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Examining Differences Between Foster Parents Who Continue to Foster Children and Those Who Do Not

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has been found to be complete and satisfactory in all respects,
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Abstract

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Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

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Abstract

Foster parents are often not equipped to address the difficulties and challenges they face with their foster children. Research has identified the importance of providing foster children with a safe and secure environment. Guided by the theory of adoption and attachment, the purpose of this study was to identify the differences between foster parents who continue with foster child placements and those who do not by examining their perceptions of foster parenting behaviors and their foster parent/child relationships. Participants were recruited using online foster parent forums and foster care agencies. A total of 31 foster parents participated: 13 licensed and 18 not-licensed. The 45-item Parent Behavior Scale (PBS) was used to measure parenting behaviors. The 15-item Child Parent Relationship Scale (CPRS) was used to measure perceived caregiver-child relationships. A MANOVA revealed significant relational differences between the groups. Foster parents who continued to foster children perceived their relationships with their foster child more positively and supportive than did those who did not continue to foster children. No significant differences in parenting behaviors between the groups were identified. Notably, a relationship was found between foster parents' perception of their relationship with their foster children and the combined parenting behavior scales of positive parenting, rules, monitoring, and punishment. These findings can contribute to positive social change in identifying relational factors important to placement longevity. Foster parents trained to meet the challenges are more likely to continue to foster children and provide a safe and secure environment in which foster children can thrive.

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Dedication

This dissertation is dedicated first to my three children, Tiffany, Landon, and Dylan. The resilience I saw in each of you in the face of so many challenges was my inspiration for this endeavor. I love you now and forever my darlings. It is also dedicated to my parents, Earl and Carol. You have been a constant source of support and encouragement during the challenges and struggles of graduate school and life in general. You are both truly the wind beneath my wings. You have loved and believed in me unconditionally and have been the best examples in teaching me the importance of working hard for the things that I believe in and hope to achieve.

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Chapter 1: Introduction of Study

Introduction

Children are removed too frequently from dysfunctional homes to begin new lives

in strange new surroundings, often with complete strangers. They are most often placed

in family foster homes and expected to adapt in a normal functioning environment. The

children, however, bring a host of unique cognitive, behavioral, and developmental issues

into the dynamics of the family systems in which they are integrated (Jee et al., 2010;

Kerker & Dore, 2006; McWey, 2004). These issues are often associated with the

maltreatment they experienced in their home environment and are linked to behavior

problems, dysfunctional thinking, and an inability to connect with foster families

(Farmer, Lipscombe, & Moyers, 2005; Octoman, McLean, & Sleep, 2014; Oosterman,

Schuengel, Slot, Bullens, & Doreleijers, 2007; Whenan, Oxlad, & Lushington, 2009).

Once they are placed in foster homes, it is the foster parent's responsibility to provide the

children with the care necessary to begin to undo the harm that may have developed in

their original dysfunctional environments (Blythe, Halcomb, Wilkes, & Jackson, 2013;

Schofield, Beek, Ward, & Biggart, 2013).

Foster parents must go through a rigorous process to become licensed as

caregivers. They are scrutinized extensively in all areas of their lives. Once approved and

deemed "fit for duty" by the Department of Health and Human Services (DHHS), there is

minimal immediate training beyond the basic licensing rules and guidelines. Generally,

caregivers are provided with a manual that consists of mandatory responsibilities and a

list of rules and regulations (U.S. Department of Health and Human Services [NDHHS], 2016). The manual becomes the expectations for caregiving. There are no lists of best practices for creating a nurturing and supportive environment, a secure base, for children coming from chaotic and adverse situations. There are, however, identified unacceptable parental behaviors and lists of regulatory requirements (e.g., the need for smoke detectors, the size of the child's bedroom, etc.).

Issues that manifest within the home must be addressed in the context of the safety and welfare of the children as defined by DHHS. Foster parents are required to provide the child with a home environment void of the perception of inappropriate actions as much as inappropriate actions themselves (Farmer et al., 2005). For instance, some rules dictate that a child cannot be physically held because the child may perceive the holding as inappropriate, abusive, or restrictive. The reason for these rules centers on ensuring the child does not feel the child is going to be sexually abused or physically mistreated.

The dynamics of foster caring are precarious at best. It could be said that extreme externalizing and/or internalizing behaviors, misperceptions of caregiving and/or caregiver norms, and/or dysfunctional histories are more the rule than the exception with regards to the children that come into care. All too often foster parents who become licensed are not prepared for the children they are asked to care for. Some foster families/parents have issues unrelated or only indirectly related to foster parenting that make it difficult or even impossible to foster parent effectively. These issues combined

with the shortfalls of the foster care system itself provide a sobering picture of the current state of foster care. While the goal of foster care is to provide foster children with a safe, nurturing environment in which they can thrive, the actualization of that goal is difficult to obtain.

The safety and welfare of all children is essential to the future of our society. Change in the system designed to ensure that safety is crucial. For positive change to take place, problems that exist must be identified as well as the solutions to those problems. This study looked at two areas of foster parenting (i.e. parent-child relationships, parenting behaviors) to identify differences that existed between parents who continue to foster and those who do not. If differences were recognized, positive changes and parenting practices could be identified. The needed changes and best practices could then be evaluated to identify possible techniques, specifically relational responses and intervention methods, that could be integrated into the foster care program to help foster parents deal with challenging situations.

Chapter 1 begins with an introduction to some of the various problems that plague the foster care system. I introduce an outline of questions the study attempted to answer, and the theoretical framework and the nature of the study. I then define the scope of the study through the acknowledgment of identifiable assumptions, boundaries, and limitations. In closing, I present potential contributions of the study.

Background

The abuse and neglect children experience in their home environment greatly impacts the child's mental health (Kerker & Dore, 2006; Smith, Johnson, Pears, Fisher, & DeGarmo, 2007). If the infant-mother relationship, necessary early in life, is either erratic or nonexistent, the child's healthy emotional and/or physical development is inhibited (Duschinsky, 2015). Children coming into the foster care system often come from homes of abuse and neglect and have never experienced a secure attachment to their primary caregiver (McWey, 2004).

Foster parents accept foster children into their homes with the intention of providing a safe nurturing environment for the child. The children, however, are not necessarily able to interpret the foster parents intentions accurately (Fisher, Stoolmiller, Mannering, Takahashi, and Chamberlain, 2011). Instead the child reacts adversely, challenging the foster parents intentions (Octoman et al., 2014). These negative experiences test the core of the foster parent's willingness to continue caring for the children (Oosterman et al., 2007). If the foster placements end prematurely, regardless of the reason(s), the foster children are the ones who suffer (Beijersbergen, Juffer, Bakermans-Kranenburg & van IJzendoorn, 2012). Their chance to develop within a secure base is diminished and any feelings of rejection and worthlessness may become validated (Krinsky, 2010).

Although many studies have examined issues that plague foster care programs, there is little research that examines differences between foster parents who continue to

do foster care and those who do not. In 2005, Farmer et. al. identified a critical gap in our understanding of how caregivers respond to the challenges of caring for foster children. More recent studies continue to recognize the need to understand the effects of foster parent challenges on foster parent responses and behaviors and how they may contribute to the success or failure of the placement (Octoman et al., 2014; Rork & McNeil, 2011).

Examining parent-child relationships and parenting behavior differences between foster parents who continue to foster children and those who do not could help identify positive and negative aspects of foster parenting. Foster care agencies could then develop learning venues for new foster parents that promote the positive aspects of the foster-parent relationships and parenting behaviors and discourage negative ones. If best practices are identified and incorporated as the core of the foster care program, it could mean the difference between continuing to foster or giving up. If foster parents are able to meet the challenges they encounter and work through them with the child, the child will then be able to experience a safe and nurturing environment in which to thrive.

<center>**Problem Statement**</center>

One of the more prevalent issues in the foster care system is the complexity of the foster child's maladaptive thoughts that occur in a normal functioning environment (Biehal, 2014). The family structure, rules, rituals, and even recreation are all interpreted from the child's perspective. The lens through which the child's perspective is drawn is often so damaged the child is unable to accurately understand his or her environment as a

safe base. Consequently, the interactions in the family environment can become misinterpreted by the foster child and cause a host of issues.

The reality is that when a family is solicited to take a child or a sibling group, generally the decision is based on bed availability. There are little to no screening processes to identify mental health needs that might require specialized training and support. Children's histories are usually unknown and mental health concerns not yet identified (Jee et al., 2010). Due to resource constraints and an overburdened system, foster parents frequently have full responsibility for the child's wellbeing (Kerker & Dore, 2006; Pasztor, Holliger, Inkelas & Halfon, 2006).

Foster parent attempts to meet challenges based on adherence to licensing do not always equate to improving relational care receiving experiences for the foster child (Murray, Tarren-Sweeney, & France, 2011). Although relevant, the rules mandated for the perceived safety and welfare of children generally do not provide alternatives to deal with three-year-olds who are crying and in need of relational comfort or in public and out of control. Neither do they offer assistance for when the teenage foster child is screaming obscenities because the child was not allowed to smoke in the house. In situations such as these, foster parents often feel inadequate for meeting the challenges and obstacles unique to dealing with this at-risk population (Murray et al., 2011).

In light of the plethora of factors present when dealing with challenging issues, foster parenting is difficult at best (Farmer et al., 2005; Murray et al., 2011). System constraints, foster parent issues, and/or foster children issues all contribute to foster

parenting outcomes. If foster parents feel overwhelmed and inadequate in their ability to deal with their placement challenges, they may come to believe that their only viable option is to give up. When placements are disrupted and end in failure the lives of the foster children become even more disrupted by the system designed to protect them.

As loss and instability are all too common occurrences for foster children removed from their dysfunctional situations, the children often present with increased vulnerabilities (Dowdell & Cavanaugh, 2009). When a placement fails, regardless of the reason(s), the volatility of the disruption may cause the child to experience reoccurring feelings of rejection, failure, and/or worthlessness (Rubin, O'Reilly, Luan, & Localio, 2007). Additionally, the child is never given a chance to develop within a secure base, further increasing the possibility and severity of immediate and/or long-term negative effects (Beijersbergen et al., 2012).

Research has indicated the need for foster parent education and support in dealing with the challenges of foster care. The results of a study by Vanschoonlandt, Holen, Vanderfaeillie, Maeyer, and Andries (2014) posited that 40 % of the foster parents in the study felt the need for support in regards to their parenting choices. Cook, Little, & Akin-Little (2007) and Van Andel, Grietens, Strijker, Van der Gaag, & Knorth (2014) both identified an overarching need for the development of interventions that focus on the relational aspects of foster parenting.

This study was conducted to examine differences that exist between foster parents who continue to provide foster care and those that choose not to. Specifically, the focus

of the study was to identify the differences in foster parent perceptions of their parent-child relationship and parenting behaviors.

Purpose of the Study

The purpose of this quantitative study was to identify differences in the way foster parents perceive their foster parent/child relationships and their foster parenting behaviors and to determine if these factors are related to the success or failure of placements. By recognizing the probable differences that exist between those who continue to foster parent and those that do not, it may be possible to identify changes that can be made and/or best practices that can be established (both relationally and behaviorally) that might help in parenting foster children.

Research Questions and Hypothesis

Three research questions that directed this study:

RQ1: Are there differences between foster parents who continue to foster children and those who do not in the foster parents' perceived relationship with their foster child?

> $H_0$1: There are no significant differences between foster parents who continue to foster children and those who do not in their perceived relationship with their foster children.
>
> H_a1a: Foster parents who continue to foster children perceive a closer relationship with their foster children than foster parents who do not.

H_a1b: Foster parents who stop fostering children perceive more conflict in their relationships with their foster children than those continuing to provide care.

RQ2: Are there differences in foster parenting behaviors between those foster parents who continue to do foster care and those who do not?

$H_0$2: There are no significant differences in foster parenting behaviors between foster parents who stop doing foster care and those who continue to foster parent.

H_a2a: Foster parents who continue to foster children engage in more positive parenting behaviors than those who stop doing foster care.

H_a2b: Foster parents who stop fostering children engage in more negative parenting behaviors than those that continue doing care.

RQ3: Is there a relationship between the foster parents' perceived relationship with the foster child and their foster parenting behaviors?

$H_0$3: There is no relationship between foster parents' perceived relationship with their foster children and their parenting behaviors.

H_a3a: There is a significant relationship between foster parents' perceived closeness of relationship with their foster children and positive parenting behaviors.

H_a3b: There is a significant relationship between foster parents' perceived

conflict relationship with their foster children and negative parenting

behaviors.

Conceptual Framework

The framework for the present study centered on some of the more recent

concepts developed from the theory of attachment. For instance, Pace and Zavattini

(2011) posit the importance of a secure base for children who are placed in foster homes.

In order for children to be able to begin to accurately and appropriately understand,

interpret, and react to their environment, they must be able to feel secure enough to

explore unfamiliar situations (Ainsworth & Bell, 1970). Children placed in foster homes

are most often removed from insecure environments (Smith et al., 2007). As a result, the

children's understanding of their environment is predicated on dysfunctional thinking

and, consequently, distorts the way in which they interpret their situations (Tarren-

Sweeney, 2013). The problems that arise from the child's distorted thinking can become

overwhelming to foster parents who have not been trained to recognize and deal with

them.

All too often, foster parents misinterpret the child's negative responses (and at

times extreme reactions) to what the parents perceive is a normal situation (Strijker, van

Oijen, & Knot-Dickscheit, 2011) and react with less than effective parenting behaviors

(Vanderfaeillie, Van Holen, Trogh, & Andries, 2012). In many cases they may even

decide to have the child removed from the home (Brown & Bednar, 2006). Sadly, these

results only further negate any possibility of healthy attachment relationships Pace and Zavattini (2011) believe to be critical in the development of the foster children's secure attachment patterns.

This concept stems from the internal working model idea originally proposed by Bowlby (1982). According to Bowlby, it is this internal working model that helps structure the way in which children develop and interpret their own feelings and behaviors as well as the behaviors and perceived feelings of those around them. Foster children must be provided a home where caregivers can provide effective parental sensitivity within a secure base so they can begin to see the world from a different (more functional) perspective (Beijersbergen et al., 2012; Zilberstein, 2014).

Foster parents must understand that the issues the children present with are the result of each child's inaccurate internal working model. The parents must be able to provide a safe and secure base for the children in the midst of the issues and problems that arise. As the children begin to feel secure, they must be allowed to safely explore and test the boundaries of that secure environment. As the children continue to experience the consistency of a safe nurturing environment, they can then begin to form a more accurate internal working model. As a result, they will begin to develop healthy thoughts and perspectives reflecting that more accurate internal model, and the healing process can begin.

Nature of Study

This study is quantitative in nature. I used an ex post facto design as it is a quasi-experimental (non-experimental) study to examine if certain preexisting groups differ across and between two dependent variables. Research was conducted to explore relationships that exist between parents' perceptions of their relationship with their foster children, parenting behaviors, and whether or not they differ across foster parents who continue to provide foster care and those who do not. The MANOVA was the core analytical strategy for this study. The factor for the analysis was continued foster parenting (i.e., foster parents who stop foster parenting and those who continue to foster children). The two dependent variables were parenting behaviors defined using the Parental Behavior Scale (PBS) and the perceived foster parent-child relationships defined using the Child Parenting Relationship Scale (CPRS).

