder (FASD) present with an array of complex problems including neurodevelopmental problems and behavioral and cognitive difficulties inconsistent with the child's and/or adolescent's developmental level (Fuchs, Burnside, Marchenski, & Mudry, 2007). As a result of the primary deficits described, children and adolescents with FASD present with various social impairments such as difficulties understanding social cues and communicating in social contexts, and indiscriminate social behavior (Streissguth, 2000).

According to Choi and Kim (2003) children with underdeveloped social skills experience lower peer acceptance because they do not have the social skills to develop and maintain relationships with peers. Adolescents who experience rejection by conventional peers are found to be at an increased risk to associate with unconventional and/or delinquent peers (Yoder, Whitbeck, & Hoyt, 2003). Unconventional peer groups are found to engage in deviant behaviors such as running away, criminal activity, and substance use (Svensson,

2003). Research exploring predicting factors of adolescent substance use report that all adolescents are at an increased risk to use substances if they associate with a peer group that uses substances (Andrews, Tildesly, Hops, & Li, 2002; Henry, Slater, & Oetting, 2005). Most importantly, regardless of social skill competency, peer influence is noted as the most common developmental pathway of adolescent substance use (Brown & Abrantes, 2006).

The field of adolescent substance use treatment and research will benefit from an exploration of experiences of treatment foster care parents as they hold direct experience caring for a population of adolescents at risk to misuse substances. The participants will provide valuable information from their direct experiences surrounding the development of early adolescent male substance misuse along with supports and resources that may serve to possibly disrupt the development of substance misuse. Such information will bring insight to the field of adolescent substance use treatment and research regarding the prevention and treatment needs of early adolescent males in treatment foster care who misuse substances.

This study focused on a specific population of adolescents at risk for substance misuse problems. As an employee of a treatment foster care program, I am aware of the social histories of early adolescent males placed in treatment foster care programs. Many of our early adolescent males have experienced maltreatment, are diagnosed with co-morbid disorders, and have been exposed to substances while in utero. According to the presented literature, such factors are associated with substance misuse in adolescence, producing a population of youth that requires specific therapeutic interventions and supports that will target their possible predisposition to misuse substances.

Cultural and Gender

In 2001, The Department of Indian and Northern Affairs Canada collected statistical data indicating a steady increase of Aboriginal children and adolescents in public care. In 2002, the First Nations Child and Family Caring Society reported that "there is *(sic)* approximately 22,500 First Nations children in the care of Canadian Child Welfare Authorities" (Bennett & Blackstock, p. 30). According to Bennett and Blackstock (2002) there is a high representation of Aboriginal children in care in the western provinces, with prevalence rates of up to 68 percent. Further, The Department of Indian and Northern Affairs states that there has been a 71.5% increase in the number of on-reserve First Nations children in out-of-home care between 1995 and 2001 (McKenzie, 2002). In Manitoba, First Nations (status and nonstatus) and Métis children constituted 68% of all minors placed in out-of-home care (Farris-Manning & Zandstra, 2003). First Nations children spent more time in foster care than did non-Native children and less than 10% of these First Nations children were placed in race-matched foster homes (Rosenbluth, 1995).

Blackstock, Trocme, and Bennett (2004) reported that 16% of children under the age of 16 who were investigated in Canada (excluding Quebec) due to suspected maltreatment were identified as being of Aboriginal heritage. Further, when comparing children of Aboriginal origin to children of other visible minorities and to Caucasian children, analyses find that Aboriginal families presented with significantly higher rates of poverty, less stable housing, more parents who were maltreated as children, and higher rates of parent alcohol and drug abuse (Blackstock et al. 2004). According to Trocme, Knocke, and Blackstock (2004), these multiple challenges and disadvantages present among Aboriginal families place Aboriginal children at a higher risk for maltreatment. With a

reported high prevalence of Aboriginal and Métis children placed in out-of home public care (Farris-Manning & Zandstra, 2003) and support for an association between childhood maltreatment with subsequent conduct problems such as delinquency and substance use (Pilowsky & Wu, 2006) there is a possibility that early adolescent males of Aboriginal origin placed in treatment care foster homes may at some point misuse substances during their placement.

In their review of available research on substance misuse rates by adolescent Canadians, Charles, Coleman, and Collins (2001) found that "marijuana, inhalants, and stimulants are all used at higher rates by Aboriginal youth than other young people…the highest risk period for initiation to substances falls between the ages of ten and thirteen" (Charles et al., 2001, p. 2). Though inhalant abuse is found across all cultural groups in Canada, much of the abuse appears to be concentrated in Aboriginal communities (Innes & Charles, 1996; Smart, 1997). Research exploring inhalant misuse by North American Aboriginal adolescents suggests that socioeconomic conditions, lack of family cohesiveness, peer influence, poor school adjustment, and the extent of acculturation may serve as risk factors for Aboriginal youth to misuse inhalants (Beauvais, 1997; Beauvais, Edwards, & Oetting, 1989; Beauvais, Helm, Jumper-Thurman, Plested. & Wayman, 2002). This study explored treatment foster care providers' experiences surrounding inhalant misuse by early adolescent males in treatment foster care. I believe it was important to include the exploration of inhalant misuse because early adolescence may be a high risk period to initiate substance misuse in Aboriginal populations. Further, with the high rate of inhalant misuse reported in Aboriginal communities (Innes & Charles, 1996; Smart, 1997), there is a possibility that early adolescent males placed into treatment foster homes outside of their

communities may have engaged in inhalant misuse. Therefore, this study explored the experiences of treatment foster care parents providing care to early adolescent males who misuse inhalants along with their concerns surrounding inhalant misuse. Charles et al. (2001) encourages the exploration of inhalant misuse in Aboriginal adolescents as they maintain inhalant misuse has not received the attention that is necessary and it "continues to destroy the lives of many Aboriginal youth" (p.3).

In addition, this study explored treatment foster parents' experiences providing care to early adolescent males who have been placed in treatment foster homes outside of their community (rural or northern). According to Charles et al. (2001) acculturation may serve as a risk factor to misuse substances, in particular inhalants, for North American Aboriginal youth. Acculturation is the process by which individuals adapt to cultural environmental change (Johnson & Valencia, 2008). In reviewing available cross sectional and longitudinal studies, Johnson & Valencia (2008) report that cultural differences are found to influence the magnitude and direction of substance use in culturally diverse adolescents. Johnson and Valencia (2008) believe that there are diverse risk factors influencing adolescent substance misuse.

As mentioned earlier, there is a high rate of on-reserve children placed in out-of-home care (McKenzie, 2002). According to Chandler and Lalonde (1998), there is a relationship between self identity and self destructive behaviors among First Nations youth. With acculturation research promoting a further understanding of what happens to individuals who have lived and learned in one cultural context and then try to adapt to a new cultural environment (Johnson & Valencia, 2008) it is beneficial that this study explore the experiences of Aboriginal early adolescent males dislocated from reserves as experienced by

treatment foster care parents. By exploring the participants' experiences, the social services field may gain information regarding the challenges Aboriginal early adolescent males experience when placed away from their family, community, and culture along with the challenges treatment foster parents experience caring for such youth. This information may be used to better support treatment foster care providers to care for Aboriginal early adolescent males in a culturally sensitive manner.

Early research conducted on isolating gender differences between male and female adolescent substance misuse has presented gender differences regarding substance misuse (Becker & Grilo, 2006). This researcher agrees with Becker and Grilo's (2006) suggestion that regardless of gender, there are particular pre-disposing factors associated with the onset of substance misuse in adolescents. Therefore, the study explored early adolescent males in treatment foster care only because they are found to be at a risk to misuse substances. The participants in this study were asked to share their experiences caring for early adolescent males who misuse substances, not to compare gender differences in adolescent substance misuse. With gender differences not being specifically explored by the participants, this study will not make any conclusions regarding gender differences among early adolescents in treatment foster care. Regardless, the findings of this study will be beneficial to the child and family services field as the participants will provide their insight regarding the challenges and issues present for early adolescent males in treatment foster care that place them at risk to misuse substances. Such information adds to the current literature and supports Becker and Grilo's (2006) assumption that "adolescent substance use is a heterogeneous problem and that the risk factors for adolescent substance use may include biological, psychological, and social processes" (p.1432).

Gaps in the Literature

There have been several studies conducted on workers' perceptions of successful fostering (Doeling & Johnson, 1989; Stone & Stone, 1983; Walsh & Walsh, 1990), but there is significantly less research conducted on what the foster parents' perceptions may be (Buehler, Cox, & Cuddeback, 2003). Available research examining foster parents' perceptions of their fostering experience have focused on specific areas such as motives for fostering (Dando & Minty, 1997; Kriener & Kazmerzak, 1994; Seaberg & Harrigan, 1999; Triseliotis Borland, & Hill, 1998), role perceptions and performance (Erkut, 1991; Le Prohn, 1994), challenges associated with fostering (Brown & Calder, 1999; Erkut, 1991; Kriener & Kazmerzak, 1994; Seaberg and Harrigan, 1999), satisfaction (Denby, Rindfleisch, & Bean, 1999), and retention (Denby et al., 1999; Rindfleisch., 1998; Rhodes, Orme, & Beuhler, 2001; Triseliotis et al. 1998; Wilson, Sinclair, & Gibbs, 2000).

In reviewing current literature focusing on interviewing foster parents regarding their needs for placement of a particular population, I have found that they do not incorporate a Strengths Perspective. For example, Cox, Orme, and Rhodes (2002 & 2003), conducted two studies where they interviewed traditional foster parents on their willingness to foster high-needs children and adolescents. In both studies, the authors' intentions were to provide a descriptive profile of foster parents who are willing to foster children with particular needs in order to contribute information regarding the recruitment of foster parents. Neither study focused on how foster parents may be supported to provide care to high needs children and adolescents. In fact, there is minimal research on the personal, parental, and familial strengths and skills that foster parents and families bring to the fostering experience (Buehler et al., 2003). This research project is based on the assumption that the participants have

acquired specific skills and hold direct knowledge in providing therapeutic foster care to the early adolescents placed in their homes that is, they have strengths. It is their direct experience that places them in the best position to provide information as to how the child and family services field may support their treatment foster homes in meeting the needs of an early adolescent male who is misusing substances.

Exploration of treatment foster parents' experiences is needed and is beneficial to the area of treatment foster parent recruitment and retention because they are the ones providing the front-line services for children placed in their care and they are the ones who utilize the services and supports available to care for foster children (Buehler et al., 2003). In fact, Twigg (2006) recommends that further research be conducted focusing on listening to the concerns and experiences of treatment foster caregivers and case workers since they are the key individuals who are involved in the lives of children and youth in treatment foster care programs. The participants in this study will voice their concerns regarding the care of early adolescent males and will discuss supports and resources perceived as beneficial when caring for the youth placed in their homes. This information will serve to inform child and family service organizations on how to better support treatment foster care providers as it may increase treatment foster care parents retention and improve treatment foster care service delivery.

One of the major distinctions between treatment foster caregivers and traditional foster caregivers is that treatment foster caregivers are expected to provide input into treatment decisions regarding the child or adolescent placed in their care (Twigg, 2006). With treatment foster parents having an experience of providing input into the treatment needs of their placed foster child, the treatment foster parents in this study are in the best

position to provide valuable information regarding the treatment needs of early adolescent males who misuse substances. The study demonstrates the participants "expert" position by presenting their knowledge gained as a result of their direct experience caring for early adolescent males in treatment foster care who are at risk to misuse substances.

Further, early adolescence is a critical developmental period for targeting parenting practices that may reduce the prevalence of adolescent problem behaviors such as substance misuse (Dishion, Andrews, Kavanagh, & Soberman, 1996; Dishion, Kavanagh, Schneiger, Nelson, & Kaufman, 2002). The participants in this study are currently caring for early adolescent males who not only are in a critical developmental stage for substance misuse but also are found to be at an increased risk to misuse substances as a result of experiencing negative life events. The participants in this study will share their perceptions regarding beneficial and necessary, supports and resources for caring for an early adolescent male who misuse substances. This information will bring insight to the child and family services field on how to better support treatment foster care providers caring for this high risk to misuse population of youth. In addition, there is a dearth of literature focusing on family-centered substance use interventions as delivered by temporary or surrogate care givers. This study brings additional information to research on adolescent substance use detailing the role temporary or surrogate caregivers may take on in preventing the onset, or in the treatment, of early adolescent male substance misuse.

There is an apparent lack of information distinguishing the sex and ethnicity of adolescents misusing substances that were at one point or are residing in foster homes in studies investigating the sex and ethnic differences in adolescent who misuse substances. With the predominance of early adolescent Aboriginal males placed in the treatment foster

care homes, this study provides information regarding the needs of early adolescent Aboriginal males placed in treatment foster care as experienced by the participants of this study. In addition, the participants of this study present information that speaks of the supports and resources participants found to be beneficial when providing therapeutic interventions in a culturally sensitive manner.

Finally, there is a lack of literature focusing specifically on early adolescent substance misuse. The available literature speaks of adolescent substance use in a general manner where an adolescent's age has been cited as anywhere between 10 and 24 years of age. Focusing on early adolescence is particularly important as substance use by the age of 15 has been found to place an adolescent at an increased risk for progressing to long-term drug abuse in adulthood (Dishion et al., 2002). With literature detailing the various developmental differences between early adolescence, middle adolescence, and late adolescence, information that may speak of the developmental consequences of experiencing trauma and separation from family of origin at a specific stage of adolescence will benefit research areas focusing on maltreatment, addictions, attachment issues, and foster care.

This literature review has provided substantial support for the undertaking of this study. Treatment foster care is a distinct social service that has been developed to provide surrogate care to children and adolescents whose needs can not be met in traditional foster care. Children and adolescents placed in treatment foster care programs are found to present with emotional and behavioral disturbances manifesting from experienced trauma such as maltreatment, neglect, and physical and sexual abuse. Further, there is a population of children and adolescents in treatment foster care programs that present with co-morbid disorders as a result of, or along with, their history of maltreatment. The literature review

has provided evidence that there is an association between foster care placement, the various forms of trauma, and co-morbid disorders, that place an adolescent "at risk" to misuse substances. With a lack of literature exploring treatment foster care providers' experiences caring for early adolescent males placed in treatment foster care programs, the child and family services field will benefit from a study that provides treatment foster parents an opportunity to share their experiences regarding providing care to early adolescent males who are at risk to misuse substances.

Chapter 3

Research Design and Methodology

Research Question

The central research question for this study is what are the experiences of treatment foster care parents in providing care to early adolescent males who misuse substances?

Research Design and Rationale

The purpose of the research was to further understand the phenomenon of treatment foster care parent(s) providing treatment foster care for early adolescent males at risk to misuse substances. I was interested in interviewing treatment foster parents and listening to their thoughts in order to best understand and learn from their experiences of providing treatment foster care to early adolescent males at risk to misuse substances.

To gain such an understanding, a qualitative rather than a quantitative research design was utilized. A qualitative research approach was chosen because it provided "a set of philosophical ideas and empirical methods for identifying and describing some human experience based on spoken or written words, and/or observable behaviors alone, that is, without forcing a preconceived theoretical position or set of values onto the experience" (Bloom, Fischer, & Orme, 2003, p.48). Padgett (1998) states that qualitative research allows one to explore a topic about which little is known through capturing the "lived experience" from the perspective of those who live it and then creating meaning from it. Padgett also states that "qualitative methods are inherently inductive; they seek to discover, not test, explanatory theories. They are naturalistic, favoring in vivo observation and interviewing of respondents over the decontextualizing approach of scientific inquiry" (p.2). I validated the "lived experiences" of treatment foster care providers by asking them to share

their thoughts and experiences surrounding providing care to early adolescent males in treatment foster care who misuse substances. By asking treatment foster care parents to share their thoughts and experiences providing care to early adolescent males who misuse substance, I acknowledged that treatment foster parents are an important component to the success of a treatment foster program. The exploration of the experiences of treatment foster care parents' in providing care for early adolescent males who misuse substances is an area of the social service field where there is currently no research available.

With qualitative research seeking to "understand human experiences from the perspective of those who experience them" (Yegidis & Wienbach, 2002, p.17), the researcher must be as sensitive as possible to the client's experience regardless of the cultural and psychosocial differences that may be present between them (Bloom, Fischer, & Orme, 2003). In this study, I took the role of a researcher who is present only to learn from the experiences of the interviewed treatment foster care providers and to then share this knowledge with others in the social services field. In fact, according to Bloom et al. (2003), the researcher must report the participant's experience as fully as possible so that other individuals who have not experienced the same experience may then be able to understand. In this study, I present the treatment foster care parents' experiences as shared, word for word, by each treatment foster parent interviewed in this study. By doing so, the reader will be able to understand the experiences of these treatment foster parents providing care to early adolescent males who misuse substances.

The main principles of qualitative research are holistic, recognize multiple realities, heuristic, interpretative and deductive, and the research requires in-depth face-to-face fieldwork (Estenberg, 2002). By contrast, Creswell (2003) describes quantitative research

as less interested in human experience, with a focus on testing theories and/or proving explanations instead (Creswell, 2003). Therefore, from the researcher's perspective, a qualitative approach will be best suited to understand treatment foster care parents' experiences for providing placement for early adolescent males who misuse substances. The qualitative approach utilized in this study was the phenomenological approach.

Phenomenological Approach

In order to gain a further understanding about the phenomenon of treatment foster parents' experiences of providing placement for early adolescent males who misuse substances, this research study was guided by phenomenology. Phenomenology has been used in the social and human sciences such as sociology, psychology, education, and the health fields (Creswell, 2003).

Phenomenology is a qualitative approach that focuses on understanding the world as the participants in the research study view it. This methodology seeks to discover the common meanings of individual experiences that may underline the empirical variations of a specific phenomenon (Baker, Wuest & Stern, 1992). According to Osborne (1992) phenomenology combines theoretical techniques and qualitative methods that elucidate the human meanings of human life. In phenomenology, each person has unique experiences that are treated as truth (Creswell, 1998).

Creswell (1998) states that phenomenology is an approach that studies the problem by entering the field of perception of participants to see how they experience, live, and display the phenomenon and to look for the meaning of the participants' experience. The phenomenological approach assumes that there may be commonalities among the shared

experiences as lived experiences may have a certain essence recognized in retrospect (Van Manen, 1990). The recognition of the treatment foster parent's "lived experience" with regards to the "phenomenon" of providing foster care to early adolescent males who misuse is important given the absence of research in this field from this perspective. I believe that by focusing on treatment foster care givers' views of the phenomenon, the field of treatment foster care may utilize such information to design effective frameworks for practice regarding providing treatment foster care to early adolescent males who misuse substances.

Baker et al. (1992) describe four concepts in the application of the phenomenology method: intentionality of consciousness, description, reduction, and essence. Intentionality of consciousness refers to experiences as containing "both the outward appearance and inward consciousness based on memory, image, and meaning" (Creswell, 1998, p. 52). The concept of description is provided by the participant and is a description of the studied phenomenon as the participant experiences the phenomenon (Baker et al., 1992). The concept of reduction is seen as the stage where a researcher "brackets" preconceptions about the studied phenomenon and then puts these preconceptions aside (Creswell, 1998). Baker et al. (1992) state that the use of reduction leads the researcher to discover the essence of the studied phenomenon.

The study consisted of one-to-one interviews with treatment foster care providers providing care for early adolescent males. One-to-one interviews were conducted in order to capture as closely as possible their lived experiences because "the only way for us to really know what another person experiences is to experience the phenomenon as directly as possible for ourselves" (Patton, 2002, p. 106). Patton (2002) suggests that participant

observation and in-depth interviewing are important methods that may allow for such an exchange between participant and researcher. The use of in-depth one-to-one interviews with treatment foster parents was used in this study in order to best capture their lived experiences. I will discuss the interviews in greater detail in a subsequent section.

Sample Selection, Sample Size, and Recruitment

Treatment Foster Care Programs

Participants were recruited from four treatment foster care programs in Winnipeg, Manitoba. The clients referred to the programs have exceptional needs resulting from behavioral difficulties, emotional disturbances, developmental disabilities, special medical needs, or special cultural needs. Treatment foster care programs provide an opportunity for children and adolescents to remain in the community within a family setting. From this, the clientele may benefit from the care and nurturing that comes with being part of a family unit while still receiving clinically driven treatment that is individualized to meet the goals of the child or youth's treatment plan.

I conducted qualitative interviews with treatment foster care parents as they represent a distinct category of foster care providers. Treatment foster parents first undergo a thorough screening and home study process before any children or adolescents are entrusted to their care. Once this process has determined that the parents have the experience and skills necessary, the treatment foster care agency makes an application to Manitoba Family Service and Housing Child and Family Services to license the parents to operate a foster home. After the license has been approved, the treatment foster care agency assigns the foster parent(s) a case manager. A treatment foster parent then works with a case manager as part of the

clinical team to implement the strategies and objectives set out in the treatment plan. Treatment foster parents meet with their case manager at least once every two weeks and participate in all meetings related to the child or adolescent placed in their home. In addition, all treatment foster parents are required to participate in monthly training aimed at increasing their skill base and knowledge regarding caring for high needs children and adolescents.

Sample Selection

In phenomenological research approaches, purposeful sampling of participants is essential because these studies are designed to study a specific phenomenon as experienced by the individuals (Baker et al., 1992). I chose to utilize a "criterion" based sampling strategy for this study. A "criterion" based sampling method is best suited to the phenomenological approach in that it focuses on finding participants who have experienced the phenomenon being studied. I recruited treatment foster parents who were currently fostering early adolescent males within the age range of 10 to 14 years. The participant sample was drawn from each treatment foster care program's foster parent roster. Treatment foster parents recruited to participate in this study did not have to be currently caring for an early adolescent male that is misusing substances because current experience does not determine the validity of the participant's lived experience as a treatment foster care provider of early adolescent males. For example, treatment foster parents may have past experience caring for an early adolescent male who misused substances or they may have worked towards preventing the onset of substance misuse by their early adolescent male. Therefore, regardless of the current circumstance, the participant's lived experience provides valid insight regarding substance misuse by early adolescent males in treatment foster care.

Finally, treatment foster parents eligible to participate in the study could be male or female, single or partnered.

Sample Size

According to Creswell (2003) phenomenology requires a limited number of participants as the focus is on the extensive and prolonged engagement of a participant in order to develop patterns and relationships of meaning. Patton (2002) does not identify an ideal sample size as "the validity, meaningfulness, and insights generated from qualitative inquiry have more to do with the information richness of the cases selected and the observational/analytical capabilities of the researcher than with the sample size" (p. 245). This study is based on a sample size of 7 participants recruited from four treatment foster care programs in Winnipeg. The recruitment of participants from four independent treatment foster care programs allowed for comparison between groups and added richness and thickness to the data collection and analysis. Further, recruiting participants from four treatment foster care programs assisted the researcher in preserving the anonymity of the participants. From the interviews, a number of significant themes emerged that were related to available literature on this topic and provided valuable insight into the experiences of treatment foster parents providing care to early adolescent males. The sample size was not expanded further based on the richness of the information collected from the interviews and because the data appeared to reach saturation in that, no new information emerged.

Recruitment

As mentioned, participants were recruited from four treatment foster care programs in Winnipeg. Each treatment foster care program was constructed in a similar manner with

all four adhering to the Treatment Foster Care Model presented in Chapter 2. The number of treatment foster care providers attached to each individual treatment foster care program ranged in size yet the number of treatment foster care providers eligible to participate in the study from each treatment foster care program varied to a lesser extent.

The process of recruitment remained consistent with each program and was approved by Psychology/Sociology Research and Ethics Board of the University of Manitoba. I contacted each treatment foster care program manager by telephone in order to introduce myself and present the research study. Each program manager verbalized their support of the research project and agreed to receive a brief summary of the research study for further review (See Appendix A) by fax or by mail. Upon receiving formal approval by each agency director and/or program manager, I made arrangements with each program manager to discuss the eligibility of participants and the dispersal of letters requesting participation in the study. This step enabled me to verify that the sample of participants would meet the criteria or "phenomena" of interest for my research study.

Letters requesting participation from treatment foster parents (Appendix B) were sent out to each program manager. I instructed the program managers to seek verbal consent to contact potential participants from clinical case managers who were supervising treatment foster parents with early adolescent males placed in their homes. With being a case manager for one of the four treatment foster care agencies, all treatment foster parents under my caseload were ineligible to participate in the study. Once the program managers received verbal consent from case managers, the program managers were instructed to arrange for an administrative assistant to send out the letter inviting participation in the study (See Appendix B) to all eligible subjects approved by their case managers to

potentially participate. This process prevented the researcher, case managers, and program managers from knowing which treatment foster parents were mailed a letter requesting participation in the study. This process also prevented the coercion of foster parents to participate in the study.

