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THE EFFECTS OF FOSTER PLACEMENT ON THE BIOLOGICAL CHILDREN OF FOSTER PARENTS: AN EXPLORATORY INVESTIGATION

A Dissertation

Presented for the

Doctor of Philosophy

Degree

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Dianne J. Lemieux

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This dissertation is dedicated to my parents, George and Eleanor, and to my sister, Pauline. Together they taught me the importance of family and with their love and support have encouraged my efforts to continue learning.

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ABSTRACT

This study investigated the initial effects on biological children of a foster child's placement in the family, in the general context of the foster families' adjustment to care. Six new foster families, recommended by the Tennessee Department of Human Services, participated in the project for a period of five to six months.

Families were interviewed before placement and four months after placement to collect general information and to compare the families' expectations for fostering with their actual experiences. Foster parents were also interviewed weekly by phone to collect behavioral data on each child.

Analysis of behavior data suggests that although biological children exerted constant effort to accommodate the foster child and to help their parents at home throughout the study, mothers reported feeling more dissatisfied with their children's behavior four months after placement than they had before placement. However, changes in the number of positive and negative behaviors reported by mothers were not significant.

Mothers also reported having less contact and feeling less intimate with their own children four months after placement. Mothers and their children evaluated the reduction in contact and intimacy negatively when situational stress was high.

Although interview data suggested that family members decided to foster to balance their own personal needs, the findings of this study

suggested that initially, fostering actually disrupted family functioning. When a caseworker was able to help a family cope with situational stress, the family reported a positive foster care experience and began to integrate the foster child into their home. If the stress level became too high, however, families reported feeling "burned-out," family functioning was disrupted and the placement was threatened. Biological children in this study influenced their parents' decisions whether to continue to foster.

The investigator proposes a three-stage descriptive model of initial family adjustment to care: (1) an idealization stage, (2) an adjustment stage, (3) an integration stage. Specific changes experienced by the biological children and their parents are described for each stage and their implications for preparing and working with new families discussed.

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CHAPTER I

INTRODUCTION

> Nobody who has not been in the interior of a family can say what the difficulties of any individual of that family might be.
>
> Jane Austen, Emma

In 1977, over five hundred thousand children were living in substitute placement facilities because their own families were unable or unwilling to sufficiently care for them (Shyne & Schroeder, 1978).[1] While some of these children were living in group homes, residential treatment centers or other institutions, the majority (79%) had been placed in foster family homes.

Substitute care is generally viewed by welfare agencies as a drastic measure which is resorted to only after all other social service options have been explored. In recent years, greater efforts have been directed toward permanent placement planning and prevention of the removal of children from their homes by increasing family assistance measures (Cautley, 1980; Kadushin, 1980). Despite these efforts, however, the number of children in substitute care has continued to rise over the last several decades (Thomas, 1970; Kadushin, 1980), and this trend is expected to continue (Kadushin, 1980).

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[1]This is a conservative total of the number of children in substitute care as it includes only those children who were receiving government assistance and not children who were placed either independently by their parents or by the juvenile court system outside the jurisdiction of the Department of Human Services.

Along with the growth in number of children entering substitute care, the proportion of children placed in foster family homes has also risen (Kadushin, 1974). This trend probably reflects both the general mental health movement towards deinstitutionalization and community based programs and the importance accorded to the family in guiding the individual's growth and development (Meisels & Loeb, 1956; Maas, 1969; Freud, Goldstein, & Solnit, 1973; Kadushin, 1980).

In addition to the growing need for foster family homes, there has been an increased demand for obtaining high quality "treatment oriented" homes (Reistroffer, 1972). It has been argued (Garrett, 1970; Thomas, 1970; Reistroffer, 1972) that foster children not only require help and sensitivity as they deal with the separation and loss of their family and friends, but that they may also need special assistance to cope with emotional difficulties and developmental delays resulting from long standing abuse and neglect that led to the need for placement. Given that increased attempts are being made by agencies to keep biological families intact, Kadushin (1980) suggested that children who are now being removed from their homes are likely to come from highly dysfunctional families, may have greater psychopathology, and may require more extended care than children placed in the past. Research suggests that many children needing substitute care can be quite disruptive to foster families and may require special treatment measures along with alternative placements in institutional or group home settings (DeFries, Jenkins, & Williams, 1965).

Initially, then, the demands, expectations and difficulties posed to a new foster family can be rather formidable. It is not surprising that although the need for quality homes continues to rise, recruiting and maintaining them is often a problem (Glassberg, 1965; Vick, 1967; Taylor & Starr, 1967). In fact, one of the foster care system's greatest problems has been the withdrawal of foster families, necessitating yet another placement change for the foster children involved and compounding the difficulties foster care was designed to correct (Maluccio, 1973; Kadushin, 1974). New foster homes, in particular, have been the hardest to retain (Jones, 1975; Rosenblum, 1977).

Child welfare agencies, aware of the many problems inherent in fostering, try to assist foster families through training programs and ongoing casework. The literature (Vick, 1967; Galaway, 1972; Cautley, 1980), however, shows that foster parents often are not prepared for their roles, are confused regarding issues of responsibility for the children and have only minimal contact with their caseworkers.

Research indicates that most foster family placements are likely to last more than two years (Wiltse & Gambrill, 1974; Fanshel, 1976; Shyne & Schroeder, 1978). Given that children in foster care tend to be placed at younger ages and to stay in care longer than children in other facilities (Shyne & Schroeder, 1978), a stable placement is regarded as crucial for their normal development (Goldstein, Freud, & Solnit, 1973; Mahler, Pine, &

Bergman, 1975). The longer foster children remain in care, however, the greater the likelihood that they will experience multiple placements (Shyne & Schroeder, 1978; Fanshel, 1976) and a change of caseworkers (Cautley, 1980).

The present study developed out of a general concern for the problem of foster home maintenance, particularly of new foster homes. Reducing the number of "foster family dropouts" and multiple placements of foster children has been approached from a number of research perspectives including: improving foster parent selection (MacDonald & Ferguson, 1964; Malluccio, 1966; Snyderman, 1967); predicting family success variables and matching children with homes (Kraus, 1971; Levine, 1972; Cautley & Aldridge, 1975; Cautley, 1980); studying the reasons families give for dropping out of foster care (Jones, 1975; Vasaly, 1976; Cautley, 1980); improving foster parent training (Ryan, Warren, & McFadden, 1977), and professionalizing foster parents (Reistroffer, 1968; Kennedy, 1970; Garrett, 1970; Galaway, 1976).

One seemingly obvious area to explore regarding both the improvement of quality of foster care and the maintenance of good foster family homes is the effect fostering has on the foster family. Interestingly enough, however, aside from clinical reports and case studies, this topic has been largely neglected in the research literature on foster care. Studies of the adjustment process usually focus solely on the changes experienced by the foster child. Adjustment of the foster family to role of fostering is often ignored

completely or discussed only tangentially with respect to the family's reactions to problem behaviors of the foster child. Positive changes experienced by the foster family are rarely reported in the literature at all, except by foster parents themselves (Hikel, 1969; Ellis, 1973).

It is unfortunate that with the rise of child advocacy in foster care there has been a shift from sensitivity to the needs of foster families. This is, perhaps, ironic for a system that has its roots in the Elizabethan system of indentured service (Slingerland, 1919; Kadushin, 1974). In fact, the contributions these families make have often been devalued in the literature by mental health professionals who prefer to focus on the psychological motivations and "unresolved conflicts" of individuals who would decide to foster (Kline, 1956; Babcock, 1965; Snyderman, 1967). Foster families also feel "put down" and angry when they are treated more like clients than members of a child care team (Kline & Overstreet, 1972). Often, for example, their preferences for specific kinds of children are ignored or their requests for assistance when problems arise go unanswered until a crisis ensues, and they are no longer willing to continue to foster (Vick, 1967; Galaway, 1972; Cautley, 1980). Although these trends are changing through the insistence of foster parent associations, the growth of foster parent training programs and the movement toward professionalizing foster parents, clinical research is still needed regarding the process of adjustment of new foster families to foster care.

Given the limited scope of this project, the primary focus of this thesis is on the adjustment of the foster parents' biological children when foster children are first placed in the foster home. Sibling interaction itself is a topic much neglected in family life research (Irish, 1964; Pfouts, 1976) and this is particularly true in the area of foster care. According to Bossard and Boll (1960) "it is rarely that one finds any but the negative aspects of sibling relationships and warnings how to deal with them" (p. 532). Natural children may be a valuable and overlooked resource, however, in facilitating the foster child's adjustment to foster care. Preliminary findings by Ellis (1973) suggest that teenagers, for example, can play a helpful role in this process.

By investigating the initial transition process of families to foster care, with a focus on the adjustment of the biological children, this author hopes to both formulate a better understanding of the potential problems new foster families face as well as to identify potential strengths they can use to get through difficulties. This information could help caseworkers better prepare future foster families, aid their adjustment to their new role and possibly help to head off the withdrawal of potentially good foster parents from the system. In a time when quality foster homes are in demand, any information which might help maintain new homes is sorely needed.

CHAPTER II

LITERATURE REVIEW

Theoretical Considerations

When a family fosters for the first time, it is immediately confronted with a host of new problems and challenges. Some difficulties arise because of the particular needs and circumstances of the child who is placed (Littner, 1978). Other problems are likely to be generated within the family, because there is now an additional person who must be integrated in that system (Wilkes, 1974). Further difficulties may originate from outside of the family, as a result of interactions with the welfare agency, the foster child's biological parents, and the community (Ryan, Warren, & McFadden, 1977). Research indicates that new foster families experience greater stress and adjustment difficulty than more experienced foster families, and are generally harder to maintain in foster care (Jones, 1975; Rosenblum, 1977).

The family systems literature (Jackson, 1957; Haley, 1963; Minuchin, 1974) suggests that families vary both in their tolerance of stress and their ability to adjust to change. When family members are stressed beyond their ability to adjust to change, their cohesiveness is threatened and they are no longer able to carry out normal functions. Typically, family members will

resist change when their unity and normal ways of functioning are disrupted and will, instead, increase their efforts to re-establish their traditional ways of coping and behaving (Haley, 1963). If these methods are ineffective in restoring the family's sense of stability or "homeostasis" (Jackson, 1959), a crisis is likely to ensue (Hoffman, 1971; Minuchin, 1974). In foster care, a crisis typically results in a failed placement.

Even for experienced child care workers, the task of assessing a new foster family's stress or "symptom" tolerance and its adaptability to new problems is difficult, and the assessment process is generally more subjective than systematic (Charnley, 1955; Kline & Overstreet, 1972). Naively assuming, however, that new foster families will "naturally" make the adjustment to foster care without adequate preparation is a costly error. Aldridge, Cautley, and Lichstein (1974) have demonstrated that families who receive early preparation were less likely to ask for removal of children in their care than families who received little prior training. Further, Cautley (1980) suggested that interventions by child care workers during crisis periods are not effective in maintaining placements if early preparation had not been given.

While early preparation, foster parent training, and casework intervention subsequent to placement have proven helpful to new families (Levine, 1972; Aldridge, Cautley, & Lichstein, 1974; Vasaly, 1976; Cautley, 1980), the very process of casework may, at least theoretically, prove disruptive to family functioning. Eastman

(1979), addressing this issue from a family systems perspective, focuses on problems which could arise when the foster family is no longer autonomous in making decisions, but instead, must incorporate welfare agency policy into their decision-making regarding their foster children. She states that the modern nuclear family functions as a "partially closed system." This means that the family's "boundaries" (ways of defining who participates in a group and in what ways) allow it to exclude outsiders when dealing with internal family issues, therefore affording its members a great deal of autonomy in deciding how it will function. This autonomy is suddenly threatened, however, by the family's transition to foster care. For example, parents no longer have absolute authority for the care of some of the children in their home. Both the foster child's biological parents and the agency maintain rights and responsibilities in decisions made for that child. The decisions of these external caretakers can alter the foster family's usual modes of relating and functioning, particularly in relationship to the foster child. In the extreme, the agency may both symbolically and functionally become the foster parents' "parent" and thereby threaten the foster parents' sense of adequacy in performing their own roles. The fact that the family's internal issues are now no longer a private matter but have become subject to public inspection by the agency may also be experienced by the family as very threatening and disruptive.

Minuchin and Fishman (1981) emphasize the importance of clear boundaries for healthy family functioning, particularly in defining

the hierarchy of authority, level of responsibility and functional role differences between parents and children. If boundaries are "too rigid," for example, he feels that not enough contact is established between members or between the family and people outside of it. He states that families with rigid boundaries limit their access to outside feedback and resources and are not very flexible in adjusting to change. On the other hand, when boundaries become too diffuse, the family can become overloaded with outside interference and its ability to perform normal functions is hampered.

Role confusion between parents and caseworkers is one example of a problem between the family and the outside environment that has been consistently cited in the literature (Vick, 1967; Galaway, 1972; Jones, 1975) as a problem in the maintenance of foster homes. The ability of the family to establish clarity in its functioning is extremely important for its own continued growth and stability (Minuchin, 1974).

The concept of "boundaries" is not only important in understanding exchanges between the family and the outside environment. Boundaries are very relevant in defining various subgroups or subsystems within the family (Minuchin & Fishman, 1981; Karpel & Strauss, 1983). These subgroups can be organized around "generic" classifications such as generational patterns (i.e. parents or children), gender (sisters or brothers), family functions (financial support, household management) or "ideosyncratic" classifications (family alliances or coalitions). According to Minuchin (1974),

an individual's power, status and function in the family can vary at any time, depending on the subgroup he or she is functioning in at the time.

Just as boundary problems can exist between the family and the outside environment, they can also arise, internally, between existing subsystems within the family. Wilkes (1974), for example, states that merely adding a new member to a family can upset normal routine patterns and activity, as well as decrease the time and attention former members had for each other. He suggests that issues regarding status or role changes within the family as well as sibling rivalry could create problems for the biological children of the foster parents. Monane (1967) also argues for clarity of boundaries within the family system, citing evidence that children who come from homes where roles and responsibilities are clear have been judged to be happier and more successful in adjusting to norms in new settings.

Psychoanalytically oriented theorists (Babcock, 1965; Wilkes, 1974; Littner, 1978) also speculate on the problems sibling rivalry, sharing of possessions, and role changes can create for the biological children in the family. Wilkes (1974) suggests fostering could stir up fears of abandonment in the biological children or precipitate resentment and guilt if they felt obligated to like the new child who was being treated "special." Babcock (1965) states biological children might also experience difficulties with grief, separation and loss when the placement is terminated and the foster child is removed.

Another area which has been the focus of much attention in family theory literature (Haley, 1973; Carter & McGoldrick, 1980) and is relevant to foster care is "family life cycle" research. Theorists of individual psychology (Erikson, 1959; Levinson, 1978) have long included the idea that the individual progresses through distinct developmental stages from birth to death. At each stage, there is a developmental task to be mastered before the individual can proceed to the next stage. Transitional times between stages are often very stressful for the individual who can "get stuck" at any one stage if traumatized by a serious life event during that time. Developmental theories of the family (Haley, 1973; Carter & McGoldrick, 1980) are very similar to individual theories of development. Families, too, are believed to have distinct developmental stages (i.e. courtship, marriage, bearing of children) through which they pass sequentially and in which a task must be mastered. Family therapists (Haley, 1973; Minuchin & Fishman, 1981) indicate problems arise when family members are unable to proceed from one stage of development to another and prefer to stick with earlier but now ineffectual patterns of relating to each other (i.e. a parent blocks the individuation and eventual separation of his teenage child through excessive restrictions).

Although there are many reasons parents give for deciding to foster (Josselyn, 1952), one interesting speculation is that foster parenting may serve as a "homeostat" for women or for the spouse

subsystem when the primary function of the marriage for the parents is rearing children (Josselyn, 1952; Kline, 1956; Babcock, 1965; Snyderman, 1967). The family that is approaching the stage of individuation and eventual physical separation from their children, for example, may not be ready for the transition to being "just a couple" again and may use foster care as a way to postpone or avoid the transition. Whether fostering facilitates the biological child's separation and individuation from his parents or whether it interrupts this process for these children is unclear. In fact, the whole area of when, in the family life cycle, the choice is made to foster and how that affects subsequent family development remains unexplored.

Finally, Littner (1978) maintains that one must not overlook the unique challenges and difficulties that a particular foster child may bring to the family. As stated in the introduction, a growing number of childrn now entering foster care come from dysfunctional families and have often been victims of psychological or physical abuse and/or neglect. From a psychoanalytic perspective, Littner argues that foster children may attempt to recreate in the foster family the conflicts and problems they experienced in their own families, in an attempt to cope with their loss of identity and security. One area that lends empirical support to this idea is work with physically abused children who, through maladaptive behaviors, appear to provoke aggression and abuse in their new relationships (Bender, 1976).

In summary, a number of theoretical perspectives have been presented to attempt to understand some of the adjustment problems the entire family faces when it decides to accept a foster child. Both the foster parents and their biological children may experience changes in status, responsibility and autonomy of functioning. The foster parents, as well as coping with the special needs of the foster child, must develop a working alliance with the child welfare system in which their respective functions and roles are clarified. The biological children must deal with many internal family changes and perhaps more emotionally-laden personal issues. If family unity and function is threatened by these changes, a crisis which threatens the permanency of the placement is likely to ensue. Finally, questions have been raised on the timing of the choice to foster and how the fostering process may affect transitions through the family life cycle.

Empirical Research

Most of the research currently available in the literature on foster families are post-hoc studies which try to identify reasons foster families give for closing their homes to foster children or methods for matching foster children with families that will insure the stability of the placement. Very few investigators actually attempted to study the ongoing process of the foster family's adjustment to foster care, or the effects fostering has on the family. Studies directed primarily at investigating the effects of fostering on the foster

parents' biological children appear practically nonexistent, although some indirect research is available. A review of the empirical research on foster families will be presented here, in an attempt to shed some light on the difficulties these families face and offer suggestions to facilitate the placement process.

In post-hoc studies which investigated reasons new foster parents ceased to foster, a number of common findings were reported. Many new foster parents complained about the lack of preparation and training prior to placement (Vick, 1967; Jones, 1975; Vasaly, 1976), as well as confusion regarding their roles and responsibilities once the children had been placed (Vick, 1967; Galaway, 1972; Jones, 1975; Vasaly, 1976). The placement of too many children in a home (Vick, 1967; Vasaly, 1976), the placement of children who had emotional disturbances (Vick, 1967; Vasaly, 1976) or the placement of children who were inappropriately matched without regard to the parents' initial request (Vasaly, 1976) also led many families to close their homes. Some foster parents reported that support services were inadequate (Vasaly, 1976), while others felt too much responsibility was paired with too little caseworker contact for them to continue to foster (Vick, 1967; Jones, 1975). Finally, foster parents were more likely to close their homes when recruiting methods gave a sentimental rather than a realistic view of the fostering process (Vick, 1967).

A recent study (Cautley, 1980) of new foster parents during the first 18 months of placement suggests that negative effects on the biological children and the marital relationship as perceived

by the foster parents (particularly the foster father) may also contribute to early removal (within the first six months) of the foster child. In addition, early removal families reported more difficulties when they fostered children who were close in age (within three years) to their own children or when they had several preschool children at home. In contrast, families who requested removal of foster children later in the study (7 to 18 months) reported doing so because they felt their efforts were not being rewarded, as the foster children had reportedly neither demonstrated increased affection toward the foster family nor improved their behavior. Cautley (1980) also found that labeling a child "learning disabled" or "emotionally disturbed" interfered with placement stability in the late removal group as did a lack of understanding by foster parents of the importance of placement stability for the foster child.

Much of the research concerning foster families has concentrated on identifying predictor variables of placement success and placement failure in matching foster children with foster families. The criterion for successful placement in most of these studies has been placement stability during a specified period of time (usually one to two years) rather than evaluation of the quality of care. Again, most of this research was post-hoc analysis, comparing family variables in placements which remained intact with variables of families that asked for removal of the child.