The focus of the dissertation was the differences in relational responses and intervention methods used by the foster parents as they relate to whether or not foster parents continue to do foster care. For purposes of this study, foster parents "who continue to do foster care" are identified as those who were currently licensed by DHHS when they participated in the study. Foster parents who "no longer foster" are identified as those who were no longer licensed by DHHS at the time they participated. The PBS was used to identify the differences in parenting behaviors, as acknowledged by the foster parents. The CPRS was used to examine foster parents' perceptions of their "closeness" and "conflict" relationship with their foster child.

The PBS (Van Leeuwen & Vermulst, 2004) is a 45-item self-rating questionnaire that foster parents filled out assessing their own foster parenting behaviors. The scale was designed to describe parenting in terms of five observable parenting behaviors: problem solving, positive reinforcement, positive involvement, monitoring, and structure. Although the questionnaire was designed to be administered with parents, youth, and/or children, only the parents completed the PBS in this study.

The CPRS (Pianta, 1992) is a 15 item self-reporting instrument used to measure caregiver-child relationships across three areas: conflict, dependence, and positive aspects. The questionnaire was designed to solicit foster parents to rate their perceptions of their relationship with their foster child.

The population from which the sample was derived was foster parents who have held a valid foster care license issued by the Nebraska and Maine DHHS in the last 10 years. The participants came from private agencies with which DHHS contracts and included family foster homes and therapeutic foster homes.

The sample consisted of a purposeful sample of foster parents who fostered children within the last 10 years. The sample included two groups. Group A was foster parents who had chosen to no longer care for foster children. Group B consisted of those who continued to be licensed by DHHS and were either currently caring for foster children or were open for a placement should their services be needed. The foster parents were asked to complete three questionnaires focusing on their most recent placement(s). While some foster parents had fostered for many years and may have had numerous

children in their homes, the questions on the surveys focused on particular relationships and parenting behaviors.

The demographic information that was collected included the foster child's demographic and foster care intake characteristics such as age, gender, ethnicity, number of years in placement, and number of previous placements. Demographic information relating to the foster parent included age, gender, number of years as licensed foster parent, and number of placements fostered. The type of placement was also identified (i.e. family foster homes and therapeutic foster homes). While this section provides an overview of the nature of the study, chapter three presents the methodology of the study in much greater detail.

Definition of Terms

Attachment: The affectionate tie or relationship that forms between two individuals that binds them together and impacts their lives (Ainsworth & Bell, 1970).

Dysfunctional home: A home where the environment is not conducive to a child's healthy emotional and/or physical development (Kerker & Dore, 2006).

Externalizing behaviors: Those behaviors that affect the child's external physical environment (e.g. aggression, disruptive actions, and hyperactivity; Bosmans, Braet, Leeuwen & Beyers, 2006; Vanderfaeillie et al., 2012).

Family foster homes: Homes that are licensed by DHHS to care for nonrelative lower/general needs foster children (Child Welfare Information Gateway, 2014).

Foster children: Children between the ages of 2 and 19 who have been placed in a foster home (Child Welfare Information Gateway, 2014).

Foster parent: Adults who are licensed by the DHHS to care for foster children in their homes (Child Welfare Information Gateway, 2014).

Foster parent-child relationship: The perceived quality of the relational bond between the foster parent and child as defined by the CPRS (Pianta, 1992).

Foster parenting behavior: The way in which foster parents manage foster children that includes monitoring, disciplining, reinforcing, problem solving, and interacting (Van Leeuwen & Vermulst, 2004).

Foster parents who continue to foster children: DHHS licensed foster parents.

Foster parents who no longer foster children: Foster parents who were once licensed but at the time they participated in the study were no longer licensed by DHHS.

Internalizing behaviors: Those behaviors that affect the child's internal psychological environment (e.g. being anxious, withdrawn, inhibited, and depressed) (Vanderfaeillie et al., 2012).

Kinship care homes: Homes that are licensed by DHHS to provide care for specific foster children who are a relative or closely connected to the family of the foster children in their care (Child Welfare Information Gateway, 2014)

Parental (maternal) sensitivity: Parents' ability to accurately and effectively perceive and respond to their child's needs (Bretherton, 1992).

Placement failure: Placement disruption. A placement that ends prematurely with the removal of the child from the foster home (Fisher et al., 2011).

Placement longevity: The amount of time the foster child remains in the home. For the purposes of this study the quality of the placement is not a factor (Schofield et al., 2013).

Secure base: A safe nurturing environment with a secure attachment figure where children can securely begin to explore their world (Schofield & Beek 2005, 2009).

Therapeutic foster homes: Homes licensed by DHHS to care for high needs/risk foster children, often requiring additional training (Child Welfare Information Gateway, 2014).

Assumptions, Scope, Delimitations, and Limitations

Assumptions

The basic underlying assumption for this study was that while the foster care system is flawed and continues to evolve, those who are involved in the system have the best interests of the children in the system at heart. It was assumed that foster parents who become licensed and those who license them believe the primary goal of the system is to provide the children with a safe environment where the children can thrive developmentally, emotionally, and physically.

The fundamental purpose of foster care is for the safety and welfare of children. If a child must be removed from the home due to unsafe circumstances, the disruption of the move may cause further trauma to the child. As the framework for the study centers

on concepts developed from the theory of attachment, removing the child from the child's environment may seem to be in direct conflict with this concept. As a result, it is necessary to assume that the agency worker who removes the child and foster parent(s) who take them into their home do so for the sole intent of assuring the child's safety and that they believe the child can establish the necessary relationships/attachments for healing and continued developmental, emotional, and physical health.

Scope and Delimitations

The scope of the study was limited to the foster parents' perceived relationships and parenting behaviors, as the children's perceptions were not examined. While it is assumed that foster parents attempted to accurately define their perceived relationships with the children and their parenting behaviors in dealing with the foster children, the results are subjective and limited as such.

While this study focused on the relationship between foster parents and children and parenting behaviors as relating to whether or not foster parents continue to do foster care, disruptions can occur for many reasons. This study is limited to attempting to better understand two elements (that may or may not relate to each other), as they relate to foster parents' continued care for children.

Foster care continues to evolve, regress, and reinvent itself constantly as the effort to find answers to issues that continue to plague the system as a whole. Even with this constant evolutionary process, foster parents who had been licensed and had fostered children anytime in the last 10 years were included. Even as the system (methods, rules,

and processes) continues to change significantly, placement failure persists. Consequently, data received from prior years should have accurately reflected the fundamentals of the system this study hoped to reflect. Furthermore, foster parents whose licenses have been revoked due to violations or those prospective parents who may have attempted to become licensed but did not complete the necessary requirements were not included in this study.

The scope of this study was Maine and Nebraska's DHHS, which may have posed a limitation to the study. The findings may not generalize to all foster parents licensed by their state or jurisdiction. The data collected only describe a select number of participants from two states' foster care programs.

Limitations

An important element of the foster care program that was not taken into consideration for this study is the importance DHHS places on reunifying children with their biological families. Foster homes are theoretically considered temporary. Parental visitation schedules are usually established almost immediately upon placement. The objective of the program is to first exhaust all efforts for reunification: Terminating the rights of the parents can only happen when safe reunification is determined to be unachievable.

This philosophy and practice creates a whole host of issues that play into the process. The dynamics of the process of visitation may restrict or complicate any attachment possibilities between the foster parents and foster child. The child's fear of

losing the only parent(s) the child knows, fear of the unknown, and fear of perceived retribution by the abuser can stifle the child's ability to feel safe and secure in the new environment. While the intent of reunification is important in principle, the process should be considered as a possible mitigating factor when examining the foster parents' perceived relationship with their foster child.

Although the ex post facto design is commonly used and considered a relevant method for behavioral science research, there are limitations to be considered. Subjects are not randomly assigned to groups increasing the chance for bias. Instead, foster parents were grouped by whether or not they continued to foster parent. I had no control over the variables and could not manipulate them, making it impossible to determine cause. As the intent was to identify differences using a multivariate analysis of variance (MANOVA), cause and reasonable explanation was not relevant to the study. However, those differences were identified for possible further analysis in future studies.

Significance

The benefits of this study include the contribution it could make in understanding longevity issues of foster parenting. As foster placement disruptions are often damaging to foster children, consistent placements are critical (Krinsky, 2010; Rubin, O'Reilly, Luan, & Localio, 2007). Research for this study helped identify differences between parents who stop caring for foster children and those who continued on. It attempted to distinguish perceived relational differences that may exist between foster parents and their foster children in the areas of closeness and conflict. The study may help

differentiate parenting behaviors as they relate to whether or not the foster parents continue to foster children.

Differences in intervention techniques and relational responses (parental behaviors) of those foster parents who perceive to have established a secure relationship with their foster child were examined, as well as those for foster parents who have not. Relational differences were identified and the results may be used to identify positive relational and behavior techniques such that new foster parents can be trained to use them. As a result, the study can help improve the experiences of the children in care and contribute to their long-term psychological health and wellbeing.

Summary

Children that are placed in foster homes bring with them a host of issues and are in need of a place where their cognitive, emotional, and physical wounds can begin to heal. For the healing process to occur, the children must be provided a safe environment where they can experience critical nurturing and caring from their caregiver(s). The following chapter provides a look at the research that identifies the issues that foster children bring with them when they enter foster care. It provides evidence of the struggles that foster parents attempt to cope with while providing care to children in need. The chapter also provides a look at the foster parents' need for support in order to continue providing care.

The foster parent-child relationship in the foster home and the foster parenting behaviors that are exhibited are two key components of that safe and nurturing

environment. Examining the differences that exist in these areas between foster parents

who continue foster parenting and those that do not could help identify possible

techniques that can be taught to new foster parents. If they are provided the knowledge to

help them successfully deal with the challenges, foster parents will be more likely to

continue doing foster care. The children can then begin to develop healthy thoughts and

perspectives reflecting a more accurate internal model, and the healing process can begin.

Chapter 2: Literature Review

Introduction

This review of literature identifies a need to better understand the relationship between foster parent-child relationships and foster parenting behavior and how they contribute to placement disruption. Foster parenting is a challenging and yet noble endeavor. The reasons for becoming a foster parent vary, but the mission of foster care remains the same. Foster parents must provide a safe, stable, nurturing environment for each child until a permanency plan is established or the child is able to go home (Child Welfare Information Gateway, 2014). Fostering children who are in need of a safe nurturing environment can be immensely fulfilling for both caregivers and foster children. However, all too often, it becomes an overwhelming effort of goodness that ends in disappointment and, at times, even disaster.

Research has identified numerous issues that manifest within the context of foster caring. Studies conducted during the first several years of the 21st century provide a plethora of research on issues such as adverse behavior, dysfunctional thinking, and the maltreatment of foster children that affect foster caring (Farmer et al., 2005; Oosterman et al., 2007; Whenan et al., 2009). I review the literature on these issues as well as on possible system constraints and foster parent factors that influence foster parenting behavior.

Children who enter the system are most often placed in homes of complete strangers (Del Valle & Bravo, 2013) and expected to adapt to their new environment.

When foster parents are asked to foster a child, they are generally not provided with the child's history, as it is usually unknown. They are, however, made aware of the known demographic information and reason(s) why the child was removed from his or her prior place of residence. A child may come directly from his or her biological family environment, an institutional setting, or from a failed placement in another foster home.

Soon after the child has moved into the home, a mandatory examination by a primary care clinician is generally required to provide a baseline in determining the health and welfare of the child. Evaluating the mental health needs of foster children is often difficult due to a number of issues, including the limited availability of mental health workers, the ever increasing complexities of required diagnoses necessary for treatment approval, expense of formal assessments, and transient nature of the child's known history (Jee et al., 2010; Kerker & Dore, 2006).

The majority of children that are seen by primary care clinicians have never been screened for psychological issues. In 2003, approximately 50% of primary care clinicians had never used a standardized tool of any sort for mental health assessment (Gardner, Kelleher, Pajer, & Campo, 2003). Although there are a number of reasons posited for this issue (Gardner et al., 2003), one of the more troubling is that most mental health providers are not qualified to address significant mental health concerns. For children in the foster care system, this issue is only magnified given that the children generally present with a higher degree of mental health problems stemming from a history of abuse and/or neglect (Kerker & Dore, 2006).

Amidst an upsurge of literature on topics relating to foster care and the children in the system in the previous decade, a critical gap in our understanding of how caregivers respond to foster care challenges was identified (Farmer et al., 2005). From that time, studies have continued to examine the abuse and neglect children suffer in their prefoster care environments and the negative impact these adversities have on the child's mental health (Smith et al., 2007). Research has postulated the impact these issues have on placement success and failure. Studies have also continued to recognize the need to understand the effects these issues have on foster parent responses and parenting behaviors that may contribute to the success or failure of the placement (Octoman et al., 2014; Rork & McNeil, 2011).

In this chapter I outline the literature search strategy, theoretical foundation, and research for this study. The review involves an examination of the challenges that present within the foster care program, risk factors associated with fostering at-risk children, and skills necessary for foster parenting success. I explore these challenges, risk factors, and necessary skills through the lens of attachment theory for an objective analysis of the possible limitations of foster parenting. The chapter concludes with a summary of the need to examine the possible relationship between the foster parent-child relationship and foster parenting behaviors and if these may predict placement failure.

Literature Search Strategy

Several electronic libraries and EBSCO databases such PsycINFO, PsycArticles, SocINDEX, and SAGE Premier were used to search in Walden's University electronic

library database as well as Google Scholar. The key terms in the searches included

foster care, foster child, foster parent, child abuse, out of home care, parenting

challenges, and *behavior.* These terms were used for both independent searches and

searches using a combination of the interchangeable terms. Most sources of information

were obtained digitally; however, I secured some books and professional journals in

traditional hard copy form. Although the review focuses on the most current relevant

literature, I obtained the majority of key seminal information from studies dated between

2000 and 2009. In addition, a small number of older foundational materials were

necessary to provide context for the theoretical framework.

Theoretical Foundation

The magnitude of abuse and/or neglect experienced by children in the United

States and throughout the world is disheartening. Research indicates that, within the

United States alone, there are over three million reported cases each year affecting over

six million children (DHHS, Administration for Children and Families, Administration

on Children, Youth and Families, Children's Bureau, 2012). This same research also

indicates that 81.5% of child maltreatment is done at the hand of a parent, most often the

mother.

The devastating effects of this tragic fact have long been established in the

literature. Even as the theory of attachment continues to expand conceptually, the original

premise surrounding the significance of the infant-mother relationship remains at its core

(Duschinsky, 2015). Some of Bowlby's (1969, 1973, 1980) most influential attachment

conceptions integrated the effects of mother-child attachment disruptions involving separation, loss, and deprivation into a developmental type model. This attachment system model continues to include not only the existence of a relational attachment but distinct attachment behaviors as well (Bowlby, 1982).

A key aspect of attachment theory is the internal working model proposed by Bowlby (1982). The model identifies the way in which children develop and interpret their own feelings and behaviors and the behaviors and perceived feelings of those around them. The theory of adoption and attachment developed by Pace and Zavattini (2011) proposes the necessity of improving attachment security for children that come into care from dysfunctional settings and without secure attachment patterns. It is likely that children who have never experienced a secure attachment have not developed an accurate internal working model necessary for healthy socioemotional development (Verschueren & Marcoen, 1996). These children are then unable to establish or even comprehend the idea of healthy social and interpersonal relationships upon placement into a secure home (Tarren-Sweeney, 2013). Instead, their thinking and subsequent behaviors that stem from their dysfunctional past experiences become disconcerting to well-meaning foster parents (Farmer et al., 2005). According to Farmer et al. (2005), the tremendously stressful behaviors that are exhibited as a result can create a great amount of strain for caregivers.