The letter inviting treatment foster parents to participate in the study presented a brief introduction to the topic area, outlined the goals of the study, the procedures for gathering the information, and a request for participation. Treatment foster parents who were interested in participating in the study were asked to contact me directly by telephone or email to discuss the study and/or to make arrangements to meet in person for an interview.

The letter requesting participation also informed potential participants of why they have been selected as participants, explained that no further information other than that they are caring for an early adolescent male was divulged to the researcher, explained how data will be stored and when it will be destroyed, informed how feedback of the study will be made available to them, stated that they were under no obligation to participate in the study, and instructed them to contact me if they were interested in participating in the study or if they required further information regarding the study. The letter inviting participation in the study also informed potential participants that their participation in the study would be confidential. Potential participants were advised that even though their agency was aware of the study, their agency was not involved in any manner and that they agency would not know of their participation in the study.

In July of 2007, one out of the four treatment foster care programs mailed out the letters inviting treatment foster parents to participate in the study. The summer months

proved to be a poor time of the year to recruit participants as I received only one phone call. Though disheartened, I appreciated that summer may have been a poor recruitment time due to the increased recreational activity and traveling that occurs during Winnipeg's summer season. In consultation with my advisor, I did not proceed with recruiting participants from the other three treatment foster care programs until the fall of 2007. I also requested that the first agency resend the participation letters in the fall. This decision served well, and I received calls from 6 additional treatment foster care providers.

Data Collection Procedures

Structured Open-ended Interviews

For the purpose of this study, data was collected through one-on-one, face-to-face, structured interviews with the participants. Patton (2002) labels this type of interview as a "standardized open-ended interview." Patton (2002) states that with using this type of data collection, all respondents answer the same questions, which ensures that the data is complete for each respondent and makes comparing the responses easier for the researcher. Patton (2002) presents a link between this method of data collection and the phenomenological approach in that both require methodology that carefully and thoroughly captures and describes how individuals experience some phenomenon,

> how they perceive it, describe it, feel about it, judge it, remember it, make sense of it, and talk about it with others...To gather such data, one must undertake in-depth interviews with people who have directly experienced the phenomenon of interest, that is they have 'lived experience' as opposed to second hand experience (p.104).

In addition, the use of standardized open-ended interviews may facilitate the organization and analysis of data (Patton, 2002). Using open-ended interview questions in

this study allowed me to discover information that can be potentially used for developing frameworks for providing treatment foster care to early adolescent males who are misusing substances.

The Interviews

The interviews were conducted between September 2007 and December 2007. As requested by each participant, all of the interviews were conducted in the participants' homes. All of the treatment foster parents appeared at ease during the interviews and appeared pleased that they were able to participate in the comfort of their homes. At the beginning of each interview, I reviewed the purpose of the study with the participant, I read the highlights of the consent form, and I offered to answer any questions they had concerning the study or contents of the consent form. Before each interview, I explained issues related to confidentiality and reviewed the process of informed consent. Not one of the participants chose to ask questions about the study or the process of informed consent. In addition, I read each participant the questions I would be asking them in order to reduce any anxiety they may have had about the content of the interview. I also shared with each participant that I respected the work they did as treatment foster parents and that I believed that they had a great deal of insight and understanding of the needs of early adolescent males in treatment foster care. All of the participants signed the consent form (Appendix D) hence agreeing to participate in the study. Each participant was given a copy of the consent form for future reference.

Before the interviews started, I also asked each participant for verbal permission to take notes and permission to tape record their interview. All of the participants gave me

verbal permission to take notes during their interview and consented to having their interviews taped.

All seven interviews went well. I believe I demonstrated a sincere effort to join with each participant upon initial contact and during the interviews. As a treatment foster care case manager, I was motivated to better understand their experiences as treatment foster care providers. As the treatment foster parents shared their stories, I experienced empathy for the participants and the early adolescent males they were caring for. At times, I wanted to reach out to them as a case manager and to provide them guidance surrounding the needs of their early adolescent males. I was able to refrain from taking on the role of a case manager because I focused on being a student open to learning from the treatment foster parents.

After each interview, I debriefed with the participant regarding the content of the interview and the interview process. According to Pearson and Smith (1986) debriefing is a process of purposeful reflection that can be undertaken by an individual or group. Horsfall (1990) describes debriefing as a process where individuals can discuss and work through ideas, issues, feelings, or concerns that may be generated during the research. To ensure the anonymity of the participants, details regarding the debriefing process will not be discussed. I assure the reader that each treatment foster parent left the interview in a positive emotional state. Each participant appeared pleased that he or she was given an opportunity to share their thoughts and experiences with the researcher. I also asked the participants if they had any questions or concerns regarding the process I will be following after their interview. None of the participants shared any concerns they held regarding. I did inform each participant that he or she was free to contact the individuals listed on the Consent Form

(Appendix D) with any questions or concerns they may have regarding the interview and study.

When reflecting back on the interviews, I am impressed with the commitment treatment foster parents demonstrated towards the youth for whom they care. During these interviews, these treatment foster parents presented as strong advocates who were determined to challenge the barriers society holds for early adolescent males in treatment foster care. Most of all, I was moved by the love they held for each one of their special needs early adolescent males. At times, it was difficult for these treatment foster parents to not show their frustrations when speaking about their experiences. I believe they wanted me to understand, for the whole world to understand, that these early adolescent males are resilient, and because they are resilient, they can succeed given the appropriate supports and resources. The participants' responses were well informed and the knowledge they demonstrated was immense.

Interview Questions

The interviews consisted of 6 broad open-ended questions (See Appendix E). According to Creswell (2003) it important to use broad open-ended questions without reference to existing literature as it avoids influencing the participant's answers. I utilized an interview guide (Appendix D) while conducting the interviews. According to Patton (2002) interview guides provide a framework for developing questions and helps to obtain a greater depth in answers (Patton, 2002).

Question #1, "Tell me about your experience being a treatment foster care provider, in particular, what are the positive aspects of your experience and/or what motivates you to provide care to early adolescent males?" provided an opportunity to open the conversation

and to build rapport with the participant. Questions # 2 to 4, set the stage for the participants to tell their "story" with a direct focus on their experiences as treatment foster care providers:

2. In your experience being a treatment foster care provider, tell me about some of the issues that early adolescent males may struggle with?
   Probe – Tell me about some of the issues that early adolescent males may struggle with when they are placed from a rural or northern location to the city of Winnipeg?
3. As a professional caregiver, tell me about the support available for an early adolescent male placed in you home.
4. Tell me about some of the supports and services you have found beneficial to providing care for an early adolescent male and why?

Question #5, "In your professional opinion, what needs may arise for an early adolescent male who misuses substances?" opened the door to the specific subject matter. Finally Question # 6, "As a professional caregiver, what supports and resources do you perceive as beneficial in providing care for an early adolescent male who misuses substances and why?" aimed to ellicit the participants' opinion of the supports and resources they perceived as beneficial when caring for early adolescents who misuse substances.

The interviews included several demographic questions that were asked at the end. These questions focused on collecting information regarding years of experience and if they were a single or partnered treatment foster parent provider. Participants were informed that they could choose not to answer these questions, however all agreed to provide me with the demographic information. The participant's demographic information will be detailed in the next section.

Gender, Class, and Culture

Participants in this study were predominately female as only two males participated in this study. In addition, only a small minority of women provided treatment foster care with a

partner therefore, this study had a larger population of female caregivers. When reflecting on my relationships with the participants; as a woman, I found that I was more comfortable interviewing the female participants and I sensed that the female participants were more comfortable as well. Though I was completely comfortable interacting with the male treatment foster parents, I was unable to determine their comfort level of being interviewed by a woman. Also, the participants in this study were predominately Caucasian, with the others being of a visible minority group. As a Caucasian middle class woman, I needed to stay conscious of the power differential between myself and the participants. Although there is available literature on issues related to class and culture, it appears that there are no concrete solutions on how to completely eliminate the noted issues.

According to Padgett (1998) "the effectiveness of the interview may depend on matching; for others, a skilled interviewer is sufficient. A good dose of common sense should guide decisions about the most appropriate type of person to collect the data" (p.66). Patton (2002) cautions researchers about false assumptions of shared meaning and dispels the myth that the interviewer must be the same as the interviewee. With no obvious solution, I followed a recommendation made by Patton (2002) where he encourages researchers to get "valid, reliable, meaningful, and useable information in cross-cultural environments" (p.247) by being sensitive to and respectful of differences. I approached each participant with sensitivity and respect. I appreciated our differences but verbalized our commonality which was a genuine interest in helping early adolescent males in treatment foster care who misuse substances. I also verbalized to each participant the respect and appreciation I held for their work, skills, and experience. Finally, I empowered each participant by distinguishing them as "experts" on providing treatment foster care to early adolescent males in treatment. By

taking the above mentioned steps, I believe that I adequately minimized any potential barriers that would have compromised my ability to collect valid and reliable data.

Tape Recording

In order to accurately collect the data from the interviews, I utilized a tape recorder in each session. Each participant was told that the tapes would be confidential and that I would destroy them after the study was completed. I also explained to the participants that the tape recordings would be reviewed by me during the data analysis process to help me accurately capture their shared experiences. All of the participants verbally consented to having their interview tape recorded. With tape recording the interviews, I was able to concentrate more on engaging the participant to share their experience, be it through direct eye contact, responsive and reassuring facial expressions, or statements that encouraged further verbalization of a thought. I also took brief notes during each interview. These notes not only served as a back up for the tape recorder if there were to be technological problems, but also allowed me to highlight the most important points from the interview. The written notes were then used to assist me in determining important context during my analyses of the interviews.

Journaling

In addition to my field notes, I kept a journal where I recorded my personal thoughts, ideas, and reflections throughout the research process. In fact, Tutty, Rothery, and Grinnell (1996) recommend the use of journaling as it allows a researcher to "note your impressions, reactions, hunches, and general comments about what you have learned" (p. 69). Further, the utilization of a journal allows a researcher to "capture any particular intrapersonal or

interpersonal experiences that might affect the way you make sense of the data" (Tutty et al., 1996, p. 69). I recorded my thoughts in my journal after each interview and during the coding and analysis phase. Journaling allowed me to note any concerns or biases I had in regards to the topic area. Most importantly, I used the journal to record my thoughts of how to make sense of the information presented during the interviews. These notes assisted me when organizing the data.

Journaling also served as a mechanism to "bracket" my own preconceptions regarding the experiences of treatment foster parents caring for early adolescent males. I have experience working with early adolescent females who misused substances and this study brought up thoughts I had about the topic. These thoughts, if not noted, may have had the potential to interfere in the interviews and influence the analysis stage. Therefore, throughout the entire research process, I made a conscious effort to bracket my thoughts and focus on learning from the experiences of the participants.

Data Analysis

Prior to beginning the data analysis stage, I organized all raw data in the form of audio tapes, field notes, and journaling in an accessible manner for when I was to complete the data analysis. Next, I needed to have the audio tapes of the interviews transcribed. I initially intended to utilize a professional transcriber but was unable to secure one that would have met a particular timeframe allotted by a participant who agreed to participate in member checking. With a deadline to meet, I was required to transcribe that interview myself. After I transcribed the interview, I found the process of transcribing the audio tape quite effortless. I also found that through transcribing the audio tapes, I was more familiar

with the data. Therefore, I believed that it would be beneficial for me to transcribe all the interviews myself as it would potentially save me money, time, and would help me be more familiar with the data. Each interview took roughly three hours to transcribe as the audio tape recordings were clear and the information shared was rich in content. After I completed transcribing each interview, I reviewed each audio tape while simultaneously reading the transcription in order to correct any mistakes I made on the transcription.

I also referred to my journal notes while reviewing the transcriptions to check the accuracy of the notes I took during the interview. By doing so, I was able to confirm that I did in fact capture or note important points shared during the interviews. Further, by listening to the taped recording from the interview, I was able to listen better than during the actual interview. From listening to the interviews from a distance, additional thoughts and ideas emerged about the meaning of the information provided. Once significant thoughts arose related to either coding decisions or analyzing the material, I noted them in my journal for reference during the coding process.

Creswell (1998) presents phenomenological data analysis as "proceeding through the methodology of reduction, the analysis of specific statements and themes, and a search for all possible meanings" (p.52). Data analysis in phenomenological studies aims to explain a given phenomenon; it is not driven by preconceived theoretical constructs and research hypotheses (Baker et al. 1992). Therefore, according to Pietersen (2002), the phenomenological approach requires that a researcher bracket their biases, knowledge, and opinions in order to increase the chance of collecting pure data. As discussed earlier, I used my journal to note any biases and knowledge I had of the topic area prior to

conducting the interviews and analyzing the data. Therefore, I remained conscious of any bracketed preconceptions I noted during the data analysis stage.

Initially, I read the transcribed interviews in order to gain a general sense of the whole data. After my initial reading, I utilized a selective reading approach where I reread the transcripts several times. Creswell recommends that "researchers search for the essential, invariant structure (or essence) or the central underlying meaning of the experience and emphasize outward appearance and inward consciousness based on memory, image, and meaning" (p. 53). During my multiple readings, I highlighted statements and thoughts from each participant that held the potential of characterizing the phenomenon. Baker et al. (1992) terms these highlighted statements or segments as "meaning units." These statements and overall descriptions should express the implicit or explicit meanings of the meaning units (Baker et al., 1992) The purpose of this process is to ensure that the reader of the final report is aware that a single unifying meaning of the experience exists (Creswell, 1998). This single, unifying meaning of the experience informs the reader of the "essence" of the experience or what it is like for an individual to experience the phenomenon (Creswell, 1998).

While reviewing the data, I also documented any emerging thoughts I had about the meaning of the data. This process is called "memoing," whereby a researcher records his or her thoughts and ideas about emerging coding decisions (Patton, 2002). This process assisted me in keeping track of my ideas and in focusing on the data (Patton, 2002). The recorded statements and thoughts were then organized temporarily under relevant interview questions. I utilized information from my field notes and journal to provide additional information and meaning units into the analysis

Using a cut and paste method, I began reorganizing my large list of meaning units and categories. Tutty et al. (1996) terms this process as first level coding, which is the process of combining "identifying meaning units, fitting them into categories and assigning codes to categories" (p. 100). I continued to reorganize the categories until numerous themes emerged. These themes represented the treatment foster parents' experiences providing care to early adolescent males in treatment foster care and created a framework for the findings. Having identified the themes for the findings, I reviewed the interviews several more times in order to capture statements from the treatment foster parents' interviews that best illustrated their experiences. I then integrated these statements and quotes under the various themes as evidence to support the narrative.

In order to formulate the discussion of the findings, I reviewed available literature on treatment foster care, treatment foster care children and adolescents, and early adolescent substance misuse. By reviewing such literature, I was able to compare material directly with the findings and link participants' shared experiences and concerns to relevant empirical literature. This process enabled me to identify gaps in the literature as relevant to treatment foster parents caring for early adolescent males who misuse substances. In the final chapter, I presented these discovered gaps in the literature along with conclusions and recommendations made by the treatment foster parents in this study.

Ethical Considerations and Confidentiality

Ethical concerns and issues of confidentiality were given consideration in this study. In this particular study, confidentiality of the participants was of high priority for the researcher because treatment foster care providers are vulnerable to the power of their

treatment foster care agencies and Manitoba Family Services and Housing as these agencies ultimately determine the participants' eligibility to provide treatment foster care. Therefore, prior to beginning the research component of the study, a proposal for the study was submitted for review by the Psychology/Sociology Research and Ethics Board of the University of Manitoba and was subsequently approved.

Padgett (1998) identifies the basic elements of informed consent, these include a brief description of the study, the procedures as relevant to the participants, full identification of the researcher's identity, voluntary participation, voluntary withdrawal from the study at any point in time, a commitment of confidentiality, and information regarding any risks or benefits associated with the study (p. 35). The letter mailed to potential participants inviting them to participate in the study (Appendix B) outlined the elements of informed consent as illustrated by Padgett (1998). This information was also included in the Consent Form (Appendix D) and was reviewed in person with each participant at the face to face interview prior to beginning the interview. At the interview, each participant was provided with two copies of the consent form, one for signing written agreement to participate, and another for the participant's own purposes (Appendix D).

Even though participants were informed about the study through their treatment foster care agency, they were asked to call me in privately if they were interested in receiving more information about the study or if they wanted to participate. The interviews were scheduled at a time convenient to the participant and at a location chosen by the participant. Participants were informed in the letter inviting participation in the study (Appendix B) and the Letter of Consent (Appendix D) that their clinical case managers would not be told of their participation. I also informed all of the participants that I would be excluding any

identifying information in the study and that I would be aggregating the individual data collected from the interviews before presenting the findings. All participants were advised that a potential risk remained, however unlikely, that they could be possibly identified despite my efforts which was also stated in the Consent Form (Appendix D).

In this study, Reciprocity took the form of a monetary compensation for participation. A compensation of $20.00 was provided to participants in order to cover any expenses incurred as a result of their participation. As treatment foster parents, in order to participate in the study, they may have needed to use their respite monies to pay for respite coverage while they participated in the interview. Participants were informed of this provision in the letter inviting participation in the study (Appendix B) and in the Consent Form (Appendix D). As an additional incentive, a copy of the competed study was offered to each participant in the study. Several participants accepted this offer.

Strengths and Limitations of the Study

The strength of this study is found within its qualitative methodology in that it gives treatment foster parents an opportunity to present their experiences providing care to early adolescent males in treatment foster care who misuse substances. With using a qualitative design, the in-depth exploration carried out in the study served to facilitate an understanding of the treatment foster parents' experiences. By gaining an understanding of the treatment foster parents' experiences, the treatment foster care programs may use this information to possibly develop a better framework for providing treatment foster care to early adolescent males who misuse substances. In this study, I also accessed participants from four independent treatment foster care agencies. By doing so, the research provided me with an

opportunity to identify themes that may not be agency specific. These identified themes may be found applicable or relevant to treatment foster care providers as a group.

There are several limitations that must be noted in regards to the design of the study. For one, the findings of this study cannot be generalized to other treatment foster care providers or their treatment foster care agencies, other early adolescent males in treatment foster care, and other early adolescent males in treatment foster care who misuse substances. This sample was simply not diverse enough or large enough to draw conclusions about treatment foster care parents and the early adolescent males they care for. For example, there are more than four social service agencies proving treatment foster care services in the city of Winnipeg with a number of them being run by Aboriginal Child and Family Service Agencies. None of the participating treatment foster care programs were run by an Aboriginal Child and Family Service Agency. Secondly, one may contest the study's criteria and definition of early adolescent male substance misuse. In this study, I used a broad definition of early adolescent male substance misuse.

Finally, the study's sample of participants was accessed from social service agencies that have developed formal treatment foster care programs. Currently, there are numerous child and family service agencies in Winnipeg offering treatment foster care services within their traditional foster care programs. These foster care providers may not be formally labeled as treatment foster care providers but would likely carry the same level of experience and the same skill set as participants recruited from treatment foster care agencies. Further, these foster parents may be providing care to early adolescent males with similar needs to those placed in foster homes through a treatment foster care agency. This study did not

recruit eligible participants from child and family service agencies providing treatment foster care services through traditional foster care programs.

Validity of the Design

Qualitative research carries numerous threats to the credibility, accuracy, and trustworthiness of research findings. According to Padgett (1998) such threats fall into three broad categories that include reactivity, researcher biases, and respondent biases. When a researcher attempts to control for such threats, there is an increase in the study's level of "truth" or validation with reality (Maxwell, 1996). Reactivity describes the possible effects a researcher may have on a participant during the interview, whereas researcher bias refers to the "temptation to filter one's observations and interpretations through a lens clouded by preconceptions and opinions that can plague even the most meticulously designed and well-intentioned study" (Padgett, 1998, p. 92). Respondent bias occurs when respondents withhold or provide false information to ensure that they are not identified or to avoid information that they feel will bring one to portray them in a negative manner (Padgett, 1998). Another form of respondent bias occurs when participants provide information that they feel the researcher would benefit from (Padgett, 1998). There are several methods that I employed in this study in order to bring credibility to the research findings. Employing such methods ensured that the findings were accurate from the perspective of the researcher, the participant, and/or the readers (Creswell, 2003).

Gilgun (1994) states that validity of a study is enhanced when a research project is "rich" with data from multiple sources. Gilligan (2000) advises that multiple sources of data increases the validity of a study, for each piece of evidence contributes to its reliability.

Further, multiple sources of data allows for replication and convergence with similar studies (Gilligan, 2000). In qualitative research, triangulation describes the process of using two or more sources to obtain a thorough snapshot of a fixed point of reference (Padgett, 1998). According to Creswell (2003) a researcher may "triangulate different data sources of information by examining evidence from the sources and using it to build a coherent justification for themes" (p. 196). In order to strengthen this study, I have triangulated the data by collecting multiple sources of data from the face to face interviews: the taped recordings of the interviews, journaling, observations, and field notes. When analyzing the data, I referred to all the sources of data collected from each participant along with my notes in order to present their responses in a consistent manner.

In this study, I also used a member checking approach. Member checking is the process of reporting back findings to participants, asking for verification that what was heard and recorded is correct, and asking for feedback on the findings (Kuzel & Like, 1991). Member checking is particularly important as this study focuses on the experiences of the participants, therefore, the participants were given the opportunity to provide feedback on the accuracy of the findings. Member checking also ensures confidentiality as participants may review the transcribed interviews and then request the removal of any information that they feel may have compromised their confidentiality. Only one participant stated that he or she would participate in the process of member checking. Unfortunately, this participant did not follow through. Hence, the study failed to enhance the rigor of the design through the use of member checking.

I also performed tasks that would ensure the credibility of the data. First, I engaged in the process of "bracketing" where I made a sincere effort to put aside my opinions,

knowledge, experience, and biases regarding the phenomenon. I carried out this process numerous times throughout the study in particular prior to conducting the interviews and when discussing the study's findings. In particular, I bracketed my opinions and knowledge of the treatment needs of early adolescent males in treatment foster care. By bracketing my internal suppositions regarding the treatment needs of early adolescent males in treatment foster care, I was able to approach the interviews openly and to learn about the phenomenon from participants who directly experienced the phenomenon. The process of bracketing allowed me to understand the participant's experiences and to discuss their findings in a more accurate manner. By self-reflecting on my own personal biases regarding the phenomenon and "bracketing" these biases, I was able to increase the credibility of the study. However, I did reflect on my own experiences working with treatment foster parents to understand the findings. This study offered me an opportunity to learn about providing treatment foster care to early adolescent males who misuse substances and the knowledge I gained from the findings is also significant to the report.

Another method that ensures credibility is to use rich and thick descriptions of the data that convey the findings (Creswell, 2003). Creswell (2003) states that using rich and thick descriptions of the data "may transport the readers to the setting and give the discussion an element of shared experiences" (p. 196). This method is demonstrated in the next two chapters which present and discuss the findings of the study.

Next, according to Creswell (1998) a researcher may affirm verification of data through "rational analysis of spontaneous recognition" (p. 207). This process involves questioning if the patterns fit together in a logical manner and whether the same elements can be organized in another manner as to comprise an entirely different pattern (Creswell, 1998).

I carried out this process several times when analyzing the data to ensure the accuracy of the findings. The study was organized to include defined and themed questions that would better enable an interviewee to articulate their thoughts on a specific theme. By developing themed interview questions, I was better able to create a framework that assisted me when organizing, categorizing, and coding the data.

Borkan (1999) provides several methods of addressing issues of validity in qualitative research that include accuracy, reflexivity, and intellectual honesty. Throughout the process of analyzing the data, I put in a great amount of effort to ensure that the information gathered would be accurately reflected in the findings. According to Borkan (1999) it is the researcher who is primarily responsible for ensuring the accuracy of the findings. During the face to face interviews, I paid close attention to the participants and made sure to take accurate notes. Also, on numerous occasions throughout participants' interviews, I sought out verbal verification that I captured the participants' thoughts correctly in my notes by repeating the participants' thoughts and then asking them to confirm if what I heard was correct. I also transcribed each audio tape recording within several days of the interview, while the face to face interview was still fresh in my mind. Therefore, I am confident that I captured the participants' thoughts and experiences in an accurate manner through attentive listening, documentation, verbal verification of participants' thoughts, and accurate recordings and transcriptions of the interviews.