The majority of studies reviewed concluded that no single variable can be used to predict reliably whether or not a placement will last (Kraus, 1971; Levine, 1972; Cautley, 1980). Using a combination of factors, however, increases accuracy in predicting the stability of a placement. Characteristics of the foster home setting, the foster parents, the foster children and the biological children in the foster home have all been sources of investigation. Foster family variables which have shown consistent reliability and predictive validity across more than one study will be reviewed here.

A number of general family variables have been correlated with placement stability. Levine (1972) and Cautley (1980) found that cooperation in decision making between the foster mother and father was associated with increased placement stability. The foster parents' ability to accept a foster child's parents as significant to the child (Hunter, 1964) was also related in a positive manner to placement stability, as was the foster parents having well adjusted children of their own (Kresh, 1955). Although Levine (1972) found that economic well being was important for placement stability, no relationship between socioeconomic status (Levine, 1972; Petersen & Pierce, 1974) or employment of the foster mother outside of the home (Levine, 1972) was established. Murphey (1964, 1968) reports, however, that foster placements in suburban areas are less successful than those in urban or rural settings.

Motivational factors of the foster parents have also been correlated with placement stability. Aldridge, Cautley, and Lichstein (1974) state that the "quality" of the first interview with prospective applicants could be used to predict later success of the placement. Parents who used words like "love" and "give" often in their initial interviews, for example, are more likely to continue to foster than those who do not (Kinter & Otto, 1964). Kraus (1971) found that foster parents who knew the foster child prior to the application procedure or who expressed a general interest in foster care, were more likely to keep a foster child in care than parents who were looking for a companion for their own children. Parents who wanted to foster in order to "undo the foster child's former deprivation," were usually judged least adequate in their later roles as foster parents (Colvin, 1962; Fanshel, 1966).

Personality variables of the foster parents have also been investigated as correlates of placement success. Parents who lack warmth and understanding (DeFries, Jenkins, & Williams, 1965; Fanshel, 1966; Levine, 1972) and function in an autocratic manner (Levine, 1972) are likely to function poorly as foster parents. Emphasis on strict obedience, academic excellence and complete parental authority and control also had a negative impact on placement stability (Colvin, 1962; Fanshel, 1966). Finally, Fanshel (1961), Colvin (1962) and Levine (1972) report that matching foster parents and foster children on the basis of "compatible temperaments" can have a positive effect on placement outcome.

Studying individual characteristics of the foster parents, both Levine (1972) and Cautley (1980) emphasize that the mother's experience in caring for children is an important variable in the success of placement. While some investigators (Trasler, 1960; Weinstein, 1960) indicate older mothers are more successful in fostering children than younger mothers, other researchers (Etni, 1959; Colvin, 1962) maintain that younger mothers do a better job. Cautley (1980) suggests that the experience level of a foster mother in raising children is a better predictor of successful placement than her age. She reports that younger mothers who had been the oldest child in a large family of origin or who had had experience caring for children other than their own were the most successful.

On the other hand, Cautley and Aldridge (1975), report that fathers who had been the oldest or only child in their family of origin did not perform as well as other fathers in the foster parent role. These investigators also emphasized the importance of paternal flexibility, concern and understanding of the child, indicating that a rigidly formal stance to raising children, a strong need for community approval and a high degree of formal religious training in fathers were related to negative placement outcome. Fathers who described their own fathers as warm and affectionate, tended to do better as foster parents than fathers who did not describe their fathers in this fashion (Cautley & Aldridge, 1975).

Finally, a number of studies have investigated the relationship between the success of the foster placement and the presence of siblings (biological and foster) in the home. Kraus (1971) found, for example, that the presence of two biological children in the foster home was associated with successful placement as was the presence of another foster child. The presence of biological children of the same approximate age of the foster child (an age difference of less than three years), the presence of preschool children, or the presence of only one other biological child in the foster home was related to an unsuccessful placement outcome (Murphy, 1968; Kraus, 1971; Aldridge, Cautley, & Lichstein, 1974). Both Cautley (1980) and Murphy (1968) report that it is desirable to place a foster child where he or she will be the youngest child in the home, although placement as the oldest child was not necessarily negative.

Reports by Ellis (1973) on the experiences of group home families (homes in which there were six or more foster children and two or more biological children), suggest that the biological children of foster parents do experience difficulties early in placement and may, in fact, be more of a behavior problem initially than the foster child. Children between the ages of 7 and 13 years appeared most affected by the introduction of the foster child and had the most difficult adjustment. Adjustment was particularly difficult for the biological child if the foster child was a peer or in the same school or classroom or if normal family routines were

upset. Preschool children reportedly showed enthusiasm for having a foster child in the home but demonstrated little understanding of the fostering process. Teenagers appeared most responsive and generally played an active role in the integration of the foster child into the family. Ellis (1973) also reported that the oldest of the biological children was most affected by the foster placement and that the first year of placement was the most difficult.

Ellis (1973) reports that group home parents are stricter with their own children and had higher expectations for their behavior than for the foster children. These parents report that they often pay more attention to the foster child than to their own children and felt guilty about doing so. On the other hand, however, these parents felt the foster child had special needs which could not be met without special consideration. These contradictory feelings created a difficult "double-bind" (Bateson et al., 1956) situation for the group home parents and their children. It would be expected that the adjustment difficulties for the biological children could be further exacerbated when they were negatively reinforced for their "good behavior" by a concurrent shift in the parents' attention to the foster child.

Group home parents also reported some positive benefits to their family in the Ellis (1973) study, however, stating that an increased understanding and communication developed between their children and them, which strengthened the biological family bonds. They also reported becoming more aware of their values and stated that their children were better able to share with others.

In summary, it is unfortunate that biological children, who compose such a major subgroup in the family, have been so neglected in the literature on foster care. Parents, however, as indicated in the Ellis (1973) and Cautley (1980) studies are generally quite concerned about their children's behavior and sibling interaction. Conway and Butcher (1978) also report that parents identified sibling conflict as the problem of most concern with their children, second only to noncompliance.

It has already been noted that children placed in foster care often come from chaotic, dysfunctional homes (Kadushin, 1974). What might be the effect of their behavior on the foster family and especially the biological child? As suggested by Cautley (1980), undesired changes in the foster parents' own children might very well affect the foster parents' decision to continue to foster.

Finally, Bossard and Boll (1960) point out that siblings often spend large blocks of time together, functioning as an avenue of socialization and serving as substitute parents, teachers, competitors and role models. Siblings offer one another security and a sense of "family." How does this subsystem accept and integrate the foster child; can it, as Bossard and Boll (1960) suggest, facilitate the placement? Preliminary research by Ellis (1973) suggests that biological children can help foster children adjust to care.

At this point, however, there are many questions--few answers. As Cautley aptly states,

> Unlike most other professions, foster parenthood puts the entire family to the test. . . . Failure to help the child is likely to imply failure of the family as a unit (Cautley, 1980, p. 62).

The sibling subsystem is clearly an important part of that unit.

CHAPTER III

OBJECTIVES OF THE STUDY

The questions this thesis proposes to explore spring from the author's work with foster children and with adults responsible for their care. As stated throughout this thesis, recruitment and maintenance of quality foster homes are of major importance to the development and well being of foster children. Fostering poses many challenges for foster families, however, and the maintenance of foster homes, particularly new foster homes, is often difficult. Failed placements are costly, not only in terms of the time and effort child care workers must devote to locating alternative placements, but to the emotional well being of the children in care.

It makes sense to direct time and resources toward recruiting quality homes and facilitating the adjustment of foster families rather than utilizing energy to continually put out brush fires when crises arise and placements "blow up." In order to better assist foster families, however, more needs to be understood about the process of change and adjustment to care.

The theoretical perspectives presented in this thesis provide a framework for understanding family structure while the empirical data summarize problems that concern foster parents and identify family variables that are correlated with successful and unsuccessful placement outcome. Most of the studies reported, however, have been

post hoc analysis which did not address the structural and process aspects of adjustment and change in the foster families under study. What is needed is a more systematic look at change over time. For this kind of investigation, however, one must "enter the interior of a family."

To undertake a project of such magnitude is beyond the scope and time limitations of this thesis. A time limited, exploratory field study was undertaken therefore, in what appeared to be the most neglected area of foster family research--the adjustment process of the biological child. Theoretical constructs of family structure, research correlates of sibling characteristics and placement outcome, and parental interest and concern regarding this topic offered further encouragement for this line of investigation.

Because this field study was primarily exploratory in nature, the investigator decided to ask a number of questions and to collect data in a variety of ways. For the sake of clarity, these questions are grouped according to three levels of analysis (behavioral, structural and subjective).

Behavioral Level Inquiry:

1. Do foster parents observe changes in their own children's behavior over time following the introduction of a foster child into their home?
2. If changes occur, are they judged in a positive, negative or combination, positive and negative, direction?

3. Do foster parents observe changes in their foster children over time? If so, in what direction?
4. Is there a relationship between the behavior of the biological children and the behavior of the foster children?
5. Do mothers agree with fathers in their observations of children's behavior?

Structural Level Inquiry:

1. Do patterns of "perceived contact" between family members change following the placement of a foster child?
2. Do patterns of "perceived intimacy" between family members change following the placement of a foster child?

Subjective Level Inquiry:

1. To what extent do parents involve their own children in the decisions regarding the fostering process (decision to foster, decision to take or keep a particular foster child, decision to continue to foster)?
2. Do parents involve their children in an active manner (ask for and act on children's input) or a passive manner (consider foster care's impact on children but do not solicit input from them)?
3. Does the actual foster care experience meet parents' and children's initial expectations?
4. After several months of placement, do parents and children regard the experience in a positive, neutral, or negative manner?

5. What effects do parents and children feel fostering has on their family?
6. How has the foster family experienced the caseworker and the investigator over the course of the study?

Procedures for assessing and analyzing these questions are presented in the next two chapters. An attempt at integrating the findings of this study and delineating implications for future research and clinical work with new foster families will be included in the final chapter.

CHAPTER IV

METHODOLOGY

Procedures

This project was conducted under the specific ethical and legal guidelines of the Tennessee Department of Human Services (TDHS). Although the project initially started in one county, the recruitment area was quickly expanded to include five counties in East Tennessee, spanning two adjacent TDHS regional catchment areas. Each of the participating counties was selected and recommended for inclusion in the project by TDHS Regional Office staff. All participating counties were within a fifty mile radius of Knoxville, Tennessee.

Following project approval at the state, regional, and county level, the study was presented in detail to the social service staff of each county. Any questions caseworkers and supervisors had were answered at that time and input, appropriate to the study design and procedure, was solicited by the investigator.

During the recruitment phase of the project, the investigator maintained regular contact with TDHS application workers in each county who were responsible for foster parent recruitment and investigation. Families who met a specific set of criteria, developed by the investigator, were recommended for the study by these workers.

Each prospective project family was sent an information letter (Appendix A) to explain briefly the purpose of the study and to request the family's participation. Family members were usually given about a week to discuss the project with the application worker and with one another. Unless the explicit refusal to participate was stated by the family to the application worker, the investigator followed up the initial written contact with a phone call. An appointment was then made with the family to answer any additional questions and to discuss the project in greater detail.

The home visit, including all the members of the immediate family, was made by the investigator at the family's convenience. An additional written explanation was provided to adults and older children (Appendix B) during the visit and the project was discussed in detail. Younger children were provided with a verbal summary of the project (Appendix C). An attempt was made by the investigator to elicit any questions or reservations parents and children might have about the study and their participation and to answer these questions as completely as possible. Written consent forms (Appendices D and E) were obtained from parents and children (ages 8 to 18), if the family agreed to participate.

Families were asked to participate in the study for a period of four to six months. During that time, a variety of methods of data collection were used in order to provide a rich and, hopefully, reliable record of the family's experience. Data collection was divided into three main phases including: (1) an initial home visit,

(2) weekly phone contact, and (3) a final home visit. (In the initial project proposal, a midstudy home visit with each family had been planned. Scheduling problems, however, interfered with completing this phase for some families so that it had to be dropped from the final analysis.)

Initially, the design of this study was conceived as a multiple baseline procedure in which each family would serve as its own control. As is often the case with research in natural settings, problems developed in the course of data collection necessitating somewhat different types of analysis and of interpretation than were originally planned. Essentially, however, the basic design and methodology remained the same. Subjects were administered several scales (weekly interview schedule, contact and intimacy scales) and were interviewed before and after the placement of their first foster child. Data obtained prior to placement were compared to data obtained after placement in a variety of ways detailed in subsequent sections of this thesis.

The initial home visit lasted between one and a half and three hours and was conducted by the investigator with all family members prior to the placement of the first foster child. During this visit, basic demographic information and other descriptive information regarding the family was obtained. A Home Interview Sheet (Appendix F) was filled out by the investigator for each family, and a semi-structured interview was conducted with the

parents. Children were interviewed separately from the parents when possible, but generally were present for portions of the parental interview. The interviews were audiotaped with the family's permission and later transcribed to permit descriptive analysis. (Although all data collecting procedures mentioned in this section will be presented more thoroughly later in the chapter, a brief summary of content areas of interest in the initial interviews can be found in Appendices G and H.) Finally, a set of "Contact and Intimacy Scales" (Appendices I and J) was administered to each parent and to every child over 12 years of age.

During the second phase of the study, an attempt was made to contact the mother of each participating family by phone weekly. Because of various situational factors (family vacations, illness, etc.), weekly contact was not always possible. To be included in the study, however, a family must have had completed the Weekly Interview Schedule twice during a two week baseline prior to the placement of their first foster child and 12 times during a four month investigative period following placement of the first foster child.

Data collection during the baseline period and the post-placement investigative period followed exactly the same format. Mothers were contacted by phone and asked questions from the Weekly Interview Schedule (Appendix K) about each child who was two years or older and was living in the home that week. During the baseline condition, this schedule was completed on all biological children.

During the post-placement investigative period, this schedule was completed on all biological children and all foster children living in the home that week. Each father was also interviewed by phone at least four times during the second phase of the project to compare his responses on the Weekly Interview Schedule with his wife's responses for that week.

Subsequent to placement, basic demographic data, including sex, age, and reason for placement, were obtained from the foster parents and the caseworker (when possible) on each foster child. Originally, a formal questionnaire had been developed by the investigator to obtain more specific information from the caseworkers about the foster children. So many difficulties were encountered with this procedure, however (more than one worker handling the case, little available information regarding the child, confidentiality issues), that it was discontinued.

The final phase of the study followed the same format as the initial phase. An informal home visit by the investigator was scheduled when all family members were present and a semi-structured interview was conducted with the parents about their experiences in fostering (Appendix L). Biological children were interviewed separately, when possible (Appendix M), but were permitted to be present during the parental interview. Following the final interviews, parents and biological children 12 years and older were asked to complete the Contact and Intimacy Scales.

Often during this final phase of the project, foster children were still living in the home. Unless the foster children were quite young (three years or younger), they were never present during the parental interviews. Care was taken by the investigator to explain the purpose of the study to the foster children, following the same procedure used with the biological children. A slightly different version of the verbal summary, however, was presented to young foster children (Appendix N). Consent forms were obtained from older children (Appendix D or E). Only three foster children (all teenagers, 16 years or older) were actually interviewed, after obtaining their consent. All family members were initially engaged in a friendly, casual manner. The transition to the parental interviews was made gradually, to reduce any apprehensions foster children (if they were present) might have had about the visit.

Subjects

The project criteria for participation in the study were as follows: (1) the family was seeking TDHS certification to become a foster family; (2) the application worker judged that the family was likely to receive certification; (3) the family included at least one biological child (of either or both parents)[1] between the ages

[1]In three families, both parents had been married previously. In two of these families, a total of four children were stepchildren of the foster fathers. In one family, the "biological child" was, in fact, an adoptive child who had been in the home for more than five years. For purposes of this study, all of these children are regarded as the foster parents' biological children.

of 2 and 16 years who was living in the home; (4) a mother and a father were both present in the home.

A total of five families completed participation in the three phases of this project.[2] While 12 families completed at least one phase of the project, only six of these families met both the criteria for participation in the study and received TDHS certification as foster parents. Two families did not receive TDHS certification in time to participate; two families dropped their foster parent applications due to changed family circumstances; one family declined to participate, and one family dropped their foster parent application after six weeks participation in baseline.

All family members participating in the study were Caucasian, natural-born American citizens who had grown up in their area of residence or had lived there for a substantial length of time. All family members declared Protestant religious affiliation, with five of six families belonging to the Baptist Church.

All six families participating in the study owned their own homes. Two families lived in rural sections of the county; the remaining four lived in suburban subdivisions.

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[2]A sixth family also participated in this project. Due to unforeseen circumstances, however, the biological children were not at home prior to placement of the first foster child. Although the parents' phase (2) data could not be included in the statistical analysis (because there were no baseline measures) descriptive material from their initial and termination interviews and analysis of their Contact and Intimacy Scale scores will be included in the results of this thesis.

All of the families had a steady income from at least one working parent. Each father in the study was employed, and in three of the families, both parents worked outside of the home. Family income levels varied, ranging from $11,000 to over $30,000 per year, while the modal income range was $20,000 to $29,999 per year.

There was some variation in family composition. Mothers ranged in age from 23 to 43 years, with a median age of 34.5 years. Fathers ranged in age from 25 to 49 years, with a median age of 32.5 years. The educational level of the mothers ranged from 10 to 14 years, with a median of 12 years, while the educational level of the fathers ranged from 12 to 13 years, with a median of 12.5 years. None of the adults in the study reported a major health problem or physical impairment.

The parents in each family had been married from nine months to over 18 years, with a median of 7 years. In three families, this was the parents' first marriage. For two others, both parents had been married twice, and in the remaining family, the mother and father had each been married three times.

There were a total of nine biological children who were living at home in the six foster families. They ranged in age at the start of the project from 2 to 15 years, with a median age of 12 years; six of the children were male and three were female. Three of the families in the sample had only one child, while the other three families had two children. Although one child had allergies, none of the other biological children in the sample had any major health problems.

Only seven of the nine biological children in the sample were included in the statistical analysis, as the investigator was unfortunately unable to obtain a baseline period for one of the families. The seven children included in the statistical analysis ranged in age from 2 to 15 years, with a median age of 12 years. Five of the children were male and two were female.

The six families fostered a total group of 18 foster children over the course of the study. Their foster children ranged in age from five days to 17 years, with a median age of 6 years. There were nine male and nine female foster children in the study.

Five families had their first foster child for the duration of the investigation (three months or longer), while the remaining family had their first foster child for about seven weeks. Length of placement during the three month post investigative period varied, from two days to three months or more (a median of 60 days).

There were a number of reasons for placement. Five children were placed because of alleged or known sex abuse; five more were in care because their natural parents had abandoned them, while three children were placed because of a combination of both abuse and neglect. One child was in the process of being placed for adoption, and two others were in care because of temporary problems concerning their mothers. Eleven of the 18 children had been in at least one other foster home prior to this placement.

Data Collection Methods

Home Interview Sheet

The Home Interview Sheet (Appendix F) is a six page typed form developed by the investigator to collect systematically demographic and background information on foster family members. It includes general questions such as age, occupation, educational level, race, religion and health problems of family members living at home and a family genogram (Guerin, 1976), which is a quick way to obtain background on the parents' families of origin and families of procreation. The data from the Home Interview Sheet provided a basis of comparison between families and served as a non-threatening introduction to the interview.

Initial Interviews

There were two purposes for inclusion of the initial interview in the project. Because of the duration of the study, the frequency of contact and the indirect nature (phone contacts) of most of the contacts, the first purpose of the initial interview was to develop a good sense of rapport between the family and the investigator. The initial interview was, therefore, conducted in a relaxed manner, which permitted the investigator to get better acquainted with the family, to answer any questions the family members might have, and to begin to develop a cooperative relationship. The interview served these purposes well as many parents later confided that they initially felt quite apprehensive about "talking to a psychologist."

The second purpose of the interview was to find out both why the parents wanted to foster and how foster care might fit their own needs. Because this thesis focuses on the effects of fostering on the biological children of foster parents, it was also important to assess whether parents had taken their own children into consideration when making the decision to foster, and whether the children had been actively involved in the decision process. An attempt was made to interview the children separately from their parents in order to obtain information they might be reluctant to share in front of their parents. Similarly, parents also had time to discuss their feelings "out of earshot" of their children during the interview.

