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Subsystem Variables Associated with Positive Foster Mother-Foster Child Relationships

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SUBSYSTEM VARIABLES ASSOCIATED WITH POSITIVE
FOSTER MOTHER-FOSTER CHILD RELATIONSHIPS

by

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B.A. June 1985, City University of New York - Hunter College

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ABSTRACT

SUBSYSTEM VARIABLES ASSOCIATED WITH POSITIVE FOSTER MOTHER-FOSTER CHILD RELATIONSHIPS

Meg Sandow

Virginia Consortium for Professional Psychology, 1997
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Many researchers have explored variables that appear to influence a foster child's placement, and both researchers and theorists have noted the need for an overarching understanding of the variables that may affect a foster child's care and progress. This study examined four interlinking subsystems of foster care: the foster child, the family of origin, the foster parent, and the social worker. Data regarding relevant variables for each of these subsystems were analyzed by means of canonical correlations, factor analyses, a multiple regression, and zero-order correlations. Participants in the study were 42 foster children from the Chesapeake and Suffolk Departments of Social Services, each of whom completed the Children's Reports of Parental Behavior-56 (CRPB-56; Margolies & Weintraub, 1977) and their social workers, each of whom completed a questionnaire designed for this study. Data regarding the foster mothers were provided by the social workers, and data regarding the families of origin were gathered from the foster children's charts using a form designed for this study. Results revealed that variables associated with the foster child and the foster mother were those most significantly associated with the quality of the relationship between the two. Specifically, a better fit between the foster mother and the foster child, better foster mother parenting skills, greater foster mother empathy, and the foster mother's greater awareness of and ability to deal with

the foster child's losses were the foster mother variables associated with better foster mother-foster child relationships and greater improvement by the foster child within the placement. Greater foster child competencies, fewer "acting out" behavioral problems and, to a lesser extent, fewer "acting in" problems and earlier ages at the time of first removal from the family of origin were the foster child variables associated with better relationships and greater improvement within the placement. The findings of this study suggest that better selection and training of foster mothers, as well as interventions aimed at increasing foster child competencies and decreasing behavioral problems would result in improved foster care relationships and greater progress by foster children within their placements.

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CHAPTER I

INTRODUCTION

Overview of Foster Family Care

When foster care initially came into being in the early 20th century, its charges were indigent and neglected children whose moral development was felt to be endangered by their life on the streets (Guernsey, 1982; Woolf, 1990). Their care was managed first by religious organizations and private individuals, then by local community and government agencies, and finally by local, state and federal agencies (Lieberman, 1987).

Initially, this care often amounted to little more than the provision of some nourishment and a place to live in exchange for the children's labor (Lieberman, 1987). In more recent decades, foster care increasingly has focused on providing services for children with severe emotional, behavioral, and psychological problems (Guernsey, 1982; Woolf, 1990). This is due, among other reasons, to a shift in intervention policy that attempts to maintain children in the family setting rather than remove them; those who ultimately are removed tend to be quite damaged (Woolf, 1990). By necessity, then, foster care has become oriented toward treatment in addition to the provision of food, shelter, and clothing. As both the context and a goal of such treatment, the relationship between a foster child and the host family merits particular attention.

In a system as complex as that of foster care, there are many factors that may

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influence a child's foster placement, and these have been explored by many theorists and some researchers in the field. The clear need for some overarching understanding of the variables that affect a foster child's care and progress has been noted by many researchers and writers (e.g., Chamberlain, Moreland, & Reid, 1992; Fein, 1991). In his discussion of clinical issues in foster care, Molin (1990) observed that:

behavioral and emotional problems of children in placement may be attributed to difficulties in their biological families, to internal deficits and conflicts in the child, or to the stresses of adjusting to foster care and life in a new family. (p. 501)

The first two are consistent with family and dynamic theories of children's difficulties in general; only the last of these is specific to the *foster* child, whose placement with a new family is not a typical childhood experience.

The interlinking parts of the larger system in which foster children find themselves also include the local department of social services. Thus, there are four subsystems (the child, the family of origin, the foster family, and the placing agency) that bear examination as spheres affecting the success or failure of a foster child's placement. These spheres converge in the foster child's relationship with the foster family, which occupies a central position in the success or failure of the child's placement. Not only is this relationship affected by aspects of each of the four subsystems, but its quality can determine if a foster child moves or stays with a given family and the degree to which positive change in the foster child's functioning is facilitated. The foster care relationship, therefore, will be examined with an eye

toward identifying which elements of the four subsystems facilitate or hinder its development.

Attachment and Relationships

Although attachment per se is not the focus of the current research, infant-caregiver attachment is the foundation upon which all subsequent relationships are thought to be built (e.g., Ainsworth, Blehar, Waters, & Wall, 1978; Bowlby, 1973). Attachment styles were defined by Ainsworth et al. (1978) in terms of the infant's use of the caregiver as a secure base for exploration of the environment and reactions to separations from and reunions with the caregiver. Ainsworth's "strange situation" was created to examine these elements. It involved a structured series of episodes considered increasingly stressful for the infant, during which the infant's responses to the caregiver and the environment were observed for clues to the infant's quality of attachment to the caregiver. Behaviors of interest were the infant's seeking and maintenance of proximity, contact, and/or interactions with the mother (as opposed to resistance to and/or avoidance of her), and the infant's exploration of the environment.

On the basis of the behaviors observed in the strange situation test, Ainsworth et al. (1978) established a classification system for infant attachment. Three major categories comprised of seven subcategories were identified and labeled "A, B, and C." Type B infants (70% of the initial sample) were those whose attachments were considered secure on the basis of their uniformly positive interactions with their caregivers, readiness to accept comfort when upset, and prompt return to exploration and play following comforting. The attachments of infants typed A and C were

considered insecure. Type A infants (20% of the initial sample) were classified as anxious/avoidant because of their lack of proximity seeking or happy affect upon reunion with their caregivers, whom they even ignored in some cases. Type C infants (10% of the original sample) were classified as anxious resistant. Although distressed by separation and seeking proximity with their caregivers upon reunion, they remained angry or fussy despite caregiver attempts to comfort them and did not return easily to play (Carlson, Cicchetti, Barnett, & Braunwald, 1989).

Ainsworth and her colleagues (1978) noted that styles of caregiving varied with the different attachment styles, and proposed that infant attachment style is the product of particular aspects of parenting. Since the initial Ainsworth et al. study, it has been well documented (e.g., Main & Cassidy, 1988) that the attachment styles of infants fall into at least two predominant categories (secure and insecure), and that these are a function of an *interaction* between an infant's innate temperament and the manner of primary caregiving. The interaction between infant- and caregiver-related factors must be emphasized in thinking about attachment and relationships because, from infancy on, children both influence and respond to others in the course of their interpersonal exchanges (e.g., Bartholomew, 1993; Bowlby, 1982; Soderman, Kostelnik, Ames, & Phenice, 1982; Sroufe, 1979) Thomas & Chess, 1977).

Infant temperaments are demonstrably different at birth (Thomas & Chess, 1977) and have been characterized, for instance, as "easy" or "difficult" (Thomas & Chess, 1977). An easy baby is likelier than a difficult one to engage with the social and physical environments, and this presumably will affect the nature of the caregiver's interactions with the baby in conjunction with the caregiver's particular

needs, expectations, goals, and personality structure (Brazelton & Cramer, 1990; Thomas & Chess, 1977). For instance, a caregiver who prizes social interaction and independence will likely delight in an easy baby's increasing eye contact and mastery of his or her body and the environment. On the other hand, a caregiver who prefers private time may experience the baby's interactive nature as demanding, and one who enjoys hovering over a passive child may experience the child's increasing mastery as rejecting. These last two caregivers are likely to feel angry and frustrated by the same developments that are rewarding to the first.

Similarly, the baby's temperament will influence his or her response to the caregiver's style of parenting (Thomas & Chess, 1977). For instance, a difficult infant in need of soothing will be unrewarded by a parent's brief attempts to soothe because the difficult baby needs more time and attention. On the other hand, an easy infant will respond readily to soothing and will find the experience rewarding. The former is likely to become discontent and to withdraw from the caregiver over time unless the caregiving comes to fit the baby's temperament, whereas the latter, not having experienced substantial "disappointment," is likely to remain contentedly easy.