Reflexivity is "the technique by which researchers turn the focus back on themselves to evaluate their influence on the findings and interpretations" (Borkan, 1999, p.194). My advisor played an important role in ensuring that this study was completed with the inclusion of reflexivity as he continually challenged me to note my assumptions regarding the research

topic and to practice reflexive methods throughout the research process. I used my journal, field notes, and peer debriefing to ensure that reflexivity was performed for the study.

As mentioned, Borkan (1999) recommends that researchers practice intellectual honesty as a method towards increasing the validity of a study. To ensure that I demonstrated intellectual honesty throughout this research project, this study was completed in accordance to the standards of research outlined by the Psychology/Sociology Research and Ethics Board of The University of Manitoba. I also hold strong moral values regarding practicing academic honesty. I drew from my own moral values to ensure that I practiced intellectual honesty throughout this research project.

When conducting a qualitative study, it is beneficial to have an audit trail. The audit trail for this study consisted of tape recording, journal notes, field notes, and memos used during data coding and analysis. According to Padgett (1998) "leaving an audit trail means adopting a spirit of openness and documenting each step in data collection and analysis" (p. 101). Throughout this research project, I documented my thoughts and ideas in my journal. I am confident that the audit trail created for this study would allow one to reproduce and confirm the findings of the study if necessary.

To minimize the probability of researcher bias, I reached out to several individuals throughout the research project for support and peer debriefing. First, I relied heavily on my advisor to share his perspectives and to provide me with feedback surrounding my research project. The support I received from my advisor was valuable in that he challenged me to stay conscious of any assumptions I held regarding the potential findings of the study. As an employee of a treatment foster care agency, I have a general awareness of the challenges experienced by treatment foster care providers. With such knowledge, there was a

probability that I held assumptions surrounding the topic of focus. Therefore, it was important that my advisor challenge my thoughts and ideas surrounding the research findings as a method of ensuring that the findings accurately reflected the thoughts and experiences of treatment foster care providers. In addition, Padgett (1998) encourages researchers to engage in peer debriefing when conducting a qualitative study as it allows a researcher to share his or her emotions of the challenges of fieldwork and data analysis (Padgett, 1998). I debriefed with my fellow graduate students throughout the study. These academic peers acknowledged my experience conducting qualitative research and motivated me to stay focused on completing the study.

Chapter 4

Findings: Treatment Foster Parents' Perceptions on Fostering

The findings of this study are organized under specific themes that emerged from the information shared by participants during their interviews. These themes best capture the shared experiences of the participants. This chapter introduces the reader to the participants in the study and presents their motivations to provide care to early adolescent males. This chapter also presents the treatment foster parents' perceptions of the challenges early adolescent males face as directly experienced by the interviewed treatment foster care providers. Finally the chapter presents the treatment foster parents' thoughts as to why early adolescent males in treatment foster care may be a population "at risk" to misuse substances.

Treatment Foster Care Parents

To preserve the anonymity of the participants, limited demographic information will be presented in this study. Based on the demographic information collected from the participants, the following data provides a general introduction of the participants. Out of a total of 7 participants, 5 were female and 2 were male. Though the majority of participants were female, 3 out of the 5 participants shared that they cared for their youth with the assistance of a male spouse. In all three cases, the invitation to participate in the study was addressed to both caregivers in the home. Out of these three cases, only one couple participated in the study, both indicating that they equally shared the responsibility of providing care to their youth. The other two women stated that they were the primary caregiver in the treatment foster care home. The remaining participants, 2 women and 1 man, were one-parent treatment foster care homes.

I did not collect information regarding the ethnicity of the participants nor did the participants spontaneously share their cultural backgrounds during their interviews. Two of the 7 participants were of a visible minority origin, with one of the participants demonstrating English as a second language. Neither identified themselves as of a minority origin.

I did collect data on the number of years of experience the participants had as treatment foster care providers. From the collected data, 1 of the 7 participants had 0 to 5 years experience as a treatment foster care provider, 2 of the 7 participants stated that they had 5 to 10 years experience, and 4 of the 7 participants stated that they had over 10 years experience. In order to ensure the confidentiality of the participants, all participants and youth were assigned a pseudonym.

Motivation to Foster

The treatment foster parents in this study appear to have a strong commitment to improve the quality of life of their youth and to deter further negative life experiences. "I want them to know that they are safe here and I will do everything possible that I can to keep them safe" (Victoria). Emily stated that she was "not interested in seeing him being put back where he was from or to have him bouncing back from home to home. It would be bad." Olivia stated that she believes that "all children, all children should have a chance, even if they have problems and to help them to live as normal as they can be even though they have a disability."

All treatment foster parents in the study verbalized that they were motivated by the progress made by their youth as a result of their care. For example, Rita stated that she is

motivated by "seeing the progress of the child that is with you. As you get further into it, you just start seeing more and more the changes." Diane, as well, stated that motivation comes from "seeing some of the progress that these children have made, especially from where they have come from and what they have been through." Emily shared that she is motivated by her own growth as a result of caring for her early adolescent male, "I developed my skills and knowledge as a result of being his parent and over the years I have done that. It turns out that he is very high needs and so we have just grown together."

In addition to citing observed progress and growth in a youth as motivation to foster, several foster parents added that they valued the "rewarding feedback" they have received from the youth in their care, even if presented long after a placement has ended.

> It might be years down the road that I might run into somebody and they tell you that they have done this and that. They will say things like "when we used to talk, I used to say yeah, yeah, yeah, but then over the years…", so they did hear it. They just didn't want to hear it at that time (Ray).

A treatment foster parent's motivation to foster was seen on a more intimate level when several participants discussed the relationship they had with the youth in their care. Emily stated that "there are a lot of the same things that are positive when I was a regular parent. Always, you have a bond with a child, you have a relationship with the child and that's fulfilling." Victoria has come to value the relationships she has formed with the youth placed in her care and shared how these relationships have continued long after a placement has ended.

> The two kids I did have, we have a strong bond today, even though they are on their own and they are adults. They still remember my husband and myself as "dad" and "mom", "mom" and "dad". We have somewhat a strong attachment (Victoria).

Decision to Foster an Early Adolescent Male

Many of the treatment foster parents in this study shared how they came about fostering an early adolescent male. From the details shared, the majority of foster parents did not specifically seek an early adolescent male placement. The majority of treatment foster parents stated that the youth had simply aged into early adolescence during the duration of the placement. "My placement, has actually, pretty much grew up in my home. He has been here since he was 4 years old and he is now an adolescent" (Victoria). For each treatment foster parent, the youth's age at placement varied. For instance, Emily stated her early adolescent male was placed as an infant while Olivia began caring for her boys at age 7 and 8. Ray on the other hand noted his preference and ability to successfully care for early adolescent males "I enjoy it. I have worked mainly with boys and they have done well."

Konrad shared that the placement of an early adolescent male into his home was unplanned but an experience he has come to appreciate. "Well, they were looking for someone to look after an early adolescent male and we had a spot so yeah, we didn't choose. It just came to us and it's been an experience, it sure has (laughs)." Konrad stated that, historically, he took a less active role in parenting his placements as they were predominately adolescent females. Konrad found that fostering a male adolescent in his home allowed him to take on responsibilities he avoided with the female placements.

> I have had fun with the girls but I don't get quite involved with girls and their problems and things. With the male, I get more involved and it's been very interesting and very incredible actually. It was worth it (Konrad).

Challenges Faced by Early Adolescent Males in Treatment Foster Care

All of the treatment foster parents in this study described their early adolescent males as "special needs youth" who required care specific to their presenting needs.

"They are special needs kids, special, and we need to give them special care" (Olivia). In fact, Emily became a treatment foster parent in response to the emerging special needs of her infant. "I was a regular foster parent, but after a period of time, when he was four years old, I became a treatment foster parent because the child I was caring for was in need of a treatment foster parent" (Emily).

Throughout the interviews, treatment foster parents shared the "special needs" of their youth. The majority of participants verbalized that their early adolescent males presented with neurological impairments or cognitive delays as a result of fetal drug and alcohol exposure. "I am looking after boys with Fetal Alcohol Syndrome. They are not like regular kids because they have lots of problems" (Olivia). A small minority of treatment foster parents described the early adolescent males in their care as presenting with mental health issues. "Some of my kids have mental health issues. They need psychiatric help and medication" (Diane). Victoria shared that the youth in her care have experienced maltreatment; her early adolescent males display poor emotional regulation as a result of experiencing trauma. "My kids had a lot of anger and frustrations… our kids were sexually abused" (Victoria).

The majority of the treatment foster parents in this study raised the issue of Fetal Alcohol related neurological impairments and the impact on their youth's development. Konrad and Emily shared that their neurologically impaired early adolescent males do not present developmentally, at their chronological age. "My child is 11. His maturity level is quite low… it's a very uneven development. Often, I wouldn't think of him as an adolescent or preadolescent because of that" (Emily). Konrad described his early adolescent as such, "He's an early adolescent male but he isn't really that age so it's causing a bit of problems"

(Konrad). Konrad elaborated on how having a neurological impairment impacts his youth's understanding of early adolescent milestones.

> That's the typical age when they are trying to uh, find their identity, and that's a struggle for them. That's for sure. There are problems growing up. The puberty issue, he's has not gotten into it but he is trying to get into it. So, it has been problemsome (Konrad).

Many of the treatment foster parents shared that their youth's neurological impairment or cognitive impairment negatively affects their youth's social skills development. Establishing friendships and maintaining friendships was a common challenge shared by the treatment foster parents in this study. "His social skills are not good and they are very odd. So although he looks like a normal child on the outside, his social behavior is weird. So having any friends at all has been an issue for him" (Emily).

Several partcicipants were concerned that their youth's neurological impairment and social skills deficits place them at risk to be victimized by individuals in the community or to associate with negative peers.

> I think with my own experience, that my boys, one of them, he can get into trouble because his alcohol syndrome. I think that people can just take easily advantage of him. They can come and say "come and help me because I'm hurt" and he is very caring and giving and will come but he doesn't know the consequences. And he can get in trouble. Yes, that's my biggest fear (Olivia).

> He may not have a peer group to relate to, which I believe would put him at risk…to hang out with people that are not so good, so often who are accepting. Kids who are bad influences are often much more accepting of people who are unusual (Emily).

According to several treatment foster parents, early adolescent males in treatment foster care have experienced multiple losses in their lives, either associated with or as a result of being placed in care. "We are taking these kids away from their families. Whether it's through a child and family protection or the law that has apprehended them, they don't want

to be moved from their families" (Ray). Victoria described how her youth are struggling emotionally with the tragic deaths of their natural birth parents. "My kids, they have lost both their mother and their father at a very young age and there is a lot of anger there" (Victoria). Ray on the other hand, discussed how the multiple placements sometimes or often associated with being a "youth in care" serve to impair an early adolescent male's ability to maintain relationships with peers.

> Generally, children in care can move 3 or 4 times. They don't have core of group of friends… you get a kid into school and they don't know anybody and then just when they start to find some friends, and then they are gone, they are moved. It's definitely a loss of opportunities to form lasting relationships (Ray).

Participants were given an opportunity to discuss how being dislocated from a Northern community may impact an Aboriginal early adolescent male. Several of the participants reported that these youth experience multiple losses when they are moved from a northern community to Winnipeg. Several participants also stated that Aboriginal youth who are placed from a Northern community to Winnipeg experience the loss of family, community and culture. Diane stated that such youth struggle with "feelings of being lost... they are often part of a network and family system." Ray stated that early adolescent males dislocated from Northern communities lose valuable supports.

> They know each other. You take any reserve and there is going to be kids from that reserve in town and because everybody knows each other. "So Bobby is in town and he is in care" and everybody knows, so he has some contacts. But here again, you don't have that. It's almost like being an immigrant (Ray).

Several participants expect that an early adolescent male would experience trauma as a result of being moved away from his family and community. Diane indicated that the trauma associated with being dislocated from family and community would affect an early adolescent male's emotional and behavioral functioning.

Being away from home is very stressful and coming into surroundings that they are not familiar with and once again, the unknown, the fear, often, sometimes, brings about some behaviors and emotions that may have not been exhibited up in the northern community (Diane).

Ray shared that in his experience, early adolescent males do not want to discuss the emotional impact of their dislocation or how dislocation may affect their current emotional and behavioral functioning. "These are just kids and they never, very seldom, talk about it. You know, that there are things about the city that are scary… the change is so drastic… if I was 11 years old, how would I cope" (Ray).

Emily spoke specifically about the difficulties neurologically impaired early adolescent males experience when they are faced with the changes associated with being moved from their family and community. Emily described how her neurologically impaired male would respond.

> I am aware that kids, at least in Tommy's case, his issues stem from, are neurologically based, and his need for everything to stay the same and to not be different is so strong. Any change would be extremely difficult, especially so severe as his home… making such a change would be traumatic. I would not expect there to be a very good outcome (Emily).

All of the treatment foster parents in this study believed that early adolescent males originating from Northern communities would experience difficulties adjusting and/or transitioning to a placement in the city. Factors such as being placed in an unfamiliar setting, living among a larger population, language barriers, and industrialization were noted as barriers to the transition process.

> You know, you think about how it is having to live in a place where you know everybody and then moving to a city to the size of this, and I mean this isn't a large city but for them it is. So they come here and everything is different, the traffic is different, communicating is different and so they now have all of these problems, these disadvantages (Ray).

Ray stated that he has direct experiences fostering Aboriginal males from Northern communities and reported that they spoke little English. Ray described the communication process as difficult for both him and the youth. "The thing about moving to the city is that even communicating is sometimes difficult. Look at the kids that don't speak English, you have to have someone else available to help interpret. It's just a whole different challenge."

A small minority of participants stated that an early adolescent male would experience a "loss of culture" when moved from a Northern community to the city. Diane indicated, "... culture, ceremonies. When they are brought into the city, they may not necessarily have all that cultural aspect... some of that may be lost when they come to the city" (Diane).

An At-Risk Population

A large majority of the treatment foster parents reported that the early adolescent males currently in their care were not misusing substances. Regardless, several participants' expressed their fears surrounding the possibility that youth may misuse substances in the future. "That's my biggest fear. But I keep a positive attitude. Whatever we need to do, we will do it where he needs help. Then he won't be so easy led to that trouble" (Olivia).

Despite a large majority of treatment foster parents reporting no current substance misuse by their placements, all of the participants believed that early adolescent males in treatment foster care are at risk to misuse substances. "Well I haven't had any early adolescent males who have misused yet in my life. I am not sure. It's funny because on the one hand, I know the risks that he has about his situation" (Emily). Throughout the interviews, participants provided their insight as to why they felt early adolescent males in treatment foster care were at risk to misuse substances. Neurological impairment was noted

as a primary reason for increased risk to misuse substances, particularly when combined with the developmental task of establishing and maintaining peer relationships.

> All kids are at risk, normal kids who have bad circumstances are at risk but kids who are neurologically damaged are also at risk. I do feel that they are at a higher risk then anybody else. He doesn't make friends easily, and he wants friends, and if someone comes along and wants to be his friend, he will do whatever it takes to hang on to that (Emily).

Victoria also stated that neurological impairments place an early adolescent male at risk to associate with a negative peer group or a substance misusing peers. Victoria believes that neurologically impaired youth do not have the cognitive abilities to distinguish a negative peer group from a positive one or to make positive choices. Therefore, neurologically impaired early adolescent males may misuse substances in order to be accepted into a peer group.

> Having diagnoses such as FAS and FAE, like my kids have, and some of them have, does contribute to them using. So I mean sometimes, just because of the cognitive delays they can get involved with the wrong crowd of kids (Victoria).

Several treatment foster parents shared that early adolescent males may misuse substances in order to relate to or "fit in" with peers as best illustrated by Diane.

> Kids want to be popular and they want to fit in and sometimes being popular and fitting in may not be the healthy way to go. You might have to do the unhealthy things that those popular kids are doing like drugs. (Diane).

This chapter presented the participant's motivation to care for early adolescent males placed into treatment foster care. The majority of participants stated that they held a genuine desire to provide therapeutic care to early adolescent males in treatment foster care and that they held no particular preference to foster early adolescent males. All of the participants shared that it was important to them that they provided their youth with a safe environment in

order to prevent their youth from experiencing further trauma. All of the participants stated that they were motivated to provide ongoing care to their youth from observing the progress made by youth while in their care.

All of the treatment foster parents in this study implied that they were caring for a "special needs" early adolescent male. Participants reported that their youth presented with neurological or cognitive impairments stemming from prenatal substance exposure or with mental health issues associated with experiencing trauma such as maltreatment, loss, and/or dislocation. Participants caring for early adolescent males with neurological disabilities reported that their youth display poor social skills and impaired ability to form and maintain relationships with peers. In the participants' experiences, early adolescent males placed in treatment foster care face multiple losses associated with coming into care and, as a result, demonstrate poor emotional regulation. Finally, the participants in this study believe that Aboriginal early adolescent males placed outside of their communities experience multiple losses as a result of their dislocation including the loss of family, community, and culture.

Despite a low prevalence of substance misuse with the early adolescent males discussed in this study, the participants believe that this population is at risk to misuse substances. A large number of participants stated that neurologically impaired early adolescent males are at risk to misuse substances when establishing and maintaining peer relations. These participants believe that neurologically impaired youth have difficulties distinguishing substance misusing peer groups from non substance misusing peer groups and making positive choices. All of the participants reported that regardless of impairment, early adolescent males in treatment foster care may be influenced to misuse substances by a peer group or may misuse substances in order to relate to a peer group.

Chapter 5

Findings: Treatment Foster Parents Perceptions' of Substance Misuse

This chapter introduces the reader to the numerous underlying issues found to be present for early adolescent males who misuse substances, as experienced by the interviewed treatment foster care providers. This chapter also presents the foster care providers' perceptions regarding the issues experienced by early adolescent males in treatment foster care as a result of misusing substances along with the treatment foster parents' concerns regarding the misuse of specific types of substances. Finally, participants identify several immediate needs they perceive may arise for early adolescent males in treatment foster care as a result of misusing substances.

Underlying Issues of Early Adolescent Male Substance Misuse

Many of the treatment foster parents emphasized that it is important to explore the underlying issues behind an early adolescent male's substance misuse. For example, Olivia stated that she continuously asks her self questions such as "Why is the child feeling hurt? What is happening physically, emotionally, and mentally?" The majority of treatment foster parents in this study stated that they carry out this practice by sharing the underlying issues they have found early adolescent males in treatment foster care struggle with when they are misusing substances with their case managers and child and family service social workers.

A large majority of treatment foster parents in this study believe that early adolescent males in treatment foster care engage in substance misuse as a way of coping with negative life experiences. These negative life experiences were described as being associated with coming into care such as maltreatment, trauma, and loss. "Well they

came into care for a reason. Bad things were happening to them. They were hurt. This is hard to deal with, especially for a teenager" (Victoria). Ray best illustrates how early adolescent males in treatment foster care would misuse substances to cope with their emotions.

> There are a number of reasons why they use, basically, that they are trying to escape, they are trying to mask their feelings. A lot of bad things have happened to them and what are they going to do. They are going to find a way to cope (Ray).

The most common underlying issue shared by treatment foster parents in this study was that early adolescent males in treatment foster care lose important relationships in their lives when they come into care. "These kids lose everything when they come into care. They lose their parents, their family, and their home. They lose their friends, their school, and their community. They just lose so much" (Diane). According to several of the parents, early adolescent males in treatment foster care struggle with their sense of "belonging" as a result of losing important connections and relationships in their lives. "I guess it's hard when you lose your family and friends. You would feel like you are all alone and then you have to live with a new family and you would probably wonder how you fit in" (Konrad).

Several treatment foster parents stated that early adolescent males in treatment foster care establish relationships with peers as a way of regaining a sense of "belonging" in their lives. "These boys want to have friends to relate to… it's all about belonging and that is so huge for these kids" (Diane). Ray stated that in his experience, early adolescent males in treatment foster care connect with peers who share similar life experiences and that these youth may also be struggling. "Their friends also end up being the transient ones, not the ones that are going there and doing well" (Ray). Ray and Diana both stated that early adolescent males in treatment foster care may join gangs to achieve a sense of belonging and

that most gangs are comprised of members who also share a need to belong. "They are trying to belong. The group they hang out with are (sic) usually doing the same things. That's, like I say, why they go to gangs" (Ray).

Ray believes that early adolescent males may be influenced to engage in substance misuse by the stigma attached to being in care. Stereotypes may be internalized and misunderstood as expectations when seeking out a peer group. With a need to relate to a peer group, these youth may then carry out what they perceive is necessary to be accepted by a peer group.

> I think it's part of a culture. It's part of acceptance because kids in care, the stigma. They feel they are tough right? So they have to prove these things at times. I have had kids that will say "oh yeah, I can drink 4 beers" and what does that mean? ... every 15 or 16 year old is going to drink a bottle of beer because it proves that he is a "man" (Ray).

A number of treatment foster parents in this study noted that early adolescent males in treatment foster care fall victim to negative labels attached to being special needs and/or in treatment foster care. According to these particpants, these negative labels may be internalized and cause feelings of inadequacy or lower their sense of self worth. Olivia describes the impact of negative labels on her youth.

> How these children are labeled. People label them that he is this and that, and they can't do this and they can't do that. For anybody to be labeled that. It is no good. They think they are no good. You have to help them feel good about themselves because they are achievers, they are not losers (Olivia).

These participants believe that early adolescent males may have poor self esteem as result of internalizing the negative labels assigned to them. Low self esteem is believed to be a precipitating factor of substance misuse in that these youth may turn to substance misuse in order to cope with their feelings of low self worth.

> A lot of these kids believe that they are no good because that's how they feel people look at them. They don't feel good about themselves. They have low self esteem. They struggle with that and they don't know how to deal with it and because of that they can start using drugs. That way they don't have to deal with it anymore (Diane).

Challenges Experienced by Early Adolescent Males Who Misuse Substances

A large majority of treatment foster parents in this study shared several issues and challenges experienced by early adolescent males in treatment foster care as a result of misusing substances. "These kids have so many problems to deal with already. Using drugs and alcohol only adds more problems" (Emily). A large number of participants indicated that substance misuse contributes to the breakdown of positive relationships for early adolescent males with family, peers, and community. Diane detailed the many relationships she believes would be strained as a result of an early adolescent male's substance misuse.

> Their support system, family network, school system breaks down as a result of their usage… and just some of the aspects of his community level falling apart such as school, friends, and just lot of the positive aspects he may have had like if he was involved in hockey (Diane).

Several treatment foster parents noted that early adolescent males enter a negative emotional state or depression when they are misusing substances and that their depression may cause their relationships with family, peers, and community to be disrupted. "They get involved with drugs and alcohol and they get more lethargic. Things mean less to them. They don't care about anything or anyone anymore" (Ray).

Another concern raised by several participants is that substance misuse contributes to additional mental health issues. According to Diane, "Some of the needs that may arise when using substances is… mental health issues, depression, suicidal ideation, and suicidal thoughts, all that kind of stuff. Self harming behavior is a piece of that" (Diane). Victoria

expressed her concern that misusing substances would only contribute to further mental health issues for her youth. "My kids have mental health issues.... I know that using drugs would only make things worse for them. It would only make their problems bigger" (Victoria). Emily believes that substance misuse could cause further neurological damage in early adolescent males who are already neurologically compromised. "Kids who are neurologically damaged are at risk and they probably would suffer more damage, and would only add more damage to what is already damaged" (Emily).

In this study, many treatment foster parents stated that there would be an increase in behavior problems displayed by early adolescent males in treatment foster care as a result of substance misuse. For example, Rita speculated, "I think there would definitely be behavior problems, some acting out" (Rita). Victoria described early adolescent males who misuse substances as being "out of control when they are using these drugs". Victoria further stated that in her experience, substance misuse increases the probability of youth running away from her home..."you know they go awol... where they get to use the drugs... they don't want to come home". A number of participants stated that substance misuse causes an early adolescent male in treatment foster care to engage in criminal activity.

> Some of the needs that may arise when using substances are related to the criminal aspect of substance use. For example they need to have the money to purchase drugs and just that constant need to maybe steal to get the money to support their habit and engaging in more criminal activity like selling it (Diane).