Studies conducted by Mary Ainsworth and others identify the importance of maternal sensitivity as part of the relational development of attachment patterns (as cited

in Bretherton, 1992). Children need an established secure dependence on their attachment figure/mother to effectively explore unfamiliar situations. In *strange situation* studies, children exhibited attachment behaviors based on prior experiences with their attachment figure (Ainsworth & Bell, 1970). Originally Ainsworth identified three different attachment types/patterns: secure, ambivalent, and avoidant. Later however, disorganized/disoriented was added as a fourth pattern to account for certain behaviors that could not be identified as secure, ambivalent, or avoidant (Duschinsky, 2015).

The pervasiveness of negative behaviors associated with insecure attachment styles is well established (DeJong, 2010; Finzi, Ram, Har-Even, Shnit, & Weizman, 2001; McWey, 2004; Oosterman et al., 2007; Tarren-Sweeney, 2013). Early research indicated that children who have been physically abused most often identify with an avoidant attachment style and elevated levels of aggression, while neglected children associate more with an anxious/ambivalent type attachment style (Finzi et al., 2001). When identifying attachment types specifically in foster children however, the study by McWey indicated that 85.5% of the participants identified with avoidant attachment type regardless of the type of maltreatment experienced. Although it seems that studies have produced contradictory findings in identifying a specific most predominant attachment type attributed to maltreated children, the commonality of an insecure type does exist.

This literature review shows that studies have provided solid evidence associating bad behavior exhibited by foster children with attachment patterns that may have developed from a flawed internal working model. It will provide support for the idea that

flawed working models are developed from negative and/or inconsistent maternal sensitivity that is often the result of a history of maltreatment. The review will identify the importance of developing a secure base for foster children so they can begin to form healthy attachments crucial for healthy development. The chapter concludes with a review of the issues that may inhibit foster parents from providing a nurturing and secure base of attachment and possibly hindering placement endurance and/or longevity.

A Review of the Literature

The Challenge

The primary responsibility for caregiving parents is to create and maintain a safe, secure, and nurturing environment for the children in their care. This endeavor can be uniquely challenging for the foster parents of children who have been removed from dysfunctional settings. Not only are the parents required to create and maintain a positive environment; they must also help the children break any dysfunctional cycles and learn effective life skills.

The prevalence of developmental, behavioral, and cognitive issues of children within the foster care system is well documented. Children that enter foster care often come from dysfunctional homes (Smith et al., 2007) and bring with them a host both physical and mental health concerns (Jee et al., 2006). In a study by Jee et al., caregivers reported mental health concerns for over 50% of the foster children in their care. These concerns present unique challenges and issues for the children and caregivers alike (Leve et al., 2012; Octoman et al., 2014).

Often the mental health needs of foster children are, in large part, defined by the foster parents' understanding and interpretation of the behaviors they see manifest in the foster home (Gardner et al., 2003). Studies that have examined the mental health issues presented by foster children often use data provided by caregiver-reports and/or information from professional assessment records (Tarren-Sweeney, 2013). Having little critical historical context and relying on foster parent opinion undoubtedly convolutes the accuracy of what is known.

A study by Strijker et al. (2011) underscored this issue as the research indicated broad discrepancies between the foster parents' understanding and their foster child's view of problem behaviors. The study indicated that, although externalizing factors may be visible to the foster parent, they may be unaware of the internalized factors that are as relevant to the situation as the external ones (Strijker et al.). If foster parents are unaware of factors not easily perceived, the amount of unreported mental health issues of foster children may be significant.

During the licensing process, foster care agencies attempt to ensure that foster care providers are willing and able to work through most of the challenges that the children may present. The prospective parents are often required to disclose reasons they would have a child removed from their home. Studies were conducted during the middle of the prior decade to explore reasons foster parents identified for possible placement strain, disruption, and/or failure. Overall there seemed to be three general causes of

disruption and failure (i.e., extreme issues with the foster child, personal/family complications/changes, and inadequate social service provisions).

In a qualitative study by Brown and Bednar (2006), foster parents identified nine predominant reasons for possible placement failure. Of the nine reasons identified, most were either directly or indirectly related to problematic behavior. Indirect triggers related to behavior included danger to family members, an inability to adapt to the family environment, and the lack of external support to deal with the behaviors. Other reasons for placement failure included complex health needs of the child, changes in family circumstances, and problems dealing with foster care agencies.

Although the overall results were consistent with available literature, the authors noted a marked difference in the level of violence attributed to foster children both in quantity and intensity (Brown & Bednar, 2006). As this acknowledgement of increased physical and/or sexual violence seemed to correspond to the foster parent's decision to end the placement, Brown and Bednar posited that more research on the extent of violence within foster homes was warranted.

Farmer et al. (2005) examined the significance of strain in parenting practices and placement outcomes when caring for adolescents in the foster care system. The study emphasized the unique elements of caring for foster children in identifying key stressors contributing to strained circumstances. Along with behavior and violence issues, the study suggested that difficulties with birth families, limited access to social workers, and

stressful situations caregivers experienced prior to and during foster care placements accounted for strenuous circumstances for foster parents.

One particularly strenuous circumstance discussed in the Farmer et al. (2005) article related to allegations. More than half of the foster parents who participated in the study indicated they had some degree of fear of an allegation during placements. Over 10% had either had an allegation made against them or knew someone close to them who had. Further research on the actual number of allegations against foster homes indicated a substantial variation (falling anywhere between 1% and 32%); however, it appears that of those that were documented approximately 50% were substantiated (Biehal, 2014).

A meta-analysis by Oosterman et al. (2007) examined the factors and risks associated with disruptions in foster care using the combined effect size. For a study to have been included in the analysis, it must have incorporated factors associated with either the child's background or foster placement (Oosterman et al.). Age, reason(s) for removal, birth family characteristics, issues with the child's behavior or development, and other child characteristics were considered background factors. Placement factors included kinship care (out of home placement with relatives), foster family sibling mix, quality of caregiving, other foster family related aspects, and the birth family's involvement. Twenty-six studies involving over 20,500 foster children were used in the analysis.

Behavior problems were identified as a risk factor for placement disruptions; however, the risk was only moderate when measured alone. The risk became strong only

when other factors were included in the analysis (Oosterman et al., 2007). Two additional factors considered to significantly impact placement disruptions were the age of the child and previous placement types (e.g., residential homes, multiple placement, etc.). In essence the research indicated that a teenager with bad behavior who has been in and out of foster homes presents one of the highest risks for placement disruption.

Although in other studies the child's background information has been shown to be one of several significant risk factors, it was a bit surprising to note that for this study it had the most significant effect on placement disruption. Children that had been removed from abusive or neglectful situations presented with more negative behaviors (Oosterman et al., 2007). As a result of these findings, the authors suggest further research using a causal model to better understand the factors that affect placement stability (Oosterman et al.).

While studies between 2006 and 2009 focused more on common themes and predominant issues within the foster care system, over the last few years, studies have begun to concentrate more on specific factors that relate to foster caregiving. The studies have focused more on the experiences of caregiving and less on the prevalence of issues that exist. Particular attention has been given to extreme issues with the foster child (e.g., bad behavior), personal/family complications/changes (e.g., foster parent attachment type), and inadequate social service provisions (e.g. rules and regulation limitations).

Child Factors

In a recent longitudinal study conducted in Belgium, negative behaviors were shown to have a direct impact on foster parenting (Vanderfaeillie et al., 2012). The study identified externalizing behaviors (e.g. aggressive, disruptive, and hyperactivity) as contributing to parental stress and less supportive and more negative controlling parenting behaviors. When examining internal behaviors that affect the child's internal psychological environment (e.g. being anxious, withdrawn, inhibited, and depressed) the results indicated that foster parents responded with more material rewarding but with inconsistent discipline.

Surprisingly, the study also indicated that stress was not a mediating factor for externalizing problem behaviors and parental behavior (Vanderfaeillie et al., 2012). Instead, externalizing problem behaviors directly impacted the level and inconsistency of discipline and negatively impacted the level of positive parental support irrespective of stress level. These results suggest that foster parents may try to control and stop bad behavior more with negative consequences that do not foster positive parental support (Vanderfaeillie et al.). And according to Vanderfaeillie et al., if this is the case they may not be able to provide a positive and secure environment for the child.

Stress was, however, a mediating factor between internalizing problem behaviors and negative control, material rewarding, and inconsistent discipline. Vanderfaeillie et al. (2012) postulated that when dealing with internalizing behavior problems, foster parents feel inadequate and unable to parent effectively. Instead, they use negative controls to try

to influence the actions of the child and even though they may use material rewards to increase desirable behavior, their discipline can be inconsistent and ambiguous. Octoman et al. (2014) focused on identifying specific behaviors foster caregivers found most challenging. Their primary objective was to identify training and support needs of foster parents. The four behaviors foster parents found most challenging were those stemming from cognitive difficulties, anxiety-related issues, high-risk activities, and aggression.

Cognitive issues often restrict an individual's executive control and behaviors that arise and, according to Octoman et al. (2014), may be exhibited by an inability to pay attention, complete daily tasks, understand instructions, and express oneself appropriately. Another type of behavior that participants classified as challenging were anxiety based (Octoman et al.). Although this behavior type has not often been associated with foster child behaviors in the past, in this study, foster parents described clingy, obsessive-compulsive, hypervigilant behaviors as challenging and difficult to manage.

High-risk activities foster parents might see while fostering children include sexual acting out, self-harm, risky thoughts and actions, running away, stealing, and gravitating toward strangers (Octoman et al., 2014). Since these risky behaviors often directly affect members of the foster family, they were identified as least likely to be tolerated by foster parents. The fourth type of behavior foster parents found most challenging were the aggressive behaviors often described as oppositional/defiant as they may well be infused with heightened levels of disregard. These types of behaviors

include controlling and manipulating others, ignoring social exchanges, and reacting explosively and/or intensely.

While many of the behaviors that have been identified as challenging and disruptive may seem similar to those exhibited by lower risk children, research has indicated otherwise (DeJong, 2010). According to Dejong, the reality of comorbidity along with probable under diagnosed levels of psychiatric disorders may well result in foster children who are at a much greater risk of functional impairment, which may contribute to elevated levels of aggressive negative behaviors. That is to say, it is not the individual behavior that is the primary concern but the multiplicity of issues that exacerbate and confound the situations.

The behaviors that these studies have identified are some of the most challenging and difficult to manage. Nevertheless, while problem behaviors were identified as posing a significant risk for placement disruption, the studies also indicated that they were not the only risk factors directly related to the foster children. The age of the child, number of previous placements, complexity of healthcare needs, level and extent of prior maltreatment, attachment style, and even propensity for allegations were also identified as risks factors for the quality and longevity of foster care.

System Limitations

The need for mental health services is high; however, the availability of services is greatly lacking (Pasztor et al., 2006). When asked about mental health concerns foster parents had while fostering children, the foster parents identified three prevalent issues

within the system. Their concerns encompassed the limited services available for immediate and ongoing mental health service delivery; the level and availability of communication between themselves, the caseworkers, and outside service providers; and their limiting roles as foster parents.

US federal policy requirements for foster parent training do exist; however, they are written more as guidelines as they lack specific standards of measurements (Price, Chamberlain, Landsverk, & Reid, 2009). As a result there is a huge variation in the amount and type of training that is required across states. Even with bad behaviors and emotional issues identified as significant problems for foster parents, training to deal with these factors is only a small portion of the programs currently being offered (Everson-Hock et al., 2012). And, according to Everson-Hock et al., the research that is available shows only mixed results for program effectiveness. Out of the six programs examined, only three of the programs showed significance in helping foster parents manage their child's behavior and emotional problems as well as their own wellbeing. The evaluation also provided no evidence that the training in any of the six programs reviewed had any impact on the durability/longevity of placements.

It was posited by Zilberstein and Popper (2014) that the reason for these mediocre results may be due to the inadequate knowledge base of clinicians who work with foster children. The authors identify a large range of awareness necessary for clinicians to be effective. Clinicians must understand more than just the child's developmental, cognitive, and behavioral issues and trauma related problems. They must understand how these

issues relate to the attachment, cultural, racial, and removal effects, within an integrated approach. Zilberstein and Popper go so far as to postulate that treatment foster care should be considered a specialty field, as the skills necessary to be effective are extensive enough to warrant such a cause.

In a qualitative study conducted in New Zealand, foster parents identified training and support as the highest priority when dealing with the stresses of foster care (Murray, Tarren-Sweeney, & France, 2011). Sadly, the care providers indicated that they did not feel sufficiently training and supported to meet the burden of care that resulted from the compound mental health needs of the children in their care. Instead they attributed their connection with other caregivers and Caregiver Liaison Social Workers as their primary means of support.

A study by Osborne and Alfano (2011) evaluated school consultation sessions between educational psychologists and foster/adoptive parents. The preliminary caregiver responses to the sessions were extremely positive. Care providers all felt as though they left the meeting with practical tools to deal with both the children's educational issues and some behavioral issues as well. They felt supported and felt they had gained a sense of self-assurance that their methods of dealing with challenging situations were appropriate.

This study provided critical insight into the foster parents' need for support and identified a perceived need for on-going follow-up sessions (Osborne & Alfano, 2011). Studies such as this one and others (Price et al., 2009; Bywater et al., 2011) offer

evidence of the need for constant, effective caregiver support systems that provide continued training and support interventions as a systematic element of foster caring. Although long-term effects of these sessions were not analyzed, as no follow-up sessions were implemented, the short-term outcome clearly posited the need for more consistent long-term support in key areas (e.g. education, behaviors, etc.).

Caregiving Requirements

Foster parents are normally provided a form of payment for providing the child a safe and positive environment within which to live and develop properly. In some states, reimbursement is tied to various forms of qualifications, skills, and required additional training. Theoretically, children in what are identified as therapeutic or treatment foster homes are considered at a higher at-risk level presenting with a greater level of challenges. As a result, the parents may be reimbursed more for their accommodations and services.

For foster parents to effectively fulfill their caregiving requirements, they must see their role as an intervention, especially for those children in homes designated as treatment/therapeutic foster homes. Fisher et al. (2011) identified treatment foster care intervention as mitigating the risk of placement disruption in preschool foster children. In the study, when foster parents were trained with effective methods for dealing with problem behaviors, placement disruptions decreased significantly.

Often caregivers misinterpret the child's negative responses and reactions for rejection instead of recognizing them as reflexive responses based on a dysfunctional

internal working model. For instance, in examining links between parenting anxiety,

negative parenting styles (discipline) and children's internalizing symptoms, parents were

most likely to use harsh discipline in situations where the children exhibited high levels

of internalizing behaviors and/or the parent felt high levels of stress (Laskey &

Cartwright-Hatton, 2009). As caregivers, foster parents must be able to look beyond the

realm of the child's situational responses and see the whole child. They must view their

role and responsibility to each child from both a professional and parental lens.

Professional Responsibility

Foster parents must be able to integrate their roles as professional caregivers and

parental responsibilities if they are to meet the needs and challenges of the foster children

in their care (Schofield et al., 2013). As professional caregivers, foster parents must

recognize the need for and adhere to licensing mandates that include the rules,

regulations, and standards set forth by their state agency responsible for the health and

welfare of foster children (Child Welfare Information Gateway, 2014).