Caregiver-related factors thought to affect early attachment include the consistency and attunement of caregiving. The function of consistency in child-rearing follows logically from learning theory (e.g., Dollard & Miller, 1964), which emphasizes the importance of reinforcement in establishing patterns of behavior (presumably including affective behavior). Thus, it has been demonstrated that insecurely attached infants have caregivers who are either inconsistent and unpredictable in their responses to their infants, or who are consistently rejecting of

their infants; securely attached infants receive consistently positive parenting (Crittenden & Ainsworth, 1989).

Attunement of caregiving is related to the accuracy and complexity of a caregiver's empathy with and awareness of the infant's physical and affective states. Empathy is generally understood to be comprised of both an affective and a cognitive response to others (Davis, 1983; Feshbach, 1987; Strayer, 1987). That is, an empathic response involves a cognitive appraisal of affective cues, the ability to understand another's situation and to place oneself cognitively in another's shoes, and the capacity for a responsive stirring of like feelings in the person making the appraisal. The result is some degree of vicarious experience in the empathic responder of the other's situation and emotions.

Mills and Rubin (1993) posited that the degree of parents' emotional and cognitive connectedness is associated with the accuracy of their inferences about their children's behavior and their degree of flexibility in integrating new information with pre-existing ideas. This suggests that empathic caregivers will respond more readily to a child's shifting adjustment and needs than nonempathic caregivers. Consistent with this thinking, securely attached infants have been shown to have caregivers who accurately perceive and appropriately respond to their infants' changing states, whereas insecurely attached infants have caregivers who may be unaware of, unresponsive to, or inappropriately responsive to their infant's changing needs (Ainsworth et al., 1978; Carlson et al., 1989). Parents' ability to integrate new information about their children's functioning (e.g., developmental changes) with pre-existing ideas about who their children are also is likely to facilitate their children's

ongoing development from infancy through young adulthood, thereby allowing for the maintenance of a positive parent-child relationship.

The products of secure attachment and a positive relationship between children and their parents are thought to include positive self-esteem, productive emotional and behavioral functioning, and social competence (Appathurai, Lowery, & Sullivan, 1986; Cicchetti, Cummings, Greenberg, & Marvin, 1990; Erickson, Egeland, & Pianta, 1989; Soderman et al., 1982). These outcomes are thought to occur as a function of the child's internalization of the parents' positive regard (e.g., Soderman et al., 1982), development of emotional and behavioral organization in part through parental regulation of emotional and behavioral impulses (Brazelton & Cramer, 1990; Hamilton, 1988), modeling of appropriate social behavior by parents (Moore, 1982), general socialization of children by parents (Cicchetti et al., 1990), and development of adequate trust and security for exploration of the interpersonal environment (Ainsworth, 1985). All of these can be thought of as continuing processes which may be more or less salient at different stages of development. For instance, parental regulation of emotional and behavioral impulses is likelier to be important for younger children whose cognitive functioning is relatively weak, whereas parental modeling of appropriate social behavior may be more important later on when a child's powers of observation and ability to self-regulate are more developed.

As a function of caregivers' consistency and attunement of responses, infants learn what to expect from and how to interact with the world (Miller, 1993). Thus, consistently positive and accurate caregiver responses to the needs and communication of the developing child teach the child that he or she can have a satisfying impact on

what goes on, that the world is a safe place, and that the child is valued (Mills & Rubin, 1993; Soderman et al., 1982). Inconsistent, unpredictable responses can provoke anxiety and teach the developing child that he or she has little or no control over an essentially unreliable world. Consistently negative or inaccurate caregiver responses teach the child that he or she is not valued, and that the world is unsatisfying, dangerous, and/or punitive (Pilowsky & Kates, 1996).

Despite the longstanding belief among many researchers that an infant's attachment style is relatively enduring in the child's early life (e.g., Ainsworth et al., 1978; Easterbrooks & Goldberg, 1990; Main & Cassidy, 1988), Lamb, Thompson, Gardner, Charnov, and Estes (1984) reviewed the attachment literature and emphasized that this conclusion is not warranted by the research. Specifically, they criticized the repeated failure of researchers to assess current, as compared with former, quality of caregiving when attributing current attachment styles to an earlier and presumably critical period. Researchers who addressed changes in parenting style and environmental stress have supported the Lamb et al. conclusion that children's attachments are responsive to the changing quality of caregiving and environment as part of an ongoing process (e.g., Cicchetti et al., 1990; Kagan, 1996; Sroufe, 1979).

Lamb et al. (1984) are not alone in their attention to stable versus changing environmental conditions in child development. Indeed, in their research on the stability of temperament during childhood, Thomas and Chess (1977) noted their agreement with other researchers that what sometimes appears to be continuity in a personal attribute may actually be the product of stable organism-environment interactions. Similarly, Cicchetti et al. (1990) observed that attachment security can

vary as a function of changes in family circumstances or the quality of later relationship networks (e.g., peer networks). This thinking is consistent with the notions that social learning takes place in response to novel relationship experiences (Miller, 1993) and that the nature of interactions between a parent and child is mutually rather than unilaterally determined (Fagot, 1997). Therefore, children who have been raised in predominantly abusive or neglecting environments may come to appear innately mistrustful, withdrawn, or hostile in their interactions with others. If given ample opportunity to experience a different kind of physical and interpersonal environment, however, these same children may learn very different ways of interacting.

Foster care can be just such an opportunity. Although a child's removal from the family of origin into foster care may be intended to prevent further harm from immediate danger or chronic circumstances, it can also be seen as a reparative measure intended to undo existing damage. The Child Welfare League of America (1975) stated that one function of foster family care is the provision of corrective experiences and conditions for the foster child, which suggests that foster care is viewed as an intervention aimed at improving the foster child's functioning. The foster home may be the first environment in which a foster child has not had to worry about such fundamental needs as food, shelter, and clothing (corrective conditions). Additionally, foster parents presumably are selected because of their capacity for nurturance, appropriate limit-setting, and good communication (corrective experiences).

Foster care is inherently a social intervention, and it is within the social arena

that a child's knowledge of self and the world develop (Cassidy, 1990; Hartup, 1989). Those who believe that patterns of social relations are strongly established during an early, critical period and then persevere suggest that the quality of a child's early attachment may determine his or her subsequent development of relationships with both peers and adults (e.g., Maccoby, 1984). Nevertheless, most researchers who support a deterministic view of attachment also acknowledge the importance of environmental continuity in stabilizing attachment patterns (e.g., Ainsworth, 1985; Easterbrooks & Goldberg, 1990; Maccoby, 1984). Intervention strategies are based on the belief that many aspects of human functioning can be changed.

The question of a critical period in social development is of great importance within the arena of attachment and social functioning, as it delineates the difference between consigning children to the fates of their early upbringing versus expecting meaningful change through later intervention. For the hundreds of thousands of children placed in foster care each year, and for those involved in their care, this is a central philosophical and policy-forming question. Depending on one's position, foster care may be viewed as a means of warehousing foster children while their families get "fixed" or as an intervention aimed at changing these children's psychosocial functioning. Theorists and researchers who note the potential for shifts in the quality of relationships over the course of a child's early life look to those elements of the child's environment and caregiving that might be manipulated toward positive change (e.g., Main & Goldwyn, 1984; Thomas & Chess, 1977; Wald, Carlsmith, & Leiderman, 1988). As noted above, such elemental changes constitute one of the aims of foster family care.

Although longitudinal research has found foster care to have variable impact on the functioning of foster children (e.g., Fanshel & Shinn, 1978), researchers have not paid adequate attention to the heterogeneity of the variables under investigation. That is, children in foster care have been compared with children for whom placement was avoided, but foster care as a complex interaction of subsystems was not examined. Before asking if foster care as a whole can be an effective intervention in the treatment of relational difficulties among foster children, it must first be established that certain elements in the subsystems of foster care are, indeed, associated with good or poor relational functioning. What follows is an examination of each of the four subsystems (i.e., child, family of origin, foster family, and agency) proposed to affect the foster child's relationship building with the foster family. The family of origin will be examined first as the context within which the child initially develops a sense of self in the world.

Family of Origin Variables

Within the context of their early family lives, children continue to develop physically, cognitively, emotionally, and socially, forming their identities and patterns of interaction. Among the developmental tasks of childhood, social competence has been identified as one of the most significant (Mills & Rubin, 1993). Hartup (1985) proposed that parent-child relationships facilitate children's exploration of their social and nonsocial environments and provide a model for assumptions and expectations about interactions with others. He later named "vertical" (adult-child) social interactions as important to optimal social development, stating that they provide children with their experience of social hierarchy, dependency-based interactions, and

didactic learning (Hartup, 1989).