Because it was not known before the study what the ages of the children would be, two forms of the interview were created. Sample questions of the content areas of interest previously mentioned are provided in Appendices G and H. These questions only provided structure for assessing the general content areas of interest; therefore, not all questions were asked each family and there was no rigid order of questioning.

Final Interviews

The purpose of the final interviews was to "pull together" or consolidate the foster families' first few months of experience in foster care and to share ideas, feelings and concerns about the effect of fostering on their families. The investigator hoped that data obtained from the termination interviews might provide a richer

record of the families' experiences and be used as a descriptive comparison with the first interview, the behavioral analysis of the weekly interviews, and the structural analysis of the Content and Intimacy Scales.

The questions used in the final interviews (Appendices L and M) were related to but different from the questions in the first interview. The format for both interviews, however, was the same for parents and biological children. With one exception, foster children were not included in the interview process.[3]

Weekly Interview Schedule

One of the major objectives of this study was to assess behavioral change in the biological children subsequent to foster placement. Finding a method for assessing behavioral change, however, presented a number of major difficulties. First, because of the wide age range of biological children in the sample (2-15 years), the method of assessment had to include either a very broad and/or very general range of behavior to be appropriate for children of different ages. Second, because the investigator was interested in changes in both adaptive and problem behavior, a technique that would assess both kinds of behavior was needed. Third, because the investigator wished to contact each family on a weekly basis by phone and to collect

[3]In one family three older adolescents expressed an interest in talking with the investigator about their experiences in care. After obtaining written consent, the investigator talked with them briefly.

data on all children in the home, the assessment method had to be brief and easy to administer. Finally, the investigator was interested in obtaining an "affect valence" for each behavior, in order to assess "how the parent felt about it." It was reasoned that although two behaviors may both be perceived negatively, the intensity of "negativeness" associated with each behavior may vary widely.

Many types of behavioral assessment methods were reviewed, but were not appropriate for the purposes of this study. Most scales were too long, appropriate only to a restricted age group or loaded with too many negative and/or pathological behaviors to be of much practical use. Furthermore, in personal communication with Cautley (1981) regarding behavioral assessments of children in her research, she stated that she found "standard techniques" far less valuable in providing information than asking parents about their children's behavior.

The investigator developed the Weekly Interview Schedule in order to assess quickly the parents' perceptions of each child's behavior for that week. This is not an objective record of behavior and is not interpreted as such. Personal communication with Wahler (1977) suggests, however, that adults' attitudes on children's behavior, while not always objective and/or accurate, can significantly influence future adult-child interactions.

Appendix K contains a copy of the Weekly Interview Schedule and directions for administration. By using this schedule on a weekly basis, the investigator hoped to assess the kinds of positive

and negative behaviors that parents remembered about each child, the intensity of parental affect associated with the behaviors, and to see if analysis of these variables changed between baseline and post-placement conditions and/or over time. More will be discussed about the analysis and reliability of this procedure in the next section.

The Weekly Information Schedule also contains questions about caseworker contacts and unusual events during that week as well as a satisfaction in parenting scale and parent daily (mood) rating scale. This general information was included in the weekly assessment to provide additional data which could be helpful in interpreting the behavioral data ratings.

Contact and Intimacy Scales

Another objective of this thesis was to attempt to assess whether foster placement affected family structure and the way that family members relate to each other. Analysis of family structural and relationship patterns are difficult to assess without direct observation of the family.

The Contact and Intimacy Scales were developed to supplement observations of family interactions during interviews, in an attempt to assess indirectly two dimensions related to family structure--the amount of "face to face contact" family members have with each other and the degree to which they feel "close to" or "intimate" with each other.

A copy of each scale and directions for administration can be found in Appendices H and I. Upon completing the scale, one is left with a spatial representation of the physical/emotional relationships of the subject and other family members as perceived by the subject. By administering the scales prior and subsequent to placement, one can judge whether the subject's perceptions regarding his contact with and feelings of intimacy for each family member had changed.

To the author's knowledge, no research literature has been reported using these scales.[4] Analysis and reliability of the technique will be addressed in later sections.

Data Analysis

Reliability of Data Collection Methods

Both the Weekly Interview Schedule (WIS) and the Perceived Contact and Perceived Intimacy Scales were checked for respondent reliability. To establish reliability for the WIS variables, each parent was called twice within a 12 to 24 hour period and asked to complete WIS data for each child in the home. Pearson product moment correlation coefficients were computed separately for mothers' and fathers' ratings on all biological children. The results are presented in Chapter V.

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[4]The author became familiar with a variation of this technique through her work in the Family Study Unit at the San Francisco V.A. Hospital. Ms. Alene Free, an art therapist and family therapy intern, introduced the technique to other unit staff. The author has no

Similarly, to establish reliability of the Perceived Contact and Intimacy Scales, each parent and child over 11 years of age was asked to complete each of the scales twice, with administrations ranging from several hours to one week apart. Reliability of each scale was computed separately for mothers, fathers and children using Pearson correlation coefficients, which are presented in Chapter V.

Interrater Reliability on Effort and Specificity Ratings

In the process of collecting and collating behavioral data reported by parents on the WIS, the investigator found that two qualitative aspects of the reported behaviors began to emerge which were not methodologically addressed by counting behaviors or having parents rate how they felt about each behavior. Some behaviors, for example, which require a moderate degree of effort (he washed the dishes) might be assigned the same positive valence rating as behavior(s) which entailed significantly greater effort (he cleaned the house all week). Without an additional way to qualify this dimension of "effort," a potentially valuable piece of information would be lost.

Secondly, despite the investigator's attempt to get parents to be specific when reporting their children's positive or negative behaviors, some of the "behaviors" reported (good attitude) were

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knowledge of the original creator of the method and attempts to contact Ms. Free have been unsuccessful.

extremely vague operationally. To assess whether some parents were more vague than other parents in their reporting, or whether parents' reports became more specific over time, the investigator also attempted to qualify the dimension of specificity. To qualify (or in this case quantify) the dimensions of effort and specificity, two independent raters were each given a randomized list (Appendix O) of the positive behaviors and the negative behaviors of the biological children and asked to rate each behavior on a scale of 1 to 7, first on the dimension of effort and then on the dimension of operational specificity. Detailed explanations and examples for each procedure are given in Appendix P.

Interrater reliability was obtained utilizing the Pearson product moment correlation coefficient. Interrater reliabilities for effort and specificity on positive behaviors and on negative behaviors are presented in Chapter V.

Statistical Analysis of Behavioral Data

Designs for research in natural settings are usually "quasi-experimental" (Campbell & Stanley, 1963), in that there are many naturally occurring variables which are difficult, if not impossible, to control. The investigator's experience during this project was no exception.

In originating the project, the investigator had hoped to utilize a multiple baseline design, in which each subject would serve as its own control, and to analyze each family on a case by case basis. In order to utilize this approach, it was necessary to have

different families in baseline for varying lengths of time. Only one family had a baseline period of more than three weeks; however, a second family had a baseline period of exactly three weeks and three families had baseline periods of only two weeks. Following the first placement, all five families also had foster children in their homes until termination of data collection, so that a return to preplacement conditions never occurred.

Under these conditions (short baseline periods and failure of families to return to preplacement conditions), it was difficult to accurately assess possible changes in the biological children's behavior between baseline and post placement periods of investigation. It appeared more reasonable, therefore, and in keeping with the investigator's original line of inquiry, to see whether the biological children's behavior and their parents' response to the behavior varied over time.

A variety of descriptive and inferential statistical techniques, including analysis of variance on repeated measures, was utilized to analyze WIS data. First, a sequential list of each child's positive and negative behaviors was composed, including valence, effort, and specificity ratings for each behavior.[5] Next, the behaviors and their ratings were grouped into five periods (baseline and months 1, 2, 3, and 4 subsequent to baseline). Means of the

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[5]Effort and specificity ratings were arbitrarily selected from one of the independent raters.

average weekly number of both positive and negative behaviors were computed for each period.

Means were also computed in each of the five periods for the different rating scores associated with each behavior. Average positive and negative valence, effort and specificity scores were all computed by adding all the rating scores of that category in a particular period and dividing the total by the number of behaviors. For example, if a mother reported 6 positive behaviors for a child over a three week baseline period with positive valence scores: 10, 10, 8, 9, 7, 9 and positive effort scores: 6, 3, 4, 6, 6, 2; the mean number of behaviors per week per period was two; the mean positive valence was 8.8; and the mean positive effort was 4.5.

An average combined valence score was also computed for each child during each period by transforming the negative valence to a positive valence[6] and then averaging the transformed score with the positive valence. For example, a child obtaining an average positive valence of 8 and an average negative valence of 7 during period 1 would have an average combined valence of 5.5 for that period.

Following reduction of behavioral data in the manner just described, a series of sequential analyses were performed.

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[6]The valence rating scale for negative behaviors is a 10 point scale with 10 being the most negative score. The valence rating scale for positive behaviors is a 10 point scale, with 10 being the most positive rating. Subtracting the negative valence from 10

Table 1 conveniently lists each statistical procedure conducted and the purpose for its inclusion.

Statistical Analysis of Structural Data

Following analysis of the behavioral data, information on the Perceived Contact and Perceived Intimacy Scales was collected and analyzed. For each administration of the scales, the distance between the center dot and dots labeled for the immediate family members was recorded. Family members were then rank ordered based on their dot's distance from the center dot; the person associated with the dot closest to the center was given a rank of 1, next closest a rank of 2, and so on.

The Wilcoxon Paired Signs Test was used to analyze whether parents and older children changed their rankings of other family members to a significant degree between the initial and termination sessions. Spearman Rank Order Correlation Coefficients were used to obtain correlations between mothers' and fathers' ratings.

Descriptive Analysis

Because of the small number of families in the project sample, a formal statistical analysis of interview data was not undertaken. To analyze the interview data, however, each interview was

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transforms this rating to an equivalent numerical scale. This process is done for ease of comparison, only. It is incorrect to assume that the values on these scales are subjectively equivalent or that parents rate these dimansions in an identical way.

TABLE 1

STATISTICAL ANALYSIS OF WEEKLY INTERVIEW DATA PURPOSE AND PROCEDURE

Procedure	Purpose
I. Analysis of variance (ANOVA) repeated measures	To determine if means for each variable differ between periods
A. Biological children	
1. Average number positive behaviors	
2. Average number negative behaviors	
3. Average positive valence	
4. Average negative valence	
5. Average combined valence	
6. Average positive effort	
7. Average negative effort	
8. Average positive specificity	
9. Average negative specificity	
B. Foster children	
1. Average number positive behaviors	
2. Average number negative behaviors	
3. Average positive valence	
4. Average negative valence	
5. Average combined valence	
II. Post hoc analysis on significant ANOVAs--Duncan's Multiple Range Test	To determine the pattern of differences among means of significant ANOVAs
A. Biological children	
B. Foster children	
III. One way analysis of variance by family	To determine if means for each variable differ between families
A. Biological children	
1. Average number positive behaviors	

TABLE 1 (CONTINUED)

Procedure	Purpose
2. Average number negative behaviors 3. Average positive valence 4. Average negative valence 5. Average combined valence 6. Average satisfaction index ratings 7. Average daily mood ratings	
IV. Post hoc analysis on significant ANOVAs--multiple range test Scheffe procedure	To determine the pattern of differences among means of significant ANOVAs
V. Pearson correlation coefficients between daily rating scores and dependent variables across families (biological children only) A. Positive behavior B. Negative behavior C. Positive valance D. Negative valence E. Combined valence	To determine if a relationship exists between daily rating (mood) scores and each variable across families
VI. Pearson correlation coefficients between daily rating scores and dependent variables for separate families (biological children only) A. Family 1 B. Family 2 C. Family 3 D. Family 4	To determine if a relationship exists between daily rating (mood) scores and each variable within each family

TABLE 1 (CONTINUED)

Procedure	Purpose
E. Family 5	
F. Family 6	
VII. Multiple regression for dependent variable--daily ratings ratings scale with:	To determine the separate and combined effects of one or more of the following variables on daily (mood rating)
A. Biological child behavior variables 1. Positive behavior 2. Negative behavior 3. Positive valence 4. Negative valence 5. Combined valence	
B. Foster child behavior variables 1. Positive behavior 2. Negative behavior 3. Positive valence 4. Negative valence 5. Combined valence.	
VIII. Two way analysis of variance Biological children vs. foster children*	To determine interaction effects between behavioral variables of biological children and foster children
IX. Pearson's correlation coefficients on mothers' and fathers' ratings	To determine if a relationship exists between mothers' ratings and fathers' ratings for each variable
A. Biological children 1. Positive behavior 2. Negative behavior 3. Positive valence 4. Negative valence 5. Combined valence	

TABLE 1 (CONTINUED)

Procedure	Purpose
B. Foster children	
1. Positive behavior	
2. Negative behavior	
3. Positive valence	
4. Negative valence	
5. Combined valence	
C. Satisfaction index	
D. Daily rating	

*Unfortunately this procedure was deleted from the analysis due to insufficient information and failure on all variables of ANOVA's repeated measures (foster children) to reach significance.

audiotaped and later transcribed. The investigator read and reread each transcription carefully, keeping in mind the subjective level questions outlined in Chapter III. Based on the structure provided by the interview sample questions and the areas of concern emphasized by the families, data were grouped into content caregories and summarized. Content categories and summarized subjective responses by different family members are presented in Chapter V.

CHAPTER V

RESULTS

Reliability

Table 2 conveniently summarizes reliability of mothers' and fathers' ratings of WIS variables. In general, mothers were extremely reliable in their ratings, obtaining Pearson r's ranging from .88 to 1.0 across variables. Fathers, on the other hand, tended to be somewhat less consistent on these measures, obtaining Pearson r's of .53 to .95. While all of the mothers' ratings were significant at the .05 level of probability, only four of the variables fathers rated (average positive valence, average negative valence, daily rating scale, and satisfaction index) were significant. Pearson r's on fathers' ratings were also quite high, however, and likely failed to reach significance because of the small sample size (N=7). Only mothers' ratings are used in further statistical analysis of children's behaviors because fathers were only contacted four times during the study.

Reliability of mothers' and fathers' rankings of family members on Perceived Family Contact and Perceived Family Intimacy Scales also indicated that mothers tend to be more consistent in their responses over time than fathers. As indicated in Table 3, both parents obtained Pearson r's which were significant at the .05 level in their combined ratings for each scale. When reliability was

TABLE 2

RELIABILITIES FOR MOTHERS' AND FATHERS' RATINGS OF WEEKLY INTERVIEW SCHEDULE VARIABLES (PEARSON PRODUCT MOMENT COEFFICIENT)

Variable	Mothers' Ratings r	Fathers' Ratings r
Number of positive behaviors	1.0*	.53
Number of negative behaviors	.97*	.68*
Average positive valence	.88*	.74*
Average negative valence	.98*	.95*
Average combined valence	.92*	.66
Daily rating scale	.99*	.83*
Satisfaction index	.99*	.95*
Caseworker contacts** (parents)		
Caseworker contacts** (children)		

*$p < .05$

**No casework contacts occurred on the weeks reliability checks were conducted. Although a perfect correlation is assumed, it cannot technically be calculated.

Note: Reliability checks were made once with each parent for each biological child over the course of the study. Behavior ratings for seven children across five families were obtained.

TABLE 3

RELIABILITIES FOR MOTHERS' AND FATHERS' RANKINGS OF FAMILY MEMBERS ON PERCEIVED FAMILY CONTACT AND PERCEIVED FAMILY INTIMACY SCALES (PEARSON PRODUCT MOMENT CORRELATION COEFFICIENTS)

Variable	Mother r	Father r
Contact scales		
Biological children	.52	.64
Spouse	.87*	.29
Foster children	1.0*	.50
Combined rankings	.70*	.63*
Intimacy scale		
Biological children	1.0*	.71
Spouse	1.0*	.5
Foster children	1.0*	.98*
Combined rankings	1.0*	.86*

*$p < .05$

Note: Reliability checks were made once during the project for each parent. Rankings were calculated for biological children, spouse and foster children on each scale. Reliability coefficients for each group of rankings and for the combined group of rankings are presented above.

calculated for separate groups, fathers tended to be less reliable than mothers. Again, however, the r's obtained were fairly high for all groups, but because of the small sample size, significance was difficult to obtain. (It is interesting to note that perfect reliability was obtained by mothers on all of the rank categories of the Perceived Intimacy Scale.)

In contrast, Pearson correlation coefficients of interrater reliability of effort and specificity variables (Table 4) were much lower than Pearson coefficients obtained from parents' ratings in Tables 2 and 3. Because of the large sample of scores (308 positive behaviors and 71 negative behaviors), however, the r values all attain significance at the .05 level. From inspection of Table 4, it appears that raters had an easier time rating "specificity" than effort. This result was expected as many variables (child's age, duration of behavior, complexity of behavior) are taken into account when rating effort, while less subjectivity was required in rating specificity. Judging from the coefficients presented in Table 4, raters were also in agreement more when rating negative behaviors across the two dimensions than when rating positive behaviors.

TABLE 4

INTERRATER RELIABILITY OF EFFORT AND SPECIFICITY VARIABLES
(PEARSON CORRELATION COEFFICIENTS)

Variable	r Value
Effort ratings	
Average positive effort rating	.24*
Average negative effort rating	.38*
Specificity ratings	
Average positive specificity rating	.54*
Average negative specificity rating	.57*

*$p < .05$

Statistical Analysis of Behavioral Data

Findings for Biological Children

As indicated in the previous chapter, mothers' behavioral ratings of seven biological children from five families were grouped into five periods (baseline and months 1, 2, 3 and 4 post placement). Each behavioral variable was analyzed using an analysis of variance (ANOVA) procedure for repeated measures to determine if there was a significant difference across the five periods in the reporting of that variable. Post-hoc analysis (Duncan's Multiple Range Test) was then performed with those behavioral variables which attained significant F values (.05 or better) to determine the pattern of differences among means of that variable for each period. Table 5 summarizes the variables analyzed, their mean ratings for each period, significant F scores and paired comparisons for significant ANOVAs.

No significant difference was found between the periods for the number of reported positive behaviors ($F = 2.10$, $p = .11$) or for the number of reported negative behaviors ($F = 1.15$, $p = .36$). The F values for average positive valence and average combined valence, however, were significant ($F = 3.71$, $p = .02$ and $F = 4.19$, $p = .01$, respectively). Although the F value for average negative valence was not significant at the .05 level, it approached significance ($F = 2.25$, $p = .09$).

These results suggest that although the number of both positive and negative behaviors reported for the seven children across the five

TABLE 5

ANALYSIS OF VARIANCE REPEATED MEASURES ON MOTHERS' REPORTS OF BIOLOGICAL CHILDREN'S BEHAVIOR

Variable	Mean Ratings: Period 1 Baseline N=7 $\bar{X}$	Period 2 Month 1 Post Placement N=7 $\bar{X}$	Period 3 Month 2 Post Placement N=7 $\bar{X}$	Period 4 Month 3 Post Placement N=7 $\bar{X}$	Period 5 Month 4 Post Placement N=7 $\bar{X}$	F	Paired Comparisons* (Duncan's Multiple Range Test)
Average number positive behaviors	2.30	2.75	2.70	2.31	2.00	2.10	
Average number negative behaviors	.429	.743	.600	.486	.857	1.15	
Average positive valence	9.13	9.27	9.44	9.76	8.03	3.71*	$P_5 < P_1, P_2, P_3, P_4$
Average negative valence	1.37	2.90	3.66	1.41	4.071	2.25[a]	$P_5 > P_1, P_2, P_3, P_4$ and $P_1+P_4 < P_2, P_3, P_5$
Average combined valence	8.87	8.20	8.05	9.18	6.98	4.19**	$P_5 < P_1, P_2, P_3, P_4$ and $P_1+P_4 > P_2, P_3, P_5$

*$p \leq .05$

**$p \leq .01$

[a]Approaches significance $p < .09$

periods remained fairly consistent, the intensity of affect reported (positive and to a lesser degree, negative) was significantly different across periods. The results of the paired comparisons analysis indicated that period 5 was significantly ($p < .05$) different from periods 1 through 4 on each of these variables (average positive, negative and combined valences). Mothers reported feeling less positive about their children's "good" behavior and more negative about their children's "bad" behavior during period 5 than in any prior period. Another significant paired comparison occurred between periods 1 and 4 and periods 2, 3 and 5. Mothers' reports of "bad" behaviors appear to be less negative during baseline and period 4 than in periods 2, 3 and 5. Figures 1 and 2 further illustrate these findings.