One of the fundamental reasons for the requirements/mandates is the elevated

probability of allegations. Foster parents must often practice what Farmer et al. (2005)

identified as safe caring. These safe practices consist of household rules that are designed

primarily to keep the foster home free of perceived or unintended actions (most often

sexual in nature) that could end with accusations. Although these safe caring rules are

often necessary and are put in place for the safety of the foster parent as much as for the

foster child, most foster parents consider them to have a negative effect within the home (Farmer et al.).

In 2010, Staines, Farmer, and Selwyn examined the team approach of an independent foster care agency located in England and Wales. Foster parents examined within this agency were identified as therapeutic foster parents who participated in a team parenting approach to foster parenting. The overarching concept of this model encompassed the importance of integrative contribution and collaboration of all team members. The purpose of the team was to support the concept of the child in placement as opposed to the child viewed as an insulated separate entity of the foster care system. While the results were mixed as factors such as finance issues, allegations, extreme behaviors, and relationship breakdown still presented and at times caused placement disruptions, overall foster parents indicated high levels of satisfaction when they felt respected and appreciated as professionals and essential members of the team.

Parenting Responsibilities

A critical component of a safe and positive environment is the product of parental nurturing and caring that must come from the primary caregiver. The need for a healthy attachment between a child and his or her primary caregiver is well established (Blehar, Lieberman, & Ainsworth, 1977; Bowlby, 1982; Pace & Zavattini, 2011; Snyder, Shapiro, & Treleaven, 2012). As such, the need to nurture (as a parental function) while staying within department mandates is an essential element of caregiving.

Although many foster mothers considered their role as a mother to be of primary importance in the foster care setting, that perceived/desired role is not easily attained. While *conventional mothers* are generally responsible for the complete caring that goes on for their children, foster parents lack the authority to make many of the caring decisions for their foster children and feel they are unable to provide the same level of care conventional parents are able to provide (Blythe et al., 2013).

Finding Balance

When foster parents are able to comprehend a sense of role elasticity and find a balance between their parental and professional responsibilities, the two roles can then support each other instead of cause constant conflict (Schofield et al., 2013). In essence the foster parent must be able to vacillate between the nurturing and relational role of parent and professional caregiver. They must be flexible enough to work professionally within the system while at the same time provide the children with the love and nurturing they need to form healthy parent-child relationships. The reality of this balance is elusive and a focus of this dissertation. The complexity of the challenges and difficulties that face foster parents are numerous.

Providing a Secure Base

Recent studies have provided strong evidence that children who are removed from dysfunctional environments and placed within a secure base, provided with high level parental sensitivity (Beijersbergen et al., 2012), and a secure attachment model (Pace & Zavattini, 2011) are able to learn to form attachments later in life. Providing a secure base

for the foster children within the family system can provide a basis for foster children to begin to form healthy developmental patterns of thinking and to learn to positively adapt to their new constructive environment. Elements of the secure base identified by Schofield and Beek (2005, 2009) include the promotion of trust in availability, reflective functioning, self-esteem, autonomy, and family membership.

Within the Schofield and Beek (2005, 2009) model, focus centers on creating a sense of security for the children such that they can begin to explore their environment and their own understanding and responses to that environment. This model identifies the importance of the foster parent/child interaction and the child's behavior and development over time (Schofield & Beek 2005, 2009) and would seem to underscore the internal working model concepts of attachment theory (Bowlby, 1982).

Studies have also posited the importance of the foster father's influence within the secure attachment model of foster parenting (Gilligan, 2012). While there is little research on the impact of foster fathers within the foster home setting, the study by Gilligan provides insight into the significance of the father role. In his analysis of the research available, Gilligan found several areas of relevance in the role that foster fathers play in the foster care process. For instance, foster fathers are important for the children's wellbeing in providing availability, building self-worth/esteem, promoting autonomy and family membership. Gilligan proposed that the male figure might also provide a certain element of *presence* promoting a *reflective capacity* to help establish a kind of reflective positive strength within the family structure.

Current Trends

Even with the overabundance of problems and issues that plague foster care programs, studies have provided solid evidence that foster homes provide children with a much stronger attachment base than institutional settings (McLaughlin, Zeanah, Fox, & Nelson, 2012; Smyke, Zeanah, Fox, Nelson, & Guthrie, 2010). Lionetti, Pastore, and Barone (2015) conducted a meta-analysis using data from 10 studies to compare attachment of children within institutional settings and those in conventional home settings. The results from the analysis suggested that institutionalized children are at a much greater risk for ongoing insecure and/or disorganized attachment and that living in the institutions may even cause similar outcomes to maltreatment experiences (Lionetti et al.).

Studies by both McLaughlin et al. (2012) and Smyke et al. (2010) provided evidence that children who were taken out of institutional settings and placed in foster homes were able to develop a secure attachment type. In both studies, when children were placed with foster parents who were able to provide a secure attachment they were able to form attachments to the caregiver. The studies did, however, show somewhat different moderating results in regards to age and gender; while Smyke et al. identified age as having a larger effect on attachment changes, the research by McLaughlin et al. indicated that females developed a secure attachment more often than males when coming from institutional settings.

The Reality

Perhaps one of the more difficult elements of caring for foster children is the complex nature of the integrated factors that are associated with foster caring (Murray et al., 2011; Zilberstein & Popper, 2014). This review has identified many influences that affect foster care placements. The child's bad behaviors, previous maltreatment, and multiple previous disruptions have all been associated with reasons for placement disruption. These risk factors integrated within an inexperienced family structure and care system ill equipped to handle them is a cause for disaster.

Determining cause and effect of continued failed placements and ineffective outcomes or even where one begins and another ends seems to be circular and temporal in nature (Fisher et al., 2011). In a sense, the pattern of negative outcomes seems to be unbroken, each factor feeding off the other. Although the foster care system seems far from being able to say it is close to coming up with a viable solution to placement failure, recent literature has identified some ways in which foster parents have been able to deal with the complexities and stresses of caring for foster children.

In 2009, Whenan et al. examined the role of the foster parents in meeting the needs of the foster children within the foster home. They found that foster parents who were trained, confident in their parenting abilities, and able to establish a relationship with the children depicted a significant level of personal wellbeing. The study also indicated that the parent's self-efficacy and the relationship with the child gave the parent a feeling of caregiver satisfaction. Conversely, according the Whenan et al., foster parents

with low levels of confidence in their parenting abilities identified with less caring

satisfaction and were less likely to continue doing foster care.

Dozier et al. (2009) examined the effects of an in-depth training program that

focused on helping foster parents who were dealing with attachment related behaviors.

Although the study was more of a snap shot of the effects of attachment based parenting,

the results were significant. Parents who were trained to provide a nurturing response,

regardless of the child's behavior or elicited reaction, showed much less avoidance

behaviors than those parents that had not been trained in *unsolicited* nurturing (Dozier).

To better understand the support needs of foster parents, Vanschoonlandt et al.

(2014) looked specifically at the need for coming up with suitable parenting behaviors

when handling difficult behaviors. The results of the study indicated 40 % of the foster

parents felt the need for support in regards to their parenting choices. The most common

areas of concern were how to incorporate rules effectively and how to problem solve with

their child. This study underscored the importance of ongoing support systems that

provide foster parents with appropriate parenting behaviors as they navigate through the

behavior challenges they face (Vanschoonlandt et al.).

Summary

The challenges of foster caring are many. Evidence has shown that issues directly

relating to foster children such as extreme behavior, past history, and dealings with

biological family contribute significantly to the difficulties encountered while parenting

foster children. The foster parents' inability to understand and meet the child's needs and

agency inadequacies in facilitating necessary programs have also been identified as contributing factors of placement failure.

The theory of attachment identifies the importance of the internal working model developed from childrens' perceptions of their feelings and their understanding of those around them. The insecure attachment patterns that may result when children have not been able to develop an accurate understanding of their relationships can become disconcerting to foster parents and result in issues that challenge the caregiver's ability and continued propensity to parent. In their study of adoption and attachment, Pace and Zavattini (2011) proposed that, not only is improving the child's attachment security for those children that come into care from dysfunctional homes critical, it is attainable. The results of the study identified the mother's secure attachment model as key in the child's ability to develop a secure attachment model. As well, maternal sensitivity was posited as a necessary element of the development of secure attachment patterns.

Foster parents are obligated to fulfill both professional and caregiving responsibilities, often necessitating the ability of the foster parent to find a balance between the two. Research indicates that providing a secure base for the foster children in care is significant in helping foster children form healthy developmental thinking patterns and begin adapting to their new positive environment. Although children who enter care with attachment insecurities are not able to immediately establish a secure attachment to their caregiver, in time attachments generally do develop specifically if the foster mother's attachment is secure (Pace & Zavattini, 2011).

The Need for the Study

The level of secure attachment plays an important role in the parenting behaviors and problem behavior for conventional parenting (Bosmans et al., 2006). According to Bosmans et al., young children with a secure attachment style showed less externalizing bad behavior and were more responsive to both negative control and positive parenting. There were, however, notable differences in the interaction of attachment, problem behaviors, and parenting depending on the age of the child. Particularly during the adolescent stages, attachment and parenting behaviors differed in their effect depending on the stage of the adolescent. What that means for foster caring is not clear.

This review has indicated that children who come into care without a secure attachment are able to establish a relationship with their new primary caregiver. Research has indicated that the younger children are when they become part of a secure home where they can experience caregiver sensitivity, the better chance they will have in establishing a secure attachment. Zilberstein (2014) posits the importance of interventions that integrate attachment theory, however, indicated that the effects of the treatments for older children have not yet been established.

Meta-analyses of effective interventions for foster children dealing with high levels of stress provided critical implications of the importance of interventions within the foster care program (Cook et al., 2007; Van Andel et al., 2014). Overall, the authors in both studies posited an overarching need for the development of interventions that focus on the relational aspects of foster parenting. While the results of Cook et al. (2007)

did not provide strong evidence of efficacy in all areas of attachment intervention, the importance of the parent child relationship was identified. Later studies such as Van Andel et al. signified the importance of children being placed in a secure environment where they can feel welcomed and safe and where they are provided a high level of parental sensitivity. Due to the nature of foster care, foster parents often feel they must stay detached due to the inevitability of foster children leaving the home (Van Andel et al.). The authors proposed that interventions should be developed to help foster parents recognize the need to form an attachment to their foster child and how that attachment can be accomplished.

Regardless of the each child's age, it would seem that there must be interventions designed to bridge relational gaps such that children young and old will feel loved and nurtured within a secure base and the foster parents will not feel discouraged and helpless. This review has identified the need to better understand the importance of the relational aspects of foster parenting and how they relate to parent behaviors and ultimately placement longevity.

This study examined the relationship between the foster parent-child relationships and foster parenting behaviors. The aim of the study was to better understand the significance of the attachment between the foster parent and foster children and the foster parents' parenting behaviors. As such, the study sought to better understand the relationship between the parent-child relationship and foster parenting behavior. The study examined whether or not these factors contribute to the continuity of care to help

determine if the foster parent-child relationship and/or parenting behavior affect the

success or failure of placements.

Chapter 3: Research Methods

Introduction

Chapter 3 is comprised of a description of the research methodology that was used to answer the study's research questions and hypotheses and an explanation of the study's design, including methodology and operationalization of the construct and variables. The chapter also includes a description of the target population, participants, sample criteria, and selection as well as a description of the instrumentation used. I also explain the procedure for data collection and analysis, along with ethical considerations.

The purpose of this quantitative study was to better understand differences between foster parents who continue to foster children and those who do not, in terms of their foster parent/child relationships and parenting behaviors. Foster children who are removed from their homes for reasons of abuse and/or neglect and then subjected to placement disruptions (too often, multiple placement disruptions) can experience reoccurring feelings of rejection and worthlessness, increasing risk of immediate and/or long-term negative effects (Krinsky, 2010; Rubin, O'Reilly, Luan, & Localio, 2007).

I hoped that by comparing perceived relational elements of foster parenting and foster parenting behaviors, the differences identified could aid recognition, both positive and negative, of relational aspects and parenting behaviors that exist within each of the two groups. If these differences were identified, further research could then assist in examining and establishing training and educational tools to help foster parents incorporate positive elements of parent-child relationships and parenting behaviors and

eliminate negative ones. These changes could then decrease placement disruptions and allow foster children to remain in a single secure placement until a permanency plan can be executed. If the children are able to remain living in a safe environment, they can begin to see the world from a normal/healthy perspective, and the process of healing can be established (Beijersbergen et al., 2012; Zilberstein, 2014).

Research Design and Approach

A quantitative ex post facto research design was used to examine differences in perceived relational aspects of the parent-child relationship and parenting behaviors in two different types of foster placements. Quantitative research is a method of inquiry that allows the researcher to use quantifiable instrument-based questions to examine relationships among and across variables (Creswell, 2009). The ex post facto design was used to better understand the variables in placements where outcomes are known. Specifically, this design was used to help identify and examine factors that were prevalent in foster placements that have already failed in order to compare them to those in foster placements that were not disrupted and/or are currently in existence.

As studies have indicated probable correlation that exists between the foster child-parent relationships and how foster parents react or deal with their foster children, a multivariate analysis of variance (MANOVA) was used to identify any relationships while controlling for longevity of care. The independent variable had two levels: foster parents who were continuing to do foster care and those who were not. The dependent variables were the foster parents' perceived relationship with the foster child and foster

parenting behavior, also as perceived by the foster parent. Differences between the two types of foster parents and their parent-child relationship were analyzed as well as parenting behaviors.

Two independent surveys were used for this study. One survey assisted in quantifying relational elements including conflict, dependence, and positivity. A second survey aided in measuring parenting behaviors relating to problem solving, positive reinforcement, positive involvement, monitoring, and structure. The results were then analyzed and used to better understand these specific aspects of foster parenting and to help answer the research questions posed in this study.

Setting and Sample

Population

Foster care programs are active in many countries (Sköld, 2013) as well as every state of the United States (DHHS, Administration for Children & Families, 2013). While programs within each country may vary in goals, standards, and procedures, the mission of the programs are generally consistent - to ensure the safety and welfare of children.

In the United States, federal laws provide the general guidelines and standards that encompass nationwide child welfare issues. The responsibility to administer and execute the programs, however, falls to each individual state. While including all 50 states in the population could be perceived as optimal, the feasibility of such a study is impractical. An argument could be made in favor of the significance of individualized

state studies as they would provide a more specific understanding of each distinct program.

Due to limited accessibility, time constraints, and the variability of programs, the target population was foster parents who held a valid foster care license issued by the Nebraska or Maine Department of Health and Human Services (DHHS). I did not know the total target population size at the time of the study. What I knew was that as of December 2014 there were approximately 7,500 active Nebraska and Maine foster care licensed homes (Foster Care Review Office, 2015). The number of licenses that were active during the last ten years that are no longer active was not easily identifiable at the time. Further research was done to try to identify this number for a more accurate understanding of the target population size, to no avail.

Participants

The participant pool was comprised of a purposeful sample of foster parents who have fostered at least one child in the past and/or are currently fostering a child. It included foster parents who no longer held a license and those who were currently licensed to provide foster care. Potential participants were solicited from foster parent forums and private agencies. Flyers were made available to caseworkers and association leaders to solicit foster parent participation.

Power Analysis

The G*Power 3.1 online calculator estimated that a sample size of 88 participants would be required for medium effect size of .15 and a power of .90, given an alpha of .05

(Cohen, 1988; Faul, Erdfelder, Buchner, & Lang, 2009). The medium effect size (f = *.15)* was determined using Phi as there were two dependent variables, thus requiring a comparison of two mean vectors. It was determined that the sample size (N = 88) would include at least 44 foster parents from each of the two groups: foster parents who continue to do care and foster parents who do not.