In response to what children learn from their caregivers, they begin anticipating caregiver responses and adapting their behavior to these expectations. A mutually reinforcing exchange is set up that perpetuates both the child's expectations and the caregiver's responses (Bowlby, 1982; Miller, 1993). Further, early relationship experiences are thought to affect later relationships by creating habits of interaction and interpretation that act to shape and filter later experience (Miller, 1993).

It has long been theorized that child maladjustment is a reflection of family dysfunction (e.g., Cole, 1982; Fauber & Long, 1991; Guerney, 1982; Marvin & Stewart, 1990). Regardless of a child's own difficulties, problems in the biological family that can lead to a child's foster care placement include substance abuse, marital conflict, domestic violence, other family members' mental health difficulties, criminal activity, and transience (Guerney, 1982). As early as 1959, the Child Welfare League of America reported that the families of children requiring placement in foster care were often so socially disorganized, or the personality disorders of the parents so severe, as to bring the children into placement. Many researchers have noted that family dysfunction was the primary reason for foster placement in the majority of cases, rather than the child's personal problems (e.g., Chamberlain et al., 1992; Fanshel & Shinn, 1978; Fein, 1991; Garnezy, 1993).

Abused and neglected children account for the vast majority of children placed in foster care (e.g., Benedict & White, 1991; Chamberlain et al., 1992), and abused children in particular have been found to have significant and wide-ranging

behavioral, academic, self-esteem, and adjustment problems (Kurtz, Gaudin, Howing, & Wodarski, 1993). Marital discord in the foster child's family of origin often is associated with abuse and neglect (Kurtz et al., 1993) and may revolve around a number of issues, including finances, substance abuse, housekeeping responsibilities, sexual activity, and child-rearing itself.

Family conflict was examined along with and as distinct from marital discord (Jaycox & Repetti, 1993) and was found to be associated with poor emotional and behavioral adjustment in preadolescent children, even beyond the maladjustment associated directly with hostile and rejecting parent-child relationships. Specifically, both parent and child reports of family conflict were associated with parent reports of child behavior problems and girls' (but not boys') lower ratings of their competence. Additionally, parent reports of family conflict were associated with teacher reports of child behavior problems at school. Although no conclusions can be drawn about the directionality of influence, it is of interest to note that these families appeared to manage neither their conflict nor their children's behaviors well. Jaycox and Repetti (1993) also noted that the children's exposure to and involvement in their families' conflicts were likely to provide limited opportunities for the children to learn anger management and effective resolution of disputes.

Using parent but not child reports of marital conflict, Jaycox and Repetti (1993) did not find a significant correlation between marital discord and child maladjustment. In their discussion of this result, they suggested that this may have been a function of the source of reports of marital problems and/or the nonclinical sample used in this study. Other researchers (e.g., Jouriles, Bourg, & Farris, 1991)

and reviewers (e.g., Reid & Crisafulli, 1990) have found significant correlations between marital conflict and child maladjustment, and Jouriles et al. (1991) did, indeed, find that the correlation was significantly stronger for their clinic-referred sample than for their nonreferred sample. Although it is probable that family conflict generally and marital conflict specifically affect and reflect children's functioning in different ways and by different means, it does appear that both kinds of interpersonal conflict are associated with child maladjustment.

Parent mental health and substance abuse problems can also be associated with abuse and neglect and with child maladjustment. Wald et al. (1988) examined the personal and interpersonal adjustment of the biological mothers of at-risk foster children and found that they consistently described themselves as sad, socially isolated, lonely, and ineffective. Dovetailing with this finding, Kurtz et al. (1993) noted in their review of the literature that depressed mothers have been found to be more resentful of and hostile toward their children and to be less emotionally involved with them. When comparing child-abusing and neglecting parents with non-maltreating parents, Kurtz et al. found that child-abusing parents reported significantly more depression than non-abusing parents. They also found that alcohol and drug use were named by abusing and neglecting parents as especially problematic, and identified both the substance use and depression as stress-related. The attachment and conflict literatures discussed above suggest that these conditions would lead to insecure attachment and to behavior and self-esteem problems in children.

Overall, it is clear that many different kinds of family dysfunction can have a deleterious impact on the social functioning of children. An additive model for the

impact of different areas of family dysfunction has intuitive appeal and is subscribed to by many theorists in the area of child development despite the lack of careful research (Crittenden & Ainsworth, 1989). It was hypothesized, therefore, *the more areas of difficulty in the foster child's family of origin, the poorer the foster child's relationship with the foster parent.*

A number of studies have shown that children's earlier discharge from foster care and the eventual reunion of foster children with their biological families are positively correlated with frequent parental visiting during foster placement (e.g., Benedict & White, 1991; Fanshel & Shinn, 1978), although Horan, Kang, Levine, Duax, Luntz, and Tasa (1993) noted that the impact of visitation with biological parents is often negative for younger foster children. Although a causal relationship between visitation and eventual reunion has been suggested, the correlation might also reflect better resources, relationship functioning, and/or motivation of the visiting family of origin (Hess, 1987). In addition to a probable impact on the foster child's relationship with his or her family of origin, it is reasonable to assume that visitation will have an impact on the foster child's relationship with the foster family. Wald et al. (1988) found that more frequent and consistent visitation between foster children and their biological families was associated with less bonding between the foster children and their foster parents. This can be understood as reflecting a foster child's greater expectations of reunion under such circumstances and consequent reluctance to form new parent-child relationships. It might also reflect the foster child's pre-existing strong relationship with a better functioning and frequently visiting biological family (as described above). It is also possible that the foster parents themselves are

more ambivalent about attachment in the presence of ongoing contacts between the foster child and the family of origin.

At the other extreme, there are instances in which biological parents are forbidden to visit their children (i.e., by court order) or may have reduced visitation because of social worker concerns (Guernsey, 1982). In these cases, it is reasonable to assume that there is less expectation of the foster child's reunion with the biological family and that a foster child feels more safe and protected in the foster home. Both of these conditions would facilitate the foster child's building of a relationship with the foster family. The resultant hypothesis regarding visitation was that *the frequency of visits between foster children and their families of origin would be negatively correlated with measures of bonding between those foster children and their foster parents.*

Foster Child Variables

Due, in part, to increased efforts in recent years to prevent the removal of children from their biological families, children are tending to enter foster care at later ages (Guernsey, 1982; Lieberman, 1987) or because of more serious problems (Chamberlain et al., 1992; Gonick & Gold, 1992; Woolf, 1990). There is disagreement among researchers regarding the degree of psychological maladjustment of foster children as compared with that of the general child population (Fanshel & Shinn, 1978; Marcus, 1991). Nevertheless, many writers and researchers have commented on the effect that both preplacement and placement experiences can have on the mental health and general functioning of foster children (e.g., Fein, 1991; Lieberman, 1987; Marcus, 1991; Molin, 1990), and foster children regularly are

found to have many mental health and behavioral difficulties (e.g., Guerney, 1982; Fanshel & Shinn, 1978; Marcus, 1991). These include serious oppositionality, temper tantrums, sexual acting out, running away, substance use, withdrawal, and suicidality, all of which can present considerable challenge to foster parents and the stability of a child's placement (Wald et al., 1988). Not surprisingly, Keane (1983) found that foster children who were assessed by their foster parents as having more behavioral and emotional problems at the time of placement had more difficulties in their placements. They were not as well accepted by the foster parents as foster children not identified as disturbed and were less well integrated into the foster family. Although foster parents may be in a better position than the child's family of origin not to personalize behavior problems, the stresses presented by these problems have implications for the importance of agency support that will be discussed later. The potentially negative impact of a foster child's problems on the foster parents suggested the following hypothesis: *the more problems a foster child had (regardless of etiology), the poorer the relationship between the foster parent and the foster child.*