These post hoc findings were interesting, particularly in light of the results of ANOVA on behavior effort ratings (Table 6). Although ANOVA's repeated measures yielded no significant F values at the .05 level, F values for ratings of positive effort approach significance ($F = 2.30$, $p = .09$). Figure 3 illustrates that the means of the effort ratings appear fairly consistent through period 4 with a very slight increase in period 5. Post-hoc analysis also indicated that the mean effort rating in period 5 was significantly higher than mean effort ratings in periods through 4.

Although much caution should be exercised in interpretation of ANOVA of positive effort ratings (because of both the marginal F score and relatively low interrater reliability on this variable),

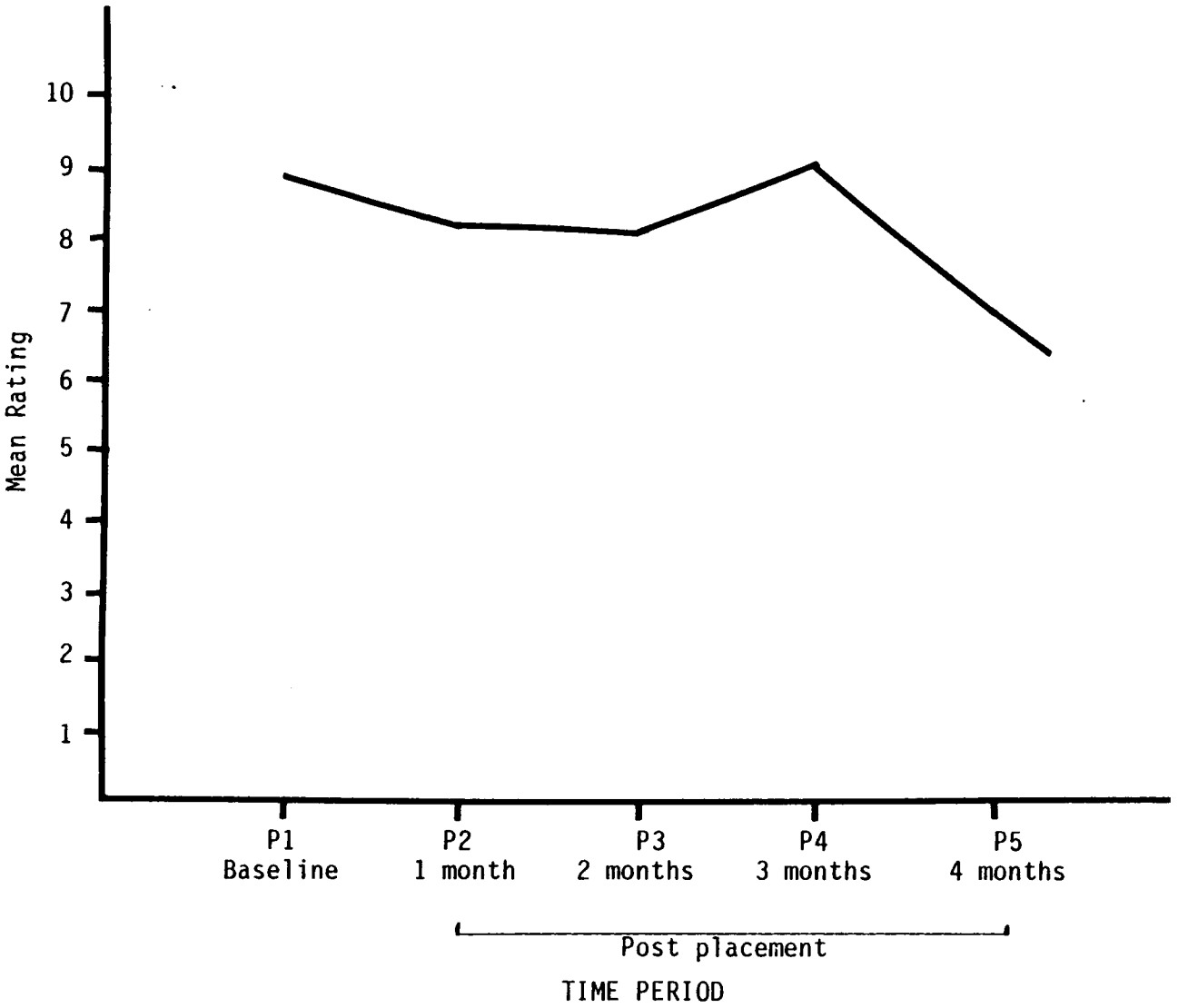


Figure 1. Mean ratings of combined valence scores for seven biological children across five time periods.

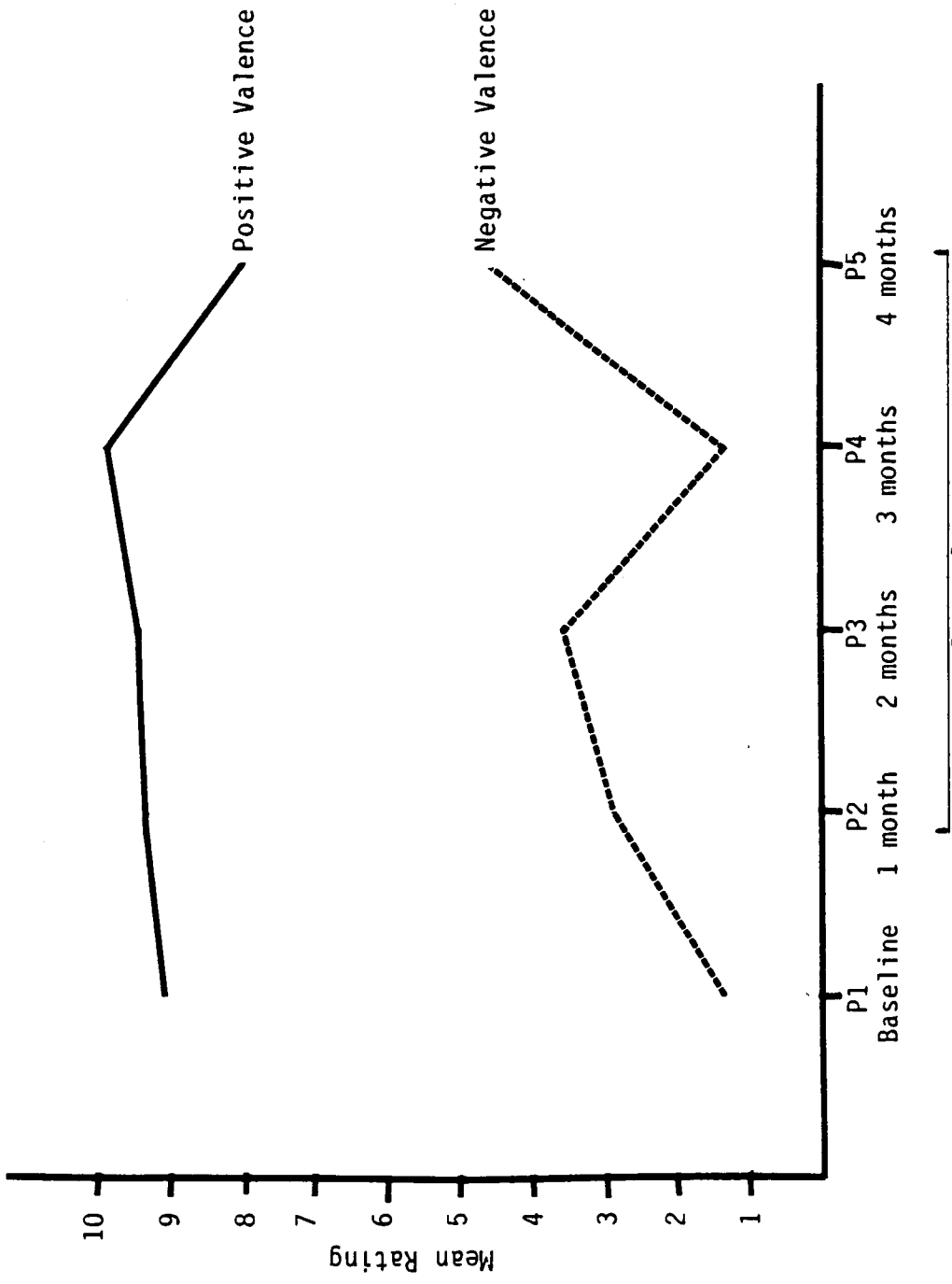


Figure 2. Mean ratings of positive and negative valence scores for seven biological children across five time periods.

TABLE 6

ANALYSIS OF VARIANCE REPEATED MEASURES ON RATINGS OF EFFORT AND SPECIFICITY (BIOLOGICAL CHILDREN)

Variable	Mean Ratings: Baseline N=7 $\bar{X}$	Month 1 Post Placement N=7 $\bar{X}$	Month 2 Post Placement N=7 $\bar{X}$	Month 3 Post Placement N=7 $\bar{X}$	Month 4 Post Placement N=7 $\bar{X}$	F	Paired Comparisons* (Duncan's Multiple Range Test)
Average positive effort	3.10	3.20	3.26	3.28	3.82	2.30[a]	$P_5 > P_4, P_3, P_2, P_1$
Average negative effort	3.20	3.45	3.90	3.10	2.65	1.15	
Average positive specificity	3.66	3.41	3.35	2.95	3.25	1.01	
Average negative specificity	3.66	3.75	4.16	4.33	2.91	.47	

*$p < .05$

[a]p approaches significance $p < .09$

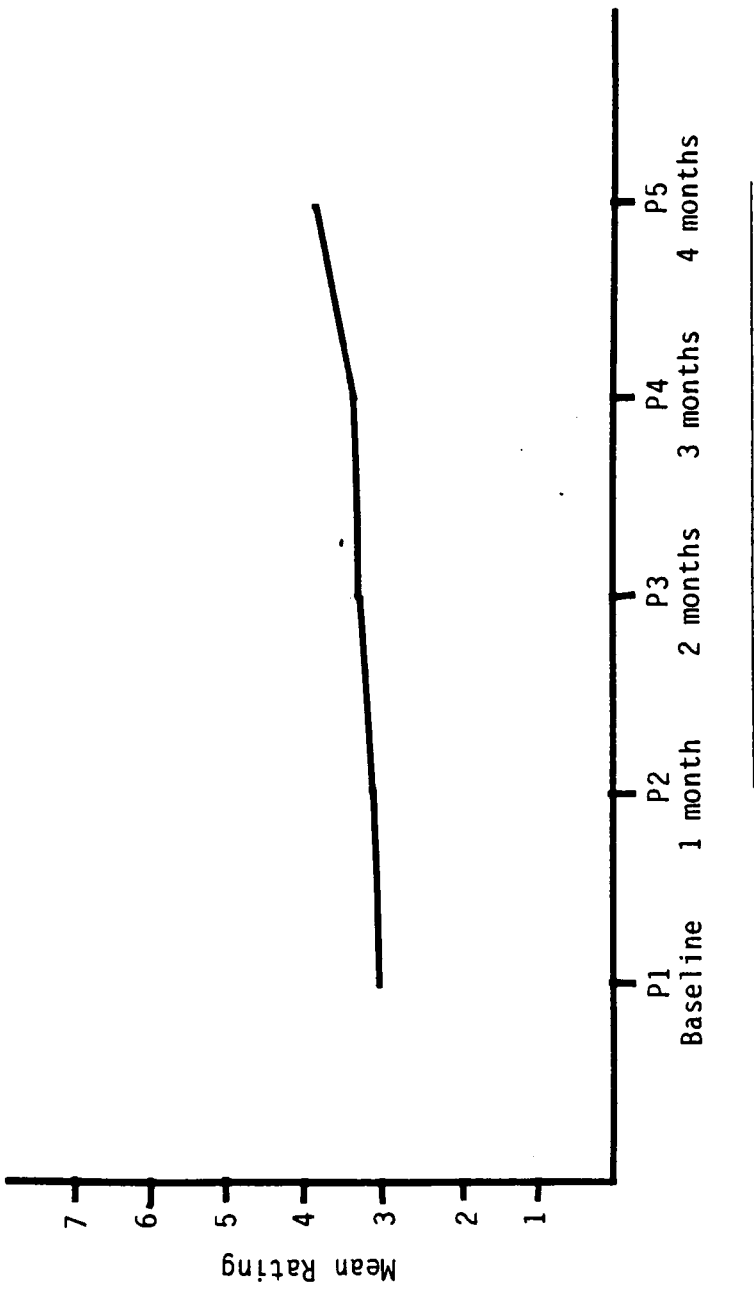


Figure 3. Mean ratings of positive effort scores for seven biological children across five time periods.

Figures 2 and 3 suggest that although the children in this sample continued to display consistent and perhaps somewhat increased effort in their positive behavior, their mothers reported slightly less satisfaction with their "good" behaviors, particularly after four months of placement.

In contrast, despite no apparent significant differences between periods on ratings of negative effort ($F = 1.15$, $p = .37$), mothers' reports of "bad behaviors" were significantly more negative at period 5 than in other periods. ANOVA of ratings of behavior specificity in either direction, positive or negative, were also not significant ($F = 1.01$, $p = .42$ and $F = .470$, $p = .76$, respectively).

It appears then, that although mothers' reports of the number of their children's positive or negative behaviors did not change significantly across periods, mothers' feelings about these behaviors did change. These changes occurred later in the study (month 4 post placement) and suggested that mothers were less satisfied with the good behavior of their children, despite continued high effort ratings of behavior.

It also appears (although evidence is less strong) that mothers' reported feelings of "negativity" for bad behavior also increased during period 5, despite no significant changes in effort ratings for negative behavior. Because of the time limitations on the study, it was not possible to ascertain whether these trends would have continued.

One way ANOVA was also used to determine if the mothers of the six families differed in their reporting of child behavior variables. Rating summaries were obtained for nine biological children over four post placement periods of investigation as family 6 did not participate in baseline. Post-hoc analyses (Scheffe's Procedure) were performed with behavioral variables which had significant F values (.05 or better) to determine the pattern of differences among the means of that variable for each of the families. Table 7 summarizes the variables analyzed, their mean ratings for each family, significant F scores and paired comparisons for significant ANOVAs.

Although F values were significant for all variables, paired comparisons indicated that no one mother was consistently different in her ratings across variables than the others. Mother 6 was somewhat more negative than mothers 1, 2 and 4 in mean rating for number of negative behaviors and mothers 2 and 3 in mean ratings of negative valence, but her ratings were not included in the analysis of behavior ratings over time. Mother 3 was less positive in mean ratings of number of positive behaviors than mother 4 and less positive in mean ratings of positive valences than mother 2.

Positive and negative specificity variables were also included in one way ANOVA by family. Only positive ratings (efforts: $F = 10.36$, $p < .01$ and specificity: $F = 3.71$, $p < .01$) were significant. Children in family 4 obtained mean effort ratings significantly higher than the child in family 3, who was two years

TABLE 7

ONE WAY ANALYSIS OF VARIANCE BY FAMILY FOR BIOLOGICAL CHILDREN OVER FOUR POST PLACEMENT PERIODS

Variable	Mean Ratings						F	Paired Comparisons* (Scheffe's S)
	Family 1 N=1 $\bar{X}$	Family 2 N=2 $\bar{X}$	Family 3 N=2 $\bar{X}$	Family 4 N=2 $\bar{X}$	Family 5 N=1 $\bar{X}$	Family 6 N=2 $\bar{X}$		
Average number positive behaviors	2.74	2.18	1.54	2.64	2.65	1.86	4.34**	$F_4 > F_3$
Average number negative behaviors	.400	.536	1.00	.389	1.00	1.77	6.79**	$F_6 > F_1, F_2, F_4$
Average positive valence	9.09	9.83	7.54	9.23	8.90	8.33	4.06**	$F_2 > F_3$
Average negative valence	2.23	2.14	2.63	1.94	5.11	5.66	4.90**	$F_6 > F_2, F_4$
Average combined valence	8.43	8.84	7.44	8.95	6.89	6.33	7.33**	$F_6 < F_2, F_4$
Satisfaction index ratings	7.53	9.18	8.27	7.96	7.19	7.55	2.78*	
Daily mood ratings	7.73	8.89	8.04	7.42	6.96	6.91	2.34*	

*$p < .05$

**$p < .01$

N = the number of biological children rated per family.

years of age. The child in family 1 (a teenage girl who shouldered much responsibility in child care and household chores) had significantly higher mean effort ratings than children in families 2, 3, 4, or 5. No other significant paired comparisons were noted.

Findings for Foster Children

Only five foster children in the sample were present in the foster homes during the four month post placement investigation period.[1] Analysis of variance, repeated measures was utilized with this sample to determine if there was a significant difference in reports for each behavioral variable across four periods. Table 8 summarizes the variables analyzed, their mean ratings for each period, significant F scores and paired comparisons for significant ANOVAs.

As Table 8 illustrates, no significant F values were obtained in the ANOVA repeated measures of any behavioral variable for this sample of foster children. Small sample size may be one reason for the lack of significant findings. Because no significant F values were obtained in the ANOVA, post-hoc analysis to determine the pattern of significance was deleted.

One way ANOVA by family was also utilized with this sample to determine if mothers differed in their reporting of behavioral variables for foster children. Table 9 summarizes the results and

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[1]Two infants were in placement with families 1 and 2 but were not included in the present analysis because WIS data were not available. (WIS were only completed on children two years or older.)

TABLE 8

ANALYSIS OF VARIANCE REPEATED MEASURES ON MOTHERS' REPORTS OF FOSTER CHILDREN'S BEHAVIOR

Variable	Mean Ratings: Baseline[a] N=5 $\bar{X}$	Month 1 Post Placement N=5 $\bar{X}$	Month 2 Post Placement N=5 $\bar{X}$	Month 3 Post Placement N=5 $\bar{X}$	Month 4 Post Placement N=5 $\bar{X}$	F	Paired Comparisons* (Duncan's Multiple Range)
Average number positive behaviors		2.76	1.87	1.90	1.60	1.67	
Average number negative behaviors		1.73	.500	.90	1.16<	1.84	
Average positive valence		8.20	8.80	8.53	7.60	.47	
Average negative valence		4.20	2.03	3.20	5.42	1.23	
Average combined valence		7.00	8.38	8.11	6.09	2.14	

*$p < .05$

[a]Foster children not present in home during baseline.

TABLE 9

ONE WAY ANALYSIS OF VARIANCE BY FAMILY FOR FOSTER CHILDREN OVER FOUR POST PLACEMENT PERIODS

Variable	Mean Ratings Family 3 N=2	Family 4 N=2	Family 5 N=1	Family 6 N=2	F	Paired Comparisons* (Scheffe's S)
Average number positive behaviors	2.0	3.88	2.0	1.79	8.56**	$F_4 > F_3, F_5, F_6$
Average number negative behaviors	1.5	1.75	.818	1.41	.752	
Average positive valence	8.10	9.52	9.00	8.21	1.40	
Average negative valence	3.53	3.30	2.41	5.34	2.19	
Average combined valence	7.29	8.14	8.30	6.37	2.74*	
Satisfaction index ratings	8.13	8.58	7.05	7.67	1.84	
Daily mood ratings	8:03	6.7813	7.14	7.22	.850	

*p = < .05

**p = < .001

indicates that there were overall differences in the way the four mothers reported the number of positive behaviors and combined valence ratings. Using Scheffe's post-hoc analysis procedure for paired comparisons only one specific pattern was noted. Mother 4 was demonstrated to have reported a higher mean number of behaviors than mothers 3, 5 and 6.