Procedure

Perspective participants were initially solicited by a flyer provided by a caseworker, association leader, or an on-line foster parent forum. They were informed of the voluntary nature of the study, the perceived importance of the findings, and an assurance of confidentiality was conveyed. I mailed a packet of information via the postal mail service to individuals who chose to take part in the study.

The packet included a written presentation confirming for potential participants the voluntary nature of study and an invitation to participate. As part of the presentation, I included an informed consent form to provide the foster parents documentation of confidentiality, a brief background on the study, and a review of potential ethical concerns. The packet also included a brief demographic form, the PBS and CPRS surveys, and instructions for completing the surveys. There were also instructions for returning the completed packet back to me. I provided an e-mail address for any questions or concerns relating to the study.

Variables, Measurements, and Instruments

The study consisted of an independent variable and two dependent variables. The independent variable, foster parent status, included two levels designed to group foster parents by current foster care status. The groups were identified by placement longevity and included (a) placement failure, and (b) continued placement. The information to determine the participant's group and demographic details was obtained from the participant's response on the demographic questionnaire. The dependent variables were measured based on two independent surveys, one rating relational factors and the other parental behavior factors.

Demographic Variables

The demographic data collected included information about both the foster parent and foster child. In order to establish specific details regarding the foster parents' perceptions of their relationships and behaviors, they were asked to focus their answers on specific children. Specifically, if parents were no longer doing foster care they was asked to answer based on their last placement. If the parents were currently fostering, they were asked to answer the questions based on their current placement or most recent placement.

The demographic information included the foster child's age, gender, number of years in placement, and number of previous placements. The foster parent's age, gender, number of years licensed as a foster parent, and number of placements fostered were also solicited. The type of placement (i.e. family foster homes, therapeutic foster homes, and

kinship care homes) was identified. A copy of the demographic questionnaire is provided in Appendix A. These data were gathered in order to better understand the differences that exist between and among the variables and to identify specific factors that may contribute to longevity of placement.

Independent Variable

The foster parent status, *foster parents who continue to foster children*, included those with current placements, awaiting new placements, or those who were holding beds for future placements. The foster parent status, *those that choose to stop foster parenting*, included those parents who made decisions to no longer foster children. Foster parents whose licenses had been revoked due to disciplinary reasons were included.

Dependent Variables

Parenting behavior. The dependent variable, *parenting behavior*, focused on specific techniques/methods foster parents use for parenting foster children. Foster parents used the PBS (Van Leeuwen & Vermulst, 2004) to rate their parenting behaviors. The PBS is a 45-item questionnaire that foster parents complete using a five-point scale to self-report on how often they engage in a specific parenting behavior. Scores are derived from a 5-point Likert scale parents complete to indicate behavior frequency from *1 = never* to *5 = always*. There are nine subscales:

- Monitoring - supervising the child's activities.

- Rules - identifying and solving problems,

- Ignoring - avoiding/not acknowledging unwanted behaviors,

- Material Rewarding - tangible rewards for desired behaviors,

- Autonomy- promoting independent child behaviors,

- Positive Parenting - showing interest in the child,

- Discipline - punishment for wrong doing,

- Inconsistent Discipline - inconsistent punishment,

- and Harsh Punishment - corporal punishment/ verbal blaming.

A copy of the PBS is provided in Appendix B.

Van Leeuwen and Vermulst (2004) provide evidence to support solid factor structure of the PBS using confirmatory factor analysis. Their analysis includes all 45 items (44 for the child version) further broken down by father, mother, child male, and child female resulting in a total of 178 primary factor loadings. The results indicated factor loading above .40 for all but eight (four Monitoring factors, 3 Positive Parenting, and 1 Rules) which revealed loads between .30 and .40. Van Leeuwen and Vermulst identified two notable second-order dimensional factors: Support (Positive Parenting, Rules, and Autonomy scales) and Negative Control (Discipline, Ignoring, and Harsh Punishment scales) that could be used in further research and analysis. The Support factor identifies positive elements involving the affective nature of parenting that includes parental involvement and providing support. Negative Control identifies the negative elements of parenting and detects parents' attempts to influence the child by setting and enforcing specific child behaviors.

Internal consistency was found to be acceptable to good for each of the nine

scales: Monitoring (five items; □□□ □□□□□)□ Rules (six items; □□□□□□□□□□

Ignoring (four items; □□= 0.61), Material Rewarding (three items; □□= 0.71),

Autonomy (three items; □ = 0.58), Positive Parenting (11 items; □□□ □□□□□□

Discipline (six items; □□□□0.80), Inconsistent Discipline (three items; □□= 0.60),

Harsh Punishment (four items; □ □= 0.62) (Vanderfaeillie et al., 2012). Marginally

different, Van Leeuwen and Vermulst (2004) found only questionable internal

consistency for Autonomy and Inconsistent Discipline. They did, however, find alpha

values indicating good internal consistency for the two-dimensional factors Support and

Negative Control.

Van Leeuwen and Vermulst (2004) showed low but positive correlations between

parent and child ratings for each of the nine scales, consistent with the general findings in

other studies of parenting behaviors (e.g. Schwarz, Barton-Henry & Pruzinsky, 1985;

Sessa, Avenevolli, Steinberg and Morris, 2001; Shelton, Frick & Wootton, 1996). While

this study will not include the child's PBS rating, the overall consistency should be noted

as well as possible explanations for notable differences between raters.

First, the results of the study by Schwarz et al. (1985) imply parents show a

tendency to want to present a more positive view of their parenting behaviors. In contrast,

the results of the study by Sessa et al. (2001) rule out parent desires for a positive view.

Instead, the results seem to suggest that it is the perceptions of the reporters and not the

methodology of self-reporting that indicates possible discrepancies between raters.

Shelton et al. (1996) identify variations in *response consistency* based on the age of the

child responder and type of parenting practice. Not surprisingly, one of the key

differences between the three studies is the age of the child participants (i.e. Schwarz et

al. - college age and high school, Sessa et al. – preschool age, and Shelton et al. –

elementary age). As a result, the age of the children fostered or that were being fostered

were included in this study as a demographic variable for further analysis.

Van Leeuwen and Vermulst (2004) provide evidence for PBS construct validity

and identify several relevant relationships consistent with prior research literature and

their resulting hypotheses. Positive relationships were found between parenting stress,

externalizing problem behaviors and inadequate parenting behavior (e.g. harsh

punishment, inconsistent discipline, ignoring). Negative correlations were found between

problem behavior and positive parenting (e.g. involvement, higher monitoring, positive

reinforcement). Construct validity was weaker for monitoring as differences were found

in the relationship between conduct problems and Monitoring. Van Leeuwen and

Vermulst posit the reason for this discrepancy may be in what foster parents perceive as

monitoring. For instance, some foster parents may consider monitoring to be controlling

the child's behavior through constant supervision (controlling), while others may

perceive it as more of an invested interest in the child's activities (communication).

The PBS is designed using the social interaction learning theory. The questions

and scales are designed to specifically measure actual parenting behaviors and not the

more ambiguous and subjective variables such as parenting attitudes, beliefs, or

intentions. The scale is easy to administer and identifies specific behaviors that can be specifically addressed and/or modified within the context of foster parenting training venues. For the purpose of this study the scale provided a mechanism to identify existing relationships between the more ambiguous variable (parent-child relationship) and specific concrete behaviors. Permission was granted by the PBS developer for its use, through e-mail contact (see Appendix C).

Parent-child relationship. The dependent variable, *parent-child relationship,* focused on the relational aspects of parenting foster children. Foster parents used the survey to assess two aspects of the parent-child relationship: closeness and conflict. The questionnaire is comprised of 15-items that foster parents completed using a five-point scale. Scores were derived from a 5-point Likert scale parents used to respond to questions about their relationship with their foster child from *1 = definitely does not apply* to *5 = definitely applies*. A copy of the Parent-Child Relationship Scale is provided in Appendix D.

Of the 15-items on the scale, seven items comprise the more positive subscale (closeness). Eight items correspond to the negative subscale (conflict). The scores range from 15 to 75 as the negatively worded items are reverse scored and the 15 items are summed together for a total score. The higher the score the more positive the parents perceived their relationship with their children. Specifically, higher numbers would indicate that the parent felt he or she had a warm, caring, and open relationship with the child. Lower scores on the other hand would indicate the perception of conflict and

negativity. The parent, in essence, would be categorizing the relationship as colder and more distant, indicating that the child is either negatively interacting or not interacting at all with the parent and/or the parent is not responding aptly to the child's needs.

According to Alexandris, Hammond, and McKay (2013), normative data suggest good reliability and validity for both scales and total score. Whenan et al. (2009) found overall good internal consistency ($\square$ = .85). Driscoll and Pianta (2011) found reliability composite scores (Age 4.5 and 1st grade > .83) using independently coded and scored observed interaction between the parents and children. They found internal consistency for each to be acceptable to good: Maternal Conflict (Age 4.5; $\alpha\square$= .84, Age 1st grade; α = .84), Paternal Conflict (Age 4.5; α = .80, Age 1st grade; α = .78), Maternal Closeness (Age 4.5; α = .69, Age 1st grade; α = .64), and Paternal Closeness (Age 4.5; α = .72, Age 1st grade; α = .74) (Driscoll & Pianta).

Driscoll and Pianta (2011) posit that correlations among CPRS parent ratings and observer ratings of closeness were highest for Positive Caregiving, Supportive Presence, and Sensitivity while Conflict ratings showed the highest correlation for Hostility. However, while many of the ratings between parent and observer were significantly correlated, the size of the associations was comparatively small (Driscoll & Pianta, 2011).

Strong validity was also identified across measures using the Child Behavior Checklist (CBCL) and the Social Skills Rating System (SSRS) as comparative measures. There was a positive correlation for the CBLC Conflict subscale and the CBLC

Externalizing and Total Problem scales. Not surprisingly, the correlation between the CPRS Closeness subscale and the CBCL Externalizing and Total Problems scales was negative. Correlations with SSRS indicated competence correlation was positive for Closeness but negative for Conflict while problem behavior showed negative for Closeness and positive for Conflict.

According to Driscoll and Pianta (2011) the CPRS was adapted from the Student Teacher Relationship Scale (STRS; Pianta, 2001). Items for the scale were designed integrating concepts of attachment theory and secure based behavior, along with a review of the literature surrounding the teacher-child interaction. For the purposes of this study, the scale is intended to provide a venue for foster parents to describe their perception of their parent-child relationship by using conflict/closeness characterizations. While relational elements of parenting may be perceived as ambiguous, the subjectivity of the parents' perceptions is critical to understanding the relationship between and among the variables measured in this study. Permission was given by the developer for open use of the CPRS (University of Virginia, n.d.).

Data Analysis Plan

This study used a multivariate analysis of variance (MANOVA) to identify significant differences in the vectors of the means of parenting behaviors and parent child relationships, between the groups. Although these are individual dependent variables and were analyzed as such for significance, it was hypothesized that together they could account for significant differences in placement longevity, as well. As part of the

MANOVA, new dependent artificial variables were created forming linear combinations to maximize group differences.

Analysis for RQ1: Are there differences between foster parents who continue to foster children and those who do not in the foster parents' perceived relationship with their foster child? The focus was on the positive (closeness) and negative subscale (conflict) of the CPRS. It was hypothesized that foster parents that continue to foster children perceive their relationship with their child more positive and with less conflict than foster parents that no longer foster.

RQ2: Are there differences in foster parenting behaviors between those foster parents who continue to do foster care and those who do not? The focus was on the support (positive parenting, rules, and autonomy) and negative control (discipline, ignoring, and harsh punishment) second-order dimensional factors of the PBS. The support factor was used to identify positive parenting. Negative control was used to identify negative parenting. The nine subscales were also analyzed individually as material rewarding, monitoring, and inconsistent discipline are not considered in either of the two dimensional factors.

Research question RQ3: Is there a relationship between the foster parents' perceived relationship with the foster child and their foster parenting behaviors? The analysis for this question concentrated on the mean vectors of each of the subscales and dimensional factors. As the MANOVA is designed specifically for multiple dependent variable analysis, there is a better chance of discovering factors that are truly important

(decreasing the likelihood of Type I errors) and can reveal differences not discovered using multiple ANOVA tests.

Ethical Considerations

Considerations were given to the nature of the study and the possible effects on participants. A request to conduct the study was approved by the Institutional Review Board at Walden University (approval #: 06-30-16-0370456). No solicitation was made or any participants recruited prior to approval.

As discussed earlier, an informed consent form was provided to the participants that included information regarding confidentiality issues, risks of participation, and the voluntary nature of the study (see Appendix E). The form provided assurances that due to the sensitive nature of the study the surveys would be administered anonymously, such that no identifiers would be collected. It was stated that all data related to the study would remain confidential to everyone except the researcher, statistician, and those supervising the research. It clearly explained possible risks that may be associated and clarified the participant's capacity to withdraw from the study at any time.

At no time were children contacted or assessed for this study. Demographic information about the children was obtained directly from the foster parent and used for classification purposes only. Participants and their foster children remained anonymous, as no identifiers were collected. Only a summary of the information obtained was used for this dissertation, possible relevant conference presentations, and, if applicable, as a reference source for other studies,

There were no physical risks for participation. Participation was completely voluntary. To encourage foster parents to participate, a $5 gift card was mailed in the packet to the potential participants once they verbally agreed to participate. Participants were able to terminate their participation at any time during the process. Materials used during and/or for the study were kept in a locked cabinet housed in the locked office of the primary researcher and kept for a period of five years before being destroyed.

Threats to validity

The instruments that were used have been determined to be both reliable and valid for purposes of analysis and reviewed for reasons why they were appropriate for this study.

External Validity

The significance of generalization is the ability to apply results backwards in representing whole groups (e.g. foster parents). Specifically, the larger and more widespread the foster parent sample, the more it would represent the general foster parent population. Theoretically then, using a sample of foster parents from every state's foster care program would provide the strongest representation of the foster parent population. As this was not feasible for this study and only Nebraska and Maine foster parents were used in the sample, the population is identified as Nebraska and Maine Foster parents. An assumption could be made, however, that the results could be apply to similar states with similar socioeconomic class populations and comparable foster care programs. It is also worth noting that while valid generalization for all foster parents is low, the generalized

federal guidelines that govern all state foster care programs provide a level of

consistency that could substantiate the application of results to foster parents in general.

It is conceivable that volunteer bias weakened external validity, as those

participants that agreed to participate might not have sufficiently represent the general

population of Nebraska foster parents. For instance, foster parents may have

interpreted/understood words differently causing a breakdown in their ability to

accurately answer the questions. Foster parents might not have thought the questions on

the surveys through sufficiently if parents were in the midst of a challenging time with

their child or even a short time of reprieve from a generally tough situation. Their

responses may not have reflected the overall picture of their parent-child relationship

and/or parenting behaviors. To reduce the risk of lower external validity I used the

G*Power 3.1 online calculator to estimate an appropriate sample size necessary for a

medium effect size.

Internal Validity

The literature has identified numerous possibilities for placement disruptions

including extreme issues with the foster child, personal/family complications/changes,

and inadequate social service provisions (Oosterman et al., 2007) potentially weakening

internal validity. Studies have also suggested, however, that parents who use mindful

parenting in a healthy parent-child relationship (Snyder, Shapiro, & Treleaven, 2012),

high levels of parental sensitivity (Beijersbergen et al., 2012), and who are trained and

confident in their parenting abilities and relationship with their child have an increased

level of personal wellbeing (Whenan et al., 2009). These factors are hypothesized to contribute to positive parenting choices and parent-child relationships. In order to decrease internal validity risk, the MANOVA was chosen to focus on identifying possible relationships and differences that exist in and between the variables and groups, without any assumptions of causation.