Neglect and abandonment often are directly implicated in a child's removal from the home into foster care (Guerney, 1982), and these are thought to be damaging to a child's development of positive attachment with caregivers (Cummings, 1990). Kurtz et al. (1993) found that neglected school age children were significantly more delinquent than their non-neglected peers, which suggests even broader social repercussions. In their longitudinal study of children suffering physical and/or emotional abuse, physical and/or emotional neglect, and/or sexual abuse, Erickson et al. (1989) found varied but consistently serious effects of maltreatment on the

attachment, cognitive development, social functioning, academic functioning, and self-esteem of children from birth through kindergarten. They concluded that the impact of maltreatment on children varies as a function of the kind of maltreatment, child's age at onset, chronicity, situation, and existence of protective factors (e.g., a positively involved family member). Because of the impact of abuse and neglect on children's social functioning, it was hypothesized that *foster children with a history of physical and/or sexual abuse and/or neglect would not have as good relationships with their foster parents as those placed in foster care for other reasons.*

In their study of neglected and/or physically abused school age children, Kurtz et al. (1993) found that although the length of time a child spent in foster care had little effect on the child's functioning, a history of multiple placements in foster care was associated with significantly higher levels of social and emotional difficulty. Fein (1991) noted that foster children's experiences of separation and loss were exacerbated by multiple placements, and Keane (1983) found that behavior problems at the time of placement were likelier to be reported by foster parents for children with a greater number of prior placements. Stone and Stone (1983) found that chronic problems requiring initial foster care placement were associated with a greater likelihood of placement failure than acute problems requiring placement. It follows logically that the already negative impact of a chronic problem on the foster placement will be exacerbated by a history of placement failures. Given that behavior problems can become a reason for moving a foster child, it is easy to see how a self-perpetuating cycle of problems, disturbance, rejection, shift, and loss can be established. (These findings about the possible impact of multiple placements have

implications for the agency's role in the success of a placement, which will be discussed later.) Given the potential for a negative and self-perpetuating cycle related to multiple foster care placements, it was hypothesized that *the more placements a foster child had had prior to the current one, the poorer the relationship with the foster parent would be.*

A child's age at first removal may be indicative of the severity of family-of-origin dysfunction, in that it is often not until a child has entered a public system such as the school system that he or she is available for regular observation by adults outside the family. That is, until a child is required to participate regularly in systems in which surrogate caregivers may be obligated to report suspicions of maltreatment, a family may have little difficulty keeping an abused or neglected child out of the public eye. Maltreatment prior to that time may not be observed and/or reported. Thus, it might be assumed that the family of a child removed at a very young age has called attention to itself in some extreme manner.

This possibility gains some empirical support in a study by Urquiza, Wirtz, Peterson, and Singer (1994). Looking at the need for systematic screening of abused and neglected children entering protective custody, these researchers found that younger children were at greater risk than older children for difficulties in the behavioral, developmental, and cognitive domains. Although younger foster children may be likelier to develop these problems, early removal from a problematic home environment also suggests a positive prognosis through early intervention opportunities. If abuse and/or neglect have been serious enough to warrant removal of a child at an early age, it is reasonable to assume that the child is less damaged

than he or she would have become over time if not removed. Furthermore, learning theories suggest that less entrenched behaviors would be more easily "unlearned" by the child and replaced by better functioning in the foster care environment.

Consistent with this possibility, a number of researchers (e.g., Fanshel & Shinn, 1978; Fein, Maluccio, Hamilton, & Ward, 1983) have found that younger children in foster care show better adjustment than older children. It was therefore hypothesized that *the younger the age of the foster child at the time of his or her first removal from the family of origin, the better the foster child's relationship with the foster parent.*

The potential for positive outcome among at-risk children is supported by the research, although not uniformly. On the basis of their longitudinal attachment research with children to the age of six, Lewis, Feiring, McGuffog, and Jaskir (1984) concluded that secure attachments in infancy are no more a guarantee of later mental health than are insecure attachments in infancy a sentence to later psychopathology. Cicchetti et al. (1990) reached the same conclusion in their research and literature review. Factors found by Garmezy's (1985) review of the literature to be associated with the resilience of children in adverse conditions were confirmed by Werner's (1989) research on the resilience of adults. These factors included such aspects of the individual as intelligence, sociability, communication skills, and an internal locus of control and were presumed to function by attenuating the impact of environmental stressors. Although all of these factors have arguable vulnerability to influence by environmental and interpersonal changes (Thomas & Chess, 1977), they are also part of the foster child "package" received by foster parents. It was hypothesized that *the more areas of competence the foster child had (regardless of behavioral difficulties),*

the better the relationship with the foster parent.

Although not specifically researching the outcomes of secure and insecure attachments in their longitudinal research, Erickson et al. (1989) assessed many aspects of infant and child functioning, including attachment (at 12 and 18 months) and cognitive, emotional, academic, and social functioning. They compared maltreated and nonmaltreated children from birth through age six. Assessment methods and areas assessed at different times in the study were consistently based on standard theories of child development.

Erickson et al. (1989) found no significant differences in attachment between the physically abused and control children until 18 months of age, at which time the physically abused children were more likely to be insecurely attached. Emotionally abused children also did not differ significantly from the control children until about 18 months of age. Neglected children were more likely than control children to be insecurely attached at both 12 and 18 months of age, and the children of psychologically unavailable mothers not only were less securely attached than control children at 12 months, but showed a decline in secure attachment in the period from 12 to 18 months. From 18 months onward, the socio-emotional functioning of maltreated children was poorer than that of the control children at all stages of development examined. Despite these findings, it is obvious that not all maltreated children were insecurely attached, not all securely attached maltreated children remained so over time, and not all maltreated children demonstrated poor functioning at later ages. This supports Lewis et al.'s (1984) conclusion that early attachment quality does not rigidly determine later child functioning.

At the end of their study, Erickson et al. (1989) compared the functioning of children maltreated only during their early years, children whose maltreatment did not begin until the later preschool years, and those who had been maltreated from infancy through age six. Different maltreatment groups (i.e., sexual abuse, physical abuse, emotional abuse, physical neglect, and emotional neglect) were combined for analyses due to small sample sizes. Erickson et al. found that children who had been maltreated early were less cognitively advanced, less confident and assertive, and showed less creative initiative than those whose maltreatment had begun later. This was so even when the maltreatment had since stopped. Those children who were being maltreated at age six were rated by their teachers as having a greater need for closeness than those who no longer were being maltreated. This was so regardless of when maltreatment had begun. Children who had been maltreated only during their early years were more inattentive and withdrawn, less socially competent, and showed less positive affect than those whose maltreatment had begun more recently. Aware of their small sample sizes and their need to group children with different maltreatment histories (which might obscure significant patterns), Erickson et al. (1989) tentatively concluded that the earlier child maltreatment begins, the more severe the consequences for children's functioning. They stated that these consequences are likely to be reversible, however, albeit with difficulty. It was hypothesized, therefore, that *the longer the abuse history prior to removal of the child to foster care, the poorer the relationship with the foster parent.*

The mental health needs of foster children have been widely noted (e.g., Fanshel, Finch, & Grundy, 1989; Fanshel & Shinn, 1978; Halfon, English, Allen, &

DeWoody, 1994; Kates, Johnson, Rader, & Strieder, 1991) and are not surprising in the context of their preplacement and placement experiences. Although foster children receive a disproportionate number of mental health services among Medicaid enrollees (Halfon et al., 1994), many who might benefit from such services do not receive them (Fanshel et al., 1989). This may be due to inconsistent completion of mental health assessments of foster children (Urquiza et al., 1994), difficulty with follow-through on assessment results by social workers overwhelmed by large caseloads, and/or difficulty locating therapists willing and able to work with these children in a timely manner. It is reasonable to assume that foster children receiving needed therapy will have that much more opportunity to deal with issues related to their families of origin, their experiences, and their current placements, as well as assistance in doing so. Because it is likelier than not that foster children as a population could benefit from mental health services, it was hypothesized that *those foster children who were receiving therapy would have better relationships with their foster parents than those not receiving therapy.*

Foster Parent Variables

Although the importance of environmental continuity in maintaining behaviors has been noted by many researchers (e.g., Belsky, Fish, & Isabella, 1991; Bowlby, 1988; Erickson, Sroufe, & Egeland, 1985), the degree to which later social functioning can be predicted by earlier social functioning in the context of environmental *discontinuity* remains controversial (Bartholomew, 1993; Egeland, Jacobvitz, & Sroufe, 1988; Hartup, 1989; Sroufe, Egeland, & Kreutzer, 1990). In the context of a child's social development, the child's assimilation of new

information to prior expectations would be expected unless the experience of later relationships were sufficiently discontinuous from that of early ones (Patterson, Kupersmidt, & Griesler, 1990).