Interaction Effects between Foster Children and Biological Children

Because of the small number of foster children in the sample, the insignificant findings of ANOVA, repeated measures on their behavior and the further reduction of data that would have had to have been done, the investigator could not perform a two way ANOVA. This was unfortunate as behavior on WIS was obtained from foster children specifically to measure interaction effects between foster and biological children. Although interaction effects cannot be ruled out, there were not enough data to analyze them.

Effect of Satisfaction Index and Daily Rating Scales on Behavioral Variables

In addition to questions about children's behavior, the WIS also included two scales asking parents to rate both their satisfaction in parenting that week and their mood on that particular day. These scales were included to help determine whether changes in parents' ratings of children's behaviors were merely an artifact of the parents' mood

The satisfaction index, however, turned out to be operationally confusing. Despite repeated clarification, many mothers rated themselves on their performance as parents rather than on how satisfied they were parenting that week. Because of the inconsistency in meaning of the mothers' ratings, this scale was dropped from further analysis and interpretation.

Mothers had no difficulty rating what kind of day they were having, however, and demonstrated good reliability ($r = .99$) in their ratings of this variable. Correlational analysis (Pearson correlation coefficients) was used to determine if a relationship existed between daily ratings and ratings of biological children's behavior.[2] Table 10 summarizes these results across all families.

Although the r values are rather low, because of the high number of cases in each sample, all but one of the correlations (daily rating and average positive valence) was significant. When correlations between daily rating and behavior variables were computed within families, however, the number of significant r's dropped considerably. In family 2, daily ratings were inversely correlated with the number of negative behaviors reported ($r = -.38$, $p < .05$); in family 5 daily ratings were directly correlated with positive valence ($r = .65$, $p < .01$), and in family 6 daily ratings were inversely correlated with the number of positive behaviors reported ($r = -.58$, $p < .01$).

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[2]Because the primary emphasis of this thesis is on the biological children and because of insignificant ANOVA findings for foster children, Pearson r's were calculated only for biological children.

TABLE 10

CORRELATION OF MOTHERS' DAILY RATINGS AND WEEKLY INTERVIEW SCHEDULE VARIABLES ACROSS FAMILIES--PEARSON PRODUCT MOMENT COEFFICIENTS OBTAINED FOR RATINGS OF BIOLOGICAL CHILDREN

Variable	r
Number of positive behaviors	-.18*
Number of negative behaviors	-.24**
Average positive valence	.16
Average negative valence	-.22**
Average combined valence	.26**

*$p < .05$

**$p < .01$

A multiple regression analysis was applied to these data in order to try and predict daily ratings from a combination of one or more behavioral variables. Only combined valence rating was of high predictive value ($p < .001$). When other variables were added to the analysis, the predictive value dropped.

In summary, there appears to be some correlation between the daily rating scale and behavioral variables. The coefficients are very low, however, and the level of significance drops off when correlational analysis is performed within families. Therefore, it appears safe to conclude that changes in mothers' mood cannot be used to account for changes in their ratings of their children's behavior.

Correlation of Mothers' and Fathers' Ratings of WIS Variables

Because fathers are often neglected in the literature (particularly the clinical literature) on foster care (Cautley, 1980), and because they are viewed by the investigator as an important member of the family system, an attempt was made to include them in this project. Fathers were interviewed with their wives and completed the Perceived Contact and Intimacy Scales both in the initial and final sessions. Because of time limitations, and because, on the average, they tended to spend less time with the children, fathers were contacted only four times by phone during the project to complete the Weekly Interview Schedule data on the children in their home.

Concordance levels between mothers' and fathers' ratings using Pearson correlation coefficients are summarized in Table 11. It appears that parents show relatively low levels of agreement on reports of their children's behavior. The only variables that showed significant agreement were the negative behaviors reported for biological children and the number of positive behaviors for foster children. If parents base their decisions about fostering, at least in part, on their perceptions of their own children's behavior, and if mothers and fathers disagree to a large extent on their perceptions, then the question arises of whose perceptions and feelings will carry more weight in the decision making process regarding foster children. This question will be explored in more detail in the next chapter.

Statistical Analysis of Ranks on Perceived Contact and Perceived Intimacy Scales

As indicated in the previous chapter, the Wilcoxon Paired Signs Test was used to analyze whether parents and older children changed their rankings of other family members on the Perceived Contact and the Perceived Intimacy Scales to a significant degree between the first and second administrations of the scales. Results of these analyses are presented in Tables 12 and 13.

The summary of analysis of perceived contact rankings in Table 12 indicates that mothers perceived having less contact with their own children after placement than they had before fostering. Although this is the only rank comparison that yielded a significant Z score,

TABLE 11

CORRELATION OF MOTHERS' AND FATHERS' RATINGS ON WEEKLY INTERVIEW SCHEDULE VARIABLES--PEARSON PRODUCT MOMENT COEFFICIENTS OBTAINED FOR RATINGS OF BOTH BIOLOGICAL AND FOSTER CHILDREN

Variable	Biological Children r	Foster Children r
Number of positive behaviors	-.08	.48*
Number of negative behaviors	.33*	.03
Average positive valence	-.09	-.24
Average negative valence	.20	.15
Average combined valence	.06	-.21
Daily rating scale	.30	
Number of caseworker contacts (parents)[a]		
Number of caseworker contacts (children)[a]		

*$p < .05$

[a]No casework contacts occurred on the weeks that mothers' and fathers' ratings were correlated. Although a perfect correlation is assumed, it cannot technically be calculated.

TABLE 12

COMPARISON OF INITIAL AND FINAL FAMILY RANKINGS ON PERCEIVED FAMILY CONTACT SCALE, WILCOXON PAIRED SIGN TEST

Rank Descriptor	Baseline $\bar{X}$	Baseline SD	Termination $\bar{X}$	Termination SD	Z Score
Mother ranks					
Biological children	2.67	1.20	3.83	1.82	-2.13*
Spouse	2.00	1.27	2.20	.908	- .55
Father ranks					
Biological children	2.9	1.51	3.20	1.55	-1.05
Spouse	1.7	.447	2.20	.264	-1.69
Biological children ranks					
Mother	1.75	.645	2.38	.75	-1.83
Father	2.00	.407	2.00	.707	.00

*$p < .05$

TABLE 13

COMPARISON OF INITIAL AND FINAL FAMILY RANKINGS ON PERCEIVED FAMILY INTIMACY SCALE, WILCOXON PAIRED SIGN TEST

Rank Descriptor	Baseline		Termination		Z Score
	$\bar{X}$	SD	$\bar{X}$	SD	
Mother ranks					
Biological children	3.40	2.29	5	2.88	-2.19*
Spouse	2.40	.741	2.40	.651	.00
Father ranks					
Biological children	2.69	1.62	3.5	2.00	-1.35
Spouse	1.6	.418	2.3	1.10	-1.60
Biological children rank					
Mother	1.88	1.21	4	2.80	-1.60
Father	2.13	.946	2.50	1.16	-0.45

*$p < .05$

it is interesting that almost all the other Z scores, although not significant, showed a change in a negative direction. Biological children appear to agree with their mothers' perceptions of reduced contact, but because of the small number of children completing the scales (N=4), their Z scores were not significant.

The results of the analysis of perceived intimacy ratings follows a pattern similar to the one described above. Although only mothers' rankings of their children show a significant difference between baseline and termination administrations of the Perceived Intimacy Scale, this difference is in the direction of reduced intimacy as were almost all of the other rank comparisons.

A quick scan of the original scale protocols indicated that mothers almost always included foster children as members of the family while fathers included foster children less often. Combining the counts of the two scales, mothers excluded foster children on four out of twenty-four occasions while fathers excluded them eleven out of twenty-four times. Chi square analyses indicate that this difference is significant ($X^2 = 6.96$, $p < .05$).

Correlation of mothers' and fathers' rankings are presented in Table 14. While parents ranked their children and their spouses similarly on Perceived Contact Scales during baseline, they failed to agree on their rankings for them on this scale during termination. This finding is compatible with earlier results which show that mothers were including foster children in their ranks at termination whereas fathers were not. On intimacy scales, however, the reverse

TABLE 14

CORRELATIONS OF MOTHERS' AND FATHERS' RANKINGS OF FAMILY MEMBERS ON PERCEIVED FAMILY CONTACT AND PERCEIVED FAMILY INTIMACY SCALES--SPEARMAN RANK ORDER CORRELATION COEFFICIENTS

Variable	Baseline r_s	Termination r_s
Contact scale		
Biological children	.61*	.15
Spouse	.83*	.52
Foster children[a]		.58
Intimacy scale		
Biological children	.15	.68*
Spouse	.46	.21
Foster children[a]		.63*

*$p < .05$

[a]Foster children not present in the home during baseline.

Note: Perceived Family Contact Scales and Perceived Family Intimacy Scales were administered twice, at baseline and at termination. Spearman's coefficients were calculated for each administration and are presented above.

is true; fathers and mothers tend to agree on their rankings more at termination than at baseline. This finding is somewhat more confusing and may be attributed, in part, to the fact that fathers' rankings tend to be somewhat less reliable than mothers' rankings. Fathers may also perceive themselves as less intimate with their children than mothers at baseline. When the mothers begin integrating more children into their home, however, the degree of intimacy with their children is reduced and the rankings may then shift and approach fathers' initial rankings of intimacy.

Descriptive Analysis

In the final section of this chapter, the investigator analyzed family members' descriptions of foster care. Statements made by all family members during both initial and final interviews and by parents during telephone contacts were transcribed and systematically reviewed. Family members' responses for the two interviews were then grouped into general content areas for ease of presentation and discussion. Similar to behavioral ratings given on the WIS, comments made by parents during weekly telephone interviews were grouped into four monthly periods and common patterns of experience were summarized.

Finally, two years after the project was initiated, a follow-up visit or telephone interview was made by the investigator with each family to see if they were still fostering. A brief summary of these contacts concludes this chapter.

The Initial Interview--Making the Decision to Foster

In five of the six families participating in the project, the foster mother was the first family member to suggest that the family try foster care. Initially, only one father was supportive of the suggestion, while four fathers were "dead set" against it, and one was ambivalent. Biological children, on the other hand, generally responded favorably to the thought of having foster children in the home. Girls tended to respond more enthusiastically than boys, and, in one family, a 12 year old daughter was actually the first member to suggest that the family take a foster child. In three families, parents actively included their children in the decision making process, but in the other three families, parents made the decision to foster and then informed and discussed the matter with their children.

While most parents stated that they wanted to foster out of general concern for abused and neglected children, they also gave a variety of personal reasons for this decision. Several families wished to foster because their own children were growing up and becoming more independent. Other families wanted the experience of raising a child of the opposite sex of their own children. Parents with only one child usually wanted a companion for that child or wanted it to experience having a brother or sister. Some families decided to foster because they wanted a child they knew or because they were interested in eventual adoption. Parents who remarried a second or third time looked forward to caring for a "child of their

own" without actually conceiving another child. Although most families adamantly denied that they were "in it for the money," one mother did state an interest in the social and organizational aspects of foster care (conferences, trips).

Why would these families choose to foster instead of having another child of their own? The answer to this question for most of the families in the study was simple--they couldn't. Four of the six couples, for example, were physically unable to conceive any more children, while the other two families had concerns about conceiving because of the mothers' ages.

Biological children also gave personal reasons for wanting to foster. Two of the older girls (ages 12 and 15) stated that they liked young children and they wanted a "foster child to take care of." Only children were often "bored" and wanted someone "to stir things up" and to do things with. Boys in the study initially were somewhat ambivalent about fostering if they didn't know the child beforehand, but they tended to go along with the idea to please their mothers or "to have someone else to do things with."

Most parents reported discussing the prospect of their becoming foster parents for a long time before actually contacting the agency. Although parents had thought about fostering anywhere from three months to sixteen years before making their decision, most had discussed fostering from one to three years before acting on their decision.

Even after arriving at the decision to foster, however, individual family members still had personal concerns about the process.

Parents worried about getting along with the child, and what might happen if they didn't like the child, or the child didn't like them. Similarly, some parents feared not being able to love the child like their own, or loving it too much and not being able to let go. Older parents worried about the effects of their age on a young child.

Fathers generally expressed more reservations about fostering than mothers. Two fathers expressed concerns about their competence to parent certain kinds of children and worried about practical matters such as what kind(s) of discipline to use with children who were not their own and how to deal with the foster child's parents.

Parents tended to express minimal concerns regarding the effects of fostering on their own children. Some discussed the possible effects of attachment and eventual separation and feelings of loss. One father pointed out his wife's and child's somewhat idealized image of foster care and was worried about what might happen "when the novelty wore off, and reality set in."

Biological children also had their own concerns. A number of children worried about losing time, attention and material things from their parents. Some children, particularly the boys, were not happy about having to share a bedroom and giving up privacy. A few children, like their parents, worried about getting along with someone new and about eventual issues of separation and loss.

Most parents had specific preferences for the type of children they wished to foster. All but one family expressed a preference for long term rather than short term placements. Most families

wanted to foster young children; four wanted preschool children, one wanted children five to seven years, and only one family was interested in fostering teenagers. Families split on their preference for sex of the child, two wanting girls, two wanting boys, and two not stating a preference. If parents had more than one son, they typically wanted to foster girls. Only one family specifically refused placement of more than one child at a time.

Biological children tended to prefer the placement of "little girls," although, like their parents, the children in one family preferred the placement of boys. One prepubescent female specifically requested "a teenaged dream."

Knowledge about foster care and experience working with children varied across families. For example, parents in five families had prior experience with children other than their own through baby-sitting, teaching, caring for relatives' children, or through church or organized recreational activities. Most families learned about foster care from friends or relatives or the general media. Parents in four of the families attended a four to six week initial training seminar by the Department of Human Services (DHS).

Outside of DHS and their immediate family, foster families typically received little support for their decision to foster. Friends and outside family members provided cautious support, at best, and often expressed very negative reactions to the families' decisions to foster.

Parents also expressed some hopes and expectations for their families about the experience. Most used terms like sharing, helping

others, giving of one's self, and sharing love and kindness when asked what they hoped for themselves and their children. One mother hoped it would help broaden her children's experience and expose them to "the other side of life." Two families hoped that foster care might eventually lead to adoption and one little boy "just hoped it would be fun."

Weekly Interviews--the Process of Adjustment

While the investigator's purpose for weekly contact with each family was to obtain a brief summary of each child's behavior for that week, foster mothers in the study typically used the sessions to relate the events of the past week and to share their feelings about what had transpired. Early on, mothers used the investigator as "a sounding board" for discussion of their experiences, concerns and feelings. Although extended telephone interviews were unplanned and unsolicited, they provided a rich record of the mothers' (and occasionally the fathers') accounts of family events, activities and interactions throughout the study.

Following the same procedures used to collate behavioral data, the investigator recorded comments made during each contact and composed a list of each mother's weekly responses. Each list was then broken down into four monthly post placement periods. Comments made by the mothers in each period were compared and the investigator identified common patterns of experience for all families.

Families in the project passed through three relatively distinct phases of adjustment in the initial months of foster care. Although

the amount of time spent in each phase varied, both across families and within families for different foster placements, the phases were sequential. Family stress and negative placement factors adversely affected transition from phase to phase by prolonging the time for transition or by completely disrupting the transition process.

When the foster child was first placed in the home, the family members (particularly the foster mothers and their biological children) experienced an initial period of idealization. Foster children were often viewed through "rose-colored glasses" and described in glowingly positive terms (She's just what the doctor ordered." "She's an absolute doll"). Initially, minor problem behaviors of the foster child were overlooked or tolerated by family members who became quickly absorbed in the child's care. Biological children reportedly took a great interest in the new children--"They hit it off great." "He wants to do everything with him." "They're always together."

While the families' initial perceptions were unrealistic and transitory, they enabled family members to develop an affectionate bond with the foster child which became the basis for the development of stronger emotional attachment later on and which provided a foundation for dealing with adjustment problems in the second phase.

Caseworkers often refer to this idealization phase as "the honeymoon period" because they believe it is the foster children who are initially "on their best behavior." The investigator found that this was not always the case, however. For example, preliminary

findings of "no differences" in the foster child's behavior ratings across the four post placement periods early in this analysis suggest that this idealization phase cannot be totally explained by the foster child's "good behavior." Instead, however, the idealization phase appears to result, in part, from the hopes, expectations and excitement that foster family members bring to the new situation. While severe problems of the foster child did disrupt the families' idealization of the child and occasionally resulted in the termination of the placement, mild behavior problems were tolerated or ignored by family members during the idealization period.

As family members started to perceive the foster child in a more realistic way, the second phase of adjustment began. No longer were the foster family members or the foster children "on their best behavior." The honeymoon was over; the novelty had worn off and the period of adjustment was ushered in. It was during this period that the real work of integrating the foster child into the family system came in. Sharing time, material possessions and parental attention became issues for biological and foster children alike. Behavior of the foster child that used to be perceived as "cute" was now perceived as "demanding" and individual tempers flared.

The adjustment phase was a critical time for maintenance of the placement and one in which the caseworkers needed to be alert to potential family crises. If the foster child's problems were extremely severe or if multiple situational stresses were present, the affectionate bonds developed in the first phase were not enough to

sustain the placement. Caseworkers best assisted families at this time by helping them understand what was happening, alleviating sources of stress when possible, and providing a lot of positive feedback. The caseworker was much more effective in maintaining a placement if he/she had been developing a relationship with the family before problems arose. Frequent contacts also enabled workers "to spot" potential problems and to "head off" more serious crises.

Finally, a few of the families in the project entered a third phase of adjustment. This was a more stable period in which the family had "reorganized their routine activities" and had been somewhat successful in integrating the foster child into their families. Family members who were in this phase typically perceived the foster child as a member of the family and both parents included the children in their ratings on the Perceived Contact and Intimacy Scales. Deepening levels of attachment and concern for the foster child were expressed by all family members during this period. Issues about the natural parents, fears of eventual separation and placement termination and thoughts of adopting the foster child were raised. Removal of the child during this phase was experienced as a loss, "a death in the family," and was accompanied by a period of grief for all family members.

Not all families passed through all three phases of adjustment with each child fostered. Some children were removed early during the placement and placed with other birth family members. In some families, particularly those fostering the older children, the second

phase lasted much longer, presumably because the foster child had a personal history of his/her own to integrate into the new family setting.

Finally, some parents did ask for removal of four children who were placed in their homes. In all of these cases, parents felt that the foster child was having a negative effect (either emotional or behavioral) on their own children. The biological children also expressed their dissatisfaction with the placement and had asked their parents to remove the child.

The Final Interviews--Evaluating the Experience

The final interview afforded family members the opportunity to reflect on their experiences in foster care and to share their thoughts and feelings with the investigator and with each other. Most of the families participating in the project had not taken the time to talk much about the experience with each other before the interview, and in several of the sessions, individual family members expressed strong feelings and emotions that surprised other members of the family.

Eleven out of the 12 parents interviewed stated that foster care was not what they originally expected. Parents and biological children raised a number of common issues, concerns, and reactions which have been grouped into several content categories for ease of presentation. These categories include: (1) effects of fostering on the family, (2) comments about the foster children, (3) relationship with the caseworkers, (4) working with the birth family,

(5) effects of fostering on relationships outside of the family. Finally, the families were asked their plans for the future regarding foster care and for advice to new foster parents.

Effects of fostering on the family. All of the families interviewed reported making some adjustments and changes in their usual patterns of functioning in order to accommodate the new foster children. One family stated these changes and adjustments were minor while the other five families found the adjustment period very stressful. Factors such as fostering several children at once or fostering severely disturbed children as well as lack of casework contact or family illness significantly raised the level of stress in the home and threatened the maintenance of the placement.

In general, all parents reported disruption of routine family activity to some extent. Having more children around the house increased the work load for parents and, at times, for their children. Foster mothers tended not to resent the extra work as long as the overall stress level in the family was low to moderate. In fact, several mothers stated that they enjoyed extra child-care responsibilities and were not bothered too much by the increased work load. One mother felt the extra responsibility kept her from feeling lonely. Fathers, on the other hand, expressed more annoyance with the lack of order and extra responsibilities. They often felt "tied down" by extra chores and felt they had less personal freedom. Families with small children also felt "more homebound," stating they had less time for friends and outside family and that they were

not able to pursue their usual recreational activities. Once again, however, mothers did not resent these adjustments as much as the fathers and the biological children did.