Diane stated that the need to obtain substances and to misuse substances causes an early adolescent male to associate with peers who also engage in criminal activity and substance misuse. "So instead of hanging out with his friends... he will go out with kids that do criminal activities. It's just the lifestyle that those kids lead that use drugs". Ray also shared that in his experience he has found that early adolescent males who misuse substances

will join gangs because gang members often misuse substances and engage in criminal activities. "The group they hang out with are usually doing the same things. That's why they go to gangs" (Ray).

Alcohol, Illegal Narcotics, and Inhalant Misuse

The treatment foster parents in this study were given an opportunity to share their experiences and knowledge of the challenges and issues early adolescent males in treatment foster care may experience as a result of misusing a specific substance. The researcher inquired about three substances: alcohol, illegal narcotics, and inhalants. This section will present the findings from the interviews.

According to several treatment foster parents in this study, early adolescent males in treatment foster care are at risk to experiment with alcohol because alcohol use is presented as socially acceptable in today's society.

> Kids drink alcohol because it's a cool thing to do. They see other people drinking it like their parents and their friends. You could buy it at restaurants, concerts, and football games. They think it's okay to drink and have a good time (Victoria).

Diane also mentioned alcohol as being a socially accepted substance in society but noted that there are risks associated with alcohol misuse. "Alcohol is very socialized in our community and unfortunately there are so many, very many risks associated with binge drinking and mixing, and drinking things they may think is alcohol… black outs… and then you could get alcohol poisoning" (Diane). Several treatment foster parents in this study were concerned that early adolescent males in treatment foster care may not be aware of the risks associated with alcohol misuse. Rita illustrated this concern when she stated "I don't know

how much they really know about the dangers of drinking. I don't know if they know how bad it can really get."

Almost all of the treatment foster parents in this study shared that they have not experienced caring for an early adolescent male who misuses illegal narcotics. A small number of participants provided their concerns regarding illegal narcotic misuse by early adolescent males in treatment foster care. For instance, Ray stated that he has not cared for any early adolescent males who misuse illegal narcotics because illegal narcotics are less affordable for youth than alcohol and inhalants. "I don't get a lot of, well I haven't had a lot of hard core users like 'coke' because they can't afford it. I haven't had to deal a lot with it" (Ray). Emily believes that there would be negative consequences for youth who take prescription medication and then misuse illegal narcotics. "These children already take drugs, medications, and will likely continue to do so. So if they are already taking medication, and then drugs with that, not good. I don't want to go there" (Emily).

A larger majority of treatment foster parents focused on expressing their concerns regarding inhalant misuse. Several of the participants stated that early adolescent males are at risk to misuse inhalants because they are easily accessible. Rita explains, "Well, I know that inhalants can be found all over the place, even in my home. That's why we have to keep all chemicals out of reach and locked up." All of the participants indicated that inhalant use has detrimental consequences to a youth's neurological functioning and general health. "Inhalants… there is brain damage associated with inhalants, irreversible brain damage, not to say you don't get brain damage or loss of brain cells with alcohol or narcotics but with inhalants it's irreversible and more lasting overall physical damage" (Diane). "I know that sniffing causes brain damage. I don't know how much damage, but I have heard that it does

kill brain cells" (Konrad). "Inhalants… certainly it's the last thing that a child needs who already has brain damage. The brain damage thing is serious" (Emily).

Ray has experienced difficulties communicating with early adolescent males who misuse inhalants because of neurological damage sustained as result of misusing inhalants. "The sniffing… what happens there is that you then have a lot of problems communicating because the brain cells are gone" (Ray). Diane presented the most serious consequence associated with inhalant misuse that is, death, which is also know as Sudden Sniffing Death Syndrome. "Inhalants… I can't remember what it is called but, something like the sudden death, oh, I can't remember what it is called but you can die from it" (Diane).

Finally, a small number of treatment foster parents noted a common risk associated with misusing any of the three substances, that is, the risk to develop an addiction. "Then there is always the risk of developing an addiction with any of these" (Diane). "Addiction is addiction. When we talk about misuse, every 15 or 16 year old is going to drink a bottle of beer… but what we are talking about is the problem" (Ray).

Needs as a Result of Misusing Substances

Treatment foster parents in this study were given an opportunity to share their thoughts and experiences surrounding the needs of early adolescent males in treatment foster care when they misuse substances. All of the parents stated that early adolescent males in treatment foster care would present with a variety of needs as a result of their substance misuse. "There are so many, many problems that arise for children when they are using drugs and alcohol" (Emily). "Well these kids will definitely need supports put in place to deal with all the problems that come with alcohol and drugs" (Diane). The following section will

present their thoughts surrounding the needs that emerge as a result of misusing substances as well as the supports and resources perceived as necessary to address their needs.

Treatment foster parents presented various needs that emerge for early adolescent males who misuse substances by detailing the supports and resources that would serve to address their needs. A large majority of the parents stated that an early adolescent male would need to participate in addiction treatment in order to prevent and educate, or address his substance misuse. "They will need to go to an addiction place to help them. You know… therapy, counseling, education, prevention. Whatever they can do to help him. They will need to get that kind of support" (Olivia). "These kids will need many supports… I think AFM (Addiction Foundation of Manitoba) is very important" (Victoria). All of the treatment foster parents in this study stated that substance misusing early adolescent males would require addiction treatment.

A large majority of treatment foster parents indicated that addiction treatment would educate substance misusing early adolescent males about the negative consequences associated with substance misuse. These parents believe that early adolescent males who misuse substances would benefit from being educated about the negative consequences associated with substance misuse. "These kids need to know that that nothing good comes out drinking and doing drugs. The reality is, that there is nothing cool about it" (Ray). For Diane, early addiction education and awareness may serve to prevent substance misuse for males in treatment foster care during adolescence.

> What is really important with such a young clientele that we are dealing with is early education and prevention and the awareness that needs to be given to these children so that at an early age, they are aware. That they are aware of the dangers and then maybe think twice before using (Diane).

For many treatment foster parents, early adolescent males who misuse substances have an immediate need for increased supervision by their caregivers, respite workers, and school staff. Konrad stated that early adolescent males who misuse substances require "a lot of supervision around them, supports, curfews, and knowing where they are going and who their friends are… keeps them from having easy access to whatever they are into". "We could always inform the school as well and they could keep a closer eye on him" (Rita). Victoria stated that she would use respite and support workers to provide additional supervision for a substance misusing early adolescent male because "when you have five kids in the home you can't be everywhere at once".

A majority of treatment foster parents believed that it is important to initiate supports that may possibly serve to prevent substance misuse by early adolescent males in treatment foster care. These supports are believed to address the specific challenges that substance misusing youth may face. For example, a large majority of participants stated that substance misusing early adolescent males often lack healthy relationships in their lives.

> These kids don't always have a lot of positive relationships in their lives. If they had positive relationships maybe they wouldn't want to use drugs. I mean, they don't usually have a lot of positive relationships when they are doing drugs. I wouldn't consider their relationships with drug users as positive (Rita).

Most of the participants believed that it would be beneficial to attach positive individuals to early adolescent males in treatment foster care even if the adolescents are not misusing substances. These participants mentioned respite providers and child and family support workers as positive individuals they would attach to their youth. Attaching respite providers and support workers to early adolescent males in treatment foster care may serve to prevent or discourage these youth from misusing substances. Respite providers and support workers provide early adolescent males in treatment foster care with an opportunity to have

healthy and fun relationships with other people. Victoria stated that respite and support workers show these youth how to have a healthy relationship with another individual. Victoria believes that early adolescent males who misuse substances often are unaware of what constitutes a healthy relationship; therefore, she focuses on teaching her males about healthy relationships. "You want to help them learn about healthy relationships and what that means. To know that they need to be respected and that they need to respect others too" (Victoria).

According to Diane, initiating positive relationships for early adolescent males who misuse substances may serve to meet their need to belong. "Kids sometimes do drugs with other kids so that they can belong and fit in. You have to make sure that you surround them with positive people and peers so that they don't have to do that" (Diane). As mentioned earlier, many of the participants stated that early adolescent males in treatment foster care struggle with poor self esteem. Poor self esteem was also presented as an underlying issue behind early adolescent male substance misuse by a number of treatment foster parents in this study. These same parents stated that it is important to provide substance misusing early adolescent males with social and recreational opportunities. The foster parents explained that participating in social and recreational activities can foster positive self esteem in youth. "I try really hard to give them opportunities to participate in activities that can build up their self confidence" (Diane). In Emily's experience, participating in social and recreational activities increases an early adolescent male's self confidence which then decreases the probability that he will engage in substance misuse.

> You have to have interests in things, you gotta want to have to do things, and enjoy doing them and experiencing them. Where I see this from, from my own kids and my other foster kids, is that if they don't have any of those things going on. Well, then doing drugs and alcohol help meet their immediate gratification on that (Emily).

For a number of participants, encouraging early adolescent males to participate in social and recreational activities is used as a preventative strategy that may discourage substance misuse.

> I guess working on prevention means things like keeping them busy in sports and activities at school, making sure things are available. So they can feel good about themselves and then they don't have to look for other things like alcohol or drugs (Konrad).

Victoria encourages her early adolescent males to participate in social and recreational activities because she finds that it deters youth from spending time in high risk neighborhoods. "You get them off the streets and get them into recreation, social recreation… get into things that they are interested in. Sports… what have you. It helps get them get off the streets" (Victoria).

In this chapter, participants' thoughts on the importance for caregivers to explore the underlying issues behind an early adolescent male's substance misuse have been noted. In the participants' experiences, early adolescent males who misuse substances have experienced negative life events such as maltreatment, stigmatization, and loss. Such experiences are believed to foster a negative emotional affect and low sense of self worth in these youth. A large majority of participants in this study believe that these youth may then engage in substance misuse as a way of coping or masking their negative affect. Participants also believe that early adolescent males struggle with their sense of belonging and may engage in or be influenced to misuse substances when in establishing and maintaining peer group relations.

In the participants' experiences, early adolescent males who engage in substance misuse will experience additional challenges as a result of their substance misuse. Participants believe that substance misuse contributes to a breakdown of relationships for

these youth with family, peers, and the community. Early adolescent males who misuse substances may also fall into a deeper negative emotional state and develop mental health disabilities in particular, depression. Participants in this study also foresee an emergence of problematic behaviors by early adolescent males who misuse substances such as acting out behaviors, running away from home, and engagement in criminal activities. When exploring challenges associated with misusing a specific substance, all of the participants voiced that there would negative consequences for early adolescent males regardless of substance misused. Participants in this study were most concerned with the additional neurological damage misusing substances may cause for already neurologically impaired youth in treatment foster care.

Finally, all of the treatment foster parents in this study believe that early adolescent males in treatment foster care will have a variety of needs as a result of their substance misuse such as a need for education surrounding the negative consequences associated with substance misuse, a need for increased supervision, a need for healthy relationships, and a need for self esteem building interventions. The participants briefly introduced supports and resources that may serve to meet the above mentioned needs and/or prevent the onset of substance misuse for early adolescent males. These supports and resources included addictions programming, respite providers and child and family support workers, and social and recreational activities. The latter portion of Chapter 6 will present additional information from the participants regarding the above mentioned supports as well as additional supports and resources perceived as beneficial when caring for early adolescent males who misuse substances.

Chapter 6

Findings: Treatment Foster Parents' Responsibilities and Beneficial Supports

Information shared by the participants that details the numerous responsibilities participants hold as treatment foster care providers caring for early adolescent males in treatment foster care is presented. The numerous supports and resources deemed as beneficial by the participants of this study when caring for early adolescent males in treatment foster care are also addressed. Finally, the numerous supports and resources perceived as essential to providing care to early adolescent males who misuse substances are presented.

Responsibilities of a Treatment Foster Care Provider

A large number of treatment foster parents in this study stated that, as treatment foster parents, they carry a heightened responsibility to provide treatment based foster care to the children and adolescents placed in their homes.

> I am a treatment foster mom, his foster mom, and every parent wants the best for their kids. But as a treatment foster parent I think that it's a heightened responsibility. That it is my job to make sure that we understand everything about him (Emily).

A large majority of treatment foster parents in this study stated that they are responsible for discovering and understanding the needs of the children and adolescents placed in their care. "We have to, as parents, as treatment foster parents, we have to look at first of all, what is happening to a child?" (Olivia). According to several participants, problematic behavior displayed by an early adolescent male in treatment foster care serves as an indicator that the early adolescent male is struggling emotionally. "There is usually a reason why they are acting out. It's not always easy to know why but when you break it down, there is usually something bothering them" (Rita). Olivia states that in her experience,

early adolescent males in treatment foster care act out when they are unable to verbalize their feelings. Olivia describes how problematic behavior acts as a sign to treatment foster parents that their early adolescent male is struggling emotionally.

> When they are acting or reacting or they are being silly. What is it that they are really wanting to tell us? We have to listen to their body language and why they are acting out like that. They don't have the words to say why I am feeling this way. They act, they don't know how to speak (Olivia).

Emily explained that it was important for her to understand the uniqueness of her youth's needs because she has found that the needs of early adolescent males in treatment foster care differ. By understanding the uniqueness of her early adolescent male's needs, only then was Emily able to implement appropriate parenting practices.

> It's important to me to know what I am doing is correct for what he needed and not what someone else needed. It's important to know enough about your kid so that you can figure out what the best way it is to handle it (Emily).

Another responsibility that treatment foster parents carry out, according to several treatment foster parents in this study, is a responsibility to educate themselves on the needs of the children and adolescents in treatment foster care. Olivia emphasized that treatment foster parents are responsible for educating themselves so that they may gain the skills to read into and understand their early adolescent male's problematic behavior. Olivia details what this responsibility includes.

> As foster parents we really have to read into the children's behaviors. Us the foster parents, we need to educate ourselves why this child is behaving. You have to watch your child and then sit down with your child and talk about it. And sort out what is going on. Why are you feeling like that? Why do you act angry? We need to know that (Olivia).

Olivia explained that before she even began providing treatment care to children and adolescents with Fetal Alcohol Syndrome, she first educated herself about the needs of

children and adolescents with Fetal Alcohol Spectrum Disorder. Olivia stated that by educating herself on the needs of children and adolescents with Fetal Spectrum Disorder, she was more prepared to care for her special needs youth.

> First, for myself, what I did, is that I first got educated about fetal alcohol syndrome and how it is to work with these children, and then, if they have it, I then can provide for them with the knowledge I learned (Olivia).

Emily believes that it is her responsibility as a treatment foster care provider to obtain training relevant to the needs of her youth. Emily described the numerous ways she has attended to her owned obligation of professional development:

> I also make it my business to read it in to it, go to conferences, and to workshops, and whatever I need to try to understand and learn about him. To make sure what I am doing with him makes sense (Emily).

According to Diane, seeking out education on the needs of early adolescent males in treatment foster care allows a treatment foster parent to better advocate for the needs of these youth. "We have to do a lot of advocating in the community for our kids, especially in the schools. The more we know about our child and how to take care of them, the stronger advocates we can be" (Diane). Almost all of the treatment foster parents in this study stated that they advocate for the treatment needs of their youth. Olivia shared that she first gains an understanding of her youth's presenting needs and then initiates meetings with her treatment foster care team to discuss and plan how to best meet her youth's needs.

> We need to educate ourselves about what the child is feeling. To get to the bottom of what is happening to our child. Once you get to understand that, we then get everyone involved as a team and we get them professional help. You have to tell them what is happening and talk about what we can do to help them (Olivia).

Emily described that she regularly advocates for her early adolescent male's need in the schools and in the community.

> I advocate for his treatment needs, like in his school, outside of the school. You know we try to locate help for whatever areas he needs. So if we see a need we often try to find it. So that is something I do a lot of (Emily).

For a number of treatment foster parents in this study, advocating for social and recreational activities that accommodate the needs of their early adolescent males was cited as a responsibility they often took upon themselves. For instance, Rita described her experience finding a recreational program for her cognitive delayed youth.

> He's cognitively delayed and we saw that the leaders of air cadets were aware of that and that they would take him. You know that wasn't something I expected from air cadets. We had our own boys in navy cadets. It wasn't the same (Rita).

Diane stated that she continuously advocates with her child and family service social worker to provide financial support for social and recreational programming in the community. "I always try to get them support from their social worker to be out in the community" (Diane).

A number of treatment foster parents in this study stated that they are responsible to provide their early adolescent males with a safe and therapeutic home environment. For example, Victoria stated that the most important responsibility she holds as a treatment foster care provider is to provide a safe foster home. "Most important for me is to give them a home that they can feel safe in" (Victoria). Diane also stated that providing safety is her most important responsibility. According to Diane, early adolescent males are observed to make gains when they feel safe and secure in their placement: "I think I provide the child with safety most importantly. They need to feel safe before they can grow" (Diane).

Supports and Resources Beneficial to the Care of Early Adolescent Males

In order to best provide specialized care, the treatment foster parents shared that they require various supports and resources to enable them to best meet the needs of early adolescent males in treatment foster care. The following sections will present the supports and resources found to be beneficial by treatment foster care parents when caring for these youth.

Treatment Foster Care Case Managers and Child and Family Service Social Workers

Throughout the interviews, a large majority of treatment foster parents made reference to members of the "treatment team". These treatment team members include the foster care agency case manager and the child and family service social worker. Treatment team members were reported by participants as working collaboratively with them to plan and carry out interventions aimed at meeting the needs of early adolescent males in treatment foster care. "We work as a team you know, me and my social workers. We sit down and decide what the best plan is for my kids" (Victoria). Many of the participants shared that they valued the support they received from their treatment foster care case manager. These treatment foster parents explained that their case managers provide them with clinical guidance, assist in treatment planning, and secure needed supports and resources that benefit the early adolescent males placed in their care. Diane detailed the valuable support she has received from her case manager.

> Some of the supports and services I have utilized working with these adolescent males, first and foremost is the case manager that I work with here and just the clinical piece that the person brings and to provide the supports to these children as well as providing guidance and direction when utilizing such supports (Diane).

Victoria stated that she relies on her treatment foster care case manager to provide her with clinical guidance and support. Victoria shared that she appreciates that her case manager consults with other case managers in her treatment foster care agency in order to best provide her with clinical guidance and support.

> I also really rely on my case manager. She has been a wonderful support. You know when many of our needs arise, she takes them and put them on the table with her whole team. And they sit down and discuss the demeanors or details of the week or day and she comes back with their wonderful ideas and strategies about how or what we can do to support the child. You know, she comes back with various therapies that can come into play and what we can do. We all try to make things work out for the kids (Victoria).

Rita stated that both her child and family service social worker and her treatment foster care case manager are important to her as they both provide her with valuable supports. Rita went on to explain that her case manager provides her with clinical guidance while her social worker provides her and her youth with support services and resources.

> I really get a lot of help from my case manager and social worker. My case manager is always available to talk to and help us out and my social worker always provides us with the help we need. They both have been great (Rita).

Ray noted that he utilized both the support of his treatment foster care case manager and his child and family service worker. Ray shared that he would contact either one for support based on who would meet his need. "I dealt with the case manager and I dealt with my superior who was the placement coordinator so… if I had a problem with the boys, I would call one or the other, depending on what I needed". Ray shared that he would determine which of the two would meet his need before making contact as in his experience "different people you deal with have different capabilities" (Ray).

A number of participants noted that their early adolescent males have benefited from the funding provided by their child and family service agency. These participants stated that they reach out to their youth's social worker to obtain financial coverage of needed supports and services. For instance, Olivia shared that she advocates and receives financial support for social and recreational programming for her early adolescent males from her child and family service agency. Emily indicated that she obtained financial support for occupational therapy, a much needed support, from the child and family service agency.

> Our social worker has been really good to us. She has always helped us get Tommy the help that he needs. She's actually the one who set up the occupational therapy for Tommy. It was very costly but she got it covered (Emily).

Diane reported that her youth's social workers have also played an important role in coordinating and securing essential supports for her youth. Diane stated that in her experience she has found that the "CFS agencies have been extremely helpful when putting things into place according to what the children's needs are" (Diane).

Several participants also indicated that child and family service social workers and treatment foster care case managers assist treatment foster parents in developing appropriate treatment plans for the early adolescent males placed in their homes. Victoria described the process of developing a treatment plan in collaboration with her youth's child and family service social worker and her treatment foster care agency case manager.

> Every couple of months we hold a conference to discuss what is going on for the kids. You know, we sit down and talk about how the kids are doing. If there is something we need to work on, like if they are having problems, we sit down and make a plan and then we all sit down and discuss how we will do it and then we put things we need to put into place (Victoria).

Victoria stated that in her experience, early adolescent males in treatment foster care are responsive to the treatment goals set up by the treatment team. Victoria shared that her

youth are usually open to exploring the treatment goals set up for them because they appreciate that the treatment goals were developed in their best interest. "We talk about it with the child and usually they buy into it because they know that we all sat down and really thought about how we can help them and that it is all in their best interest" (Victoria).

Olivia stressed that it is important for treatment foster care parents, child and family service social workers, and treatment foster care case managers to meet on a regular basis to discuss the needs of early adolescent males in treatment foster care. Olivia stated that the purpose of such meetings is to develop appropriate treatment plans for early adolescent males in treatment foster care. Olivia stated that treatment plans must be developed prior to initiating any supports and resources for early adolescent males in treatment foster care.

> The foster parent and the social workers have to meet about what is happening. And talk to one another and see what we can do to help. A plan of action. You have to have a plan. Then take it from there and we get the help. (Olivia)

Treatment Foster Care Agency

Almost all of the participants indicated that their treatment foster care agency served as a valuable support when providing care to early adolescent males in treatment foster care. "What has been really good to me is the support that I receive from *the agency* " (Victoria). Emily shared that she specifically joined a treatment foster care agency because of the supports and resources available for her and her special needs early adolescent. "It was important for me to belong to a treatment foster care program. Tommy is special needs and he needs special care. I needed the extra support that a treatment foster care program provides" (Emily).

The participants listed supports and resources offered through their treatment foster care agencies found to be beneficial such as psychiatric services, therapy, after-hours services, and cultural/spiritual programming. Victoria stated that she has utilized many supports and services offered by her treatment foster care agency. "There are many supports that we use… a child psychiatrist… we have connected with the spiritual/cultural coordinator… we are now looking into starting therapy" (Victoria). Olivia reported that she has accessed a psychiatrist through her treatment foster care agency and detailed the benefits of utilizing the agency's psychiatric resource:

> When a child has a problem, we need to help them. We discuss the problems and if we need professional help, we have help. We go to the psychiatrist and we talk about the problem. We all discuss the problem and he helps us, he helps find the solution. (Olivia).

Rita stated that she has benefited from using the after-hours services provided by her treatment foster care agency. Rita shared that she uses the after-hours service for support and guidance when dealing with crisis situations that arise after office hours. "You know what you are doing is right but sometimes you just need to be able to say it out loud to somebody, to get the verification that yah, this is okay"(Rita).

Rita indicated that after-hours services provide her with an opportunity to debrief with a case manager outside of office hours. Rita stated that having an opportunity to debrief with a case manager after-hours is important to her: "You know sometimes it's not about seeing them physically. It's sometimes just a call to say it, to get it out and once you have done that you know, now I can get on with it" (Rita).

Ray indicated that the availability of supports and services in his treatment foster care agency for parents and clients has significantly increased over the years. "Things are

different now from when I first started. The agency I work for now is large, we have in-house therapists, and we can access many programs, and they are all eligible for programs" (Ray).

Respite Providers and Child and Family Services Support Workers

In this study, a large number of treatment foster parents stated that they appreciate the support provided by their respite providers and child and family service support workers. "Respite has been a wonderful support for me and the kids. I have some really good support workers that help me out with the kids" (Victoria). Many participants in this study cited respite providers and support workers as a beneficial support when providing care to early adolescent males in treatment foster care. "My respite providers have been excellent. They are very good with the kids" (Rita). Emily explained that respite workers are skilled and experienced individuals who are able to interact with her early adolescent male because they understand his needs. "Having support workers, I think is really important for him. I think it's really important that he has other people in his life besides me who get to understand him because he is not easy to understand" (Emily). Konrad reported that he appreciates the level of commitment his respite workers demonstrate toward his youth. "Respite is good. His respite worker is very active in his life" (Konrad).

A large majority of treatment foster parents stressed that it is in the best of interest of early adolescent males in treatment foster care that they receive the services of respite providers and child and family support workers. Emily stated the services provided by respite and support workers are critical to the well being of these males and their direct care providers. "I think it's really critical. I think the support workers are absolutely critical for these kids and in a certain role for the parent" (Emily). Victoria, who provides treatment

foster care in a rural location, noted it was the support of respite providers and support workers that ensured her youth successfully transitioned from living in the city to living in a rural setting.