In addition to suggesting the importance of personal attributes in child and adult resilience discussed earlier, the literature on the resilience of individuals experiencing significant stress offers indirect empirical support for the positive contribution of discontinuity in caregiving. Werner's (1989) research findings on resilient adults were supported by Garmezy's (1993) review of the literature on resilient children. Both groups of individuals had warm, cohesive families and access to a caring, responsible adult who took over in the absence of responsive parents or in the presence of marital discord. Further, resilient children and adults had access to external support in the form of a person or an institutional structure. Although these findings do not pertain exclusively to interpersonal stress, nor to temporally (as opposed to qualitatively) discontinuous caregiving, they suggest that the presence of caring and supportive adults and structures can function as buffers against stress. By definition, foster care represents environmental and relational discontinuity for the placed child (Marcus, 1991), making this an issue of some importance in the areas of attachment and relationship functioning.

Theorists from a variety of backgrounds (e.g., attachment, psychodynamic, social learning, cognitive-behavioral) have posited that it is within the context of close relationships that children form their notions of self and the world (e.g., Bowlby, 1982; Cassidy, 1990; Hartup, 1989; Miller, 1993). This is thought to occur by means of the child's internalization of others' views of the child and by direct

observation and learning. If remediation of a foster child's socio-emotional problems is to take place, it would logically be within the context of a positive relationship with his or her foster family.

Foster care placement has been described as a "powerful intervention" (Molin, 1990), and it has been shown that successful foster placements are associated with better socialized children, good school conduct, less aggressive behavior, and positive attachment with parents, teachers, and caseworkers (Horan et al., 1993). Although the direction of influence in this association cannot be judged, it is possible that foster care presents an opportunity for making social-environmental changes that will positively affect the foster child's future relationships. In his study of the attachments of children in foster care, Marcus (1991) suggested that although foster children's attachments with their biological families may remain active to some degree, their new (and hopefully more productive) bonds with foster parents are allowed to form precisely because of the discontinuity of care represented by the shift to foster placement. Ainsworth (1989) commented on the importance of exploring this possibility, noting that "parent surrogates" may be especially important in providing an opportunity for secure relationships to those children who have not had them with their biological parents.

McIntyre, Lounsbury, Berntson, and Steel (1988) completed a study in which the psychosocial development and peer social integration of foster children were compared with those of children raised at home (in both poverty and non-poverty conditions). They found that foster children were likelier to be rejected and disliked by their peers than children raised in their own homes, regardless of poverty status.

Without actually assessing locus of control, McIntyre et al. interpreted their findings to suggest that foster children had an external locus of control and felt helpless to affect their experiences and behavior.

This manner of relating to the self and the world is consistent with descriptions of insecurely attached children and theoretically could be ascribed to early attachment experiences. A sense of helplessness and an external locus of control, however, also could be ascribed to a foster child's more recent or ongoing experiences in the family of origin (e.g., where there has been abuse, neglect, and/or inconsistent parenting), as well as to the placement itself, which invariably occurs at the hands of others (Kates et al., 1991). Unless one subscribes to the theory of a critical period of parenting which establishes a child's immutable attachment style, such problems should be remediable within a foster family environment characterized by clear structure and consistent discipline. Both of these would be expected to lead to a foster child's increased understanding of cause-and-effect operations and sense of personal control over the environment. Referring back to statements by Mills and Rubin (1993), these same parenting tools should also be associated with increased social competence in foster children.

That such structure and consistency exist in foster homes has empirical support. In their comparative study of at-risk children receiving in-home services versus foster care, Wald et al. (1988) found that foster families' self-reports indicated greater family cohesion and organization than biological families' self-reports. Further, the foster mothers identified the creation of an organized living environment as a high priority, whereas the biological mothers did not. Lending credence to the

foster families' self-report, their foster children reported there being more rules in the foster home than in the biological family home, and greater consistency of rule enforcement by foster parents than by their biological parents. Wald et al. (1988) concluded that the foster homes provided more structure, fewer extremes, and clearer expectations with regards to adult-child interactions than did the family of origin homes. Because of the relationship suggested by the literature between these aspects of child-rearing and children's social functioning, it was hypothesized that *the more appropriate and consistent the structure and discipline ("better parenting") provided by the foster parents, the better their relationships with the foster children.*

Both positive and negative changes can be stressful for people of all ages (Cole, 1982), and children in particular may not have the personal resources to manage such a dramatic change as the move into foster care. The often precipitous nature of this move can be a challenge even to children whose removal is made on an emergency basis because of life-threatening circumstances, and it can lead to tremendous ambivalence about foster placement. In their discussion of the upheaval created in a child's life by the move to foster care, Fanshel and Shinn (1978) noted the child's loss of relationship with all human and nonhuman aspects of his or her former environment (e.g., home, family, neighborhood, routine, identity). That is, no matter what the quality of the neighborhood in which the child lived, the nature of his or her friendships and family relationships, the access to material comforts, the chaos or structure in the home and routine, these are all aspects of the child's life with which he or she is familiar and which are lost through foster care placement.

The effect of multiple foster placement moves on the functioning of foster

children has been discussed previously. Given the impact of these moves singly and cumulatively, it seems important that the foster parents have both an understanding of what the child has lost and the ability to deal with these losses. Because separation and loss are an integral part of a foster child's life, foster parents inevitably will face these issues in some form (e.g., Edelstein, 1981). Additionally, the fact that a goal of foster placement is eventual removal of the foster child (e.g., to the child's family of origin, a relative, an adoptive placement, or independent living) means that foster parents must be able to cope not only with the foster child's losses, but with their own as well. Presumably, foster parents who are able to manage their own separation and loss issues (e.g., regarding parents, friends, prior foster children) are better able to help foster children deal with theirs (Duclos, 1987). The centrality of loss issues in the foster care experience suggested the following hypotheses: *(1) the more the foster parents were aware of and sensitive to the foster children's losses, the better their relationships would be with the foster children; and (2) the better able the foster parents were to manage their own loss issues, the better their relationships with the foster children.*

Given that the nature of foster care is inherently temporary, foster parents must also come to terms with the issue of how deeply to integrate foster children into their families. Urquhart (1989) pointed out that inclusion of a foster child in the foster family is psychological as well as physical, and foster parents must walk the fine line between over- and underinclusion of the placed child. It has been found that failure to establish an expected length of placement within a reasonable period of time results in problems of foster parent insecurity, hesitation to discipline, and hostility

toward the foster child's biological family (Madison & Shapiro, 1970). Similarly, Molin (1990) noted that the uncertain duration of foster placements can impede the formation and maintenance of a positive attachment between foster children and foster families. Although the uncertainty of a foster child's length of stay in a foster home can create problems, Urquhart (1989) found near unanimity among foster parents regarding the appropriateness of expressing love to and of bonding with foster children who might be staying for even one night. This suggests that difficulties associated with the uncertain duration of foster care arise from something other than the withholding of affection or the lack of a wish to connect on the part of the foster parents. Given the fundamental impact of uncertain duration, it is reasonable to assume that the difficulties outlined above might result from problems with role definition and identity formation that are not easily bypassed. That is, the foster child's identity is inherently ambiguous, and the role of the foster parents in cases of uncertain duration may be equally so. It was hypothesized that *the certainty of placement duration would be positively correlated with a better relationship between the foster parent and the foster child.*

Consistent with a basic premise of all learning theories that behavior is affected by experience (e.g., Dollard & Miller, 1964), parents would be expected to raise their later-born children differently from their first child as a function of parenting experience. Likewise, it is reasonable to assume that foster parenting experience would provide a foundation for managing a variety of foster parenting issues. Among these issues are behavior management, negotiation of the foster care system, and reactions to and relationships with the foster child's family of origin. It

is also reasonable to assume that foster parents with more experience develop a clearer sense of the part they play in the life of a foster child and are better adjusted to the uncertain duration but usually temporary nature of their role.

Those foster parents who have worked with many different kinds and ages of foster children would be expected to have a greater awareness of developmental norms and greater skill at managing different kinds of behaviors. Experienced foster parents would be expected to have a better understanding of foster children's behaviors within the context of the children's history and general functioning and, therefore, to be less surprised or disturbed by unusual behaviors. They would be expected to have a better sense of what does and does not need to be reported to other involved professionals, as well as to know when they need outside support and to ask for it. Consistent with these expectations, Guerney (1982) found that important factors in the success of foster care placements include the selection of foster parents with prior experience and altruistic motives, and the ability of the foster parents to tolerate foster children and perceive them as individuals.