It was one thing, however, to enjoy and have the time to devote to the special needs of one child placed in the home, but quite another matter to perform these functions for more than one child. In highly stressful situations and in situations where parents began to feel obligated and pressured to meet the child's needs and demands instead of doing it for the enjoyment of it, the stability of the placement was jeopardized. One mother stated, "Our house had become a boarding place or something. You could no longer sit down and enjoy anything. . . . It was just an awful lot of pressure." Another mother stated fostering "raised strong emotions" and several parents talked about experiencing symptoms of "burn-out" including: fatigue, lack of enjoyment in anything, and irritability. Statements such as "I was ready to leave," "I felt like exploding," "it's been a physical and mental strain" were commonly reported in situations of high stress often as early as two weeks into placement.

While most parents felt fostering hadn't significantly affected their marriages, highly stressed families expressed opposite feelings--"We didn't even talk, we spent less time with each other." In one family the parents were "always at each other's throats" because of lack of agreement on how to handle the foster children's behavior.

Moderate stress levels reportedly "improved the home situation somewhat" as family members allied themselves more closely in order to solve mild crises and felt more appreciative of each other once the crisis passed. One father began taking on more responsibility for household chores in order to assist his wife and reported increased feelings of competence in parenting.

Parents reported a number of positive observations about how foster care had affected their children. Many of the biological and foster children seemed to enjoy each other's company and interacted freely. Parents reported that their own children had internalized parental values, had become more appreciative of the things they had and were willing to share more with others. In families where there were two or more biological children, parents reported that the siblings often strengthened their alliance with each other and reduced the number of their fights and arguments. Biological children reported that they enjoyed caring for and/or doing things with the new child. Older children often became surrogate parents to the foster child and participated in child care activities. Finally, many parents remarked that their own child began acting more responsible and mature as a result of the foster care experience.

Not all of the reported effects were positive, however. Parents worried that they were less attentive to their children and unable to provide the same kinds of material things that they had prior to fostering. Some parents reported feeling that they were "losing control" of their children and that if they had been

"more on the ball" with their children, they could have prevented a number of behavior problems.

Biological children also complained about the loss of attention from their parents and feeling competitive with the foster child for the parents' love. One young girl became quite tearful during the interview session as she described her internal struggles with feelings of competition, anger and jealousy toward the foster children. The closer the ages of the foster and biological children, the more problems were experienced. One boy angrily told his mother, "I never get to talk to you any more."

As the level of stress increased in the home, many biological children withdrew from other family members. One adolescent boy remarked, for example, "Well at the time I didn't realize it, I always stayed in my room. Never did come down here because certain things were going on and I didn't like them." Parents were generally sensitive to their children's feelings and tried to compensate, when possible, for the loss of contact and attention. If the stress level in the family became too high, however, and parents felt their own children's well being was jeopardized by the placement, they generally asked the caseworker to remove the child. In fact, in three out of the four cases where parents asked for removal of the foster child, the biological children had rejected these children and raised the issue of removal with their parents.

Finally, some of the families complained that their children "picked up bad habits" from the foster child. This problem was

frequently reported if the foster child was older than the biological child. Older foster children were often accused of getting younger biological children in trouble and many parents expressed particular concern with the effects of the foster child's sexual behavior on their own children.

Comments on the foster children. Many families were surprised by the extent of the difficulties presented by some of the foster children. While placements of children with severe difficulties and acting out problems were the exception rather than the rule, several children proved too difficult for the parents to handle ("He was just too much for our family." "If we had started out with her we would have quit.") Families also complained about having to treat foster children differently than their own. ("You can't treat him like he's your own. You treat your own like he's a child and this one like it's a piece of glass."), and worried about discipline.

Families also recounted many positive feelings about individual foster children, however, and felt that the foster children had brought them "happiness and love." As feelings of attachment began to develop, so did fears about separation ("It really bothered me a lot . . . so many things you begin to fear").

Relationships with the caseworkers. In all families the quality of the caseworker-family relationship was critical to the family's overall reaction to foster care. In families where the

worker and the family had developed a good rapport, the total experience was likely to be judged more favorably than in families where a strong relationship did not exist.

Parents' major complaints included lack of contact with the worker, lack of information about the foster child, and feelings of being used and unappreciated. ("They don't trust you. They just use you as a 24 hour babysitter.") Some parents felt their workers were not experienced and that they were not sensitive to the family's problems. ("All they're interested in is the foster child, period, and I think it should be the foster child and the foster home.") Biological children rarely had any contact with the worker and some children expressed bitterness about the lack of contact--"I think the caseworkers down here think its just like husband and wife deal with the children; its a lot more."

With one exception, all of the families who had attended the training sessions felt positive about the experience and reported that they received good preparation. One family felt, however, that the sessions were too general and didn't address issues specific to the kinds of children they were fostering. This family also complained that promises of caseworker support made during training were unfulfilled.

Working with the birth family. Only two families had direct experience working with the foster children's birth families. They viewed this experience with a great deal of ambivalence and preferred not to do it again. One of these foster mothers expressed concern

for her own children in this regard--"You don't know what you are going to face your children with."

Parents generally expressed much bitterness toward the birth parents especially when foster children became upset by the visits with their own families. They also had concerns about returning children to abusive and neglecting parents and were frustrated by the thought of "all their work with the child being undone."

Effects on relationships outside of the home. Several changes in relationships outside of the family occurred during the study which surprised the families involved. One father reported that becoming a foster parent affected his "image" at work. Having formerly built the reputation as a "strictly business" supervisor, he reported that co-workers began to test his "soft-sided nature" which interfered somewhat with his usual job efficiency. At the same time, however, he spoke with pride about his new role and enjoyed answering questions about his experience as a foster parent.

Another family began experiencing problems with a neighbor who "watched us like a hawk." The neighbor had reported the foster mother to the agency for inappropriate treatment of the foster child. Although the claims were not substantiated, the family continually felt scrutinized and had difficulty functioning in their normal manner outside of the house.

Finally, parents in a third family described conflicts with their parents over the decision to foster. Although the grandparents reportedly enjoyed the foster children, they expressed concern that

the foster parents were depriving their own children of attention and felt the foster parents should "take care of their own."

Regarding the future. At the end of the interview, all of the foster parents were asked whether they would continue to foster. Only one mother strongly favored continuing to foster; four parents had mixed feelings; five parents had negative feelings; and two parents felt it was too early to consider.

Parents expressing negative feelings felt that there were too many problems involved including: the emotional and physical strain, havoc created in their homes by foster care, lack of appreciation by the DHS and problems with giving up the children. Three of these families, however, were considering adoption of their foster child.

Foster parents also had some advice to share with other families who were considering foster care. Following are some direct quotes:

On finances: "It's expensive." "You need to be able to afford to do it on your own."

On setting limits with the Department: "Set your limits and take one child at a time." "Get an easy child first." "Never foster two children at once, not even if you live in a hotel." "Stay clear of the birth parents."

On caring: "It takes a lot emotionally." "You gotta love these kids, you've got to really give up a lot yourself." "Give every child 100%." "If you feel you can't relate in a very good way, in a way that would help them, then that's the time to stop."

On making the decision: "They need to know what they are doing." "Discuss it because when they get "em they're on their own." "Think about it more and go to training sessions." "Agreement of the parents is important." "Beware!"

Follow-up Foster Care Status--Two Years Later

Two years after the project was initiated, the investigator attempted to contact each family in order to find out if they were still fostering. Family 1 was pursuing independent adoption of their first foster child. Although their home was still open, they had no foster children in the home and were very ambivalent about continuing to foster. The parents in Family 2 had divorced and were not available for contact. Family 3 was not fostering any children at the time of contact and was seriously considering closing their home, Family 4 had closed their home and chose not to talk further about their decision. Families 5 and 6 still had the foster children who were in their home during the study. Both families felt very negative about the experience and were closing their homes after these foster children were permanently placed.

CHAPTER VI

DISCUSSION OF THE RESULTS

In attempting to understand the adjustment of biological children and their families to foster care, it was helpful to examine both the reasons families gave for wanting to foster and their expectations for what the experience would be like. In this study, the families' decision of whether or not to continue to foster was often based on how well the actual experience measured up to their initial goals and expectations.

In addition to being concerned about the needs of foster children, all the families in the study expressed a number of personal reasons for wanting to foster. Several authors (Josselyn, 1952; Kline, 1956, Babcock, 1965) have reported that foster care is usually initiated by the foster mother in response to her own personal needs. Although mothers in this study were also mainly responsible for getting their families interested in foster care, their motivation, in part, may have been to "balance" their family's needs in addition to meeting their own.

While the idea of foster care serving a homeostatic function in the family is not new (Josselyn, 1952; Kline, 1956, Snyderman, 1967), it has usually been discussed only in terms of the mother's needs to continue to parent. In this study, two mothers whose children were older and becoming independent, stated that they enjoyed their job as housewives and mothers but had less to do now that their

children were older. Their husbands and children, however, expressed strong feelings against these mothers obtaining outside employment and preferred that they remain at home, despite their continued feelings of boredom. For these families, foster care provided a solution for the mothers and their families, in that the mothers could stay at home and fill their time constructively by caring for another child.

In four other families, parents and children gave reasons for wanting to foster which also suggested that they wanted a foster child in order to "balance" their families in some way. In several cases, for example, parents and children felt that their family was "incomplete." They never had that "little girl" or "older brother" that they always wanted. Only children, in particular, expressed the desire to have another child around the house. Two sets of parents who had remarried expressed the desire to have a child of "their own." Interestingly, in all of these families, the parents were unable to "complete their families" either because one of them was physically unable to conceive children or because they were worried about the age of the mother. One wonders, if these parents had been able to "complete" their families by bearing additional children of their own, would they have chosen to foster?

Although, hypothetically, the motivation to foster may stem from the family's wish to somehow "complete" or "balance" their families, this study indicates that, at least initially, fostering actually "unbalances the family system." In all families studied, normal routines and activities were upset and the families required

a period of adjustment to feel "settled" again. Many of the foster children in the study were eventually integrated into the "family system" of the foster families where they were placed. The findings of this study suggest that this integration process takes place gradually and in stages. The investigator proposed a three stage model of the adjustment process for foster families with foster children which included: (1) an idealization stage immediately following placement, (2) an initial adjustment stage requiring changes for both the foster child and foster family, and (3) a stage in which the family members and the foster child develop a deeper level of attachment to each other.

The idealization stage for the foster family paralleled the "honeymoon stage" of the foster child. The affectional ties between family members and the foster child were based more on each individual's hopes and expectations for the relationship than on realistic appraisals of the other. The affectional ties built up during this period, however, were important and helped sustain the placement in the next, more difficult stage.

During the second stage of the adjustment process, families became more realistic in their perceptions of the foster child and began integrating the new child into their family. The family's ability to cope with adjustment problems in the second stage was directly related to the degree of stress family members experienced during this time. While family members typically tried to support each other's efforts and to share responsibilities and child-care

functions, when faced with a number of negative placement factors (such as fostering several children at once or fostering a child with severe behavior problems) or when faced with situational family crises (such as illness of a parent), family functioning was severely disrupted. Parents no longer enjoyed child care but felt obligated to perform their jobs. Complaints of irritability, lack of contact and communication between family members, lack of personal privacy, lack of enjoyment from usual activities and social withdrawal were all signals of the family's failure to cope with stress. Should the family continue to experience difficulty carrying out its normal functions, the stability of the placement was threatened. Without supportive casework, highly stressed families often felt that "they had failed" or "hadn't lived up to the Department's expectations."

Families who were exposed to only mild or moderate stress during the adjustment stage, however, appeared able to maintain stability in their functioning and did not comment as negatively about foster care. In low to moderately stressed families, individual members were better able to pool their resources to solve problems, make adjustments in their routine activities and integrate the foster child into their family. In moderately stressed families, parents commented on their own children's increasing levels of maturity and the members expressed greater closeness with one another.

Finally, family members who "made it through" the initial adjustment stage began to develop deeper feelings of attachment to the foster child, unlike the idealized superficial affectional ties

which were observed immediately following placement. The foster child was perceived as being "part of the family" in this stage. Once the attachment process had begun, termination of placement was experienced as a major loss by all family members and normal family functioning was again disrupted for a time.

The specific effects of fostering on individual family members varied in this study. The investigator focused on the biological children in the foster family and tried to identify changes in their behavior over time. Although the number of behaviors (positive or negative) mothers reported from week to week didn't change, their reported feelings about the biological children's behaviors did change. After only four months in foster care, mothers were feeling less positive about their children's positive behavior and more negative about their children's negative behavior than they had earlier, even though independent behavior ratings indicated that the children were exerting as much (or more) positive effort in their behavior as before. Individual comments provided by many mothers during the fourth month post placement suggested that they were feeling "burned out." Again, disillusionment with fostering usually set in when the mother's attempts to cope with increasing levels of stress were inadequate. It is hypothesized that the biological children's behavior was not as satisfying to their mothers because the mothers were feeling so needy.

The investigator was also interested in whether perceived patterns of contact and intimacy between family members changed once

a foster child was placed in their home. Changes in contact patterns and in alliances between family members, as well as changes in relationships outside of the family, were reported. Over the course of placement, some individuals reported that fostering promoted divisions between themselves and other family members that hadn't existed before, while others reported newfound or strengthened alliances.

The most significant change in contact and intimacy patterns occurred between foster mothers and their biological children with mothers reporting less contact and feeling less close to their own children after placement than before. This result was not surprising given that the mothers in this study were usually more actively involved with the foster children than with other family members.

Again, if the stress level in the family was high, decreased contact and intimacy was experienced negatively. Family members reported that they felt "burned-out" and were unable to support each other and mothers became increasingly dissatisfied with their children's behavior regardless of the amount of effort the children exerted to be helpful. Older children eventually withdrew from contact with other family members in order to cope with high situational stress while younger children reportedly "developed bad habits."

In some families, biological children did ask their parents to remove the foster child during stressful periods and termination of placement followed shortly. Once family stress was alleviated or the placement was terminated, families appeared able to return to

their normal routines and members expressed a greater sense of closeness and appreciation for each other.

Reduced contact and intimacy between family members was sometimes experienced positively, however, especially for biological children. In families with two biological children, for example, intersibling conflict appeared to decrease after placement and siblings became more supportive of each other. Biological children often developed interests and relationships outside of the family and several parents remarked that their children had "matured a lot." The investigator suspects that adding foster children to the "family system" redefined the internal functional family boundaries somewhat and provided more independence for biological children. Biological children were permitted to share more in traditional adult roles and family functions. As long as the stress level remained moderate, family members were able to tolerate and even enjoyed restructuring of functional family roles.

While one might expect changes to occur in any family's normal routine activities and patterns of interaction when there is a major change in the home, the families in this study hadn't thought much about the consequences of fostering to their own families before the first placement. Many of the parents, particularly those who had attended training sessions, were aware of the adjustment problems that their foster child might experience in care, but they had not thought about how fostering might change their own lifestyles. Although some parents had worried that competition issues might arise

between their foster and biological children, they did not report significant concern and tended generally to underestimate the effect of adjustment problems for their families. The more the individual wanted to foster, the less he/she expressed concern about adjustment difficulties in the family. In most families, for example, it was the fathers and/or biological children who expressed reservations about foster care, not the mothers. Whether more initial preparation regarding family adjustment issues by DHS would have significantly affected the families' adjustment to care is unknown, but is certainly worth further investigation.

Although the caseworker-family relationship was of minor interest to the investigator, it proved to be of major concern to the parents. Whether this relationship was perceived by the family as good or not significantly affected their general view of foster care.

Most families expressed some reluctance toward contacting the caseworkers initially because of their own insecurities and fears of inadequacy. For the workers to assume that "no news is good news," however, was a costly error. Problems that might have been prevented or remedied in the early stages if they had been anticipated and dealt with by the worker often became full blown crises.

Most families expressed the wish to develop a relationship with the worker in which they could share positive experiences as well as complaints. Negative feelings by parents and biological children alike were expressed when they perceived workers taking a position of stronger advocacy for the foster child and its natural family than for the foster family.

Biological children rarely had contact with caseworkers. In all of the families, the children's only preparation for foster care came from their parents. Several children in the study complained about not having casework contact, however, and stated that they would have liked to have been able to share their feelings with caseworkers.

Finally, special care was taken by the investigator not to interfere with the caseworker's role. At times, however, many parents expressed problems which they felt they were not coping with and asked for advice. When problems arose, the investigator acted as a sounding board to permit parents to ventilate their feelings and to help them identify what was happening that caused them to feel that way. Every attempt was made to avoid becoming a "therapist" or "surrogate caseworker." Instead, efforts were made to help parents organize their concerns and to encourage them to present their problems to their caseworkers. All of the families expressed very positive feelings about participation in the study and with their relationship to the investigator, and many suggested that someone with a similar facilitating role be added to the Department.

Limitations of the Study

Although an attempt was made to obtain a larger number of subjects, only six families met study criteria and received TDHS certification as foster parents. While self-selection was not a problem in this study (only one family declined participation), the

sample was small and somewhat homogeneous (all Caucasian, Baptist, from East Tennessee) and is not likely representative of new foster families across the country. Participating counties were selected by Regional Staff for participation in the project and it is unclear what effect county self-selection may have had on the subjects in this study.

All of the participating families were new, two-parent, foster families with children of their own in the home. Findings in this study may not be generalizable to foster families with experience or for families with a different family composition.

As indicated earlier, reports by parents of their children's behavior were subjective and not necessarily accurate objective reports of behavior. The reports were on behaviors that "stood out" in the parents' minds and may not be representative of the children's behavior on the whole. These perceptions may also be affected by numerous parental variables (response style, social acceptability factors, etc.) which had nothing to do with the child's actual behavior.

A similar argument holds for responses obtained on the Perceived Contact and Intimacy Scales, that is, there were no attempts to validate these scales against any particular observable criteria for family contact or intimacy. Again, however, interpretations were made about the parents' perceptions of intimacy or closeness, not their actual behavior.

Although analysis of behavioral data and of the Contact and Intimacy Scales show certain trends, the investigator does not wish to suggest that the foster children caused these trends. Methodoligically there was no way to rule out the effects of all the intervening events that might have influenced parents' reports. Furthermore, no control group was used in this study to determine if the trends observed would occur normally in the course of family living without the introduction of a foster child. Although the findings from the various methods of data collection and analysis tend to support each other, better control procedures are suggested for future investigation.

While the investigator was interested in analyzing interaction effects between the behavior of foster children and the behavior of biological children, this analysis was not feasible because of sampling difficulties. It was also difficult to investigate the relationship between the timing of foster placement and the developmental stage of the family because of the small sample size and the comparatively short time families were studied. Finally, no consistent agreement between mothers' and fathers' reports of their children's behavior was obtained. Again, because of the small number of fathers' reports, neither the quality of the differences nor their significance was explored further.

Finally, the investigator developed a relationship with each of these families in the course of the study. Although care was taken to influence the families' subjective reports as little as

possible and a structured rating system was introduced to reduce investigator bias and selectivity, analysis and interpretation of descriptive data were reflective of the investigator's interests.

Implications for Casework with New Foster Families

While the results of this study are limited by the factors mentioned, a number of general suggestions for improving the quality of foster family preparation and subsequent casework will be presented here. These suggestions are derived from an integration of the theoretical ideas presented in Chapter II, and the findings of the present study.

The Importance of the Relationship

Probably the single most important issue to foster parents in this study was the quality of the relationship they experienced with the Department of Human Services and with their caseworker. Although individual family members expressed needs for varying the degrees of contact, all agreed on the importance of regular contact.

Foster families in this study were hesitant to initiate contact with the workers as much as they wanted for fear of appearing inadequate or incompetent. Initial relationship building, therefore, should be supportive and initiated by the caseworker. Although checking periodically with the family might require time in the short run, it can add up to considerable savings in the long run by allowing workers to anticipate difficulties and head off minor problems before they become major crises.