> One of the big things, I think is the support I get through respite. It actually helped them transition from Winnipeg to the rural. The kids got the one-to-one support and they like the one-to-one time. They get to make plans with the support worker and it makes things seem not too bad out here (Victoria).

According to a number of participants, respite providers and child and family service support workers provide a variety of support services that benefit both treatment foster parents and early adolescent males placed in the treatment foster care homes. For instance, several participants found that it is beneficial to use respite providers and support workers for in-home support. "A lot of times I'm in my home when the support worker is here. So it depends on what is happening" (Emily). Ray shared that using respite services for in-home support was not a common practice when he first began fostering over twenty years ago. Ray stated that in the past, he had to physically leave his home whenever he utilized respite services for his early adolescent males. Ray illustrated why he was discontented with using respite services in the past. "I think there are changes in fostering, like I had to leave during respite but I had nowhere to go. So it cost me money to take my days off" (Ray). Ray believes that treatment foster parents should not be forced to leave their home when utilizing respite services for their youth.

Victoria as well, appreciated utilizing respite providers for in-home support. Victoria stated that she has several early adolescent males placed in her home and therefore relied on respite providers for in-home and out-of-home support. Victoria illustrated how she utilized respite services for both in-home and out-of-home support.

> I have like 4 kids going to sometimes 4 different places all in one night. So I really need, I really depend on my respite. Sometimes I need them to stay home with some of the kids or to help me get them to where they need to be going. So I really manage my respite in the evenings because I don't think I would manage getting them where they need to be all at once (Victoria).

A number of participants noted that respite providers and child and family services support workers are important because they provide early adolescent males with social and recreational opportunities. "I would say that respite workers are very important for these children. They do most of the social and recreational activities with them and just that one-to-one time that is important" (Victoria). Emily explained that she uses her respite workers and support workers to provide her males with social and recreational activities that she herself is unable to provide.

> Respite, it's really good because I am not going to get out and go tobogganing and sliding down a hill on a regular basis. And I don't really want to learn how to make a car or a bike like support workers do. The support workers do that. So everyone, everyone brings something else to the table" (Emily).

Diane feels that her early adolescent males have benefited greatly from participating in social and recreational activities with their respite providers. Diane reported that her respite providers have helped her males gain confidence to participate in social and recreational activities in the community. Diane stated that "spending time with the respite people helps them start to get comfortable doing community activities" (Diane).

Rita, who like Victoria, provides treatment foster care in a rural location, shared that most social and recreational activities of interest to her early adolescent males are not located in close proximity to her home. Rita stated that she utilizes respite providers and support workers to help ensure that her youth is able to participate in social and recreational activities in and outside of her rural community.

> Well there is no buses to get there you know just getting to normal activities that are out there, they are more difficult to get to. There has to be adult around all the time to get where they need to go. They are lucky that they have a really good respite person" (Rita).

Several treatment foster parents explained that respite workers and child and family service workers provide their early adolescent males with an opportunity to form relationships with individuals other then their direct caregivers.

> I'm a single parent and I am an older single parent and I am a woman. Tommy is the only child and it's really critical that he has people in his life that he can spend time with on a regular basis who are not me (Emily).

Diane explained that respite providers and support workers are individuals who are skilled at forming relationships with early adolescent males in treatment foster care: "Respite people know how to connect with my children." Victoria discussed that it is very important to her that her youth come to understand the nature of a healthy relationship as most have experienced or witnessed unhealthy relationships. She stated that respite workers provide her youth with "an opportunity to have other healthy relationships with other people."

Several treatment foster parents discussed the importance of having a good working relationship with respite providers and child and family service support workers. These parents implied that a healthy working relationship is reliant on an open communication system between parents and respite workers and support workers. According to Diane, effective communication enables respite providers and support workers to provide support in a manner that is consistent with the needs of her youth.

> This one has been important, is having a respite worker who works with these children and has a connection with these children and being able to work with them and able to work with myself and continuing the same support and structure for these kids (Diane).

Emily also expressed that it is important for her to have respite providers and child and family service support workers who provide support in a manner that is compatible to the needs of her early adolescent male. Emily implied that she communicates her youth's needs to her respite workers and support workers. For example, Emily stated on numerous occasions throughout her interview that her youth requires intense supervision when in the community and she provided an example of how her respite workers and support workers provide respite support in a manner that meets this need: "There are things like taking him bike riding and skateboarding. So that's provided him with a whole other world for him. Something normal and outside of his home although heavily supervised" (Emily).

Emily shared that even though it has been difficult for her to find skilled and committed respite providers and child and family service support workers for her early adolescent male it is essential that she continue to utilize the support provided by these professionals.

> I think they are vital but they are really hard to come by. They are really hard to have consistency with. But I think that they are really, really important. It's not always easy to get a good fit but when you do it's really, really nice. And certainly Tommy wouldn't be doing a lot of the things that he does if he didn't (Emily).

Emily attributes her difficulties in retaining skilled respite and child and family service support workers to low wages and the lack of employee benefits. "Unfortunately they come and go, and they're not paid enough and they're not trained. So when you get, sometimes you get naturally good support worker and sometimes you don't. So they do come and go out of his life… it's causal employment with no benefits" (Emily).

The participants in this study shared information that implies that the services of respite providers and child and family service support workers are perceived as an important

component of treatment foster care service delivery. Respite providers and support workers were described as providing important supports to treatment foster parents and the youth in care. Participants stated that they benefit from the in-home support provided by respite providers and support workers while early adolescent males benefit from the relationships formed and from the one-to-one support. Further, respite providers and support workers were described by participants as skilled individuals who are able to provide support in a manner compatible to the needs of the youth. Several participants advocated for the continued services of respite providers and support workers during their interviews. The continued services of respite providers and support workers appeared particularly important for participants who shared that they utilize these individuals to engage their youth in social and recreational activities in the community. According to these participants, there are numerous benefits associated with social and recreational activities as will be discussed in the next section.

Social and Recreational Activities

A large majority of treatment foster parents in this study shared that it is important that their early adolescent males have opportunities to participate in social and recreational activities in the community. For example, Emily shared that in her experience, participating in social and recreational activities brings forth fulfillment to an early adolescent male's life. "He is busy doing things that are interesting to him and life is full, there are not a lot of empty gaps that he needs to fill. So I try to foster interest in him with positive activities" (Emily). Konrad believes participating in social and recreational activities carries emotional and physical benefits for early adolescent males in treatment foster care. "With males, I try to get them outdoors, sports, that's a good outlet for them. It keeps them active. Get's their

mind off the negative stuff and keeps them busy and healthy" (Konrad). In Victoria's experience, early adolescent males in treatment foster care enjoy participating in social and recreational activities. According to Victoria, providing social and recreational activities for her youth keeps them busy and decreases the probability that they will engage in high risk behaviors.

> I can say that recreation support has been wonderful. They keep these kids very active and very busy and it helps keep them from getting themselves into trouble. My kids, they love sports, they love biking and rollerblading and kickboxing (Victoria).

Diane shared that several of the early adolescent males placed into her home have been uncomfortable participating in social and recreational activities in the community. Diane believes that these males were uncomfortable because they had minimal opportunities to participate in social and recreational activities prior to being placed in her care. "Some of the boys did not have chances to do things or activities in the community. Some of them have sometimes been scared to do fun things like sports and stuff when they get to my house" (Diane). Diane believes that this may be in part due to the lack of social and recreational activities available for high needs children and youth. Diane stressed that it is important that there be social and recreational activities available for early adolescent males in treatment foster care who have special needs. Diane would like to see "recreational activities that are geared more towards boys that have FASD and have behavioral problems, issues, and cognitive issues."

There were several additional participants who also advocated for the availability of adapted and/or specialized social and recreational programming that would meet the needs of early adolescent males in treatment foster care. Emily shared her frustrations surrounding the lack of social and recreational programming for her special needs early adolescent male.

"There is little community based programs appropriate for him. There is nothing out there that works for him" (Emily). Emily provided an example of an adapted social group offered in her community that has successfully met the needs of her early adolescent male.

> The "clubhouse" has been extraordinarily useful. As well as the one-on-one because they work regularly with him and have offered to work regularly with him. They actually get to know him and get to know what he needs and I am so grateful for that because that seems to be what he needs. Lots of people can be there but nobody will get to know him if they figure it out. So that's something that I think has been really wonderful for him (Emily).

Rita also expressed her appreciation for social and recreational programs that are able to accommodate high need early adolescent males, stating that is important that social and recreational programs be inclusive of youth with special needs. Rita expressed her satisfaction with programming available in her community. "It's surprising how everyone just accepts, they sort of just take the kids in and say okay, come on. He is just accepted everywhere he goes and he is accepted the way he is and that is great" (Rita).

Mental Health Services

A large number of treatment foster parents in this study cited Mental Health Services as a beneficial resource to utilize when caring for early adolescent males in treatment foster care. "It is important that we are attached to appropriate mental health services. David has some mental health issues and he is cognitively delayed. He really needs to be monitored on a regular basis by (treatment foster care agency's) psychiatrist" (Rita). Diane, listed the numerous mental health services that she has accessed over the years and shared how they have come together to meet the needs of the early adolescent males she has cared for: "Being able to connect and communicate with mental health service providers, doctors, psychologists, psychiatrists, and just working with them and helping the youth develop and

to make things go easier for them." Konrad described that he has utilized mental health services to help address mental health issues that emerged for his youth. "The mental health worker has been very helpful. When our guy was having some issues, we got him help and the doctor looked after him and he is now coming along" (Konrad).

Several participants shared that their early adolescent males require pharmacological interventions to help manage their mental health disabilities. These participants shared that they require the services of a psychiatrist for his or her ability to implement appropriate pharmacological interventions for a youth. Diane indicated that she requires on-going psychiatric services for her males to monitor and assess the effectiveness of prescribed pharmacological interventions. "You know like monitoring the child's meds… to see how he doing on the meds and if he has stabilized" (Diane). Victoria also stated that her youth require on-going psychiatric services to monitor and assess the effectiveness of his prescribed pharmacological regime.

A small number of treatment foster care providers in this study cited therapy as a beneficial service that is available for early adolescent males in treatment foster care, yet none of these parents elaborated on the specific type of therapy they perceived as beneficial. For example, Ray shared that therapy is available for his youth, if needed, through his foster care agency. Ray did not elaborate as to what circumstances or issues would need to be present in order to implement therapy for his youth. Victoria, on the other hand, stated that she was in search of appropriate therapy for her early adolescent males and that she would access such therapy either through her treatment foster care agency or in the community. "In the near future we are also looking for therapy. I don't know where we will be getting the support from, maybe from an agency or *name of treatment foster care agency*" (Victoria). It

appears that for these participants, therapy is a beneficial resource available for early adolescent males in treatment foster care and that it is important for treatment foster parents to determine and seek out the most appropriate therapy for their youth when it is perceived as needed.

School Resources

A small number of treatment foster parents in this study indicated that there are beneficial supports offered in Manitoba's public school system for early adolescent males in treatment foster care. "Some of the school supports such as resource, the teachers, guidance counselors. All those people play a role when providing for the needs of these boys" (Diane). Several participants noted school guidance counselors in particular, as a beneficial support. These participants indicated that a school guidance counselor may be accessed by early adolescent males for emotional and behavioral support during the school year. According to Konrad, it is in the best interest of early adolescent males in treatment foster care that caregivers foster a relationship between these youth and school guidance counselors for support purposes during the school year. Victoria illustrated the benefit of fostering such relationships: "You know they can go to the guidance counselor if they are struggling and they can go if they don't want to go to their parents right away too. At least this way somebody knows."

Emily believes that it is important that there be adapted school programming available for special needs early adolescent males in treatment foster care. Emily expressed her appreciation both towards schools that provide adapted school programming and school staff that adapt their teaching practices in a manner compatible to her youth's academic and social functioning:

> The school up the street, where he goes half time now, they are doing an excellent job of trying to meet his needs. They understand that he has limited capabilities and that socially he is just not the same as the other kids. You know it's really hard but they do go beyond what I thought public school can offer (Emily).

Cultural and Spiritual Support and Programming

Several treatment foster parents in this study noted that early adolescent males in treatment foster care would benefit from accessing cultural and spiritual programming. For example, Ray stated that he has fostered many Aboriginal early adolescent males and believes it is important that he have access to resources that would enable him to foster a cultural connection and maintain a cultural connection for Aboriginal youth placed in his care. "I had young men that came from reserves of aboriginal descent so we have been trying to keep them in touch with elders and organizations that have sweats and traditional teachings. It's important that it is available to them if they want" (Ray).

Emily also noted that it is important that treatment foster parents have access to Aboriginal cultural programming for Aboriginal youth they foster. Emily shared her difficulties accessing and recruiting Aboriginal respite providers and child and family service support workers for her Aboriginal youth. "I haven't been able to find him an Aboriginal worker but we have always tried for that because he is a First Nations child" (Emily). Emily shared that her early adolescent male has a neurological disability that makes it difficult for him to grasp the concept of culture and spirituality. "He hasn't done much in terms of cultural programming. It's never really interested him because of the nature of his disability. He has a narrow field of interest so he has not been too interested" (Emily). Emily believes that connecting her youth with an Aboriginal respite provider or support worker may foster an interest in him to learn and identify with his Aboriginal cultural roots.

Beneficial Supports and Resources When Misusing Substances

When caring for an early adolescent male who misuses substance(s), all of the treatment foster parents in this study stated that they would benefit from seeking out community supports and resources that would address his substance misuse. "I hope it never happens but if the time comes or if I know that my child is using drugs or drinking alcohol, I will have to look for the proper kinds of help for them" (Olivia). All of the participants stated that they would seek out and implement appropriate supports and resources for early adolescent males who misuse substances.

> We will definitely need to get them some help. There are a lot of programs out there, so I know we will be able to find them something that could possibly work but I guess we would need to explore our options first (Victoria).

The following sections will present the supports and resources perceived by the participants as being beneficial when caring for early adolescent males who misuse substances.

Addiction Programming and Treatment

Several treatment foster parents in this study were confident as to which resources and supports they perceived as beneficial for early adolescent males if they were to misuse substances. These parents stated that they would seek out addiction treatment programming from either community social service agencies or through an addiction treatment centre. For example, Rita stated that "if David were to start using drugs or alcohol, I would get him into an addiction program. I think that would be the best thing to do."

Konrad would also seek out the services of a specialized addiction treatment centre for his early adolescent male if he were to begin misusing substances. He stated that he would do so because it would have the expertise to address substance misuse. Konrad

described addiction counselors as "people who are aware of problems" and that they "are better equipped and more knowledgeable about these substances."

Diane also stated that she would seek out the supports and resources available from a social services agency that specializes in working with early adolescent males who misuse substances. Diane believes that such agencies would not only provide support and counseling for youth but that they would also provide her with helpful information regarding substance misuse.

> I think it's important to get help for them from the Addictions Foundation of Manitoba and maybe researching some of the information that they have about alcohol, drugs, or whatever the issues they may have. They can give me that kind of information (Diane).

Ray mentioned that he has concerns regarding treatment foster parents and social workers who implement mandatory addiction treatment programming for early adolescent males in treatment foster care who misuse substances. Though Ray did state that these youth would benefit from attending addictions programming, he advocated that treatment foster parents and social workers not implement mandatory addictions treatment programming. Ray explained that in his experience, in order for a youth to benefit from addictions treatment programming, the youth must have voluntarily wanted to attend the program. Ray explained his frustrations with initiating involuntary addiction treatment programming:

> What my biggest pet peeve is trying to force these kids into treatment. Yeah, waste of time. I have never seen any kid go to (*name of treatment program*) successfully and then stop what they were doing. Why? Because they didn't want to. That's the first thing about addiction… you have to have a reason. You have to want to stop using (Ray).

Victoria shared a similar concern, that there are benefits to attending addiction programming only if the early adolescent male wants the help. She shared her experience implementing addiction programming for one of her early adolescent males:

> You know I think that there are excellent supports out there if the kids will go because one of my kids was going to go but it was either here nor there. We were going to go and then we weren't going to go. You know, if the kids going to go, then it can benefit them but if they don't want to go, then it's not going to pan out (Victoria).

Regardless of their concerns, both Ray and Victoria advocated for the availability of addiction programming and addiction treatment centres for early adolescent males in treatment foster care but stressed that attendance in addiction programming be made voluntary.

Finally, a small number of participants identified a need for addictions treatment programming specifically geared towards early adolescent males diagnosed with mental health disorders. Diane suggested that treatment foster care parents explore and initiate addiction programs that have experience working with adolescents with mental health issues in order to appropriately address the influence co-occurring mental health disorders may have on an early adolescent male's substance misuse. "If they have any mental health issues, like those co-occurring disorders, you know, finding something that helps a kid who is experiencing mental health issues along with an addiction is important" (Diane). Diane believes that youth with mental health issues can benefit from utilizing psychiatric services offered through addiction treatment agencies, and explained that it is important that these males be "able to speak to a psychiatrist to deal with some of the underlying issues behind their use" (Diane).

Respite Providers, Child and Family Support Workers, and Social/Recreational Activities

A number of participants thought that they would benefit from accessing the support and services provided by respite workers and child and family service support workers when

caring for early adolescent males who misuse substances. For instance, Emily stated that she would require "lot's of support people" to assist her with supervising her youth in the community. In fact, Emily insisted that treatment foster parents "have support workers around all of the time" in order to decrease the likelihood that early adolescent males will interact with individuals who misuse substances while out in the community. Rita also stated that she would utilize respite persons to provide additional supervision support for early adolescent males who misuse substances. Emily best illustrates how respite workers and support workers may play a role in preventing the onset of early adolescent male substance misuse by providing these youth with adequate supervision.

> That's where the support workers come in again. They are people that are always with him. They can make sure that he stays away from people who are using and help him to not to be alone out there within their reach. (Emily)

Another group of treatment foster parents explained that they would use respite workers and child and family support workers to provide their early adolescent males with social and recreational activities in the community. For these parents, encouraging their males to participate in social and recreational opportunities may serve to decrease the probability that they would associated with substance misusing peers. Emily best illustrates how participating in social and recreational activities may serve as a prevention strategy against early adolescent male substance misuse:

> I'm going to need good, cool, support workers to be with him so that they can get him involved in activities that are interesting, that are cool, and fun so that he wouldn't want to do the drugs. The more his life is filled with interesting and fulfilling activities, the less I see him wanting to hang out with the kids that drink and do drugs for a good time. Like I said, if his life is full, he won't want to do that (Emily).

In Victoria's experience, early adolescent males in treatment foster care who participate in social and recreational activities are less likely to misuse substances. Victoria explained that social and recreational activities "keeps them off the streets and keeps them out of trouble. Konrad stated that in order to deter his youth from misusing substances, he encourages them to participate in social and recreational activities in the community. When asked to share what supports and resources he perceived as beneficial, Konrad stated..."well, just try to keep them active, keep them busy. Sports is one of these things. It's a good way of keeping them busy and keeping them active."

School Resources

Minimal information was shared by treatment foster parents in this study regarding supports and resources that may be accessed through an early adolescent male's school. From what was shared by one parent, it appears that the school's guidance counselor would be sought out as a potential support for both parents and the youth in their care. For example, Victoria would seek out the services of the school's guidance counselor for support if any of her youth were to misuse substances. Victoria explained that guidance counselors may be able to provide her youth with information detailing supports and resources available in the community. "If the child is using, maybe the guidance counselor at school can give, or they could get resources from them" (Victoria).

Police and RCMP

In this study, several participants shared their positive experiences accessing the services of the Winnipeg Police and Royal Canadian Mounted Police when caring for early adolescent males. For these treatment foster parents, the Winnipeg Police and Royal

Canadian Mounted Police would also provide valuable support to treatment foster parents caring for early adolescent males who misuse substances. For example, Konrad appreciated that police and RCMP can enforce the law and potentially place consequences on to youth who misuse substances. Konrad suggested that involving police and RCMP may serve as a deterrent against further substance misuse. " I guess I would call on the police because they are available to try to keep them in line and after that it could keep them away from that stuff" (Konrad). The police and RCMP also provide a valuable support service to treatment foster parents, that is, finding and returning youth who have run away from their treatment foster care homes in order to seek out and/or misuse substances. Victoria described how she seeks out police assistance when her youth run away from home.

> I would definitely be using the police to help get my kids back from the places they go awol to. My kids, they have their places that they go, places like, you know, where they go to get their drugs from or to drink. When they go awol, I call the police to get them from those places and bring them back home (Victoria).

Rita included the services of her local RCMP as a support she perceives as beneficial to access when caring for early adolescent males who misuse substances. Rita described how her local RCMP officers have supported her during crisis situations in her home.

> You will probably need the police… the RCMP here are pretty good. I have called them on occasions. The RCMP officer came over and spent over an hour talking with our kid to try to bring him down. They are pretty good for situations when you need them (Rita).

In summary, a large majority of participants reported that they carried a heightened responsibility to provide treatment-focused foster care to the early adolescent males placed in their care. All of the participants provided information detailing the responsibilities they held specifically as treatment foster care providers. For instance, a large number of participants

reported that they were responsible for understanding the presenting needs of their youth. These participants stated that in order to best understand, parent, and advocate for the needs of their youth, it is important that they obtain relevant training. Therefore, on-going professional development was listed as a responsibility taken on by a large majority of parents in this study. Advocacy was also reported as a specific responsibility taken on by treatment foster care providers. Participants reported that they must continually advocate for the needs of their youth to the treatment team, school, and community. Finally, a number of participants stated that it is their responsibility to provide a safe and therapeutic environment for the youth placed in their homes. This responsibility includes implementing appropriate supports and services that serve to meet the needs of their youth.

Participants also spoke of the various supports and resources perceived to be beneficial and necessary when providing care to the early adolescent males. These supports and services included treatment foster care case managers and child and family service social workers, services and supports offered through the treatment foster care agency (i.e., psychiatry, cultural and spiritual programming, and after-hours services), respite providers and child and family service support workers, and supports and services offered in the community such as social and recreational activities and school resources. The majority of participants indicated that it is important that the above listed services and resources provide support in a manner compatible to the needs of their youth. The service of respite providers and support workers were reported by participants as a necessary component of delivering effective treatment-focused foster care to early adolescent males as they address the needs of both youth and care givers.

Finally, information detailing supports and resources perceived by participants as beneficial when caring for an early adolescent male who misuses substances were presented. These supports and resources included addiction programming and treatment, respite providers and child and family support workers, social and recreational activities, and police and RCMP. Addiction treatment was noted as a resource that should be initiated only if the youth is willing to participate. Further, addiction treatment should explore the effect of co-morbid disorders on early adolescent male substance misuse. The majority of participants highlighted supports and resources that would serve to possibly prevent the onset of substance misuse by addressing the risk factors they believe are associated with early adolescent male substance misuse. These risk factors included associating with substance misusing peers and low self esteem. A large number of participants indicated that respite providers and child and family service support workers provide numerous services (e.g., supervision, relationships, and social and recreational activities) that participants believe minimize the identified risk factors.

Chapter 7

Discussion of the Findings

Findings from qualitative interviews conducted with seven treatment foster parents recruited from four treatment foster care agencies in Winnipeg, Manitoba were presented in Chapter 5, 6, and 7. In this chapter, the findings based on the treatment foster parents' shared thoughts and experiences surrounding the phenomenon will be discussed, in reference to available literature on the topic. Gaps in the literature will be highlighted for future consideration. Further, the study's findings will be discussed in reference to relevant theoretical perspectives applicable to treatment foster care service delivery.

Motivation to Foster

One of the many purposes of this study was to gain a better understanding of a unique population of caregivers, that is, treatment foster care providers, and the early adolescent males whom they care for. In order to gain a better understanding of who the treatment foster parents were, I asked participants to share information surrounding their motivation to provide treatment foster care and their decision to provide care to early adolescent males.

As presented in the findings, only one of the treatment foster parents shared a particular preference towards caring for early adolescent males. Ray noted he preferred to foster early adolescent males because he perceived himself as better skilled to provide care as a result of many years fostering early adolescent males. The remaining parents shared that their male aged into early adolescence during the duration of the placement. With little information shared on preference of placement, conclusions regarding treatment foster parents' motivation to foster this particular gender and age range of youth cannot be drawn.