It can be argued that more experienced foster parents inevitably will be better foster parents, not because of their experience but because of natural selection. That is, it seems reasonable to assume that those parents not up to the demands of this work, by their own estimation or by that of the agency, will be selected out of the system. Although this may be true for foster parents particularly ill-suited to the work, there is likely to be a functional distinction between foster parenting experience, *per se*, and other foster parent attributes (e.g., empathy, awareness of loss issues), all of which were investigated in this study. The following hypotheses were

suggested: *(1) the more experience the foster parents had had (years and number of placements), the better their relationships with the foster children; and (2) the higher the overall quality of the foster parents' parenting (as assessed by the social workers), the better the foster parents' relationships with the foster children. These two variables were expected to be moderately positively correlated.*

In their longitudinal research on temperament, Thomas and Chess (1977) found that deviant development could in no instance be ascribed exclusively to a specific temperament pattern. Rather, they found that the child's temperament, abilities, motives, and environment interacted to predict behavior disorder. Despite a wide range of experience, or perhaps because of it, particular foster parents may not wish or be able to work with every kind of child. The quality of "fit" between foster children and their foster parents is important for conceptual reasons related to discontinuity of the foster child's negative experiences as well as for practical reasons related to the commitment of the foster parents. Thomas and Chess (1977) defined a good fit as one in which the properties, demands, and expectations of an environment are consonant with the abilities, behavioral style, and characteristics of the organism. Further, they stated that a poor fit results in an organism's distorted development and maladaptive functioning. Because foster children arrive as already (though incompletely) developed entities, a great burden is placed on the foster parents to adapt their physical and social environments to meet the particular needs of the foster children in their care. A good initial fit would help minimize the stresses associated with adjustments on everyone's part and would, as part of a dynamic process, allow for the smoother development of mutually rewarding interactions.

At the same time, one of the functions of foster care is to provide discontinuity in the foster child's negative experiences, such that unhealthy expectations (e.g., that the child will be hit as a form of discipline or for no apparent reason) are no longer consonant with the current environment. In this way, the foster child presumably can come to form healthier expectations of self and others. Given the theory that family dynamics are governed by internal rules which serve to maintain existing patterns of interaction (Marvin & Stewart, 1990), the foster family would appear to offer an excellent opportunity for the foster child to learn new ways of behaving and relating.

Typical areas of fit considered by the agency include a child's age, gender, and race, as well as the foster family's composition and preferences (Guernsey, 1982). For example, efforts are made to avoid cross-racial foster placements, and teen-aged foster children of one sex would not be placed in a foster family with a teen-aged child of the opposite sex. An aggressive foster child would not be placed in a home with younger children who might thereby be placed at risk of physical harm, and the agency would attempt to place a very needy child in a home with few or no other children. The impact on a foster child of moving from the position of, for instance, oldest to youngest child would be considered in selecting a foster placement. Children with particular hobbies and favorite activities would be placed, if possible, in homes with foster parents who shared these interests or had access to an appropriate setting in which the foster child could continue to enjoy them (e.g., a neighborhood recreation center). A poor fit predictably would result in frustration for the foster parents and a sense of failure for the foster child, and could well result in the child being moved to a new foster home. In their longitudinal study of foster

children, Wald et al. (1988) found that some children whose behaviors were considered problematic by their first foster parents, and who were moved as a result, were quite readily accepted by their next foster parents despite no behavior changes on the part of the child. This suggests the importance of fit to stable relations between foster children and their foster parents. It was therefore hypothesized that *the better the quality of fit between the foster parent and the foster child, the better their relationship.*

As regards the means by which parents affect their children's development of social competence, Mills and Rubin (1993) stated that parents' sensitivity and responsiveness to their children are what enable children to take advantage of existing opportunities to learn about relationships through exploration of their social world. For the periods of early and middle childhood, they identified open communication, provision of warmth and support, establishment of clear guidelines, and rational control as those elements of sensitive parenting associated with social competence in children. These are exactly the parenting attributes that would be expected in a structured and empathic foster home environment. That is, well-selected and trained foster parents should be able to provide a stable, secure, predictable, attuned, and nurturing environment in which a previously abused, neglected, or otherwise endangered child can learn to establish and maintain healthier relationships with others. Although Marcus (1991) did not examine the peer relationships of foster children, he did find that foster children with better attachments to their foster parents were those with more empathic and skilled foster parents. The hypothesis regarding foster parent skill was stated previously. Regarding the function of foster parent

empathy, it was hypothesized that *the greater the empathic ability of the foster parents, the better their relationships with the foster children.*

The foster care literature cites the quantity and quality of agency-foster parent interaction and foster parent training as among the most critical factors affecting foster parent retention (e.g., Chamberlain et al., 1992; Guernev, 1982; Rushton, 1989; Urquhart, 1989). The importance of training is evident when one considers the issues of child temperament and social functioning, and the behavior problems and mental health needs of foster children specifically. For instance, the impact of an abusive or neglectful upbringing on the foster child's behavior and psychosocial functioning can best be understood within the context of general child development theories (Cicchetti & Toth, 1995; Finkelhor, 1995). Not surprisingly, then, Noble and Euster (1981) found that the topics considered most important by foster parents seeking initial or additional training included behavior management and guidance, child development, communication, and understanding how the foster child copes with foster care.

Foster parents who receive adequate training on these and related topics would be expected to maintain a better balance between the normative inclusion of the foster child in their family and a nonpersonalizing therapeutic stance. In this way, they would be better prepared to experience the foster child as a positive challenge rather than as a noxious intruder. It was therefore hypothesized that *foster parents with more training would have better relationships with their foster children than those with less training.*

Agency Variables

The possible sources of a foster child's emotional and behavioral problems have been reviewed above, and the quality of relationships between foster children and their foster families are presumed to be associated with these same sources: the biological families, the children themselves, and the foster families. One must not overlook the fact, however, that foster care is managed by a system that has local, state, and federal branches. The local branch is the one most directly involved in a foster child's care and is represented by a social worker and his or her agency.

A number of writers in the area of foster care have pointed to the importance of agency support in the success of foster placements, commenting that support offered to foster parents will trickle down to the foster child (e.g., Guerney, 1982; Molin, 1990; Urquhart, 1989). On the basis of their research and literature review, Horan et al. (1993) suggested that the placing agency should prepare foster parents to work with the problems of children placed in their homes and recommended that continuous support from social workers be made available following placement. They noted that frequent contact between social workers and foster parents serves not only to provide support to the latter, but also to facilitate monitoring of potentially harmful interactions between foster child and foster family. As regards agency support of foster parents, it is reasonable to propose that adequate support will have as great an impact on their ability to form a positive relationship with a foster child as it appears to have on their ability to tolerate removal of the child. However, the high caseload that is typical of foster care workers makes it extremely difficult for social workers to track and supervise their cases (Guerney, 1982). Since foster parents may receive

much of their training after a child has been placed (Guernsey, 1982), the availability of the social worker, even if inexperienced, is likely to contribute to the success of a foster child's placement. Because the initial weeks and months of a placement are the period during which it is stabilized, it was hypothesized that *foster parents who had more contact with their social workers during that time would have better relationships with their foster children*. Further, because of the probable impact of social worker caseloads on follow-up, it was hypothesized that *foster parents whose social workers had smaller caseloads would have better relationships with their foster children than those whose social workers had larger caseloads*.

Guernsey (1982) found that one factor in the success of foster care placements was the quality of casework with the foster family. In Keane's (1983) study, only 43% of the foster parents interviewed expected to discuss behavior problems with their social worker, and only 39% of those who did found it to be helpful. Reviewers have commented on the general lack of trained social workers in foster care (e.g., Horan et al., 1993; Lieberman, 1987), and Guernsey (1982) posited social worker inexperience as one reason foster parents may not be helped by their discussions with workers. Inexperience of social workers has been linked with burnout and rapid worker turnover, removal of children to foster care versus provision of in-home services, and the need for multiple foster care placements (Guernsey, 1982). It was therefore hypothesized that *the social worker's experience would be positively correlated with a positive foster parent-foster child relationship*.