Foster families also expressed a clear need for a family advocate. Despite the best casework, there will always be times of family stress. Caseworkers can monitor stressful periods, help the family develop resources to alleviate or reduce the source of stress, and provide supportive feedback. Without a good relationship, however, caseworkers were less effective in their roles as helpers.

Caseworkers also need to bear in mind their dual advocacy roles. It is important not to give the foster family the impression that the foster child or birth family comes first. Many of these families expressed feeling used and unappreciated. An angry, resentful family was less likely to continue to foster or to work well with the agency.

Preparation of New Foster Families

Although training sessions for foster families have a lot to cover in a short amount of time, workers would be wise to include a session on the foster family's adjustment to care. Questions to explore might include the family's reasons for wanting to foster as well as their expectations for care. Presentations might include having families who are currently fostering come in and share their experiences in care. Discussion of family problems (particularly with their own children) which could arise and how to spot and deal with these problems might also be helpful. Alerting parents to signs of "foster family burnout" and developing solutions together on how to

cope with stressful periods when they occur would be useful to new foster families.

Biological children should also be included in foster family preparation as they are often enlisted as "support staff" in caring for foster children. Different programs could be planned for young children and older children. At the very least, adequate information should be conveyed to parents on how to prepare their children.

Casework Issues

In order to "break a family in easily," it would be wise to avoid as many negative placement factors as possible with a new and inexperienced foster family. Factors which are likely to result in more stress for the family and should be avoided initially include: placement of more than one child, placement of a highly disturbed child, placement of a child who has been removed from a number of prior homes, and placement of a child who is within three years of the age of a biological child.

Once the placement is initiated, parents should be contacted regularly to establish rapport, provide information about the child, update the family on the Department's plans for the child and monitor family stress levels. General conversation including discussion of the family's activities, interactions between family members and amount and quality of leisure time can offer indirect information on the level of stress in the home and the adjustment of family members.

Finally, the caseworker would be well advised to begin to develop a relationship with all the children in the families as they usually participate in the care of the foster child. The biological children often were barometers for difficulties in the families studied and were able to provide a rich and detailed account of family interactions. They also may be the first to admit to adjustment difficulties in the family as mothers maintain a very high investment in succeeding in foster care and fathers are not always in as much contact with the foster children as biological children. Findings in this study also indicate when biological children are vocal in their dissatisfaction toward the foster child, the placement was often terminated.

CHAPTER VII

SUMMARY AND CONCLUSIONS

The purpose of this study was to investigate the effects of foster placement on biological children within the general context of the foster families' adjustment to care. The lack of information in the literature examining both the process of foster family adjustment and the impact of care on biological children indicated a need for this kind of study. Because of this lack of empirical research on new foster families, the investigator designed a project that was exploratory in its approach and that included a variety of methods for collecting and analyzing data.

Although the findings of this study were limited by sample restrictions and the absence of a control group, results from different kinds of analyses were consistent and indicated that the biological children in these families played an important role in every aspect of the foster care process. Biological children participated in their parents' decisions to foster and expressed their own hopes and expectations for fostering a new child. Once foster children were placed in the home, biological children played an active role in helping the child become part of the family. Dissatisfaction with the foster child was usually voiced first by the biological child and was often followed by the foster child's removal.

While biological children played a key role in the fostering process, they generally had little or no contact with the caseworkers.

This was unfortunate, as biological children were good "barometers" of the families' adjustment to foster care.

Ironically, these families wanted to foster to "balance" their own families' needs in some way. Findings from this study suggest, however, that fostering actually disrupts family functioning for a time. Furthermore, most families were not prepared for changes in their own lifestyles and often expressed dissatisfaction when the experience didn't live up to their expectations.

The families' abilities to adjust were directly related to the degree of situational stress they experienced during the placement. During periods of high stress, for example, family members had less contact with one another, and family functions were disrupted. During periods of low to moderate stress, however, family members were able to "pool their resources," to adjust to the changes and to emerge from the experience feeling closer to one another.

The investigation concludes it would be helpful to evaluate current training programs and casework practices with new foster families. Findings from this study suggest that all members of the family should be included in early preparation and casework contacts. Initial involvement with family members aimed at establishing rapport and monitoring situational stress should enable the caseworker to identify and "head off" potential crises and to deal more effectively with those which arise.

In short, the foster families' adjustment to care should receive as much attention as the foster child's adjustment. Helping

families cope with the stress and with the changes they experience in their new role will prove good insurance for continued placement stability for the foster child.

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APPENDICES

APPENDIX A

INFORMATION LETTER

October, 1981

Dear Parents,

I would first like to take the opportunity to recognise your efforts in helping children who need to be separated from their birth families for a time. Foster families, like yourselves, play an extremely important role in the care of children who are experiencing a difficult period in their lives.

In the process of caring for your first foster child, you may find that becoming a foster family also requires some initial changes for you and your own children. In my own work as a child care and mental health consultant, I have found that new foster families often have questions about what to expect in their new role. Although professional child care workers and family specialists have talked about possible changes a new foster family may experience with their first foster child, very little work has been done to look systematically at the actual experiences of new foster families or to simply ask parents what it is like for them and their own children.

I am presently working through the Department of Human Services with new foster families from several counties, in order to better understand what fostering is like <u>from the new foster family's point of view</u>. I am particularly interested in looking at how natural children of foster parents feel and react to having a new child in their home. Although I expect that each child will have individual reactions which are important, I am also interested in identifying common feelings, reactions and changes of children in different age groups. This information could help workers better prepare new foster families and help foster parents better prepare their own children and help them adjust to the new child. Unlike many studies, I am interested in both <u>positive</u> changes and behaviors in natural children as well as troublesome ones as there is some evidence that fostering may be helpful for <u>both</u> the foster child and the biological child.

I would like the opportunity to personally talk with you in more detail about this project and answer any questions you might have. I will be calling you in a few days to see if you might be interested in finding out more and to set up a meeting at your convenience. You can also call me directly or notify your caseworker of your interest.

Your participation in this study would be much appreciated and very helpful but is completely voluntary. You are free to withhold or withdraw your consent for participation in this project at any time without prejudice to your foster parent application. All information will be held strictly confidential and only I will know the identity of the families participating in the project.

I would like to thank you for your time in this regard. Looking forward to talking with you soon.

Sincerely,

Dianne Lemieux, Project Director
Department of Psychology
University of Tennessee
Knoxville, Tennessee

Home phone: 588-9075

Work phone: 974-6607 (Please leave message)
Child Behavior Institute

APPENDIX B

EXPLANATION OF PROJECT

This is a study of how biological children of foster parents feel and react to having a new foster child in their home. Although much has been written about the changes foster children must adjust to in moving into a foster home, very little has been said about the reverse process; that is, what adjustments the foster family must make in taking in a foster child. Because of the importance of maintaining good foster homes, it seems appropriate that mental health and social service professionals be able to provide foster parents with better information than is now available about the effects of fostering on their own families. Such information could be used to better prepare and assist new foster families with their important role. This study is a beginning attempt to look at the impact of fostering on one part of the foster family--the biological children.

For the purpose of this study, I would like to talk with you and your family before the placement of your first child for approximately one to two hours, depending on how much you would like to share with me. In this initial session, I would like to get to know your family, and how you got interested in fostering. Thereafter, I would like to keep brief contact with you on a weekly basis either at your home or over the phone at your convenience. I will be asking you a few questions about your children's behavior before placement and for about three months after placement to see if any changes have occurred. Unlike many studies, this one will also focus on positive changes and behaviors as well as troublesome ones. At the end of the study, I would like to get together with your family again to get a more general idea of how things are going and for any additional ideas or comments you might have.

Your participation in this study would be much appreciated but is completely voluntary. You are free to withhold or withdraw your consent for participation in this project at any time without prejudice to your foster parent application. All information will be held strictly confidential, and only the project director will know the identity of the families participating in this project.

In order to talk freely and to avoid the disruption of taking notes, the initial and last interview with parents and with children will be taped (audio). If you are not comfortable with the audio taping, you may request that it not be done; or if, during the conversation you would like the recorder turned off, you may request that this be done. Audio tapes will be kept in a locked filing cabinet until they are transcribed, after which they will be erased.

Personal information will not be shared with caseworkers except by your request. While parts of the conversation might be used in a published paper, names and significant identifying information will be changed to maintain your privacy and anonymity.

These confidentiality measures also pertain to the foster child in your care. All information provided by the caseworkers or foster parent on the foster child will be held in strict confidence. Data on these children will be reported in group measures or in a form designed to protect the child's anonymity according to the Tennessee Department of Human Service's ethical and legal guidelines.

You are free to ask the project director any questions regarding the study at any time. If you would like a summary of the results of the study, you may request a copy from me directly or by contacting me at the following mailing address:

Dianne Lemieux
Department of Psychology
Austin Peay Building
University of Tennessee
Knoxville, Tennessee 37916

APPENDIX C

VERBAL CONSENT SUMMARY FOR NATURAL CHILDREN (AGES 12 AND UNDER)

Hi! My name is Dianne Lemieux. I am talking with parents and kids who are going to have foster children stay with them. I'd like to find out what it is like for you to have someone stay in your home for a while until they can go back and live with their own families. I will be talking with your parents and would like to talk with you (and your brother(s)/sister(s)) before the new boy or girl comes, to see how you feel, and then after he or she has been there a while to see what it has been like for you. You don't have to answer any questions unless you want to and I am not going to tell your parents, the caseworker or anyone else what you tell me. In between times, I'll be checking with your parents to see how things are going for you and your family. You can also ask me questions anytime and I'll try to tell you the answers if I know.

To make it easier for me to remember what we talk about, I would like to use a tape recorder while we talk. If you don't want me to use the recorder at anytime, you can say so and I will turn it off. Do you have anything to ask me? Do you understand why I've come to talk with you? Is it O.K. with you? Can we use the tape recorder?

APPENDIX D

INFORMED CONSENT SIGNATURE FORM
(ADULTS AND CHILDREN 13 TO 18)

I have read the information letter and explanation form and have talked with the project director in detail about the study. I understand the purpose of the study and the kind of information which will be asked. I understand that my participation in the study is completely voluntary and that I may withdraw from the study without prejudice at any time. I understand that interviews will be audio taped unless I request this not be done. I understand that all that I say will be held in confidence and that my name and any significant identifying information will be changed in any published material, in order to protect my anonymity. If any questions arise at any time during the study I am free to discuss these with the project director.

I consent to participate in this study under these conditions. I also consent to the participation of my children.

signature: _____

date: _____

witnesses: _____

APPENDIX E

INFORMED CONSENT SIGNATURE FORM FOR CHILDREN 8-12

I have talked with Dianne Lemieux about what she wants to talk with me about. I understand what she will ask. I understand that I don't have to talk if I don't want to. I understand that she will use a tape recorder unless I say no. I understand that I can ask her questions.

I agree to talk with Dianne Lemieux.

signature: _____

parent or guardian: _____

witness: _____

APPENDIX F

HOME INTERVIEW SHEET

Family Code Number _____

Name _____

Address _____

_____

Phone Number _____

DHS caseworker _____

phone number _____

Gross Family Income Range

Under $10,000 _____

$10,000-$20,000 _____

$20,000-$30,000 _____

Over $30,000 _____

Parent Information

Mother

Name _____

Date of Birth _____

Age _____

Occupation _____

Educational Level _____

Race _____

Religion _____

Home Interview Sheet con't.

Parent Information

Mother (con't.)

Health Problems _____

Previous Marriages and Dates _____

Children from previous marriages

Name	date of birth	address (same or diff)

Father

Name _____

Date of Birth _____

Age _____

Occupation _____

Educational Level _____

Race _____

Religion _____

Health Problems _____

Previous Marriages and Dates _____

Children from previous marriages

Name	date of birth	address (same or diff)

Home Interview Sheet con't.

Children

Natural Children

NAME	AGE/DATE OF BIRTH	ED. LEVEL/OCCUP.	MARITAL STATUS	HEALTH PROB.	ADDRESS

Other Children Living In Home (stepchildren, grandchildren, niece, nephew, cousin, other)

NAME	AGE/DATE OF BIRTH	ED. LEVEL/OCCUP.	MARITAL STATUS	HEALTH PROB.	RELATIONSHIP

Home Interview Sheet con't.

Other adults living in the home

Relationship _____

Name _____

Date of Birth _____

Age _____

Occupation _____

Educational Level _____

Race _____

Religion _____

Health Problems _____

Relationship _____

Name _____

Date of Birth _____

Age _____

Occupation _____

Educational Level _____

Race _____

Religion _____

Health Problems _____

FOSTER FAMILY GENOGRAM

Code

□ = male 0 = female △ = child in utero

A
⁄ = abortion or stillbirth ___ horizontal line = marriage
| vertical line = children

D/ = divorce red pencil = immediate family

X = death

Family code number _____

Family Members

Name	Code Number

NOTES

APPENDIX G

INITIAL INTERVIEW FOR PARENTS
(sample questions)

1. How did you first find out about foster care?
2. Whose idea was it to become a foster parent?
3. Why did you decide to become foster parents?
4. Did you discuss it with anyone? Who? What was their response?
5. Were your family and friends supportive of the decision?
6. Did you have any prior experience working or caring for children who were not your own? Explain.
7. What kind of child (children) would you prefer to foster?
8. Have you discussed becoming a foster family with your children?
9. Who has discussed it with them?
10. What were they told?
11. What was their response?
12. Do you have any concerns regarding the experience of fostering on your child (children)?
13. Do you have any expectations regarding how your child (children) will react?
14. What would you like your children to get out of this experience?

APPENDIX H

INITIAL INTERVIEW FOR CHILDREN
(sample questions)

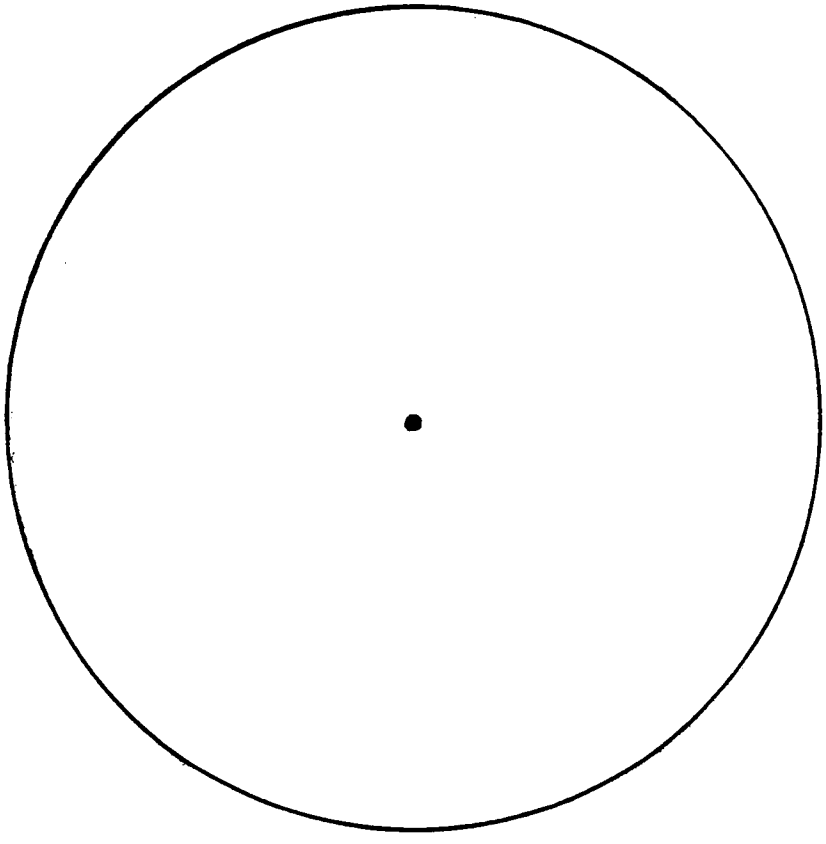
1. Who told you about fostering?
2. Is a foster brother or sister like a real brother or sister? How are they the same? Different?
3. Do you like the idea of having a foster boy or girl stay with you?
4. What do you think it will be like?
5. Would you like a boy or a girl to come?
6. How old would you like him/her to be?
7. How long will he/she stay with your family?
8. What do you like to do in your free time?
9. Who do you like to play with?
10. What are your favorite things to do together?
11. I'd like you to draw me a picture of everyone in your family doing something.

APPENDIX I

PERCEIVED CONTACT SCALE (FAMILY)

Directions

Pretend you are standing at the dot at the center of the circle. Using a pencil, make dots for the rest of your family (include outside relatives and/or pets if you like). The people you spend the most time with put close to you. The people you spend the least time with put far away from you. Please be sure to label all the dots.



SCALE: Family Contact Scale

Family code number _____

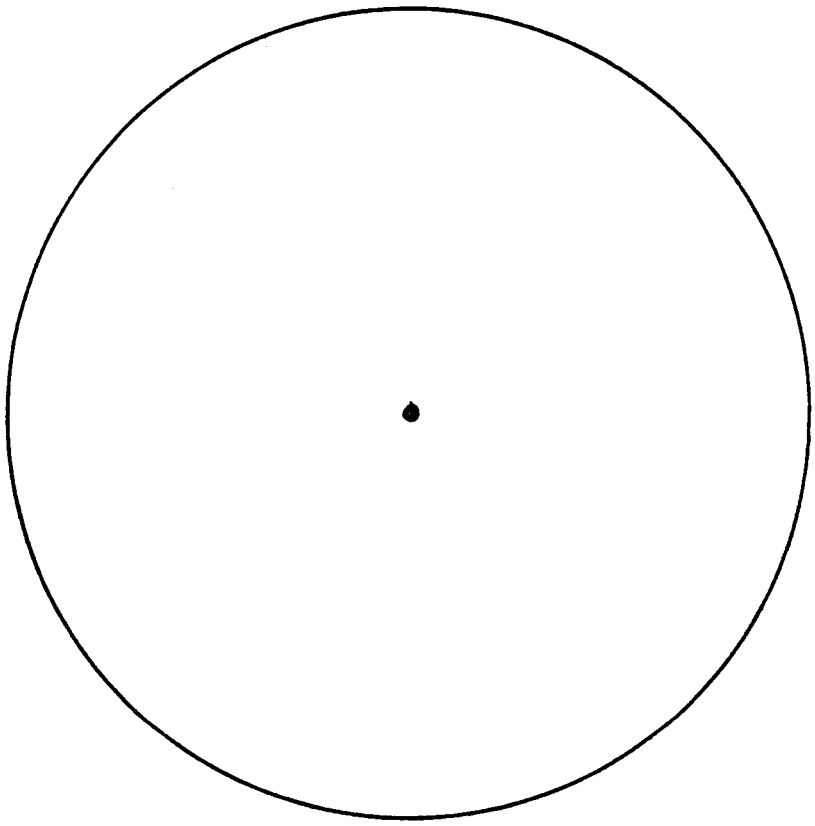
Family member _____

APPENDIX J

PERCEIVED INTIMACY SCALE (FAMILY)

Directions

Once again, pretend you are standing at the dot at the center of the circle. Using a pencil, make dots for the rest of your family (include outside relatives and/or pets if you like). This time, however, put the people you get along with best, feel closest to, or like to be with the most closest to you. Put the people you fight with a lot or don't like to be alone with the farthest away. Be sure to label all the dots.



SCALE: Family Intimacy Scale

Family code number _____

Family member _____

APPENDIX K

WEEKLY INTERVIEW SCHEDULE

Date: _____

Family Code Number _____

Respondent (mother/father) _____

Child (code number) _____

Name some positive behaviors, strengths, or things about (code number) child that you liked this week.

Rate each behavior on a scale of 1 to 10, with a (1) being "just OK" to a (10) being "superterrific." Rate the behavior according to how you felt about it--how much you liked it.

1. _____ 1 2 3 4 5 6 7 8 9 10
2. _____ 1 2 3 4 5 6 7 8 9 10
3. _____ 1 2 3 4 5 6 7 8 9 10
4. _____ 1 2 3 4 5 6 7 8 9 10
5. _____ 1 2 3 4 5 6 7 8 9 10

Name some negative behaviors, problems, or things about (code number) child that you didn't like this week.