The treatment foster parents in this study did share their motivation to provide treatment foster care for high need early adolescent males. The most common motivation cited by the study's participants was that they had a genuine desire to improve the quality of life for the youth they cared for and to prevent further negative life experiences. For some, negative life experiences were described as youth re-experiencing the neglect and trauma they experienced before coming into care, while for others, it was to prevent the negative consequences that are found to come with multiple placements.

In reviewing current literature surrounding the impact of multiple placements on children and youth in care, Cicchetti and Valentino (2006) concluded that children and youth are found to demonstrate maladaptive outcomes as a result of experiencing familial instability. The treatment foster care parents in this study appear to have knowledge of and experiences supporting the findings that multiple placement movements contribute to behavioral and emotional instability for early adolescent males in care. As a result, these treatment foster parents appeared determined to provide their youth with caring, nurturing, and stable environments that would address and prevent further maladaptive outcomes for their youth. According to Cicchetti and Valentino (2006) placing children and youth in stable, safe, nurturing environments provides youth with an opportunity to develop positive and supportive relationships with adults that, in turn, facilitates normative development. In fact, Harden (2004) promotes the provision of stable environments within foster care as it may help address some of the consequences of family instability and alter poor developmental trajectories for children and youth in care.

As mentioned in the literature review, there is no information available detailing the motivation of treatment foster care providers providing care to early adolescent males. On

the other hand, there is research, though minimal, examining traditional foster parents' motives for fostering special needs children and youth and children and youth with disabilities. This research highlights various motives to foster such as former parenting experience with special needs and/or professional experience (Andersson, 2001), influence by family, friends, and organizations (Cox et al., 2002), and a need to fulfill their own preferred family and work roles (Stromberg, 1994). With several treatment foster parents sharing similar motives, such as Rita who chose to foster because she had previous experience working in a group home and Emily who realized the extent of her early adolescent males needs in his early years and simply progressed as a result of her experience, it appears that many of study's participants carried similar motives to provide treatment foster care as those found in previous studies.

Further, all of the treatment foster parents in this study reported that they were motivated to foster from observing the progress made by their youth as a result of their care. The participants implied that they gained motivation from observing the progress made by their youth and pulled from their accomplishments to tackle the on-going day to day challenges of parenting a high needs early adolescent male. Wells, Farmer, Richards, and Burns (2004) conducted qualitative interviews with foster care providers. When exploring foster parent satisfaction, several of the foster parents indicated that they received satisfaction in their role as treatment foster care providers when they observed positive changes in their children's lives. Though the extent of the progress or details surrounding the progress made by their youth was not shared, it is apparent that the participants of this study have experienced some level of success parenting the early adolescent males in their care, therefore, contributing to their motivation to continue as treatment foster care providers.

According to motivation theory and research, to understand the motivation of treatment foster parents, intrinsic factors must be explored (Cummings, Rodger, & Leschied, 2006). Intrinsic motivation describes forces inherent within the individual, such as values, while extrinsic motivation captures environmental expectations and/or rewards (Cummings et al., 2006). Research conducted by Ambrose and Kulik (1999) indicates that work driven by internal rewards is related to job sustainability and satisfaction. In reflecting on the reported motives shared by participants, it appears that they provide treatment foster care for intrinsic reasons (i.e., genuine care towards special needs youth and skills and capabilities to effectively care for special needs youth) as opposed to extrinsic reasons such as financial prosperity.

Exploring treatment foster parents' motivations to foster may assist treatment foster care agencies when screening potential treatment foster care parents for their agencies. The participants in this study shared numerous intrinsic reasons that led them towards being treatment foster care providers. The participants also shared intrinsic reasons that motivated them to continue providing treatment foster care to high needs early adolescent males. Treatment foster care agencies would benefit from exploring available research on foster parent motivation in order to gain a better understanding of intrinsic motivators of providing foster care and how intirinsic motivation may lead to improved service delivery. From conducting such research, treatment foster care agencies may gain information that may contribute to the development of effective screening tools that can assess a potential treatment foster parent's intrinsic and extrinsic motivations to provide foster care. By recruiting foster parents with higher levels of intrinsic motivation and fostering intrinsic

motivation in current treatment foster care providers, treatment foster care agencies may improve the quality of treatment foster care provided or promote longer years of service.

Treatment Foster Care Provider Roles and Responsibilities

My study focused on the Strengths Perspective that assumes that all people and environments possess strengths that can be drawn on to improve the quality of a client's life (Saleeby, 2000). The findings of this study demonstrated that treatment foster care parents do possess numerous skills and strengths that enable them to successfully care for early adolescent males. The participants' strengths could be seen in the roles and responsibilities they carried out as treatment foster care providers. These participants shared that there are many roles and responsibilities that they personally owned as treatment foster care providers caring for special needs adolescents.

The participants in this study spoke from an "expert" position and in fact, distinguished themselves from traditional foster care providers by explaining that they carried a heightened responsibility to provide treatment-focused foster care to the early adolescent males placed in their homes. According to Orme, McSurdy, and Rhodes (2003) understanding how foster parents perceive their roles may lead to strategies that improve role clarity and the execution of responsibilities expected from foster parents. The following will briefly present the responsibilities perceived as specific to treatment foster care providers as shared by the participants of this study. The child and family services field will benefit from such knowledge when "designing recruitment and retention strategies specific to the needs of diverse groups of foster parents" (Orme, et al. 2003, p. 955).

Therapeutic Attachments

The treatment foster parents in this study shared valuable information throughout their interviews detailing the nature of care provided to their early adolescent males. From their descriptions, it appears that an essential component of a therapeutic environment is the availability of caring and nurturing care givers. Not only did the participants designate themselves as these caring and nurturing individuals, they included individuals attached to their homes such as respite providers and child and family service support workers. Literature exploring the quality of attachments in children and/or youth in care has found that the quality of a child and youth's attachment to caregivers may serve to influence the child and youth's adjustment in the following domains: social, psychological, behavioral, and cognitive (Arsenio, Cooperman, & Lover, 2000; Cicchetti & Toth, 1998; Fergusson, Woodward, & Horwood, 2000; Wakschlag & Hans, 1999).

From the participants' experiences, there is an increased potential to foster growth and address emotional and behavioral regulation in youth when there is an establishment of healthy and caring relationships in their lives. For example, Victoria shared that her youth became more open to participating in therapeutic interventions when they knew they were planned by the individuals who genuinely cared about them. The participants in this study repeatedly spoke of their responsibility to foster healthy relationships with themselves and other individuals for the early adolescent males they cared for.

According to Swick (2007) there is a definite need for caring foster parents who are highly skilled in supporting and nurturing children and youth in care as fostering healthy attachments serves to increase the likelihood of positive outcomes for children and youth in the child welfare system. The treatment foster parents in this study appear to value and

practice elements of Attachment theory, in particular, the formation of secure attachments. A large number of participants in this study shared that secure attachments do influence their early adolescent males' progress in the home. According to Mennen and O'Keefe (2005) secure attachments influence a child and youth's internal working model of caregivers in that they are perceived as available, responsive, and helpful in moments of adversity. With such information, the field of treatment foster care would benefit from further exploration of the how to foster healthy attachments between treatment foster care providers and the children and youth placed in their homes.

Strengths-Based Parenting Approach

A large majority of treatment foster parents in this study implied that as treatment foster care providers, they are responsible to parent in a manner that draws on the strengths of the early adolescent male placed in their home. The participants also reported that they are responsible for encouraging others such as respite workers, school staff, and community members to recognize and work with their early adolescent male's strengths as opposed to their deficits. This could be seen from the manner in which participants' advocated for adapted programming that focuses on working with and discovering their early adolescent male's strengths as well as their appreciation of community social and recreational programs that are inclusive of their youth despite their deficits.

According to Molin (1994) children in care may be perceived as different due to ethnicity, culture, race, and social economic class and therefore, may be stigmatized for their differences. The Strengths Perspective assumes that an individual's failure to display

competence is not due to deficits but is a result of a "failure of the wider social system to create opportunities for competencies displayed or learned" (Early & Glenmaye, 2000, p.120). Parenting from the Strengths Perspective consists of creating opportunities for competencies that may be either learned or displayed (Early & Glenmaye, 2000). Early and Glenmaye (2000) recommend that parents practice environmental modification and advocacy whereby a parent educates others in the youth's environment to recognize the capabilities of the youth thus challenging the stereotypes they may hold of children and youth in care or children and youth with disabilities. From the perspectives shared by the participants, it is apparent that they hold themselves responsible to parent from a Strengths Perspective and to advocate for similar practices by respite providers, school staff, and community members.

Advocacy

As detailed in the previous section, treatment foster parents in this study distinguished themselves as strong advocates for the early adolescent males placed in their homes. This was apparent throughout their interviews as they continually demonstrated their advocating skills when detailing the needs of early adolescent males in treatment foster care, the needs of early adolescent males who misuse substances, and when discussing beneficial supports and resources for the youth they cared for.

Orme et al. (2003) conducted research exploring the role and responsibility perceptions of foster parents. Though the larger majority of foster parents agreed that they were responsible for providing specialized care, they were in less agreement about their roles as advocates. In particular, they were in less agreement about taking on the responsibility of procuring additional services and resources from the placing agency. Several studies have found that foster parents may become disillusioned when they advocate and then do not

receive the supports and resources they requested (Triseliotis, Borland, & Hill, 1998; Rindfleisch et al., 1998). Orme et al. (2003) conclude that experienced foster parents have a more realistic view of the challenges of providing foster care to high needs children and have a greater understanding of their role as advocates, therefore, decreasing the likelihood that they will quit fostering when they do not receive requested supports and resources.

Treatment foster care providers are aware that the children and youth placed in their home will come with disabilities and/or poor social, emotional, and behavioral functioning. Treatment foster care providers are specifically recruited on the premise that they have the experience and skills to care for special needs children and youth (Twigg, 2006) and a commitment to advocate for the needs of the youth placed in their homes. In fact, the treatment foster care model designates treatment foster parents as primary advocates for the children and youth placed in their care (Chamberlain, 2002).

With the level of professionalism demonstrated by the participants, it was not surprising that they noted "advocacy" as a responsibility they owned as treatment foster parents. In fact, several of the participants implied that based on the nature of their youth's disabilities, their roles as advocates will not cease. They stated that they are continually required to advocate for the needs of their youth as the supports may be temporary and the resources implemented may not be sufficient. When reflecting on the "years of experience" held by the participants, it may be presumed that they are not disillusioned by the challenges of securing supports and services for their youth because they continue to advocate and provide treatment foster care.

Understanding Early Adolescent Males in Treatment Foster Care

With having to provide therapeutic care to high needs early adolescent males, the participants noted that they were responsible for understanding the nature of their youth's disabilities. Though some of the participants were able to state a specific diagnosis that their youth held, such as Fetal Alcohol Spectrum Disorder, neurological impairment, cognitive impairment, and mental health disabilities, all of the youth were described as having poor social and emotional regulation as a result of experiencing trauma in their early years. Further, the needs of each youth varied and were seen as complex despite sharing a common diagnosis. The participants implied the complexity of their early adolescent males' disabilities and needs and the challenges it brings when determining the most appropriate treatment interventions and when advocating for their youths' needs.

The majority of treatment foster parents in this study reported that they were responsible for understanding and educating themselves in relevant areas either through their treatment foster care agency or through community social service agencies. For example, Olivia stated that before she even began providing treatment foster care, she educated herself on "Fetal Alcohol Syndrome" as it was presented as a common disability shared by children and youth in treatment foster care. By seeking out and attending relevant training, a number of treatment foster parents stated that they were better prepared to meet the needs of their early adolescent males and were better able to advocate for their youths' needs to child and family service social workers and with school staff. Such actions demonstrate a level of professionalism on the part of treatment foster care providers.

Brown, Moraes, and Mayhew (2005) reviewed literature exploring traditional foster parents' experiences providing care to children and youth with disabilities and found that

there is a large proportion of traditional foster parents who were concerned that they lacked sufficient knowledge of their child's specific disability. According to Burry (1999) providing specialized training on fostering children with disabilities increases foster parent skill attainment and knowledge. The participants in this study acknowledge the benefits of obtaining relevant training and informed me that they sought out training on their own despite being attached to a treatment foster care program that provides training and individual case managers for clinical guidance and support. From this information, I may infer that treatment foster care parents carry a skill set exceeding those of traditional foster parents and traditional foster parents caring for children with disabilities.

Treatment Team Members

Participants in this study indicated that they were part of a "treatment team" and therefore carried out the role of being an "active treatment team member." According to Chamberlaine (2002) the "treatment team" is a distinguishing characteristic of the treatment foster care model. The treatment team is described as consisting of multiple team players that include the treatment foster parent(s), the treatment foster care case manager, the child and family service social worker, and therapist(s) (Chamberlaine, 2002). The participants explained that the treatment team worked collaboratively to meet the needs of the early adolescent males placed in their homes. In fact, when describing the purpose and actions of the treatment team, the participants used terms such as "we" and "together" to inform me that they were active participants in the decision making processes of the team.

The participants noted that each member of the treatment team carried unique individual skills. From the treatment foster parents' interviews, it appears that each treatment

team member is valued for their specific abilities. Several participants stated that who they choose to reach out to within the treatment team ultimately depends on what type of support they require. Regardless, there is a general consensus by the majority of participants that each treatment team member plays a valuable role within the treatment team and that they collaboratively worked to reach the same goal, that is, to meet the needs of early adolescent males in treatment foster care. Finally, the participants stated that they perceive themselves as valuable members of the treatment team, in particular, for their ability to effectively communicate and inform team members of the treatment needs of their early adolescent males. The inclusion of treatment foster parents in the treatment team appears to validate the skills and abilities of treatment foster care providers.

Beuhler et al. (2006) reviewed available literature exploring traditional foster parents' perceptions of successful fostering and found that a large proportion of foster parents indicated a need to be accepted as part of the professional team. These foster parents indicated that in order to perceive themselves as being accepted by the professional team they would need to be included in the team's decision making process. From the information shared by participants, I believe that the participants of this study perceived their role within the treatment team as important. Treatment foster care agencies would benefit from further research exploring treatment foster parents perceptions of effective functioning of treatment foster care teams as it may lead to improved service provisions and standards of care.

Challenges and Issues Faced By Early Adolescent Males in Treatment Foster Care

Neurodevelopmental Disabilities

The majority of early adolescent males in this study were described as presenting with neurological or cognitive impairments as a result of prenatal alcohol exposure. The participants informed me that as a direct result of their neurological deficiencies, these males did not function behaviorally or socially as expected for their chronological age. Children and adolescents with prenatal alcohol exposure present with neurodevelopmental problems such as behavioral and cognitive difficulties inconsistent with their actual developmental level (Fuchs, Burnside, Marchenski, & Mudry, 2007). Emily and Konrad were challenged at times to view their youths as early adolescent males. They described their early adolescent males as behaving and/or functioning at a social level two years younger then their chronological age. In fact, a large number of participants shared that their youth had significant social skills deficits as a result of their neurological impairment.

Neurological deficits associated with prenatal alcohol exposure include inattention, hyperactivity, poor language performance, and problems in memory and executive functioning (O'Conner et al., 2006). According to O'Conner et al. (2006) children with the above noted deficits exhibit considerable social impairments such as problems understanding social cues, indiscriminant social behavior, and difficulties communicating in social contexts. Studies exploring adolescents and adults with FASD indicate that these social skills deficits continue into adulthood (Carmichael-Olson, Morse, & Huffine, 1998; Streissguth & O'Malley, 2000). The participants of this study confirm that neurologically impaired early adolescent males demonstrate significant social skills deficits. These early adolescent males

were described as experiencing difficulties forming and maintaining friendships, functioning with peers at school, and participating in social and recreational activities in the community.

According to Choi and Kim (2003) children with underdeveloped social skills experience lower peer acceptance because they do not have the social skills to develop and maintain positive relationships. The participants in this study have observed that their early adolescent males do in fact lack the social skills needed to be accepted by a positive peer group. Several participants shared a common fear that their youth may be victimized by peers due to their inability to pick up on age-appropriate social cues. These participants explained that their youth may be lured into unsafe situations by individuals in the community or peers who recognize that they have a neurological impairment, while others explained that their youth may be drawn towards negative peers who may be more accepting of adolescents who are neurologically impaired. According to Yoder, Whitbeck, and Hoyt (2003) adolescents who are rejected by more conventional peers may be prone to associate with delinquent peers. The participants in this study advocated for the availability of social skills programming and recreational activities geared towards early adolescent males with neurological impairments.

Loss

A large majority of treatment foster parents in this study thought that their early adolescent males displayed poor emotional regulation as a result of experiencing multiple losses in their lives. The participants stated that their youth have lost important relationships as a result of being dislocated from their family of origin, death of a birth parent(s), and/or through multiple placements. The participants described how experiencing loss contributes

to their youth's poor emotional regulation, in turn affecting his ability to form healthy relationships with respite workers and peers.

According to Cournos (2002) experiencing loss may cause significant trauma for children and adolescents and causes psychological disruptions in how children relate to themselves, to others, and to the external world. Lee and Whiting (2007) conducted a study exploring the experiences and responses to loss of a group of foster children and found that they experienced confusion, distress, ambivalence, blocked coping processes, experience of helplessness, depression, anxiety, and relationship conflicts.

It appears that the participants acknowledged the impact experiencing loss has on an early adolescent male's social and emotional functioning and ability to form healthy relationships. As mentioned earlier, the participants in this study noted that they are responsible for implementing interventions that may serve to address and foster healthy connections with not only the parents themselves but with respite workers, peers, and members of the community.

According to Marcus (1991) a foster child's psychological adjustment and school performance is positively related to the quality of his or her attachment with caregivers. In fact, Marcus (1991) found that the quality of a foster child's attachment to caregivers was more important in predicting positive outcomes than attachments with birth parents. The participants in this study noted that there are benefits associated with fostering healthy attachments for early adolescent males in treatment foster care. With limited research exploring the impact of caregiver attachments in treatment foster care, treatment foster care agencies would benefit from exploring therapeutic, attachment focused interventions that may be implemented in treatment foster care.

Dislocation and Loss of Culture

With a large population of Aboriginal children being in care, it was important that this study explore treatment foster parents' experiences caring for Aboriginal early adolescent males dislocated from a Northern community. There was only one participant who was able to state that he had direct experience providing care to Aboriginal early adolescent males from Northern communities. Though several of the participants were currently providing care to Aboriginal early adolescent males, these males originated from the city of Winnipeg. Regardless, the participants in this study shared their knowledge regarding the impact dislocation would have on Aboriginal early adolescent males in treatment foster care.

These participants thought that Aboriginal early adolescent males dislocated from northern communities would experience trauma as a result of losing their families, their communities, and their culture. Trauma associated with the loss of significant relationships causes psychological disturbances that affect a child's ability to relate to others and therefore impairs their ability to form new relationships (Cournos, 2002). Therefore, treatment foster caregivers may encounter resistance and difficulties when initiating relationships with and for these early adolescent males.

Several of the treatment foster parents noted that an Aboriginal early adolescent male would experience difficulties transitioning and adjusting to the city after residing in a Northern community. These parents stated that Aboriginal early adolescent males would experience trauma and display poor emotional regulation as a result of losing their families, communities, and culture. Further, several of the participants noted that an Aboriginal early adolescent male would experience difficulties in the acculturation process that is, "the

process by which individuals adapt to cultural environmental change" (Valencia & Johnson, 2008, p. 38). Adapting to a new and unknown environment was perceived by participants to cause further trauma for Aboriginal youth who have already experienced trauma. Emily noted that in her experience neurologically impaired early adolescent males already demonstrate difficulties when faced with a change or transition. Emily believed that placing neurologically impaired Aboriginal early adolescent males outside of their families and communities would result in negative outcomes for such youth.

Ray shared that he has experienced communication difficulties with the early adolescent males he has cared for that were placed into his home directly from Northern communities. According to Blackstock, Brown, & Bennett (2007) language is an important aspect of culture because it ties people together. Language allows individuals to share their common experiences, solve problems, and plan for the future (Blackstock et al. 2007). Treatment foster parents caring for an Aboriginal early adolescent male placed from a Northern community may encounter a language barrier that serves to impede the process of establishing an effective communication system between themselves and the youth.

Diane shared her belief that an Aboriginal early adolescent male dislocated from a Northern community would experience a loss of culture. According to Lafrance and Bastien (2007) dislocation would cause separation and disconnection from the people at the essence of a youth's existence and would therefore, impact an Aboriginal youth's connection to their culture and social identity. Blackstock et al. (2007) recommend that the child welfare system promote a connection to ones' culture because "culture underpins everything we are and the way we understand ourselves, other people, events, and the world around us (p.75). Diane noted that it is important to foster a cultural connection for Aboriginal early adolescent males

dislocated from Northern communities but noted that it would be difficult for a treatment foster care parent to replicate a similar cultural environment.

I recommend that there be further research exploring the cultural needs of Aboriginal early adolescent males placed in treatment foster care. Treatment foster care programs may utilize such knowledge to develop and implement culturally appropriate programming and services for Aboriginal youth placed in treatment foster care. Treatment foster care program developers would benefit from initiating dialogues with Aboriginal community leaders and Aboriginal child and family service agencies to gain guidance when developing policies and service delivery frameworks for treatment foster care. In addition, treatment foster care programs would benefit from initiating collaborative relationships with Aboriginal social service agencies to ensure that Aboriginal early adolescent males and their direct care providers have access to programming that fosters and maintains an Aboriginal early adolescent male's connection to his culture.

At-Risk Population and Underlying Issues of Substance Misuse

All of the participants in this study stated that they perceived early adolescent males in treatment foster care as a population "at risk" to misuse substances. The following section will discuss the reasons why participants perceive early adolescent males in treatment foster care as a population "at risk" to misuse substances.

The majority of participants reported that early adolescent males in treatment foster care may engage in substance misuse in order to cope with negative life experiences. These negative life experiences include those associated with coming into care such as maltreatment and trauma. Several of the participants implied that as a result of these factors,

their early adolescent males may engage in substance use in order to cope or "mask" their feelings. Though the participants did not elaborate on their youth's coping abilities and style, it appears to me that the participants were implying that early adolescent males in treatment foster care display poor coping skills and/or a "disengaged coping style." According to Compas, Orosan, and Grant (1993) a disengaged coping style includes avoiding problems and avoiding negative emotions and thoughts. Adolescents with disengaging coping styles were found to be at risk for depression, poor physical health and substance misuse (Compas et al. 1993). Literature exploring the relationship between maltreatment and adolescent substance misuse also suggests that substances may be used to cope with the internal experiences of experiencing maltreatment (Moran, Vuchinich, & Hall, 2004). Therefore, further research exploring the relationship between coping skills and substance misuse by early adolescent males in treatment foster care is recommended.

As discussed previously, early adolescent males in treatment foster care experience multiple losses as result of or in association with being placed into care. In particular, early adolescent males in treatment foster are observed to lose important relationships with members of their family of origin, with peers, and with their communities. As a result, the participants believe that these youth struggle with their sense of belonging and may therefore, search out a peer group to satisfy their need to belong.

A number of participants believed that it is important that early adolescent males in treatment foster care gain a sense of belonging within their new community that includes forming relationships with peers. Unfortunately, the participants believe that early adolescent males in treatment foster care may be perceived as "different" by peers because they have neurological impairments and as a result may be excluded by positive peers

because of their neurological impairments. The participants perceive that negative peer groups and peer groups with similar characteristics may be more open to associating with neurologically impaired youth. With a need to belong, youth with neurological impairments may then be influenced by the peer group to engage in substance misuse in order to achieve acceptance and regain a sense of belonging.

The participants' shared experience that early adolescent males in treatment foster care are at risk to misuse substances as a result of peer influence is supported by current research exploring peer group influence on adolescent substance misuse. Studies consistently show that adolescents who associate with peers who use substances are more likely to use substances themselves (Andrews et al., 2002; Henry et al., 2005; Li, Barrera, Hops, & Fisher, 2002). Research exploring predictive factors of adolescent substance misuse report that regardless of whether an adolescent selects a peer group or is socialized by a peer group, if the peer group engages in substance use, there is an increased probability that the adolescent associating with the peer group will also use substances (Andrews et al., 2002; Henry et al., 2005; Windle, 1999).