Internal validity may have been affected as the numbers of participants that complete the survey process was less than what the G*Power analysis identified (Cresswell, 2009). It was estimated that 88 participants would be needed for a medium effect size. I intended that at least 44 participants complete the survey process from each of the two groups.

As mentioned earlier, construct validity for both scales were shown to be acceptable for all except monitoring on the PBS, each scale seemingly measuring what was intended to be measured. A threat to the construct validity of this study is possible however, since the parent-child relationship and parenting behavior combined may or may not have impacted placement longevity: The combined construct of the two variables had not been identified as a valid foster placement longevity issue prior to the analysis. As the combined construct had not yet been researched and was identified as a gap in our knowledge base it was the focus of this study. It hypothesized that the tools selected and their combined constructs would provide an accurate measure of what was intended to be measured.

Summary

This chapter is a presentation of the methodology that was intended to be used to examine and better understand the variables that were identified in the research questions. The review of literature recognized the importance of a secure base for foster children, a safe home void of disruption, and identified several factors that may contribute to foster placement disruptions. The use of a MANOVA in an ex post factor design allowed me to identify any differences in parenting behaviors and parent-child relationships between two predetermined groups (i.e. those that have failed and those that have not).

The PBS was designed to provide a way to quantifiably measure specific parenting behaviors that are occur in the different types of foster homes. It was expected that inadequate parenting behavior such as harsh punishment, inconsistent discipline, ignoring would be rated higher by parents of failed placements while more positive parenting behaviors such as rules, involvement, and positive reinforcement would be rated higher by parents of continued placements

The CPRS was designed to measure parents' perceptions' of their relationship with their children. The scale measures the level of closeness and conflict the parents feel exist in their relationship with their children. It was anticipated that foster parents who continued to parent foster children perceived their relationship with their child more positive than parents whose placements failed. Similarly, foster parents that no longer fostered perceived more conflict in their relationship with their child.

The results of the analysis were used to try and answer the research questions posed at the onset of this study. Are there differences between foster parents who continue to foster children and those who do not in the foster parents' perceived relationship with their foster child? Are there differences in foster parenting behaviors between those foster parents who continue to do foster care and those who do not? Is there a relationship between the foster parents' perceived relationship with the foster child and their foster parenting behaviors? If these questions could be answered, I hoped that the results of the study, in some way, could help to decrease to the number of disrupted placements that adversely affect foster children.

Chapter 4: Results

Introduction

The purpose of this quantitative study was to examine differences in foster

parents' perceived relationship with their foster child and parenting behaviors between

two categories of foster parents. The two categories were those who continued to foster

children and those who did not. Perceived relationships were defined by the perception of

closeness or conflict parents felt they had with their foster child. Closeness indicated the

parents felt they were or had engaged in a warm, caring, and open relationship with the

child. Conflict suggested the perception of struggle and negativity, where the relationship

was viewed as colder and more distant. The PBS (Van Leeuwen & Vermulst, 2004) was

operationalized by measuring general behavior skills, described as either supportive or

negatively controlling. Supportive parenting behaviors involved identifying and solving

problems, showing interest in the foster child, and promoting independent child

behaviors. Negative control involved avoiding or not acknowledging unwanted

behaviors, tangible rewards for desired behaviors, punishment for wrongdoing,

inconsistent punishment, and corporal punishment/verbal blaming.

This chapter contains a description of the results from the study. I present

descriptive statistics for foster parents and children's demographic characteristics broken

out by the groups "licensed" and "not-licensed," gender (frequency and percentages), and

mean and standard deviations for age, number of years licensed, and number of children

fostered. Child characteristics include frequencies and percentages for gender, ethnicity,

type of foster placement; and mean and standard deviations for age, number of

placements the child has been in, and number of total years in care. The descriptive

statistical analysis will also provide an analysis of the reliability on the scores of the

dependent variables and the correlation between the scores. An analysis of results and

statistical assumptions were organized by the research questions and hypotheses

identified in chapter 3 and reported. The chapter ends with a summary of the statistical

information conveyed.

Data Collection

Participants were recruited through foster care agencies and online foster parent

forums. Agency caseworkers and foster parent association staff were provided flyers to

distribute to licensed foster parents. The flyers contained information about the study and

contact information. Virtual flyers were posted to online foster parent forums and social

media sites. Interested foster parents were provided contact information (i.e., phone

number and e-mail address). I informed foster parents who contacted me of the voluntary

nature of the study and the perceived importance of the findings. In addition, I conveyed

an assurance of confidentiality.

I mailed a packet via the postal mail service to individuals who agreed to take part

in the study. The packet included an informed consent form that provided a written

invitation statement, the foster parent's documentation of confidentiality, a brief

background on the study, ethical concerns, and a $5 gift certificate to Target. The packet

also included a brief demographic form, the two surveys pertinent to the study, and

instructions for completing the surveys. There were instructions and a self-addressed stamped envelope for returning the completed packet. I again provided an e-mail address and phone number for any questions or concerns relating to the study that may have arisen.

The surveys were administered anonymously to encourage the participants to answer the more sensitive questions honestly. The identities of the participants were not known at any time, as the completed packets were mailed back without any identifying information, including return names and/or addresses. All data related to the study remained confidential to everyone except myself, the statistician, and those supervising the research.

The time frame for data collection was much longer than originally anticipated. Due to confidentiality protocols implemented and enforced by the State Departments of Health and Human Services, it was difficult to solicit foster parents to participate. As a result, the time frame for recruitment was 6 months and required some changes in the criteria. First, a criterion was originally set that required foster parents to have been licensed in the past 5 years. This greatly limited the number of available eligible participants, specifically those who were no longer fostering children. As the issues plaguing the foster care system that I identified in the literature (Farmer et al., 2005; Octoman et al., 2014; Oosterman et al., 2007; Vanderfaeillie et al. 2012) encompassed the span of over 10 years, the number of years was increased to 10 years. Second, the number of responses from the Nebraska recruitment efforts was minimal. As a result,

Maine foster parents were added to the potential participant pool. Even with these accommodations, the recruitment response rate was much lower and slower than anticipated.

Results

Descriptive Statistics

The sample size consisted of 31 total responses. The descriptive statistics for the child demographic characteristics of the sample are presented in Table 1. The children were grouped by whether they were placed in a licensed home or not-licensed home. The majority of both groups were female: licensed (53.8%); not-licensed (64.7%). The majority of the children placed in licensed homes were Caucasian (66.8%). All those placed in not-licensed homes were Caucasian (33.2%). The children ranged in age from 3 to 17 years with no difference in the mean age of both groups: 10 years.

The majority of both groups were placed in therapeutic homes: licensed (61.5%); not-licensed (72.2%). The mean years in care of those placed in licensed homes was 4.7 years (SD = 3.6). The mean years in care of those placed in not-licensed homes was 3.4 (SD = 1.6). The number of placements for those placed in licensed homes ranged from 0 to 16 with a mean of 2.7 (SD = 3.9). The number of placements for those placed in not-licensed home ranged from 0 to 5 with a mean of 2.0 (SD = 1.6).

Table 1

Sample Child Demographic Characteristics by Licensed

	Licensed		Not-licensed	
Variable	*n*	%[a]	*n*	%[b]
Gender, *n* = 30				
Male	6	46.2%	6	35.3%
Female	7	53.8%	11	64.7%
Ethnicity, *n* = 30				
Caucasian	8	66.8%	18	100.0%
African Am	1	8.3%	0	0.0%
Hispanic	1	8.3%	0	0.0%
Native Am	1	8.3%	0	0.0%
Multi-racial	1	8.3%	0	0.0%
Placement, n = 31				
Family foster	5	38.5%	5	27.8%
Therapeutic	8	61.5%	13	72.2%
Continuous demographics, *n* = 31				
	Mean	St. Dev	Mean	St. Dev
n	13		18	
Age	10.3	3.7	9.7	4.5
Years in care	4.7	3.6	3.4	1.6
No. of placements	2.7	3.9	2.0	1.6

Note. n = 31.
[a]percents represent percent of respective variable levels licensed
[b]percents represent percent of respective variable levels for not-licensed
[c]one participant did not answer the gender or ethnicity question

The descriptive statistics for the parent demographic characteristics of the sample are presented in Table 2. Parents were grouped by whether they were a licensed home or not-licensed home. The majority of both groups were female: licensed (84.6%) and not-licensed (88.9%). All the parents in both groups were either currently licensed or had been licensed in the last 10 years. The mean number of placements for the licensed parents was 4.3 (SD = 3.1). For not-licensed parents, the mean number of placements was 6.0 (SD = 4.5). The mean number of years licensed foster parents were licensed was 4.7 (SD = 3.6). For not-licensed parents, the mean number of years licensed was 9.0 (SD = 6.8).

Table 2

Sample Parent Demographic Characteristics by Licensed

Variable	Licensed, *n* = 13		Not-licensed, *n* = 18	
	n	%[a]	*n*	%[b]
Gender[c] , *n* = 31				
Male	2	15.4%	2	11.1%
Female	11	84.6%	16	88.9%
Currently licensed or in last 10 years				
Yes	13	100.0%	18	100.0%
No	0	0.0%	0	0.0%

Continuous demographics, *n* = 31				
Variable	Mean	St. Dev	Mean	St. Dev
Age	39.2	5.5	45.5	12.3
No. of placements	4.3	3.1	6.0	4.5
No. of yrs licensed	4.7	3.6	9.6	6.8

[a]percents represent percent of respective variable levels licensed
[b]percents represent percent of respective variable levels for not-licensed

Parenting Behaviors Scale Correlation

As there were nine behavior scales, I explored potential combined scales. An intercorrelations matrix for parenting behaviors was computed using Pearson's *r* (Table 3). Positive parenting was significantly correlated to rules ($r = .69$, $p = .000$). Rules with monitoring ($r = .44$, p $= .019$), discipline with inconsistent discipline ($r = -.44$, $p = .014$), and rewarding with autonomy ($r = .44$, $p = .013$) were also significantly correlated, each with medium effect size. Punishment was negatively correlated with monitoring with a medium effect size ($r = -.45$, $p = .018$).

Table 3

Intercorrelations of the Parent Behavior Scales

Variable	1	2	3	4	5	6	7	8	9
1. Positive	--	.69**	.11	-.15	.06	.31	.28	.33	.29
2. Rules	.000	--	0.15	-0.12	-0.16	-0.33	0.12	0.18	.44*
3. Discipline		.147	--	-.44*	-0.06	0.22	0.07	0.11	0.33
4. Inconsistent discipline		.524	.014	--	.12	.16	.02	.04	-.19
5. Punishment		.399	.764	.508	--	.14	.00	.15	-.45*
6. Ignoring		-.331	.219	.157	.137	--	.04	.06	-.14
7. Rewarding		.115	.067	.023	.000	.037	--	.44*	.04
8. Autonomy		.342	.554	.834	.424	.730	.013	--	-.24
9. Monitoring		.019	.083	.344	.018	.476	.851	.221	--

Note. n = 31. Pearson correlation coefficients are in the upper diagonal, *p* values in the lower diagonal.
*$p < .05$ **p $< .01$.

Intercorrelations for the combined scales were calculated to determine if any of these combined scales could be collapsed further (Table 4). Combined scales were joined based on significant correlations. Two of the combined scales contained rules and two of the combined scales contained monitoring.

Two combined scales were significantly correlated when joined with rules and monitoring: positive parenting and rules with rules and monitoring ($r = .76$, $p = .000$) and punishment and monitoring with rules and monitoring ($r = .77$, $p = .000$). The combined scale punishment and monitoring was further joined with positive parenting and rules ($r = .40$, $p = .036$) and was found to be moderately correlated. Consequently, positive parenting, rules, punishment, and monitoring were combined. Ignoring was not combined with any of the other scales.

Table 4

Intercorrelations of the Parent Behavior Combined Scales

Variable	1	2	3	4	5
1. Positive parenting & rules	--	.76**	0.05	.40*	0.32
2. Rules & monitoring	.000	--	0.20	.77**	0.07
3. Discipline & Inconsistent discipline	.790	.304	--	0.27	0.14
4. Punishment & monitoring	.036	.000	.160	--	-0.129
5. Rewarding & autonomy	.078	.714	.446	.548	--

Note. n = 31. Pearson correlation coefficients are in the upper diagonal, *p* values in the lower diagonal.
*$p < .05$ **$p < .01$.

Statistical Assumption

Several statistical assumptions were considered for this study. The Outlier

Labeling Rule (Hoaglin & Iglewicz, 1987) was used to determine if there were any

outliers in the parent behavior combinations and the child-parent relationship scales

distributions. The formulas that were used for determining the lower and upper limits for

the distributions were:

Lower limit = Q1 - [(Q1 – Q3)*2.2]   (1)

Upper limit = Q3 + [(Q1 – Q3)*2.2]   (2)

Any values found to be outside of the lower or upper limits were to be considered

outliers. The results showed minimum scores for all six distributions were more than the

lower limit and maximum score for all six distributions were below the upper limit. Since

the minimum and maximum values for all six of the distributions were in the limits

calculated in the outlier labeling formulas (Table 5), I determined that there were no

outliers in these distributions.

Table 5

Outlier Tests for the Parent Behavior and Child-Parent Relationship Scales

	Q1	Q3	LL [a]	Min	UL [b]	Max
Parent Behavior Scales						
Ignoring	6.0	10.0	-2.80	4.0	18.80	17.00
Disc & inconsistent discipline	25.0	29.0	16.20	18.0	37.80	33.00
Rewarding & autonomy	18.0	21.0	11.40	15.0	27.60	21.00
Positive parenting, rule, monitoring, punishing	83.0	97.0	52.20	66.0	127.80	113.00
Child-Parent Relationship Scales						
Closeness	15.0	26.0	-9.20	11.0	50.20	33.0
Conflict	21.0	34.0	-7.60	12.0	62.60	39.00

Note. $n = 31$. Q1 = 25th percentile or first quartile, Q3 = 75th percentile or third quartile. [a]LL = lower limit, [b]UL – upper limit.

The skewness statistic was used to determine if the distribution was approximately normal. If the statistic was between -1 and +1, the distribution was to be considered approximately normal (Tabachnick & Fidell, 2007). Each variable's skewness statistic fell within the -1/+1 interval except rewarding and autonomy (1.056; Table 6). The assumption of approximate normality was supported for all scales except rewarding and autonomy, which was close. As ANOVA is robust with respect to the normality assumption (Field, 2012), analysis was carried forward.

Table 6

Skewness/Kurtosis for Parent Behavior and Child-Parent Relationship Scales

Scale	Skewness	Skew SE	Kurtosis	Kurt SE
Parent Behavior Scales				
Ignoring	0.767	0.421	0.854	0.821
Discipline & inconsistent discipline	-0.969	0.421	2.008	0.821
Punish & monitoring	-0.379	0.441	-0.404	0.858
Rewarding & autonomy	1.056	0.421	2.077	0.821
Positive parenting, rule, monitoring, punish	-0.249	0.441	-0.036	0.858
Child-Parent Relationship Scales				
Closeness	0.229	0.441	-0.842	0.858
Conflict	-0.131	0.421	-1.101	0.821

Note. n = 31

The Levine's test was used to determine if the variances of the variables for independent variable licensed/not-licensed were equal. The null hypothesis tested was that the variances were equal for the groups. The *p*-values for the survey scales were greater than .05 except for discipline and inconsistent discipline (Table 7). Because the p-values were greater than .05 for all but one, the only null hypothesis that was rejected was for discipline and inconsistent discipline. This indicates that the variances were equal for the independent variables for all the rest of survey scales. For the discipline and inconsistent discipline scale with unequal variance the Welch test was used (Field, 2012).