Rate each behavior on a scale of 1 to 10. This time a (1) is just "mildly annoying" while a (10) is "horrible!" Again rate the behavior according to how you felt about it--how much you disliked it.

1. _____ 1 2 3 4 5 6 7 8 9 10
2. _____ 1 2 3 4 5 6 7 8 9 10
3. _____ 1 2 3 4 5 6 7 8 9 10

Weekly Interview Schedule con't.

4. _____ 1 2 3 4 5 6 7 8 9 10

5. _____ 1 2 3 4 5 6 7 8 9 10

Any unusual circumstances this week? Please describe.

Any contact with the caseworker this week? Please describe the general content of the interaction.

Did the caseworker have any contact with (child code number) _____ this week? Please describe the content (if known).

Satisfaction in parenting this week.

not satisfied 1 2 3 4 5 6 7 8 9 10 extremely satisfied

How would you rate your day?

horrible 1 2 3 4 5 6 7 8 9 10 terrific

For investigator use only

Do you think that this information is reliable? ___yes ___no
If no, why not?

Phase: ___Baseline
___Post placement
___Other (explain)

APPENDIX L

FINAL INTERVIEW
FOR PARENTS
(sample questions)

Preface: I'd like to ask you a few questions about your current feelings about fostering. This is not a test based on your answers to previous questions but a time to share ideas, concerns, or current problems. Again, your responses will be confidential.

1. Is being a foster parent like what you expected? How is it similar or different?
2. Were there any surprises along the way?
3. What were the major problems you faced or are now facing?
4. Were there effects on your marriage? Explain.
5. Were there effects on your children? Explain.
6. What rewards or positive experiences have you or your children gained from being a foster family?
7. How well were you and your family prepared for fostering?
8. Did you have enough caseworker contact? Explain.
9. Was this contact helpful?
10. Was there anything you wished you were informed on beforehand?
11. Are you planning to continue to foster?
12. Would you take a new foster child?
13. Have you any advice to new foster parents?
14. Any additional comments about fostering or this study which you would like to add?

APPENDIX M

FINAL INTERVIEW FOR
BIOLOGICAL CHILDREN
(sample questions)

What is a foster brother or sister?

Is a foster brother or sister like a real brother or sister? How are they the same? Different?

What has it been like having _____ stay with you?

Who do you play with?

What are your favorite things to do together?

Draw me a picture of everyone in your family doing something.

Would you like another foster boy or girl to come live with you sometime?

APPENDIX N

VERBAL CONSENT SUMMARY FOR FOSTER CHILDREN (12 AND UNDER)

Hi! My name is Dianne Lemiuex. I am talking with parents and kids who are having foster children stay with them, to see what being a foster family is like for them. I'll be checking in with your foster parents every week to see how things are going in your new foster home and to see how all the kids at home are doing. I might also want to ask you how things are going. You don't have to answer any questions unless you want to and I am not going to tell your parents, foster parents, caseworker or anyone else what you tell me. You can also ask me questions anytime and I'll try to tell you the answers if I know.

To make it easier for me to remember what we talk about, I would like to use the tape recorder while we talk. If you don't want me to use the recorder at anytime, you can say so and I will turn it off. Do you have anything to ask me? Do you understand why I've come to talk with you and your foster family? Is it O.K. with you? Can we use the tape recorder?

APPENDIX O

BEHAVIORS OF BIOLOGICAL CHILDREN REPORTED BY PARENTS ON THE WEEKLY INTERVIEW SCHEDULE

Positive Behaviors

1. Helped work all day Sunday
2. Cooked supper
3. Improved school work
4. Well behaved in the hospital throughout all of his tests
5. Very affectionate, more so than usual
6. Helped with the baby
7. Improving sharing every day
8. Still using potty
9. Watching over foster sister
10. Good test grade
11. Did homework
12. Keeping up with chores
13. Spends time with foster sister
14. Did dishes without being told
15. Enjoys being tutored - is working hard
16. Good attitude, trying to keep peace (at home)
17. Minded good
18. Bought me (Mom) ice cream
19. Mowed lawn
20. Daddy's sweet little girl - talked to me more this week
21. Cleaned bedroom
22. Folded clothes
23. Showed a lot of attention to my grandmother
24. Getting along with brother
25. Helped out at home
26. Ate good - cutting jaw teeth
27. Sharing, less jealous
28. Toilet training pretty good
29. Doing real well with housework responsibilities
30. Doing assignments for school
31. Watching weight, dieting
32. Working hard to earn money
33. Brought Mom flowers
34. Good reports on grades
35. Better attitude
36. Not stingy with toys no more
37. Helped with chores
38. Better attitude toward school

39. Easy to get along with
40. Finished yard work nonstop
41. Good reports on grades
42. Looked after baby
43. Did laundry
44. Had adapted well to foster sister
45. Happy with Christmas gifts
46. Enjoying baby
47. Real good to help me with foster sisters care
48. Washed hair daily without being told
49. Had supper ready for us
50. Doing homework and trying real hard
51. Mowed yard
52. Agreed with parents about not using dirt bike
53. Did dishes
54. Fixed lunch for herself
55. Closer to her cause she's out of school - more time to talk
56. Not bothering brother so much
57. Did chores without being told
58. Did speech (in school) on rock collection
59. What I asked her, she made an attempt to do
60. Helps give foster sister a bath
61. Brings toothbrush to school
62. Did chores
63. Firmly decided to make good grades - had been inconsistent
64. Working in garden
65. A lot better on sharing
66. Playing real good with foster brother
67. Speech (improving)
68. Showed responsible behavior skating
69. Helping at home
70. Attitude improved
71. Passing everything - good work
72. Did chores
73. Made all-star team
74. Crazy about foster brother
75. Speech getting better
76. Good attitude
77. Good job caring for foster sister
78. I love her bringing her (school) work home - beginning to enjoy it
79. Keeping room in shape
80. Helped with house every day
81. Worked hard at school
82. Shares with foster sister
83. Keeping up with chores
84. Good behavior
85. Feeding and caring for animals (pets)

86. Practiced guitar through illness
87. Better with school work
88. Good with baby
89. Shares with foster sister
90. Helpful around the house
91. Agreed with parents about not using dirt bike
92. Good attitude - high spirits
93. Crazy about foster sister
94. Exceptionally good
95. Help with chores
96. Better in school
97. Good about going to the potty (just starting)
98. Not leaning so much on parents
99. Supper ready for us 1 night
100. Keeping foster sister real well
101. Doing good with braces
102. Clean up house, room, and did laundry
103. Helped with the baby
104. Did chores
105. Saving money
106. Happy with Christmas gifts
107. Laughed a lot today
108. Passed math with Bs
109. Helped father put up wood
110. Good behavior skating, not bothering brother
111. Good at chores
112. Good school work
113. Mentioned the true meaning of Christmas
114. Helped with chores
115. Expressed wish to continue fostering
116. Makes her bed and cleans her room morning and night
117. Grades up to B+ and showing papers to parents
118. Helps with foster sister
119. Sharing better
120. Seems to mind me a little better
121. Getting along better with foster brothers
122. Taking odd jobs for the summer
123. Massage sore shoulder
124. Great personality
125. Enjoying baby
126. Helped keep the house clean
127. Happier, attitude change
128. Reading to foster sister
129. Lost a lot of weight on diet
130. Had chores done when Mom got home
131. Made a cake for Dad's birthday
132. Helpful
133. Took care of animals

134. Practicing guitar
135. Thought about foster sisters future
136. Helping more with baby
137. Improving on homework (bringing it home and completing it)
138. Defended foster sister against neighborhood bully
139. Crazy about foster sister and helpful with her
140. Growing up faster (mature behavior)
141. Plays with baby
142. Especially good
143. More confident
144. Good with brother
145. Still carrying through with responsibility for foster sister
146. Cleaned house
147. Ran sweeper
148. Easier to understand (speech)
149. Bathing and sleeping with foster brother
150. Maturing fast
151. Good mood
152. Got along well with family at Disney World
153. Put up wood
154. Spend time at a picnic with foster sister
155. Help give foster sister baths
156. Made a cake for grandmother
157. Working in school
158. Easy to get along with
159. Worked in garden
160. Massage sore shoulder
161. Did chores
162. Decided everyone has duties - good behavior
163. Played with baby this morning and helped with mother not feeling well
164. Responsible behavior at skating rink
165. Loves foster sister a lot
166. Good about chores
167. OK to get along with
168. Behavior still good
169. Better on sharing
170. Sitting with foster brother and adjusting to him
171. Cleaned whole house
172. Good mood during holidays "precious"
173. Offering help without being asked
174. Cut wood
175. Helps with baby
176. Getting along with brother
177. Did chores
178. Good attitude
179. Good through illness
180. Fix Mother lunch

181. Worked all day with boyfriend cleaning and arranging furniture
182. Good with baby help watching
183. Interest in religion, Bible reading
184. Understanding attitude
185. Good school work
186. Sharing better
187. Good progress, potty trained
188. Done all the housework
189. Good behavior
190. More attentive
191. Did chores
192. Taken with foster sister - made her part of the family
193. Good with baby
194. Getting along with brother when away from home
195. Speech getting better
196. Sharing
197. Keeps house straight
198. Changes and cares for the baby
199. Helping brother who is sick by bringing him a note from church
200. Play with foster sister
201. Took part in church play
202. Happy with baseball practice
203. Takes full control of foster sister
204. Cleaned all winter clothes
205. Over all good
206. Grades went up
207. Good behavior
208. Better self-confidence
209. Help in foster sister's care
210. Did homework
211. Doing great helping with chores, washed all the new china
212. Seems happier and feeling better
213. Getting along better with brother
214. Finished responsibilities this week
215. Mowed yard
216. Good with baby
217. Did chores
218. Exceptionally helpful
219. Helped keep the house clean
220. Takes over foster sister's care completely
221. Supplied me with everything I need
222. Attentive and very happy with brother
223. Did homework
224. Moved up in youth group at church
225. Attempted to help foster sister with her math
226. Did responsibilities without a push
227. Good attitude with foster sister, teaching her to skate and bicycle

228. Called from camp to say he was OK
229. Helps with baby and Mom's needs
230. Just couldn't do enough (around the house)
231. Did chores today without being told
232. Attitude better because he's feeling better
233. Spending time on homework
234. Understanding attitude
235. Did chores
236. School is better
237. Attempted to make peace with foster sister
238. Worked real well getting ready for vacation
239. Eager to decorate foster child's new room
240. Helps with baby-very attached
241. Fewer disagreements
242. Positive attitude about school
243. Good with brother
244. Didn't want to send foster child back
245. Looks after foster sister's welfare
246. Helped with chores
247. Tried hard with foster sister (to get along)
248. Terrific - played with foster brother despite hesitancy to turn people off
249. Worked with brother
250. Easy to get along with
251. Tended baby
252. Done better in school
253. Good attitude
254. Did chores
255. Good with baby - helping watch her
256. Getting back to good routine at home (chores)
257. Quite a bit of housework today
258. Hasn't aggravated brother
259. Good with the baby
260. Growing up faster
261. More confident
262. Helped make a dish for an older couple
263. Matured interests
264. Positive note from school regarding improved attitude and performance
265. Helps with baby
266. Helped with grandmother (death) and going to funeral parlor
267. Makes bed, washes clothes, cleans bath, does grocery shopping
268. Good, quiet
269. Paying 10% of earnings to church
270. Doing well in school
271. Increased confidence in sports
272. Doing better in school with tutor
273. Not arguing

274. Thinking about foster sister's future
275. Doing homework
276. Working (has summer job)
277. Good spelling grade
278. Schoolwork OK except Spanish
279. Chores - cleaning panelling, dishes, clothes - does what she can
280. Better outlook
281. Doing good in football
282. Doing chores
283. More attentive
284. Good with foster sister, doesn't argue
285. Offered me some of her money
286. Fewer disagreements
287. Helped care for baby
288. Did chores
289. Calm this week
290. Did homework
291. Did good with braces and no complaints
292. Works hard in school
293. Really nice
294. Hangs around more, more conversation
295. Made an Easter cake for grandmother
296. Attitude at home very good all week
297. Attentive to baby and playing with her
298. Terrific report card
299. Did chores
300. Opening up a lot about trip
301. More dependable; steady about completing projects
302. Never causes an uproar about what he can't do
303. Done a lot of jobs
304. Taken with foster sister; making her part of the family
305. Did chores for money to go swimming
306. Good with chores
307. Good with foster sister
308. Chores

Negative Behaviors

1. Still lax about chores
2. Says "How should I know?" to everything
3. Starts things and doesn't finish them
4. Smarting off at foster sister
5. Spitting Spitwads in the bedroom
6. Some loafing - not picking up after himself
7. Not minding
8. "Figitive" (Fidgeting)
9. Provoked fight with his brother
10. Telling foster sister what to do
11. Unfinished math paper
12. Seems sad
13. Low grades
14. Sleepy head in the morning
15. Hit brother
16. Grouchy 1 day
17. Sometimes lazy
18. Bad mood - hateful toward family
19. Pushing messiness
20. Not picking up after himself
21. Very jealous of foster brother - lots of attention getting behaviors
22. Aggravated me when I wasn't feeling good
23. Could have done better in algebra
24. Occasionally gets up in the morning hateful
25. Talked back some
26. Annoys brother
27. Argument with father
28. Grades not gone up - dropped from last time
29. Rude to foster sister when foster sister was intrusive
30. Minor arguments with foster sister
31. Not studying for spelling
32. Throwing spit wads
33. Asking lots of questions, attention seeking
34. Saying "No" a lot
35. Calling me "(by first name)"
36. Little argument
37. Wants to stay fishing too long with neighbor
38. Trying to control brother's behavior
39. Not getting out of bed in the morning
40. Grades down too much to try out for cheerleading
41. Picking fights with foster sister
42. A little hateful over the weekend
43. Terrible twos a lot of little things over and over
44. Been a little upsetting
45. Ran up the stairs, closed the door, and told his father "I don't want this baby here."

46. Likes to do everything for new foster sister - overdoes it,
47. Irritable
48. Fight with brother
49. Bothered by the situation (with foster sister)
50. Selfish and protective over toys he never noticed before
51. Sharing is still a problem (not sharing)
52. Won't mind his mother
53. Didn't bring spelling words home - Mother, Daughter fight
54. A little bit lazy
55. Not doing chores
56. Bad mood
57. Fighting at school
58. Didn't want the foster baby
59. Could have done better (getting along with) foster sister
60. Laid in bed and didn't get dressed til late - she was very tired
61. Walking in fields alone, feels rejected by family
62. Little bit of jealousy concerning new Nike tennis shoes for foster sister - "Nikes for a 5 year old?"
63. Stubborn, bad attitude.
64. Very persistent
65. Climbing over everything - "terrible twos"
66. Signed mother's name to interim report and didn't show parents
67. Annoyed this morning and slapped foster sister on the arm
68. Getting into things - garden, hand lotion - busybody
69. Throwing things
70. Still bad about responsibility
71. Won't mind his mother

APPENDIX P

DIRECTIONS FOR RATING REPORTED CHILD BEHAVIORS ON DIMENSIONS OF EFFORT AND SPECIFICITY

Positive Behaviors--Effort Ratings

Attached to this sheet is a list of responses parents gave to describe their children's positive behavior over the course of a week. Please evaluate each of these responses on a scale of 1 to 7 on the basis of how much effort, in your opinion, a child would have to make in order to behave in such a manner. A rating of 1 would indicate very minimal to almost no effort. A rating of 4 would indicate moderate effort and a rating of 7 would indicate maximum effort. Below are several examples.

1-responses

Fed the cat this morning

Laughs at my jokes

Fixed herself a sandwich

4-responses

Took care of the dog and cat this week

Kept her room clean

Played a lot with foster sister

7-responses

Did all the housework for me this week cause I was sick

Took care of younger brother all week long

Brought grades up from C's and D's to A's and B's

Positive Behaviors Rating Form

1. 50. 98. 147. 196. 245. 294.
2. 51. 99. 148. 197. 246. 295.
3. 52. 100. 149. 198. 247. 296.
4. 53. 101. 150. 199. 248. 279.
5. 54. 102. 151. 200. 249. 298.
6. 55. 103. 152. 201. 250. 299.
7. 56. 104. 153. 202. 251. 300.
8. 56. 105. 154. 203. 252. 301.
9. 57. 106. 155. 204. 253. 302.
10. 58. 107. 156. 205. 254. 303.
11. 59. 108. 157. 206. 255. 304.
12. 60. 109. 158. 207. 256. 305.
13. 61. 110. 159. 208. 257. 306.
14. 62. 111. 160. 209. 258. 307.
15. 63. 112. 161. 210. 259. 308.
16. 64. 113. 162. 211. 260.
17. 65. 114. 163. 212. 261.
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46. 94. 143. 192. 241. 290.
47. 95. 144. 193. 242. 291.
48. 96. 145. 194. 243. 292.
49. 97. 146. 195. 244. 293.

Negative Behaviors--Effort Ratings

Attached to this sheet is a list of responses parents gave to describe their children's negative behavior over the course of a week. Please evaluate each of these responses on a scale of 1 to 7 on the basis of how much effort, in your opinion, a child would have to make in order to behave in such a manner. A rating of 1 would indicate very minimal to almost no effort. A rating of 4 would indicate moderate effort and a rating of 7 would indicate maximum effort. Below are several examples.

1-responses

Got up late on Saturday morning

Went to bed without brushing his teeth

Didn't eat her peas.

4-responses

Argues with foster sister

Doesn't do as much homework as he's supposed to

Didn't mind me as good as usual

7-responses

Constantly provoking fights and hitting her brother--I can't let them alone for a minute

Never listens to me--seems to work against me all the time

Worst grade card I've ever seen

Negative Behaviors Rating Form

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Positive Behaviors--Specificity Ratings

Using the same positive behavior list, please rate each response on a scale of 1 to 7 on the basis of how specific the description is. A 1 would indicate a very vague, general description of behavior. A 4 would indicate a moderately specific description of behavior. A 7 would indicate a very clear and concise description of behavior. Below are several examples.

1--responses

She's a good girl

He helps me

Good mood

4--responses

Good hygiene this week

Sharing more with sister

Straightened up around the house

7--response

Got a 100 on his math quiz

Brought me candy for Valentine's Day

Washed all the breakfast dishes

Negative Behaviors--Specificity Ratings

Using the same negative behavior list, please rate each response on a scale of 1 to 7 on the basis of how specific the description is. A 1 would indicate a very vague, general description of behavior. A 4 would indicate a moderately specific description of behavior. A 7 would indicate a very clear and concise description of behavior. Below are several examples.

1--responses

Feels bad

Made his father mad

She's impossible

4--responses

Argued with his dad

Avoids his chores

She's a sloppy dresser

7--responses

Broke my favorite vase

Called his brother a jerk

Wet the bed every night

VITA

Dianne Jeannine Lemieux was born in San Francisco, California on March 1, 1952. She attended elementary schools in South Plainfield, New Jersey and graduated from South Plainfield High School in June 1970.

After high school, she entered Jackson College for Women, Tufts University, in Medford, Massachusetts. In June 1974, she was awarded a Bachelor of Science degree, summa cum laude, in psychology and elementary education.

The author worked briefly as a substitute teacher in South Plainfield, New Jersey, and as an adjunctive therapist at the Carrier Clinic in Princeton, New Jersey, before entering the graduate school of The University of Tennessee, Knoxville. During graduate school, she worked at The Child Behavior Institute under the direction of Dr. Robert Wahler and at The University of Tennessee Psychological Clinic.

She completed a one year clinical internship at the San Francisco Veterans Administration Hospital in September 1978. During the internship year she also worked part-time in children's services at The Langley Porter Neuropsychiatric Institute, University of California Medical School, and attended training workshops at the Family Study Unit of the Veterans Administration Hospital in Palo Alto, California.

Following her internship, the author returned to Tennessee where she worked for a number of years first at the Cherokee Mental

Health Center in Morristown, Tennessee and then at the Ridgeview Psychiatric Hospital and Center in Oak Ridge, Tennessee while completing this dissertation.

In June 1984, she received the Doctor of Philosophy degree with a major in Psychology from The University of Tennessee, Knoxville.