Further, the participants' concern that early adolescent males in treatment foster care are more likely to seek out similar peers who may also be at risk to misuse substances and that at-risk peer groups are more accepting of special needs early adolescent males is supported by research (Brook, Balka, & Gursen; 1997; Fergusson, Woodward, & Horwood, 1999; Kandel, 1996). According to Kandel (1996) adolescents demonstrate the process of "assortative peer selection" that is, the process by which an adolescent selects peers who are similar to oneself. Kandel (1996) terms adolescents who are at risk to misuse substances as "unconventional adolescents". Unconventional adolescents are found to be more likely to

seek out similar peers who may then increase the probability that the at-risk adolescent will begin or maintain substance use (Kandel, 1996).

The participants in this study expressed great concern that their males may be influenced by peers to misuse substances or may misuse substances in order to "fit in" with a peer group. Throughout the interviews, participants voiced their views that it is important to establish positive peer connections and relationships for early adolescent males in treatment foster care with individuals other than themselves in order to decrease the likelihood that these youth will seek out or be selected by a negative peer group. In fact, the participants shared numerous thoughts regarding beneficial supports and resources that may be implemented to deter an attachment to a negative peer group as a step towards preventing the onset of early adolescent male substance misuse. These supports and resources will be discussed in more detail later in the chapter.

A number of participants shared that early adolescent males in treatment foster care are labeled by society as being different due to their neurological deficits and/or unconventional living arrangements. These treatment foster care parents stated that these youth are seen in a negative manner and are presumed to have deficits that prevent them from functioning at the same level as regular adolescents. The participants believe that society's negative stigmatization of early adolescent males in treatment foster care is reinforced for these youth when they experience exclusion by peers and/or when interacting in the community (e.g., social and recreational activities). The participants believe that being seen as "different" serves to lower an early adolescent male's sense of self worth, hence lowering his self esteem. With a low sense of self worth and low self esteem, the participants believe

that early adolescent males are at risk to misuse substances in order to cope with their feelings of inadequacy.

According to Kools (1997) adolescents in care experience the devaluation of one's self as a result of stigmatization. Stigmatization is the "devaluation of one's personal identity by others through biased assumptions, descriptions or identification in negative stereotypical terms and behavioral expectations and treatment in accordance with these biases or labels" (p. 267). When an adolescent internalizes feedback from peers and other individuals in their community, he develops a stigmatized self-identity as a result of internalizing the negative expectations transferred on to him (Kools, 1997). Similar to self-identity, self esteem is also vulnerable to social feedback in that an adolescent may internalize the negative views others have of him thus devaluing his self concept (Kools, 1997). When an adolescent male in treatment foster care evaluates himself based on a perceived impairment or limitation, this serves to impact his self esteem (Kools, 1997). According to Kools (1997) a common consequence of a stigmatized self-identity is a lowered sense of self-worth. Therefore, when an early adolescent male in treatment foster care is socially isolated and/or excluded by his peers, a devalued self identity is reinforced (Kools, 1997).

Literature exploring the link between an adolescent's self esteem and substance misuse confirms an association between low self esteem and adolescent substance use (Holfer et al., 1999; Howard & Jenson, 1999; Scheier, Botvin, Griffin, & Diaz, 2000). Adolescents with low self esteem may engage in substance use as a method of coping with or escaping negative feelings associated with low self worth (Jessor, Van den Bose, Vanderryn, Costa, & Turbin, 1995). Adolescent substance use research is guided by a developmental framework (Colder & Chassin, 1993). According to Colder and Chassin (1993) the

participants in this study are describing a developmental pathway towards substance use demonstrated by adolescents with negative affectivity, poor self regulation, and poor coping skills. Based on the information shared by the participants in this study, early adolescent males in treatment foster care are at risk to follow what is termed the Negative Affect Pathway of Adolescent Substance Use (Colder & Chassin, 1993).

Treatment foster parents in this study confirm that society continues to carry a stigmatized perception of special needs early adolescent males residing in treatment foster care. Society's stigmatization and exclusion of these youth has been observed by the participants to impact self identity formation in a negative manner. A number of participants strongly believe that carrying low self esteem increases the likelihood that early adolescent males in treatment foster care will misuse substances. Further, as a result of experiencing stigmatization, I suspect that identity formation in early adolescent males residing in treatment foster care may not follow the same trajectory of development as for regular adolescents. I recommend that the child and family social services field continue to explore the developmental pathways of early adolescent males in treatment foster care. In addition, I suggest that the social service field continue to focus on implementing interventions that will serve to address and reduce society's stigmatization of early adolescent males in treatment foster care.

Issues and Needs as a Result of Misusing Substances

As discussed earlier, early adolescent males in treatment foster care may have a variety of mental health issues as a result of experiencing neglect, maltreatment, and trauma. A large number of participants believe that misusing substances will further

contribute to or add additional mental health issues for these youth. A number of participants cited depression as a mental health issue of concern that may contribute to or amplify as a result of misusing substances.

In literature available on the topic, adolescents with co-morbid substance use disorder are reported to have worse outcomes than adolescents with only one of the disorders. This study focused on substance misuse, not substance use disorders, therefore, it would be beneficial to explore if there is a relationship between depression and misusing substances, in that, would misusing substances lead to the onset of substance use disorder for adolescents who have a history of or are currently struggling with depression? The nature of such an interaction would be beneficial to explore so that appropriate interventions may be put in place to prevent the onset of a substance use disorder for early adolescent males in treatment foster care with depression who are only misusing substances.

An additional concern was voiced by participants who were currently providing care to early adolescent males with neurological impairments. In particular, they were concerned that substance misuse would contribute to further neurological damage for their youth. When exploring the negative consequences of specific substances that may be misused by early adolescent males in treatment foster care, the participants were significantly concerned with the neurological damage that would occur for neurologically impaired youth who misuse inhalants. The participants noted such consequences as irreversible brain damage, physical health deterioration, communication problems, and death.

Research supports the participants' concerns regarding the negative neurological consequences of inhalant misuse as the deliberate inhalation of volatile substances is associated with central nervous system damage that disrupts the normal trajectories of

psychological, emotional, and neurobiological development (Kurtzman, Otsuka, & Wahl, 2001; Lubman, Yucel, & Hall, 2007; Lubman, Yucel, & Lawrence, 2008). Research on long-term inhalant misuse links inhalant misuse to neurological deficits such as cognitive impairment, learning and memory problems, psychomotor coordination difficulties, and verbal intelligence (Lubman et al, 2008; Rosenberg, Grigbsy, Dreisbach, Busenbark, Grisby, 2002). Finally, chronic inhalant has been found to cause neurological, renal, hepatic, and pulmonary damage (Kurtzman et al., 2001) placing an adolescent at risk for serious medical problems and/or death.

Although only one participant stated that he had experience caring for an early adolescent male who misused inhalants, a number of participants confirmed that all early adolescent males in treatment foster care may be at risk to misuse inhalants because inhalants are more accessible to youth than alcohol and less costly then illegal narcotics. Treatment foster care parents caring for early adolescent males would benefit from supports and resources that would focus on preventing their youth from misusing inhalants as they are parenting youth at a crucial developmental stage.

According to Lubman et al. (2008) the typical onset of inhalant misuse occurs in pre-adolescence. Pre-adolescence is the developmental stage where crucial cognitive and emotional brain structures mature (Spear, 2000). With the developing adolescent brain being more vulnerable to the toxic effects of inhalants, one may presume that inhalant misuse would affect adolescent development. Further research exploring the impact of inhalant misuse on adolescent development would be beneficial for developing appropriate treatment plans for early adolescent males who misuse inhalants as many adolescents in treatment foster care already have an impaired developmental trajectory.

Regardless of the substance misused, the participants believe that misusing substances may lead to an addiction that may then cause an increase in problematic behavior displayed by their youth. Problematic behaviors associated with substance misuse and an addiction included acting out behaviors, running away from home, engaging in criminal activity and associating with deviant peers. More important, engaging in these activities may place early adolescent males in unsafe situations, increasing their risk of being victimized by others. Further victimization is of concern for the participants as many of their youth have already been victimized by family, peers, and community members. According to these participants, experiencing additional trauma would only serve to further damage this vulnerable population that already demonstrates severe emotional disturbances.

It is apparent from the participants' interviews that many of the participants are concerned that their already victimized youth will engage in activities that may place them at risk to experience further trauma. As mentioned, a number of participants stated that their primary responsibility as treatment foster care providers was to keep their early adolescent males safe. These participants believe that it is important that treatment foster care parents provide substance misusing early adolescent males with adequate supervision when in the community.

In fact, the treatment foster parents in this study communicated that they currently provide adequate supervision for their early adolescent males as a proactive approach to decreasing the likelihood that their early adolescent males would attach to negative, possibly substance misusing, peer groups. Participants also stated that they would increase the level of supervision given to a youth if he were to misuse substances. The participants in this

study shared their strategies for increasing supervision that will be discussed in more detail in a later section.

Supports and Resources Beneficial to the Care of Early Adolescent Males

As presented in the findings, many of the supports and resources that were highlighted were reported to be offered through the treatment foster care agency such as the treatment foster case manager, psychiatric services, therapy, after-hours services, and spiritual and cultural services. Additional beneficial supports and resources such as the services of respite providers and child and family support workers, school resources, and social and recreational programming were noted as accessible through the community. The following sections will highlight the reported benefits of the supports and resources offered predominately outside of the treatment foster care agency as expressed by the treatment foster care parents in this study.

Child and Family Service Social Workers

The participants in this study spoke positively of their child and family service social workers and stated that they were valued for their ability to advocate and secure funding for perceived beneficial supports and services. The need for additional financial support for foster parents fostering children and adolescents with disabilities is reported in the literature. Studies conducted by Szymanski and Seppala (1995) and Banks and Jamieson (1990) both found that fostering a child and adolescent with disabilities requires additional financial support beyond what is needed for a foster parent caring for a child and adolescent without a disability. A small number of participants stated that their child and family service social

workers secured funding for services that were specific to their early youth's special needs such as occupational therapy for Emily's youth. Further research exploring the specialized service needs of early adolescent males in treatment foster care with disabilities is recommended in order to better improve access to, and availability of, special needs services for these youth.

Mental Health Services

A number of treatment foster parents in this study shared that they found the in-house mental health services offered through their treatment foster care agency beneficial to utilize when caring for an early adolescent males in treatment foster care. The majority of participants appreciated the availability of an in-house psychiatrist who may be consulted and for prescribing and monitoring pharmaceutical interventions.

As mentioned, early adolescents in treatment foster care have a variety of neurological, behavioral and emotional problems as a result of experiencing neglect, maltreatment, and trauma (Jivangee, 1999). Adolescent males in treatment foster care also have experienced loss, stress, and dislocation associated with coming into care that further contributes to behavioral, emotional, and attachment problems as a result of their experiences (Fasulo et al., 2002). As a result of the various diagnosis and/or trauma experienced, early adolescent males in treatment foster care may have complex mental health needs that would require the attachment of appropriate mental health services.

The treatment foster care model proposes that treatment foster care programs implement appropriate psychiatric services that can be accessed in-house to address the needs of often multiply diagnosed children and adolescents (Chamberlaine, 2002). For instance, children and adolescents with such diagnoses often come into treatment foster care with

already established complex medical regimens that have developed over the years (Chamberlain, 2002). Though it is possible to refer youth in treatment foster care to community mental health services, there are benefits to having access to in-house psychiatry in that one may directly consult with a psychiatrist who is easily accessible and familiar with the program (Chamberlain, 2002). The in-house psychiatrists are also included as members of the treatment team if applicable, and are available to participate more in-depth in developing treatment plans than psychiatric professionals accessed through the community (Chamberlaine, 2002). The end result is an increased possibility that the therapeutic needs of children and adolescents in treatment foster care will be met through the utilization of a better informed psychiatrist (Chamberlaine, 2002).

A small number of participants stated that their early adolescent males would benefit from psychological therapy but they did not elaborate on the nature of the therapy, nor from where it would be accessed. With no information shared regarding the nature of perceived beneficial psychological services and with no information shared regarding available psychological services offered through treatment foster care agencies, I can not draw conclusion regarding the psychological service needs of early adolescent males in treatment foster care. I recommend that the child and family social services field further explore psychological services accessed by youth in treatment foster care. I also recommends further exploration of treatment foster care parents' perceptions regarding beneficial psychological services that may be implemented to address the mental health needs of early adolescent males. Such information may enable treatment foster care agencies to implement necessary psychological services within their treatment foster care programs.

Respite Providers and Child and Family Support Workers

Participants in this study spoke at length of the benefits they and their early adolescent males receive from the support and services offered by respite providers and child and family service support workers. The participants stated that they appreciated that in-home and out-of-home support that the respite providers and support workers provided them. They also stated that they appreciated the skills sets respite providers and support workers demonstrate when working with and building relationships with special needs early adolescent males in treatment foster care.

Though the participant stated that they appreciated the relief that respite providers and support workers bring from the daily stressors of parenting special needs adolescents, they spoke more enthusiastically of the important role respite providers and support workers carried out directly with their early adolescent males. Respite providers and support workers were described as important individuals who can foster, model, and teach their early adolescent males the nature of a healthy relationship. Further, respite providers and support workers were seen as important for their ability to provide youth with social and recreational opportunities in the community.

Brown et al. (2005) carried out a qualitative study exploring the service needs of foster families with children who have disabilities. The foster parents interviewed indicated that they saw respite care as a beneficial support when fostering. The foster parents also noted that respite care provides in-home and out-of-home relief similar to what was described by the participants in this study. Finally, the foster parents in the Brown et al. (2005) study reported numerous benefits that their children with disabilities receive from the

services of respite care such as tutoring, one-to-one outings, and role modeling and mentoring.

According to Chadwick, Beecham, Piroth, Bernard, and Taylor (2002) the nature of respite care for parents with children with disabilities has expanded over the past two decades. What was once regarded as a primary service to relieve parents from the stress of parenting children with disabilities, has now evolved in response to the observed benefits of respite care for the child with the disability (Chadwick et al. 2002). Respite care is now developed as a family-based respite scheme designed to give children with disabilities an opportunity to enjoy and benefit from the relationships and social opportunities respite brings while at the same time giving caregivers a break and/or additional in-home support (Chadwick et al. 2002). With reported benefits for foster parents caring for children with disabilities (Vig & Kaminer, 2002) and benefits for foster children with disabilities (Brown et al. 2005), the continued availability of respite services appears essential for treatment foster care parent retention and the social and emotional well being of the early adolescent males they care for.

The services and support obtained through respite providers and child and family support workers appears to be an important component of effective treatment foster care service delivery. The professional inclusion of respite providers and support workers within treatment foster care frameworks is recommended as they may bring valuable support and insight when planning and implementing treatment plans. Policies focusing on the professional development of respite providers and support workers are recommended in order to increase the recruitment and retention of skilled respite workers.

Social and Recreational Programming

A large majority of treatment foster parents in this study stated that early adolescent males in treatment foster care would benefit from participating in social and recreation activities either offered in the community. The noted benefits included the potential to further develop an early adolescent male's social skills and to increase his self confidence. The participants also believed that participating in social and recreational activity would introduce their early adolescent males to a more positive peer group that may then decrease the likelihood that their youth will associate with a negative peer group or engage in at risk behaviors.

According to Darling (2005), from a developmental perspective, "leisure contexts can provide adolescents with rich, developmentally facilitative interactions with their social and physical environments but can also provide them with the opportunity to engage in activities that undermine positive development" (p. 493). The choices an adolescent makes in regards to how he chooses to spend his or her leisure time allows for greater freedom to determine social roles, behaviors, and ideas than other developmental contexts (Darling, 2005). Darling (2005) encourages treatment foster care parents to selectively engage their early adolescent males in positive social and recreational activities as it may help reduce the prevalence of deviant peer groups thus decreasing the opportunity for their youth to associate with negative peer groups. Participating in social and recreational activities may provide a context to interact and form relationship with positive peers while at the same time provide opportunities to work on social skills development (Darling, 2005).

The treatment foster care parents in this study strongly advocated for the availability of social and recreational opportunities for early adolescent males in treatment foster care as

it is perceived as a beneficial intervention that may foster age appropriate social skills and decrease the likelihood that these youth will associate with a negative peer group. Participants caring for neurologically impaired early adolescent males voiced their concern regarding the lack of social and recreational activities geared towards neurologically impaired youth. These participants suggested that there be appropriate social skills groups available for neurologically impaired youth. The perceived benefits of participating in social and recreational activities were reported to be similar for neurologically impaired early adolescent males as for regular early adolescent males.

School Resources

Several participants in this study reported that early adolescent males in treatment foster care benefit from the supports and resources offered through the Manitoba Public School System. These school supports and resources included special education resource supports and the counseling services offered by school guidance counselors. With a large majority of participants reporting that they care for a neurologically impaired early adolescent male, it is essential that Manitoba's Public School System continue to expand educational support services available to neurologically impaired youth. With little information shared regarding the nature of special education support required, I recommend further exploration of the education needs of neurologically impaired early adolescent males in treatment foster care.

A larger number of participants reported the benefits of initiating a relationship between early adolescent males in treatment foster care and school guidance counselors. School guidance counselors were seen as a valuable support in that they may develop a

therapeutic relationship with the youth that focuses on the youth's behavioral and emotional functioning within the school. The Treatment Foster Care Model encourages treatment foster care providers and their treatment foster care case managers to initiate a relationship with their youth's school as the treatment team may gain valuable insight into a youth's social and emotional functioning in a school setting (Chamberlaine, 2002). The treatment team may then work in collaboration with the school to advocate for essential supports (Chamberlaine, 2002).

Cultural and Spiritual Programming

All of the participants thought that their early adolescent males have access to cultural and spiritual programming through their treatment foster care agency, yet little information was shared by participants regarding the nature and utilization of cultural resources, programs, and supports within their treatment foster care agency or in the community. The participants suggested that there be cultural programming geared towards educating treatment foster care parents about the Aboriginal culture so that they may be better able to foster a cultural connection in the Aboriginal early adolescent males in their care. As mentioned, Brown et al. (2005) conducted a study exploring foster parents' needs when caring for children with disabilities. These foster parents were recruited from the province of Manitoba. The province of Manitoba has a large proportion of Aboriginal children in care (Bennett & Blackstock, 2002). The foster parents in that study also spoke of the need for more Aboriginal cultural services for foster children as well as programming aimed at increasing foster parents' knowledge of the Aboriginal culture so that they may better foster a cultural connection for the children they care for. Therefore, I recommend that treatment foster care agencies provide their treatment foster care parents with Aboriginal cultural

training for the purposes of educating treatment foster care parents on how to best foster a cultural connection in their youth. I also recommend that there be a stronger emphasis placed on treatment foster care agencies to meet the cultural and spiritual needs of Aboriginal children and adolescents.

Beneficial Supports and Resources When Misusing Substances

Though the majority of treatment foster parents in this study remained hopeful that their early adolescent males would not engage in substance misuse, most of the participants were concerned that their youth were at risk to misuse substances. As a result, the majority of participants appeared focused on discussing supports and resources that would serve to minimize the risk factors they believed would increase the likelihood that their youth would misuse substances. Such risks included associating with negative and/or substances misusing peer groups, poor emotional regulation and coping skills, low self esteem, and mental health issues. The participants also expressed the need for addiction specific supports and resources that would focus on helping early adolescent males who do misuse substances. The following sections will discuss the supports and resources participants perceived as playing a preventative role against early adolescent male substance misuse followed by addiction specific services and supports perceived as necessary for substance misusing early adolescent males in treatment foster care.

Prevention

As caregivers, the participants stated that they would be responsible to implement necessary supports and resources that they believed would prevent the onset of early adolescent male substance misuse. Such supports and resources appeared to target a known

developmental pathway for adolescent substance use, that is, the peer domain (Brook, Brook, & Pahl, 2006). As discussed, peer influence has been identified as one of the most significant risk factors for adolescent substance use (Brook et al. 2006). According to Tapert, Stewart, and Brown (1999) associating with social networks that use substances creates greater access to substances that may lead to the adoption of beliefs that support adolescent substance use.

Participants spoke at length of strategies that would serve to minimize the likelihood that their early adolescent males would associate with substance using peer groups. These strategies included increasing the level of supervision attached to these youth, fostering positive relationships with respite providers and child and family service support workers, and engaging these youth in positive social and recreational activities in the community. In order to better implement such strategies, the participants stated that they would require the support of a skilled respite provider and support worker.

Respite providers and child and family service support workers were noted as a beneficial support to access when implementing preventative strategies that may deter the onset of early adolescent male substance misuse. Respite providers and support workers were described as taking on multiple roles in early adolescent male substance misuse prevention. First, a number of participants stated that respite providers and support workers could provide additional supervision for their early adolescent males when out in the community. With additional supervision, the participants stated that their youth may be less likely to approach or be approached by negative and/or substance misusing peer groups when in the community.

Though there is minimal research exploring the relationship between parental monitoring and the onset of adolescent substance use, available research implies that adequate parental monitoring may serve to decrease an adolescent's opportunity to attach to a substance misusing peer group (Dishion, Capaldi, & Spracklen, & Li, 1995; Kung & Farrell, 2000). The participants in this study suggest a level of monitoring beyond what has been explored, that is, only parental monitoring. Future research exploring the relationship between increased monitoring and substance misuse by early adolescent males in treatment foster care is recommended.

Respite providers and child and family service support workers were also valued for their ability to form healthy positive relationships with early adolescent males in treatment foster care. According to Rischell, Cottrell, Stanton, Gibson, and Bougher (2007) an adolescent's relationship with non-parental adults is a protective factor that has been minimally explored by the social service field. Available studies confirm that adolescents who form strong relationships with non-parental adults are more likely to display positive developmental outcomes than adolescents who do not have strong relationships with non-parental adults (Rischell et al., 2007; Werner, 1995). In addition, respite providers and support workers were described by participants as positive role models that may serve as mentors for at risk early adolescent males in treatment foster care.

Available research suggests that mentoring can have positive effects for at risk adolescents such as an increase in positive self concept (Turner & Scherman, 1996) and a decrease in drug and alcohol use (Grossman & Tierney, 1998). Future research exploring early adolescent male relationships with respite and child and family service supports workers is recommended. Further, future research exploring the role respite providers and

support workers may play in supporting early adolescent males during substance misuse treatment and recovery is recommended.

Finally, respite providers and support workers are available to engage early adolescent males in positive social and recreational activities. According to participants, participating in social and recreational activities increases an early adolescent male's self esteem, fosters relationships with positive peer groups, and distracts him from misusing substances. As discussed earlier, participating in structured social and recreational activities enables adolescents to interact with positive peers and to develop age appropriate social skills (Darling, 2005). Participating in social and recreational activities may help decrease the probability that adolescents will associate with substance misusing peer networks as they are found to influence adolescent substance misuse (Darling, 2005).

A number of treatment foster care parents reported that their early adolescent males have benefited from participating in social and recreational activities. These participants reported that their youth have had less opportunity to associate with substance misusing peers, have developed age appropriate social skills, and have increased self esteem. Unfortunately, a small number of participants shared that they have had difficulties finding appropriate social and recreational activities for their neurologically impaired youth. These participants suggested that there be more social and recreational activities developed for neurologically impaired youth as the perceived benefits of participating in social and recreational activities appear to be the same for neurologically impaired youth as for non-impaired youth.

Addictions Programming and Treatment

A large majority of treatment foster parents in this study stated that they, and substance misusing early adolescent males, would benefit from accessing addictions specific programming through an addictions treatment agency. A number of participants in this study stated that it was important for treatment foster care providers to educate themselves about substance misuse prevention and treatment. Most of the participants stated that they would first explore community resources to determine the most appropriate addictions programming and resources for themselves and their substance misusing youth.

A number of participants expressed the view that substance misusing early adolescent males in treatment foster care would require specialized addiction support in order to best address the complex underlying issues behind their substance misuse. In particular, a number of participants stated that it is vital that treatment foster parents implement addiction programming and services experienced in treating youth with co-morbid mental health disabilities and neurological impairments.

According to Brown and Ramo (2006) co-occuring psychiatric disorders are prevalent among adolescents receiving treatment for substance use disorders. Common co-morbid mental health disorders found amongst adolescents receiving substance use treatment include post traumatic stress disorder (Cohen, Mannarino, Zhitova, & Capone, 2003) and major depressive disorder (Becker & Curry, 2007). Youth with co-morbid psychiatric disorders are reported to be complex clients who are found to be more difficult to engage in treatment and to have higher rates of relapse after completing treatment than youth without co-morbid psychiatric disorders (Brown & Ramo, 2006). Adolescents with neuro-cognitive deficits are

also reported as complex clients, as substance use has been found to cause further neurological damage and deficits (Brown & Ramo, 2006).