Summary and Hypotheses

In summary, it can be seen that the relationships between foster parents and

their foster children are likely to be a function of the complex interactions among a number of variables that can be conceived of as falling within four subsystems: the foster child, the child's family of origin, the child's foster family, and the agency. The hypotheses regarding family of origin variables thought to have an impact on the foster parent-foster child relationship were as follows:

- (1) The more areas of difficulty in the foster child's family of origin, the poorer the foster child's relationship with the foster parent.
- (2) The frequency of visits between foster children and their families of origin would be negatively correlated with measures of bonding between those foster children and their foster parents.

The hypotheses regarding foster child variables thought to have an impact on the foster parent-foster child relationship were as follows:

- (1) The more problems a foster child had (regardless of etiology), the poorer the relationship between the foster parent and the foster child.
- (2) Foster children with a history of physical and/or sexual abuse and/or neglect would not have as good relationships with their foster parents as those in foster care for other reasons.
- (3) The more foster placements a foster child had had prior to the current one, the poorer the relationship with the foster parent.
- (4) The younger the age of the foster child at the time of his or her first removal from the family of origin, the better the foster child's relationship with the foster parent.
- (5) The more areas of competence the foster child had (regardless of behavior

difficulties), the better the relationship with the foster parent.

(6) The longer the abuse history prior to removal of the child to foster care, the poorer the relationship with the foster parent.

(7) Those foster children receiving therapy would have better relationships with their foster parents than those not receiving therapy.

The hypotheses regarding foster parent variables thought to have an impact on the foster parent-foster child relationship were as follows:

(1) The more appropriate and consistent the structure and discipline ("better parenting") provided by the foster parents, the better their relationships with the foster children.

(2a) The more the foster parents were aware of and sensitive to the foster children's losses, the better their relationships would be with the foster children; and (2b) the better able the foster parents were to manage their own loss issues, the better their relationships with the foster children.

(3a) The more experience the foster parent had had (years and number of placements), the better the relationship with the foster child; and (3b) the higher the overall quality of the foster parent's parenting (as assessed by the social worker), the better the relationship with the foster child. These two variables were expected to be moderately positively correlated.

(4) The better the quality of fit between the foster parent and the foster child, the better their relationship.

(5) The greater the empathic ability of the foster parents, the better their relationships with the foster children.

(6) Foster parents with more training would have better relationships with their foster children than those with less training.

Finally, the hypotheses concerning social worker variables thought to have an impact on the foster parent-foster child relationship were as follows:

(1) Foster parents who had more contact with their social workers during the first weeks and months of placement would have better relationships with their foster children.

(2) The certainty of the foster placement duration would be positively correlated with the quality of the relationship between the foster mother and foster child.

(3) Foster parents whose social workers had smaller caseloads would have better relationships with their foster children than those whose social workers had larger caseloads.

(4) The social worker's experience would be positively correlated with a positive foster parent-foster child relationship.

CHAPTER II

METHOD

Participants

Forty-two data sets were gathered, each representing information about the foster child, family of origin, foster mother, and social worker. No foster children were placed only with foster fathers. The Chesapeake Department of Social Services contributed 17 (40.5%) data sets, and the Suffolk Department of Social Services contributed 25 (59.5%) data sets.

Of the participating foster children, 20 (47.6%) were female, 22 (52.4%) were male, 34 (81%) were African American, and eight (19%) were Caucasian. Two additional foster children approached for participation declined completion of the Children's Reports of Parental Behavior-56 (CRPB-56; Margolies & Weintraub, 1977; see Appendix A). Foster children ranged in age from six years to almost 20 years at the time of the administration of the CRPB-56, with modal ages of about 11, 12, 15, 17, and 18 years of age. Foster children in the study had been in their current placements between four months and almost 13 years at the time of their participation ($M = 42$ months, $S.D. = 40$ months, mode = 24 months).

Of the total of 16 participating social workers, nine (56%) worked for the Chesapeake Department of Social Services and seven (44%) worked for the Suffolk Department of Social Services. Thirteen (81%) were female, three (19%) were male, eight (50%) were African American, seven (44%) were Caucasian, and one (6%) was Hispanic. Social workers were responsible for varying numbers of participating foster children, each contributing information on one to four foster

children (Chesapeake Department of Social Services) or one to eight foster children (Suffolk Department of Social Services). Two (5%) of the foster mothers evaluated by social workers were "special placement" foster parents; these are family members specifically identified as foster parents for the identified foster child only.

Instruments

Instruments used in this study were the Children's Reports of Parental Behavior-56 (CRPB-56; Margolies & Weintraub, 1977; see Appendix A) which is a revised and shortened form of the Children's Reports of Parental Behavior (CRPB; Schaefer, 1965), a questionnaire created for this study (Social Worker Questionnaire; see Appendix B), and an information gathering form created for this study (Review of Chart; see Appendix C). Each instrument is discussed below.

The CRPB-56 consists of item statements about parental behavior, feelings, or attitudes (e.g., "My [foster] mother often speaks of the good things I do," "My [foster] mother feels hurt when I don't follow advice," "My [foster] mother almost always punishes me in some way when I am bad") to which the foster child responded by indicating that the item was "like," "somewhat like," or "not like" his or her foster mother. The three factors of both the CRPB (Schaefer, 1965) and the CRPB-56 (Margolies & Weintraub, 1977; Teleki, Powell, & Dodder, 1982) are acceptance versus rejection, psychological autonomy versus psychological control over the child, and firm control versus lax control. The CRPB-56 was used to assess foster parenting behavior and attitudes as experienced by the foster child, and also to assess the foster child's sense of being important to and accepted by the foster mother. The measure was administered by the researcher in a face-to-face contact with each foster

child and was read to all children regardless of age, to correct for differences in reading level and comprehension. When a foster child's comprehension was doubtful, items potentially requiring the capacity to understand a double negative structure (e.g., "My foster mother doesn't pay much attention to my negative behavior" in the case of a "not like" response) were reworded (e.g., "My foster mother pays a lot of attention to my negative behavior"). In these cases, responses were recorded as the opposite of what the child said to reflect the original item wording. Additionally, unfamiliar words (e.g., grateful, insist) were defined for foster children who needed this assistance to understand an item. Previous research has demonstrated test-retest reliability for this instrument, with estimates ranging from .66 to .92 for various factor scores (Margolies & Weintraub, 1977). Construct validity for the original measure was demonstrated by Coopersmith (1967) and Sears (1970) in studies examining self-esteem, self-concept, and gender role. Discriminant validity was demonstrated in studies of delinquent and nondelinquent adolescents (Robinson, 1978; Schaefer, 1965). The CRPB-56 itself took about 20 minutes to complete, but the researcher typically spent anywhere from 45 minutes to an hour developing rapport, administering the measure, and engaging in follow-up conversation with the foster child and/or foster mother.

The Social Worker Questionnaire (see Appendix B) included items about the foster child, the foster mother, the social worker/foster care situation, and the outcome variables. The following information was collected about the foster child: his or her competence in the areas of verbal, social, academic, and emotional skills (Part II, item #2a-d), and the degree of his or her "acting in" and "acting out"

problems (Part II, item #3a-b). Responses to these items were on a 10-point Likert-type scale where "1" represented "not at all competent" and "10" represented "extremely competent" for the foster child's skill areas, and where "1" represented "no serious problems" and "10" represented "severe problems" for the foster child's "acting in" and "acting out."

On the Social Worker Questionnaire, the following information was collected about the foster mother: how well she provided structure to her current foster child (Part I, item #1), how appropriately she disciplined her current foster child (Part I, item #2), how well she managed her current foster child's behavior problems (Part I, item #3), how good a foster parent she was overall relative to other foster parents with whom the social worker had worked (Part I, item #4), how aware of and sensitive to the foster child's experienced loss of biological family, familiar environment, peers, and "other" she was (Part I, item #5a-d), how good at dealing with these loss areas she was (Part I, item #6a-d), how well she managed her own loss issues related to foster care (Part I, item #7), how empathic she was in her dealings with the foster child (Part I, item #9), how much preplacement training she had received (Part I, item #12), how much additional training she had received since becoming a foster parent (Part I, item #13), how many years of foster care experience she had (Part II, item #6), and how many foster children she had cared for during that time (Part II, item #7). Responses to items 1 through 11 on Part I of this questionnaire and to item 1 on Part II of this questionnaire were on a 9-point Likert-type scale where "-4" indicated "very strong disagreement" and "+4" indicated "very strong agreement" with the items, all of which were positively worded. Responses to

items 12 and 13 were on a 7-point Likert-type scale where "1" indicated no training and "7" indicated a lot of training. The CRPB-56 (Margolies & Weintraub, 1977) scales of firm control versus lax control and acceptance versus rejection allowed for a partial check of the parental discipline and structure measured by items on the Social Worker Questionnaire, as well as of the social worker's opinion regarding the quality of the relationship between the foster child and his or her foster mother.