The Welch test was developed to be used when the assumption of homogeneity of variances is not supported.

Table 7

Homogeneity - Parent Behavior and Child-Parent Relationship Scales by Licensed

Type of infidelity	Levines	Df_1	Df_2	Sig
Parent Behavior Scales				
Ignoring	1.154	1	29	0.291
Discipline & inconsistent discipline	6.582	1	29	0.016
Rewarding & autonomy	0.166	1	29	0.686
Positive parenting, rules, monitoring, punish	0.431	1	26	0.517
Child-Parent Relationship Scales				
Closeness	0.992	1	26	0.328
Conflict	0.539	1	29	0.469

Note. n = 31

An assumption of MANOVA is that the covariance matrices are equal (Field, 2012). The Box test was used to test the null that the covariance matrices are equal (Table 8). The Box statistic (53.86) was insignificant, $F (21, 1704.10) = 1.83$, $p = .053$. As the *p* was greater than .05, the null was not rejected. The assumption of equal covariance matrices was supported. MANOVA was not statistically significant, $F (6,19) = 1.03$, $p = .436$, $\eta^2 = .248$. The low power (.307) may be due to the small sample size.

Table 8

Multivariate F Ratios for Scales by Licensed

Source	F	df	Sig	Eta²	Power
Licensed	1.031	6, 19	.436	.248	.307

Note. $n = 26$.

Research Question 1

RQ1: Are there differences between foster parents who continue to foster children and those who do not in the foster parents' perceived relationship with their foster child?

$H_0$1: There are no significant differences between foster parents who continue to foster children and those who do not in their perceived relationship with their foster children.

H_a1a: Foster parents who continue to foster children perceive a closer relationship with their foster children than foster parents who do not.

H_a1b: Foster parents who stop fostering children perceive more conflict in their relationships with their foster children than those continuing to provide care.

It was hypothesized that there would be significant differences between foster parents that foster children and those who do not in the foster parents' perceived relationship with their foster child. The null hypothesis was that there would be no

significant differences between foster parents that foster children and those who do not in the foster parents' perceived relationship with their foster child.

A univariate ANOVA was used to determine if there were any differences in child-parent relations (conflict and closeness) due to the independent variable (whether the parent was licensed). The dependent variable closeness was identified by adding items #1, #3, #5, #6, #7, #9, and #15 on the CPRS. The dependent variable conflict was the sum of items #2, #4, #8, #10, #11, #12, #13, and #14 on the same scales.

Results: Tables 9 and 10. Closeness was significant at the .10 level, F (1, 24) = 3.91 p = .059 (Table 9). The significant F indicates there is a significant difference in closeness scores between the licensed and not-licensed parents. Licensed parents scored higher (M = 23.3, SD = 5.9) than the not-licensed parents (M = 18.5, SD = 6.2) on the closeness scale (Table 10).

Conflict was significant at the .10 level, F (1, 24) = 2.97 p = .098 (Table 9). The significant F indicates there is a significant difference in conflict scores between the licensed and not-licensed parents. The licensed parents scored lower (M = 25.2, SD = 7.5) than the not-licensed parents (M = 30.1, SD = 7.1) (Table 10). When conducting exploratory research, the alpha is often raised to .10 in order to catch any possible relationships (Morgan, Leech, & Barrett, 2013).

Table 9

Univariate ANOVA Results for Child-Parent Relationship Scales

Scale	df	F	Sig.	Eta^2	Power
Closeness	1	3.91*	0.059	0.140	0.476
Conflict	1	2.97*	0.098	0.110	0.380

Note. n = 26.
*p < .10

Table 10

Descriptive for Child-Parent Relationship Scales by Licensed

	Mean	Std Dev	*n*
Closeness			
Not-licensed	18.5	6.2	15
Licensed	23.3	5.9	11
Total	20.5	6.4	26
Conflict			
Not-licensed	30.1	7.1	15
Licensed	25.2	7.5	11
Total	28.0	7.5	26

Note. n = 26.

The results of the analysis indicate that there are differences between foster parents who continue to foster children and those who do not in the foster parents' perceived relationship with their foster child. There are differences between licensed and not-licensed parents in their perceived relationship with their foster child. The licensed parents scored higher than the not-licensed parents on the closeness scale. The licensed parents scored lower on the conflict scale than the not-licensed parents.

Research Question 2

RQ2: Are there differences in foster parenting behaviors between those foster parents who continue to do foster care and those who do not?

$H_0 2$: There are no significant differences in foster parenting behaviors between foster parents who stop doing foster care and those who continue to foster parent.

$H_a 2a$: Foster parents who continue to foster children engage in more positive parenting behaviors than those who stop doing foster care.

$H_a 2b$: Foster parents who stop fostering children engage in more negative parenting behaviors than those that continue doing care.

It was hypothesized that there would be significant differences between foster parents that foster children and those who do not in foster parenting behaviors. The null hypothesis was that there would be no significant differences between foster parents that foster children and those who do not in the foster parenting behaviors.

A univariate ANOVA was used to determine if there were any differences in parenting behaviors between those parents who are licensed and those not-licensed. The scores of four combined dependent variables were used to answer these questions. Dependent variable 1 is the sum of combined discipline (items #23-#28) and inconsistent discipline (items #29-#31). Dependent variable 2 is the sum of combined positive parenting (items #1–11), rules (items #16-#22), punishment (items #32-#35) and monitoring (items #12-#15) scale scores. Dependent variable 3 is the sum of combination of reward (items #40-#42) and autonomy (items #43-#45) scale scores. The fourth variable was the sum of ignoring scale items (#36-#39).

Results: Tables 11 and 12. Results of the combined positive parenting, rules, punishment, and monitoring was insignificant [F (1, 24) = 1.43, p = .244]. There was no significant difference between parents who are licensed and those who are not-licensed with respect to their positive parenting, rules, punishment, and monitoring behaviors. The means and standard deviations are presented in Table 12.

The combined discipline and inconsistent discipline result was insignificant [F (1,24) = .32, p = .575]. There was no significant difference between parents who are licensed and those who are not-licensed with respect to their discipline and inconsistent discipline behaviors. Combining reward and autonomy showed insignificant results [F (1,24) = 1.27, p = .271]. There was no significant difference between parents who are licensed and those who are not-licensed with respect to their rewarding and autonomy behaviors. Ignoring also showed insignificant results [F (1,24) = 1.11, p = .303],

indicating no significant difference between parents who are licensed and those who

are not-licensed with respect to their ignoring behaviors. The means and standard

deviations are also presented in Table 12.

Table 11

Univariate ANOVA Results for Parent Behavior Scales

Scale	df	F	Sig.	Eta^2	Power
Discipline& Inconsistent discipline	1	0.32	0.575	0.013	0.085
Rewarding & Autonomy	1	1.27	0.271	0.050	0.191
Positive parenting, Rules, Monitoring, Punishing	1	1.43	0.244	0.056	0.209
Ignoring	1	1.11	0.303	0.044	0.173

Note. n = 26.

Table 12

Descriptives for Child-Parent Relationship Scales by Licensed

	Mean	Std Dev	*n*
Ignoring			
Not-licensed	9.1	2.9	15
Licensed	7.8	3.4	11
Discipline and Inconsistent Discipline			
Not-licensed	28.5	2.8	15
Licensed	27.9	2.0	11
Rewarding and Autonomy			
Not-licensed	19.9	2.9	15
Licensed	21.3	3.2	11
Positive Parenting, Rules, Monitoring, Punishment			
Not-licensed	87.7	10.8	15
Licensed	93.2	12.7	11

Note. n = 26.

The results of the analysis indicate that there are no differences in parenting behaviors between foster parents who are licensed and those who are not-licensed.

Research Question 3

RQ3: Is there a relationship between the foster parents' perceived relationship with the foster child and their foster parenting behaviors?

$H_0$3: There is no relationship between foster parents' perceived relationship with their foster children and their parenting behaviors.

H_a3a: There is a significant relationship between foster parents' perceived closeness of relationship with their foster children and positive parenting behaviors.

H_a3b: There is a significant relationship between foster parents' perceived conflict in relationship with their foster children and negative parenting behaviors.

It was hypothesized that there would be a significant relationship between foster parents' perception of their relationship with their foster children and parenting behaviors. The null hypothesis was there would be no relationship between foster parents' perception of their relationship with their foster children and parenting behaviors.

Pearson's correlation was used to determine if there were any relationships between the child-parent relations (conflict and closeness) on the Child-Parent scales and

the Parent Behavior combined scales (positive parenting, rules, punishment,

monitoring; discipline, inconsistent discipline; rewarding, autonomy; and ignoring)

Results: Table 13. For closeness there was no significant correlations with

ignoring ($r = -.16$, $p = .491$), discipline and inconsistent discipline ($r = -.04$, $p = .842$), or

rewarding and autonomy ($r = .30$, $p = .125$). There was a significant correlation with

closeness and positive parenting, rules, monitoring, and punishment ($r = .60$, $p = .001$).

The positive coefficient indicates that as positive parenting, rules, monitoring, and

punishment behaviors increase closeness also increases.

For conflict there was no significant correlations with ignoring ($r = .15$, $p = .434$),

discipline and inconsistent discipline ($r = .21$, $p = .268$), or rewarding and autonomy ($r =$

$-.27$, $p = .166$). There was a significant correlation with positive parenting, rules,

monitoring, and punishment ($r = -.46$, $p = .014$). The negative coefficient indicates that as

positive parenting, rules, monitoring, punishment behaviors increase conflict decreases.

Table 13

Correlations of the Parent Behavior with Child-Parent Relationship

	Closeness		Conflict	
Parent Behavior Scales	*r*	*p*	*r*	*p*
Ignoring	-.16	.419	.15	.434
Discipline & inconsistent discipline	-.04	.842	.21	.268
Rewarding & autonomy	.30	.125	-.27	.166
Positive parenting, rules, monitoring, punishment	.60**	.001	-.46*	.014

Note. n = 31
*p < .05   ***p* < .01

The results of the analysis indicate that there was a relationship between the combined behavior scales (positive parenting, rules, monitoring, and punishment behaviors) with both closeness and conflict. The relationship with closeness was positive and the relationship with conflict was negative.

Summary of Findings

The results of the univariate ANOVA analyses indicated that significant differences existed between foster parents who continue to foster children and those who do not in the foster parents' perceived relationship with their foster child. The licensed parents scored higher than the not-licensed parents on the closeness scale and lower on the conflict scale. The analysis did not find differences in parenting behaviors between foster parents who are licensed and those who are not-licensed. The results of the Pearson's correlation analysis indicated that there was a relationship between the combined behavior scales (positive parenting, rules, monitoring, and punishment behaviors) with both closeness and conflict. The relationship with closeness was positive. The relationship with conflict was negative.

Chapter 5 concludes the study with an overview of the study, interpretation of findings, implication for social change, and recommendations for action and further studies.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this quantitative study was to examine differences between two groups of foster parents, those who continue to foster children and those who do not. While there has been a plethora of research looking at the issues that plague the foster care system overall, there has been little data looking at the differences between foster parents who continue to do foster care and those who do not. Studies have indicated that stability and continuity may significantly impact a foster child's internal working model toward a more secure attachment model (Pace & Zavattini, 2011). The secure attachment model is believed to be critical in the developmental process (Bowlby, 1982). If a child does not have a chance to develop within a secure base, the likelihood of negative outcomes increases (Beijersbergen et al., 2012).

Studies have identified the need to better understand foster parenting responses and behaviors, in how they may contribute to the success or failure of the placement (Farmer, 2005; Octoman et al., 2014; Rork & McNeil, 2011). Research has also highlighted the importance of a positive and secure foster parent-child relationship for dealing with challenges in the foster home (Cook, Little, & Akin-Little 2007; Van Andel et al., 2014).

As a result of these and other findings identified in the literature, this study looked at differences in these two areas as well as possible relationships between the two. First, I examined differences in foster parents' perceptions of the closeness or conflict in their

relationships with their foster children. Next, I looked at differences in how foster parents engaged negatively or positively with their foster children. Finally, I analyzed the possibility of relationships between parenting behaviors and perceived relationships.

The key finding of the study was that there are differences between how foster parents perceive their relationships with their foster children but no differences in parenting behaviors between parents who continue to foster children and those who do not. The study also identified relationships between certain combined parenting behaviors and perceived positive and negative relationships. This final chapter contains an interpretation of those findings and an acknowledgement of the limitations of the study. I posit recommendations for both practical and academic settings and implications for social change, both organizational and individual.

Interpretation of the Findings

Three research questions were developed to look at the differences between the two groups of foster parents. The first question focused on perceived foster parent-child relationships: Are there differences between foster parents who continue to foster children and those who do not in the foster parents' perceived relationship with their foster child?

Previous studies have shown that foster parents who were able to establish a relationship with their foster children described a more positive attitude and sense of wellbeing with regards to foster parenting (Whenan et al., 2009). The study also indicated

that those who did not feel they had positive relationships were less likely to continue to foster children (Whenan et al.).

Foster parent-child relationships for this current studied were identified as being either positive (closeness) or negative (conflict). Higher scores for a warm, caring, and/or open relationship with the child denoted perceptions of positivity. Lower scores signified parents' perceived relationships of conflict and negativity. As expected, results of the current study indicated that licensed parents perceived their relationships with their foster children more positively as scores were higher on the closeness scale. Conversely, parents who were no longer licensed scored higher on the conflict scale, perceiving their relationships with their foster children more negatively. These results seem consistent with the literature in recognizing the relevance of the foster parent-child relationship in the foster care process.

The second questioned focused on parenting relationships: Are there differences in foster parenting behaviors between foster parents who continue to do foster care and those who do not? This question was answered by looking at combined behaviors from nine primary parenting behaviors. The combined behaviors were discipline and inconsistent discipline; positive parenting, rules, punishment, and monitoring; rewarding and autonomy; and ignoring.

I expected that foster parents who did not continue to foster would identify significantly more negative and inconsistent behaviors. According to Vanderfaeillie et al., (2012), when foster children exhibit problem behaviors, parents become more

inconsistent in their discipline and use more negative consequences. The most common areas of concern for foster parents identified in the study by Oosterman et al. (2007) were how to incorporate rules effectively and how to problem solve with their children. In the same study, when behavior problems were considered with age and previous placement type, they were identified as a risk factor for placement disruptions.

Notably, the analysis indicated no differences in parenting behaviors between foster parents who were licensed and those who were not-licensed. The results showed that while behavior problems increased inconsistent and/or negative parenting behaviors, it was consistent across both groups of foster parents. Foster parents are generally provided a list of requirements and responsibilities that dictates acceptable parenting behaviors and clearly spells out unacceptable parenting techniques/behaviors (NDHHS, 2016). The findings may indicate that foster parents who feel they have a better relationship with their child may feel more willing to work through the challenges and bad behavior. It may be that those who continue to foster children feel more supported in their parenting choices (Vanschoonlandt, et al., 2014).