With such findings, the field of adolescent substance use treatment and research continues to explore the relationship between co-morbid psychiatric disorders and the development of substance use disorders in adolescents (Brown & Ramo, 2006). Best practice policies for adolescent substance use treatment suggest that substance abuse treatment programs implement the assessment of psychiatric disorders prior to initiating treatment and advocate for the integration of mental health treatment and substance use treatment for adolescents (Brown & Ramo, 2006). The field of adolescent substance use research also suggests that substance use programs continue to explore and implement appropriate substance use treatments for adolescents with neuro-cognitive dysfunctions (Brown & Ramo, 2006). The participants in this study have restated the need for appropriate substance use treatments for early adolescent males with co-morbid psychiatric disorders and neurological impairments. Therefore, I recommend that the field of adolescent substance use treatment and research continue to explore effective treatment strategies for early adolescent males with co-morbid psychiatric disorders and neurological impairments.

Though almost all of the participants stated that it is important that misusing early adolescent males receive substance use treatment, a small number of participants stated that the effectiveness of substance misuse treatment is dependent on the youth's motivation to attend programming. These participants stated that substance misuse treatment may not be effective if the youth is an unwilling participant. According to Noel (2006) attendance and attrition in adolescent substance use treatment programs is found to be dependent on an adolescent's motivation for treatment.

In reviewing available research exploring adolescent motivation to attend substance use treatment, Noel (2006) concluded that adolescents typically have a low internal motivation to seek treatment. Noel (2006) suggests that adolescents may have low internal motivation to complete treatment because they may have not experienced enough negative consequences of their substance use to develop an internal motivation or that they enter treatment due to external forces such as legal referral or family pressure. A number of participants in this study reported similar experiences and recommended that substance misuse treatment not be forced on to an early adolescent male by treatment foster care providers and treatment foster care team members. Further research exploring motivational techniques found to be effective in increasing an early adolescent male's internal motivation to attend substance misuse treatment is suggested.

School Resources

A small number of participants noted that there are beneficial resources that may be accessed through an early adolescent male's school that may support him. For instance, Victoria suggested that a school guidance counselor may be utilized to inform treatment foster care parents and their youth about available substance misuse treatment resources in the community. With little information shared regarding the availability or perceived benefits of school supports and resources for early adolescent males who misuse substances, further research exploring the availability of substance misuse related supports and resources available within Manitoba's Public School system is recommended.

Police and RCMP

Several participants noted that they have utilized the support services of the Winnipeg Police Service and Royal Canadian Mounted Police (RCMP) and perceive that their services would be extremely beneficial to access when caring for an early adolescent male who misuses substances. The Winnipeg Police Service and the RCMP were commended for their strong crisis stabilization skills and their availability to assist treatment foster parents when retrieving early adolescent males who have run away from home to misuse substances. In addition, Konrad stated that the Winnipeg Police Service and the RCMP are available to inform adolescents about the legal consequences of illegal substance misuse, which may serve as a deterrent against engaging in substance misuse. From the information shared by the participants, it appears that community law enforcement agencies may play a beneficial role in supporting treatment foster care parents caring for early adolescent males who misuse substances. Treatment foster care agencies are encouraged to explore the role community law enforcement agencies may take on in supporting treatment foster care parents caring for early adolescent males at risk to misuse substances. Further, I commend and encourage the continued support of the Winnipeg Police Service and RCMP when called on by treatment foster care parents caring for early adolescent males who misuse substances. These services and supports were appreciated by a number of treatment foster care parents in this study.

Recommendations by the Treatment Foster Care Providers

Treatment foster care parents in this study were given an opportunity to share ideas and recommendations that they would like the child and family services field to be made aware of in regards to caring for early adolescent males in treatment foster care. A small number of participants utilized this opportunity to share their thoughts. These are their recommendations in descending order from the most common recommendation.

1. Treatment foster care parents in this study recommend the treatment foster care agencies and child and family service agencies continue to offer the support services of respite providers and child and family service support workers.

> I think it's important that I continue to receive funding for respite. Respite is really important for my kids. They get to go on one-to-ones and do fun and exciting things in the community. It's healthy for them and it allows them to be out and safe in the community (Diane).

Emily also stated that she requires the services and support of respite providers and support workers, especially as her early adolescent male ages into adolescence.

> Certainly as a treatment foster parent, I will have to continue to use those support workers more, especially the older he gets. You know, once he becomes a teenage boy, so he doesn't just have to stay at home with his mom all the time (Emily).

Emily also recommended that the field of child and family services place more effort into hiring and retaining skilled support workers. Emily offered suggestions as to how the child and family service field may better recruit and retain skilled respite providers and support workers. "I think support workers need to get paid a good wage and they should have some security because of the working conditions because they don't stay" (Emily).

2. A number of participants recommended that the social service field further develop social and recreational programs that are designed for early adolescent males with neurological deficits. For example, Emily suggested the development of social skills programs that would teach neurologically impaired youth functional social skills while at the same time provide an opportunity for youth to interact and practice newly acquired social skills.

> I would like to see more programming available like when (*youth's name*) attended the club house. It focused on teaching kids like (*youth's name*) social skills and all of the kids had similar deficits so no one felt left out because they were different. The staff were also very skilled and (*youth's name*) got a lot out of attending the program. I would like to see more programs like that (Emily).

3. Several treatment foster care parents in this study recommended that all caregivers and relevant persons working with an early adolescent male in treatment foster care focus on discovering and working with his strengths instead of focusing on his deficits. These participants offered valuable final thoughts such as Ray who stated, "you need to work with the positive strengths of these youth and help draw their strengths out. You have to always look for the light." Olivia stated that all youth "have strengths. All the foster kids. We have to look for their strengths and to help find these strengths. You have to help them feel good about themselves because they are achievers, they are not losers".

4. Several participants requested that they be informed about available Aboriginal cultural resources in the community in which their early adolescent males may participate in. "It would be good to have more information about good cultural programs that kids could go to especially if they come from a Northern community"(Diane). Emily suggested that treatment foster care agencies and child and family service agencies recruit more Aboriginal

respite providers and support workers as they may be better able to foster a cultural connection in neurologically impaired Aboriginal early adolescent males.

5. Rita recommended that there be crisis stabilization units available in rural communities. Rita stated the she values the support and services offered by Winnipeg's Male Crisis Stabilization Unit and would like have similar services available in her community. Rita believes that treatment foster care providers residing in rural communities would benefit from the crisis management support offered by a crisis stabilization unit. "You know there is no CSU, no crisis stabilization unit out here. It would be really helpful to have a crisis unit or team here. It's definitely something that we need" (Rita).

Chapter 8

Conclusion and Recommendations

The participants in this study provided information that serves to distinguish treatment foster care providers from traditional foster care providers. Participants reported that they carried a heightened responsibility to provide treatment-focused foster care that includes responsibilities such as providing therapeutic attachments, utilizing a strengths-based parenting approach, advocacy, and on-going professional development. The treatment foster parents also shared their motivations to provide care to special needs early adolescent males. The participants in this study provided information that implies that they carry intrinsic motivations to provide treatment foster care such as providing youth with a safe environment, deterring further negative life events, and observing gains made by their youth.

The participants also demonstrated a strong knowledge base surrounding the issues and challenges faced by early adolescent males in treatment foster care and how such challenges place these youth at risk to misuse substances. The participants of this study provided valuable information regarding the treatment needs of early adolescent males and early adolescent males who misuse substances. From the information provided by the treatment foster parents in this study, I believe that treatment foster care providers are a valuable resource within the child welfare system.

The participants described early adolescent males in treatment foster care as a "special needs" population. Many of the youth in this study were reported to have a specific disability such as Fetal Alcohol Spectrum Disorder or less defined, yet just as complex, disabilities such as neurological impairment and mental health issues. Mental health issues were reported to be present for early adolescent males in treatment foster care as a result of

experiencing negative life events such as maltreatment, loss, and dislocation. All of the youth in this study were described as having poor emotional regulation and underdeveloped social skills that were observed to negatively affect their functioning in several life domains. A number of participants reported that neurologically impaired early adolescent males in treatment foster care do not present at their chronological age, implying that they may not follow the normal trajectories of adolescent development. Such information must be recognized by the child and family services field as it indicates that there is a population of early adolescent males in treatment foster care that may not reach developmental milestones as expected.

Participants in this study reported a low prevalence of early adolescent substance misuse amongst the early adolescent male population for which they were caring. Nevertheless, the participants were highly concerned that their youth were at risk to misuse substances. The participants shared multiple pathways to which they believed their youth may be led into, or engage in, substance misuse. For example, the participants reported that early adolescent males in treatment foster care may misuse substances to cope with negative emotions associated with experiencing trauma such as maltreatment, loss, and low self esteem associated with peer rejection and stigmatization. Misusing substances to cope with negative emotions is described as the Negative Affect Pathway of Adolescent Substance Use (Colder & Chassin, 1993). This pathway is commonly observed in adolescents with mental health disorders and is found only to be elevated by peer influence (Brown & Abrantes, 2006).

The participants indicated "peer influence" as the greatest contributing factor for the initiation of substance misuse for early adolescent males in treatment foster care. The

participants strongly believe that these youth may be drawn to or be influenced by substance misusing peers to misuse substances as a result of their poor social skills, low self esteem, or need to belong. The participants in this study described a peer-influenced developmental pathway of substance misuse for early adolescent males in treatment foster care. This described pathway coincides with the Peer Domain Pathway of Adolescent Substance Use that also identifies peer initiation and influence as a common developmental pathway of adolescent substance misuse (Brown & Abrantes, 2006).

The participants in this study stated that they would implement various supports and resources that they believe would serve to prevent the onset of early adolescent male substance misuse through the peer domain pathway and the negative affect pathway. Noted supports and resources included the services of respite and child and family support workers and social and recreational activities. Respite providers and support workers were perceived by participants as an important support for the prevention of substance misuse for their ability to provide early adolescent males with supervision, healthy relationships, and social and recreational activities. Social and recreational activities were valued by participants because they provide early adolescent males with opportunities to interact with positive peers, improve social skill functioning, and increase self esteem. Almost all of the participants in this study advocated for the continued support of respite providers and support workers and the availability of social and recreation activities for their youth.

Interestingly, many of the supports and resources listed as beneficial for early adolescent males in treatment foster care who misuse substances were also listed as beneficial for early adolescent males in treatment foster care who do not misuse substances. From this observation, it appears that the participants in this study are conscious of the risk

these youth hold to misuse substances. With such awareness, the participants appear to be proactively implementing the same supports and resources that they would if their youth were to begin misusing substances. This finding demonstrates that the participants in this study are already knowingly or unknowingly focusing on preventing the onset of early adolescent male substance misuse.

Finally, many of the participants were concerned that early adolescent males in treatment foster care would require specialized substance use support and treatment in order to best address the complex underlying issues behind early adolescent male substance misuse. The participants voiced a concern regarding the relationship between co-morbid mental health disorders, neurological impairments, and substance misuse. Many of the participants noted that it is important that substance misuse treatment programs be conscious of the influence co-morbid disorders may have on an early adolescent male's substance misuse. Further, a large number of participants were concerned that substance misuse, in particular inhalant misuse, would cause further neurological damage for already neurologically impaired early adolescent males in treatment foster care.

To end, the participants in this study have contributed valuable information that informs service delivery and practice. The following sections will present implications for the service field and future areas of research as drawn out of the findings of this study.

Implications for the Social Services Field

This study warrants the attention of the social services field as the findings may serve to better inform social service delivery and practice. The study presented information shared by the participants that serve to distinguishes treatment foster care providers as a unique

population of skilled caregivers, motivated to care for special needs early adolescent males. The participants not only shared their roles as treatment foster caregivers but accepted a heightened responsibility to provide treatment-focused foster care to one of society's most vulnerable populations.

As demonstrated by the findings, treatment foster care providers hold a strong knowledge base and skill set for the delivery of therapeutic care for early adolescent males in treatment foster care. In caring for an at-risk population to misuse substances, the child and family service field is called upon to initiate a collaborative relationship between treatment foster care agencies and adolescent substance misuse treatment agencies. By forming such a relationship, agencies may draw support and resources from each other to effectively prevent the onset, or to meet the treatment needs, of early adolescent males in treatment foster care who misuse substances.

As mentioned earlier, Resource Theory and Systems Theory guided the conceptualization of this study. The findings of this phenomenological study were not discussed in relevance to Resource Theory and Systems Theory. Instead, the findings of this study were supported by literature that best captured the meaning of the participants' experiences.

Recommendations for Future Research

Exploring the experiences of treatment foster care providers caring for early adolescent males contributed new information to the social service field. Though the results of the study are not generalizable, there is little research available exploring the experiences of treatment foster care providers and no research exploring their experiences caring for a

specific population of youth. This study would suggest that there be further research conducted exploring the experiences of treatment foster care parents as it can provide information from a broader sample of treatment foster care providers. Research capturing a broader sample of treatment foster care providers will provide additional insights for consideration and a deeper understanding of the experiences of treatment foster care providers.

Further research exploring the experiences of treatment foster care providers caring for populations other than early adolescent males is recommended. In particular, it would beneficial to explore the experiences of treatment foster care providers caring for children and adolescents with Fetal Alcohol Spectrum Disorder. A large number of participants reported the prevalence of Fetal Alcohol Spectrum Disorder amongst the treatment foster care population of early adolescent males. Such information would increase knowledge surrounding the needs of children and adolescents in treatment foster care diagnosed with Fetal Alcohol Spectrum Disorder. This information may then be used to develop appropriate supports and resources for treatment foster care providers caring for children and adolescents with Fetal Alcohol Spectrum Disorder.

Further research conducted exploring the culture needs of early adolescent males in treatment foster care is also recommended. I briefly explored the experiences of treatment foster care providers caring for Aboriginal early adolescent males dislocated from Northern communities and discovered that these youth may experience cultural disconnection as a result of being dislocated. The participants in this study voiced a need for Aboriginal supports and resources that may allow treatment foster care parents to maintain or foster cultural connections for Aboriginal early adolescent males in treatment

foster care. Treatment foster care agencies are encouraged to explore and initiate collaborative relationships with Aboriginal child and family service agencies so that they may deliver treatment foster care services in a culturally sensitive manner.

There is also a need for a better understanding of motivations, the roles, and responsibilities of treatment foster care providers. Treatment foster care providers are a unique population of caregivers who are motivated and skilled to care for special needs children and adolescents. By gaining a better understanding of their motivations, perceived roles, and perceived responsibilities, treatment foster care agencies may be better informed when designing recruitment and retention strategies.

There is a need for further research conducted on exploring treatment foster care parents' experiences caring for early adolescent males who are currently misusing substances as the majority of participants in this study reported that they were not currently caring for an early adolescent male who misuses substances. By exploring the experiences of treatment foster care providers who are currently caring for early adolescent males who misuse substances, the field of adolescent substance use research and treatment may gain additional information regarding the treatment needs of early adolescent males in treatment foster care who misuse substances.

Finally, the findings from this study will be distributed back to the treatment foster care providers and treatment foster care agencies that participated in the study. It is my hope that the findings of this study may serve to inform service delivery within these and other interested agencies.

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APPENDIX A

Summary of the Research Project

A Qualitative Exploration of the Experiences of Treatment Foster Care Providers' in Providing Care for Early Adolescent Males At Risk to Misuse Substances

The purpose of the study is to examine the experiences of treatment foster parents in providing care to early adolescent males who misuse substances while residing in treatment foster care. Children and adolescents placed in Treatment Foster Care Programs are reported to present with emotional and behavioral disturbances manifesting from experienced trauma such as maltreatment, neglect, and physical and sexual abuse with a population presenting also with co-morbid disorders. Current literature indicates an association between foster care placement, the various forms of maltreatment, and/or co-morbid disorders, that place an adolescent "at risk" to possibly misuse substances. The study will present information shared by the participants that will speak of the various supports and social services seen as beneficial and/or necessary for providing care to this specific population. This will contribute to the knowledge base of the child and family social services field, in particular, it will further the understanding of the role treatment foster parents may play in the prevention and treatment of substance misuse by early adolescent males residing in treatment foster care.

The study will utilize a qualitative research design guided by phenomenology approach in order to best conduct exploratory research on this topic. By interviewing treatment foster parents who are currently providing care to early adolescent males, the study acknowledges that treatment foster parents possess numerous skills and strengths that enable them to care for this population. The data collection method will be a structured open-ended interview. The researcher will use a "criterion" sampling method. The population under investigation will be treatment foster parents who are currently fostering early adolescent males (age 10 to 14 years of age) who may or may not be misusing substances. Foster Parents sought to participate in the study may be male or female single or partnered foster care providers. The participant sample will be drawn from numerous Treatment Foster Care Programs in Winnipeg.

Appendix B

Invitation Letter To Participate In The Study

Dear Treatment Foster Care Giver(s):

You are invited to participate in a graduate theses study focused on exploring the experiences of treatment foster parents in providing care to early adolescent males who misuse substances while residing in treatment foster care. Within the last decade there has been a growing concern that adolescents involved with foster care may misuse substances (Tovar & Frederico, 1997). Though there is a lack of studies reporting a direct correlation between early adolescent male substance misuse and placement in treatment foster care, the child and family social services field would benefit from gaining a further understanding of the experiences of treatment foster parents in providing care to early adolescent males who may misuse substances. By obtaining such information, the social services field will be in a more informed position to implement supports and services that may assist treatment foster parents in providing treatment foster care to early adolescent males who misuse substances. You have been invited to participate in this study because you have direct experience providing foster care to an early adolescent male (age 10-14). No further information about you has been divulged to the researcher.

The researcher is a graduate student from the Faculty of Social Work at the University of Manitoba. Please be advised that you are under no obligation to participate in this study. Access and provision of services will not be affected if you participate or not participate in the study. Further, your participation in the study is voluntary and you are free to withdraw from the study at any point and/or refrain from answering any questions you prefer to omit, without prejudice or consequence. Please note that there are no potential risks to you, the participant, or a third party as a result of participating in the study.

Please be assured that your participation in this study will be kept confidential. Your case manager, other participants, or anyone else affiliated with your Treatment Foster Care Agency, will not be made aware of your participation in the study. Foster parents qualified to participate in the study will be mailed a letter inviting participation in the study by an administrative assistant. The researcher, other participants, or anyone else affiliated with your Treatment Foster Care Agency, will not be made aware of which foster parents were mailed a letter inviting participation in the study. Further, your confidentiality will be protected as there will be no identifying information shared about you in this study. The interview will take place in a location convenient to you.

The study will be approximately one hour in length. You do not have to prepare for this interview as the study is interested in your experience and thoughts regarding providing care for early adolescent males who may misuse substances. With your permission, the interviews will be tape recorded in order to most accurately capture your responses. All data

and materials containing identifying information, including the recorded audiotape, will be stored in a locked filing cabinet at the researcher's home office and will be destroyed following completion of this study (no later than October 2008). No other persons other than the researcher and the research advisor will have access to data and materials containing your identifying information.

Upon completion of the study, a summary of the research findings will be made available to you by fax, mail, or email no later than October 2008. You will be asked to note your interest and preferred method of delivery on the consent form at the interview.

If you would like to participate, or have further question regarding participating in this interview, please call the researcher's personal cell phone number or email the researchers' personal email account (contact info listed below). If you are not able to reach the researcher in person, please leave a message with the best time to reach you at, and the researcher will call you back as soon as possible. Please note that at the interview you will be provided with a stipend of $15.00 to cover any costs incurred as a result of your participation (e.g. respite).

Thank you for taking the time to read the letter inviting you to participate in the research study.

If you are interested in participating in this valuable study, please contact the researcher, Beata Golinska,

It is the request of the researcher that your response is received by December 14, 2007.

Sincerely,

Beata Golinska,
Graduate Student,
University of Manitoba, Faculty of Social Work

Appendix C Date

Confirmation Letter To Participants

Dear Participant (insert name)

Thank you for agreeing to participate in this study on Treatment Foster Parents' experiences of providing care to early adolescent males who misuse substances.

I look forward to meeting you at the date and time that we agreed upon on the phone as follows:

Date: Time: Place:

As we discussed, the interview will take one hour of your time. I would like to tape record this interview so that I can accurately capture your responses for the study. I assure you that everything you say in the interview will be kept confidential and at no time will your name or identity be revealed to anyone within your treatment foster care agency or otherwise.

As presented in the letter inviting you to participate, I will provide you with $15.00 at the interview to cover any expenses that may have incurred from participating in the interview.

If for any reason you need to speak to me before the scheduled interview, please feel free to call me on my personal cell phone line. Once again, I appreciate your participation in this research project and I look forward to meeting with you in person.

Sincerely,

Beata Golinska

Appendix D

Consent Form

Research Project Title: A Qualitative Exploration of Treatment Foster Parents' Experiences In Providing Care For Early Adolescent Males Who Misuse Substances.

Researcher: Beata Golinska, B.A. Hons.
MSW Graduate Student,
University of Manitoba

Research Advisor: Professor Don Fuchs
Faculty of Social Work
University of Manitoba

The following consent form will give you a basic idea of what the research project is about and what your participation should involve. A copy of this consent will be given to for you records and reference. If you would require more information regarding the content of this consent form, or if you require further details concerning the project or your participation, please ask myself and I will gladly elaborate or address your concerns.

The purpose of my research project is to gain an understanding of the experiences of treatment foster care providers in providing care to early adolescent males who misuse substances. It is anticipated that the findings from this study will bring new knowledge and inform practice for Treatment Foster Care Programs and affiliated social service agencies.

This researcher is a University of Manitoba graduate student in the Faculty of Social Work and is employed as a case manager for a reatment Foster Care Program.

This researcher ensures your confidentiality. Your identity and your responses will be kept confidential and under no circumstances will your participation in this study be shared with your clinical case manager, other participants, or anyone else affiliated with your treatment foster care program. At no point will your identity be revealed in this study. Despite all precautions taken, there remains a possibility that your identity may be identifiable by employees of your Treatment Foster Care Program. Please be advised that this researcher is required under the Manitoba Child and Family Services Act to report any situations of child abuse and/or neglect that I become aware of during the course of this study.

This one time, one-on-one interview will approximately take one hour and with your permission, be tape recorded in order to most accurately capture you responses. The recorded audiotapes and data will be destroyed approximately 6 months after the theses study is successfully completed.

After completing the interview, I will ask if you if you would like a transcribed copy of the interview sent to your home in order for you to verify the accuracy of the recorded data. You may verify your data by telephone, e-mail, or mail. Only those participants who would like to verify their data will be sent a transcribed copy of the interview.

Upon completing this study, a copy of the completed study will be made available to you. Completion of the study will take time and I will contact you through telephone or email to arrange for you to receive a copy.

In appreciation of your participation, I will provide you with a monetary stipend of $15.00 to cover expenses incurred during your participation in the study.

By providing your signature on this consent form, you have indicated that you understand the information provided regarding your participation in this study and that you agree to participate in this study. Please be advised that your participation in this study is voluntary and you are free to withdraw from this study at any point or refuse to answer any question in this study without prejudice or consequence. You are also welcome to ask for clarification and/or further information during your participation. A copy of this consent form has been given to you to keep for your own record and for referencing purposes.

This research project has been approved by the University of Manitoba's Research and Ethics Board. If you should have any comments or concerns regarding this project you may contact any of the following individuals:

Researcher: Beata Golinska, B.A., Hons.
MSW Graduate Student – University of Manitoba

Research Advisor: Professor Don Fuchs
University of Manitoba – Faculty of Social Work

Human Ethics Secretariat: Margaret Bowman

Participant's Signature:_____ Date:_____

Researcher's Signature:_____ Date:_____

Appendix E

Interview Questions

1. Tell me about your experience being a treatment foster care provider, in particular, what are the positive aspects of your experience and/or what motivates you to provide care to early adolescent males?

2. In your experience being a treatment foster care provider, tell me about some of the issues that early adolescent males may struggle with?
   Probe – Tell me about some of the issues that early adolescent males may struggle with when they are placed from a rural or northern location to the city of Winnipeg?

3. As a professional caregiver, tell me about the support available for an early adolescent male placed in you home.

4. Tell me about some of the supports and services you have found beneficial to providing care for an early adolescent male and why?

5. In your professional opinion, what needs may arise for an early adolescent male who misuses substances?
   Probe – What needs may arise for an early adolescent male who misuses alcohol, illegal narcotics, and inhalants?

6. As a professional caregiver, what supports and resources do you perceive as beneficial in providing care for an early adolescent male who misuses substances and why?