The third and final research question looked at the relationship between the two dependent variables: Is there a relationship between the foster parents' perceived relationship with the foster child and their foster parenting behaviors? I hypothesized those foster parents who perceived a closer relationship with their foster children would rate supportive and more positive parenting behaviors higher. I also hypothesized that

foster parents who perceived conflict in their relationships with their foster children would rate negative parenting behaviors higher.

The third question was answered using four combined scales: positive parenting, rules, punishment, monitoring; discipline, inconsistent discipline; rewarding, autonomy; and ignoring. The only significant relationships identified included the combined behavior scales positive parenting, rules, punishment, and monitoring. Results indicated that as parents' perception of the quality of their relationships increased, their positive parenting, rules, monitoring, and punishment behaviors increased as well. Results also suggested that as these same parenting behaviors increased, the parents' perceptions of their negative conflict relationship decreased.

Van Leeuwen and Vermulst (2004) suggested that positive parenting, rules, and autonomy were positive supportive measures for the children to learn by. They proposed that discipline, ignoring, and harsh punishment indicated controlling behaviors that attempt to enforce and influence. They did not combine material rewarding, monitoring, and inconsistent discipline with either factor (Van Leeuwen & Vermulst, 2004).

The results of this study did not appear to support these associations. Instead, positive parenting, rules, monitoring, and punishment scales were moderately correlated. A larger sample size may have identified correlations different than those identified in this study. It may be that the foster parents in this study interpreted their parenting behaviors differently. For instance, some parents may have interpreted inflexible, more rigid parenting behaviors as more consistent and reliable and less punishing and severe.

Foster parents may have perceived parenting behavior intended to facilitate autonomy for their child as apathetic or uncaring. Monitoring may have been seen as an attempt to establish safe boundaries.

It seems worth noting that this combined scale had a significant relationship with both closeness and conflict relationship types. While there was no significant relationship between the parenting behaviors and whether or not parents continued to foster children, a negative correlation was indicated between the two perceived relationship types and the same group of parenting behaviors. This may suggest that parents' perceptions of their relationships with their children may have also impacted their perceptions of their parenting behaviors.

In summary, parents who continued to foster viewed their relationship with their foster child more positively than those who did not continue to foster. As parents' perception of the quality of their relationships increased, their positive parenting, rules, monitoring, and punishment behaviors increased. When these behaviors increased, parents' perceptions of their negative conflicting relationship decreased.

Limitations

The study was originally intended to include 88 participants, 44 from each of the two groups of foster parents. The number of participants was proposed for a medium effect size. Due to significant confidentiality concerns, finding participants was quite difficult. Two changes in the requirements were made in an attempt to increase the number of participants with only minimal success. After reviewing the literature it

seemed feasible to increase the number of years within which a foster parent needed to have been licensed from 5 to 10 years. The State of Maine's foster parents were also added to assist in increasing the participation pool. While these changes did increase the number of participants, the participants may not sufficiently represent the general population of Nebraska and Maine foster parents.

The limited sample size may have resulted in a type 2 error, falsely accepting that there are no differences when there actually are (Faul et al., 2009). No significant differences in parenting behaviors were found in this study. It is possible that although no significant differences were found, they may exist.

While it was anticipated that all types of foster parents (i.e., family foster homes, therapeutic foster homes, and kinship care homes) would participate in the study, only family and therapeutic foster parents participated. No kinship care providers participated. As a result, any information attained from this study may not generalize to all foster parents.

The self-reported data may limit the validity of the results. Memory recall, conscious withholding, and reactive emotions can influence self-reported responses. Foster parents' interpretations of the questions, their perceptions of their relationship, and their immediate environment when answering the questions may have influenced what was reported.

This study focused only on better understanding two elements of foster care. The results provided a limited understanding of these two elements as they relate to each other

and in differences between the two groups of foster parents. There are many reasons why foster parents continue to do foster care or why they choose not to. Other factors also play into the reasons for continuing or not continuing, but they were not considered for this study. Foster parents may have career, financial, or medical reasons for deciding to no longer do foster care. They may have chosen to stop providing foster care due to family changes outside the realm of the foster children (e.g., death of family member, marriage/divorce, etc.). These other factors were not considered in this study.

Recommendations

The confidentially issues related to foster care greatly limited the scope of this study. It would seem that a case study would have been a more appropriate approach and is recommended for future studies of this nature. Case studies allow the researcher to explore and gain an understanding of complex issues with fewer participants and with a more in-depth and somewhat qualitative approach.

The findings from this study, while limited at best, did indicate significant differences in foster parents' perceived relationships with their foster children. And while no differences were found with foster parents' behaviors between the two groups, significant relationships between the perceived foster parent-child relationship and parenting behaviors were indicated.

Future research exploring the relationships between the two may be beneficial in contributing to our understanding of the foster care system. The combined behavior scale (positive parenting, rules, monitoring, and punishment) found significant for both

relationship groups was quite different than those identified by Van Leeuwen and Vermulst (2004). This may be due to the differences in the way the parent understood the question(s), their perceptions of parenting behaviors, and/or the way the question presented each behavior. If parents are able to define their parenting behaviors in a more qualitative manner there may be a clearer understanding of their behaviors, and how they relate to the perceived relationships they have with their children.

Implications

This study identified a difference between foster parents in their perceived relationship with their foster child. The results indicated that foster parents who continued to provide foster care felt a closer more positive relationship with their children than those that did not continue to foster. This underscores the importance of positive relationships between foster parents and their foster children. While these findings are consistent with other studies, when put in context with a need for more effective foster care training already identified in the literature, it can help inform agencies in defining the tools foster parents need to be most effective.

Several studies in the literature review underscored the importance for a training program design to provide foster parents with the tools they need to be successful. Whenan et al. (2009) found that parents who were properly trained were more confident in their parenting choices and personal wellbeing and more apt to establish a positive relationship with their child. They also found that those who did not feel confident and properly trained were less likely to continue to do foster care.

Vanschoonlandt et al. (2014) identified a need for a support system that provides parents with effective parenting skills handling difficult behaviors. They found the issues most important to the foster parents were how to incorporate rules effectively and how to problem solve with their children. Dozier et al. (2009) looked specifically at training programs for parents dealing with attachment related behaviors. They found a significant difference between parents who were trained and those who were not trained in their avoidance behaviors with their foster children.

Positive Social Change

As indicated in this study, relationship issues are significant in placement longevity for foster care parenting. If relationship issues are addressed in training venues and methods for developing closer more positive relationships are incorporated, parents may be more apt to continue to parent through and beyond the tough challenges they face.

Specific relational responses identified by foster parents who continue to foster children could be determined through further research, as well as ways to incorporate those responses in challenging situations. Once identified, training programs could be developed or enhanced to ensure that parents are trained to meet the challenges they face. As a result, the study can help improve the experiences of the children in care and contribute to their long-term psychological health and wellbeing.

Conclusion

Foster care programs are essential to our society to ensure the safety of all children. The challenges that the foster children bring into the system are the result of the dysfunctional situations they are removed from. Foster parents take these children into their homes to provide them with a safe and nurturing environment to allow them to heal and begin healthy physical and mental development.

In order for foster parents to provide a safe nurturing environment they must have the tools to meet the challenges they will face. Studies have shown the importance of attachment and positive relationships in the parent-child relationship (Blehar, Lieberman, & Ainsworth, 1977; Bowlby, 1982; Snyder, Shapiro, & Treleaven, 2012). Pace and Zavattini (2011) underscored the importance of attachment security for foster children who enter care without secure attachment patterns.

This study adds to our understanding of the importance of positive relationships in placement longevity. The findings supported previous studies regarding the importance of the parent child relationship. The results indicated a relationship in foster parents' perceptions of their relationships with their foster children and whether or not they continue to foster. These findings can assist in assessing and identifying the educational needs for foster parents. If foster parents are provided the necessary tools, they will be better able to continue to provide a safe and secure home for the foster children to heal and grow and ultimately thrive as they grow into independent adults.

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Appendix A: Demographic Questionnaire Form

Foster Parent Demographic Questionnaire

Completing the demographic questionnaire is important in understanding the influence several factors may have on the results of this study. All aspects of the questionnaire will remain confidential. Any results that may be published will not include any identifying information of the participants in this study.

Please complete the questionnaire in its entirety.

Foster Child's Information:

Gender: Male   Female   **Age:** _____

Type of Placement (please circle one)

       Family foster homes   Therapeutic foster homes   Kinship care

Other (please specify) _____

Ethnicity (please circle one)**:**

African American   Asian, Asian American   Caucasian/White

Hispanic/Latino   Native American   Multiracial (more than 1 single race)

Number of years the child has/had been in Foster Care: _____

Number of previous placements the child has/had been in: _____

Foster Parent's Information

Gender: Male   Female   **Age:** _____

Are you currently licensed by Nebraska's DHHS or have you held a valid license in the last 10 years? YES _____ **NO**_____

Number of years the respondent has/had been a licensed foster parent:

_____ **Number of children the recipient has/had fostered:**

_____

Appendix B: Parental Behavior Form

Parental Behavior Scale – Parent Version

K.G. Van Leuwen & Ad A. Vermulst

Instructions

On the following pages you will find some statements about handling your child. Read each statement carefully. Indicate for each statement how frequently you use this way of handling your child. You can choose from the following answer possibilities:

☐never ☐rarely ☐sometimes ☐often ☐always

Mark with a cross the answer category of your choice. You can choose only one answer for `each statement. For instance: Never rarely sometimes often always

I ask my child which books he/she likes to read ☐ ☐ ☑ ☐ ☐

Keep in mind that your answer always is related to one and the same child. It is possible that you think about some statements: "I should like to do it differently". Nevertheless, indicate how you act in reality. There are no good or wrong answers. Please do not skip any items.

1. I make time to listen to my child, when he/she wants to tell me something

☐never ☐rarely ☐sometimes ☐often ☐always

2. When my child seems to have a problem, I discuss with him/her what is wrong

☐never ☐rarely ☐sometimes ☐often ☐always

3. In the evening I talk with my child about the past and the coming day

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

4. When my child has a problem, we look together at different possible solutions

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

5. I ask my child about his/her hobbies and interests

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

6. I make excursions together with my child

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

7. I compliment my child when he/she spontaneously helps me out (for instance with laying the table)

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

8. When my child and I have a disagreement, we talk it over and we look together for a solution

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

9. I do activities together with my child, because I know that my child likes it (for instance playing a round game, shopping together)

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

10. I give my child a compliment, hug, or a tap on the shoulder as a reward for good behavior

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

11. When I see my child after a day of school, I make it possible to spend some time with him/her

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

12. I keep track of the friends my child is seeing

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

13. I keep track of the neighborhoods my child visits

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

14. When my child went out somewhere on his/her own, I inquire if he/she has actually been there

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

15. I ask my child how he/she spends his/her pocket money

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

16. I teach my child to be polite at school

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

17. I teach my child to obey rules

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

18. I teach my child to adapt to the habits in our family

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

19. I teach my child to adapt to rules at school or at work

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

20. I teach my child to handle his/her things with respect

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

21. I teach my child respect for the authorities

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

22. I teach my child that it is important to behave properly

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

23. When my child doesn't obey a rule (for instance: he/she comes home late without a valid reason; he/she has not completed a chore), then I punish him/her

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

24. I punish my child, when he/she makes a nuisance of him/herself (for instance because he/she nags, contradicts me, lies, argues).

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

25. When my child has done something wrong, I punish him/her by taking away something nice (for instance the child can't watch TV, isn't allowed to go out, has to be home earlier, has to go to bed earlier)

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

26. When my child has been misbehaving, I give him/her a chore for punishment

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

27. When my child does something that I don't want him/her to do, I punish him/her

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

28. It happens that I don't punish my child after he/she has done something that is not allowed

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

29. When my child doesn't obey a rule, it happens that I threaten with a punishment, but that in the end I don't carry it out

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

30. When I have punished my child, it happens that I let my child out of the punishment early

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

31. Before I eventually give a punishment, I have told my child many times that I would punish his/her behavior

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

32. I slap my child when he/she has done something wrong

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

33. I spank my child when he/she is disobedient or naughty

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

34. I shake my child when we have a fight

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

35. I spank my child when he/she doesn't obey rules

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

36. When my child does something that is not allowed, I give him/her an angry look and pretend he/she is not there

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

37. When my child does something that is not allowed, I only talk to him/her again when he/she behaves better

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

38. When my child does something that is not allowed, I give him/her an angry look and I ignore him/her afterward

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

39. When my child does something that is not allowed, I don't talk to him/her until he/she says sorry

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

40. I give my child money or a small present when he/she has done something that I am happy about

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

41. When my child has done his/her best, I allow something extra (for instance staying up later)

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

42. I let my child buy something when he/she has done something well

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

43. I teach my child to solve his/her own problems

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

44. I teach my child to take his/her own decisions

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

45. I teach my child that he/she is responsible for his/her own behavior

☐ never ☐ rarely ☐ sometimes ☐ often ☐ always

Appendix C: PBS Permission Form

From: Karla Van Leeuwen <Karla.VanLeeuwen@ppw.kuleuven.be>
Subject: FW: Parental Behavior Questionnaire
Date: April 8, 2015 at 1:15:50 AM CDT
To: "Jackie Farris (mykidzcoach@aol.com)" <mykidzcoach@aol.com>

Some articles...

Van: Karla Van Leeuwen
Verzonden: zondag 30 november 2014 13:52
Aan: Jackie Farris
Onderwerp: FW: Parental Behavior Questionnaire

Dear Jackie,

Thank you for your interest in the GPBS.
My colleagues and I have been working on other versions of the PBS (I left out the reference to 'Ghent', because I am working at the University of Leuven now).
I have worked on a short version of the PBS, based on data-analysis of numerous samples.
Further, we have also adapted the PBS for parents with children with ASS. You can find a combination of the short version of the PBS & ASS-version attached.
The PBS was also translated in other languages.
I send you some articles on the PBS. There are also other authors who have done research with the PBS – you can obtain an overview of who referred to Van Leeuwen & Vermulst (2004) in the Web of Science.

You can use the PBS, as long as you refer to it in your work.

Best regards,
Karla

Appendix D: Parent-Child Relationship Scale

CHILD-PARENT RELATIONSHIP SCALE

Robert C. Pianta

Please reflect on the degree to which each of the following statements currently applies to your relationship with your child. Using the scale below, circle the appropriate number for each item.

Definitely does not apply 1	Not really 2	Neutral, not sure 3	Applies somewhat 4	Definitely applies 5

1. I share an affectionate, warm relationship with my child.	1	2	3	4	5
2. My child and I always seem to be struggling with each other.	1	2	3	4	5
3. If upset, my child will seek comfort from me.	1	2	3	4	5
4. My child is uncomfortable with physical affection or touch from me.	1	2	3	4	5
5. My child values his/her relationship with me.	1	2	3	4	5
6. When I praise my child, he/she beams with pride.	1	2	3	4	5
7. My child spontaneously shares information about himself/herself.	1	2	3	4	5
8. My child easily becomes angry at me.	1	2	3	4	5
9. It is easy to be in tune with what my child is feeling.	1	2	3	4	5
10. My child remains angry or is resistant after being disciplined.	1	2	3	4	5
11. Dealing with my child drains my energy.	1	2	3	4	5
12. When my child is in a bad mood, I know we're in for a long and difficult day.	1	2	3	4	5
13. My child's feelings toward me can be unpredictable or can change suddenly.	1	2	3	4	5
14. My child is sneaky or manipulative with me.	1	2	3	4	5
15. My child openly shares his/her feelings and experiences with me.	1	2	3	4	5