The Social Worker Questionnaire also included items concerning the outcome variables: how good a relationship (e.g., caring, connected, good understanding, good communication) the foster mother had with the foster child (Part I, item #11), and how much the foster child had improved since being in his or her current placement (Part II, item #1). Responses to these two items were on the nine-point Likert-type scale described above, where "+4" indicated "strong agreement" that the foster mother had a good relationship with the foster child and where "+4" indicated that the foster child's overall functioning in the current foster placement was "much better."

Finally, the following information was collected on the Social Worker Questionnaire about the social worker and the foster care situation: the social worker's confidence that the foster child would be out of the current placement within the next six months (Part I, item #8), the overall goodness of fit (e.g., temperament, age, problem areas, interests, activity level, family constellation) of the foster mother with the foster child (Part I, item #10), whether or not the foster mother had contact with the foster child's biological family (Part II, item #4), whether or not the foster mother was aware of the social worker's degree of confidence regarding the

placement duration (Part II, item #5), the social worker's age (Part III, item #1), the social worker's years of foster care experience (Part III, item #2), the social worker's years of related (e.g., residential setting, Child Protective Services) experience (Part III, item #3), the current caseload size (Part III, item #4), and if the social worker considered this to be a small, mid-sized, or large caseload (Part III, item #5). The entire Social Worker Questionnaire could be completed in 10 to 15 minutes.

Background information on the foster children, biological families, visitation history, and social worker contacts was gained through a review of the foster children's files using the Review of Chart form (see Appendix C). This information was gathered by the researcher, as agreed upon by the two participating agencies. The Review of Chart form was organized in a checklist format and took from 30 to 60 minutes to complete, depending upon the size of the foster child's file. Information was collected on the reason(s) for the child's placement in foster care (item #1), the duration of the foster child's current placement (item #2), the age of the foster child at the time of his or her first removal into foster care (item #3), the age of the foster child at the time of onset of the earliest abuse, neglect, or other (item #4), the number of foster care placements the foster child had had prior to the current placement (item #5), whether or not mental health services were being received by the foster child at the time of the study or had been received at any time previously (item #6), the nature of the family of origin problems (item #7), the family of origin's history of visitation with the foster child (item #8), and the cumulative number of telephone and face-to-face contacts between the social worker and the foster mother during the first week, first month, and first three months of the foster

child's current placement (item #9).

Procedure

Foster children appropriate for the study (i.e., children who were at least six years old and who had been in their current placements for at least three months) were identified by their social workers. The age minimum was selected to insure comprehension of the CRPB-56, which was normed on children as young as six years of age, and the three-month placement minimum was intended to insure that enough time had elapsed for some relationship to be formed between the foster children and their foster mothers.

After identification of foster children appropriate for the study, foster mothers working with the Suffolk Department of Social Services were contacted by telephone by the coordinating social worker, who explained the purpose of the study and requested the foster mother's cooperation in scheduling a meeting between the foster child and the researcher. Foster mothers working with the Chesapeake Department of Social Services received a letter from the agency introducing the research and the researcher and outlining the responsibilities of foster children who chose to participate (see Appendix D). Appointments were set for a face-to-face meeting between the researcher and those foster children whose foster mothers were amenable, and a consent form for the foster child's participation was signed by the social worker as the child's legal guardian (see Appendix E). These meetings took place in the foster mothers' homes for Chesapeake Department of Social Services foster children and at the agency or in the foster mothers' homes for Suffolk Department of Social Services foster children, in accordance with agency and foster mother preferences. At the

meetings, the researcher reviewed with the foster children (in the presence of their foster mothers, if available) the purpose of the research, the voluntary and confidential nature of the foster children's participation, the nature of the CRPB-56, and the limits of confidentiality (see Script for Foster Children, Appendix F). The researcher then answered questions about the study, administered the CRPB-56 if the foster child consented to participation, and remained available for questions about the measure and the research.

Social workers completed their questionnaires after being given the information above (see Script for Social Workers, Appendix G) and after signing consent forms (see Appendix H). With the permission of the departments of social services, the researcher reviewed the charts of identified foster children for the information outlined in the Review of Chart form (Appendix C). The researcher was allowed access to the charts in every instance. The assistance of the social workers was requested when needed information could not be located or was unclear, and all social workers cooperated fully with the process.

CHAPTER III

RESULTS

Strategy for Data Analyses

The planned path analysis of the model could not be completed because of the unavailability of foster mothers willing to participate in the study as well as the small number of participants available overall. Canonical correlational analyses were selected as an appropriate method of data analysis because they allow for the investigation of multivariate covariance research questions.

Because the "acceptance" variable was the only relationship measure representing the foster child's view of the relationship with the foster mother, it was important to examine this scale of the CRPB-56. A principle components analysis was completed to determine if the 24 items of this scale converged on a single factor in the study sample and, indeed, one principle component emerged with an eigenvalue of 10.87. A multiple regression also was performed to determine what variables predicted this important criterion.

The comprehension of CRPB-56 (Margolies & Weintraub, 1977) items by four of the foster child participants was doubtful, so analyses were run both with and without the data sets related to these participants. Results of the analyses run without these data sets did not differ meaningfully from the results of analyses run with the data sets. Therefore, all of the results presented are of analyses that included all 42 sets.

Because subjects for this study came from two different departments of social services, were either African American or Caucasian, and were of both genders, an

analysis of variance was completed to determine if there were significant differences between group means for the outcome variables. The F-values for the quality of the relationship (as assessed by the social worker), the foster child's feelings of acceptance by the foster mother, and the foster child's degree of improvement in the current placement (as assessed by the social worker) were $F(1,40) = 0.23, 0.42, 0.10$, respectively, all n.s., for agency; $F(1,40) = 1.49, 0.02, 1.34$, respectively, all n.s., for race; and $F(1,40) = 0.03, 0.14, 0.03$, respectively, all n.s., for gender. This indicated that there were no significant differences between means for the two participating agencies, the two racial groups, and the two genders as regarded the outcome variables. Therefore, all of the results presented are of analyses that included all 42 sets.

Description of Variable Sets

Overall, four sets of variables were considered for canonical correlation with a fifth set: (a) foster child variables (Foster Child Set), (b) family of origin variables (Family of Origin Set), (c) foster mother variables (Foster Mother Set), and (d) social worker variables (Social Worker Set) were canonically correlated with (e) outcome variables (Outcome Set). These combinations were theoretically and/or statistically derived to reflect expected or actual interrelationships among the variables in each set.

Foster Child Variable Set. The reasons for placement of the foster children in foster care were factor analyzed to assess their interrelationships. The possible reasons for placement were physical abuse, sexual abuse, neglect, abandonment, child problems, and/or "other." The factor analysis yielded a single factor with an eigenvalue of 1.24. (In this and all subsequent factor analyses, items were considered

to load on a factor if their factor loadings were 0.35 or greater.) This factor was labelled "foster child challenges" (see Table 1) and was comprised of the foster child's problem behavior and "other" problems as reasons for placement, in the absence of child neglect as a reason for placement. "Other" problems leading to the foster placement of the foster children primarily were: (a) mother incarcerated, psychiatrically or medically hospitalized, or otherwise unavailable to care for the child; (b) mother or other guardian asking to be relieved of custody; and/or (c) parent unable to care for the child due to instability as a function of mental health or substance abuse problems.

A factor analysis of foster child competencies yielded a single factor with an eigenvalue of 2.81. This factor was labelled "foster child competence" (see Table 2) and was comprised of competencies in the areas of verbal, emotional, academic, and social functioning as assessed by the social worker.

Overall, the Foster Child Set was comprised of variables which assessed preplacement factors (i.e., what the child had experienced and/or brought to the placement) and within placement factors (i.e., what the child received and/or how the child currently was in the placement). Specifically, these variables were: the foster child competence factor, the foster child challenges factor, the presence of in-placement "acting in" (e.g., depression, withdrawal, self-harm) and/or "acting out" (e.g., aggression, sexual promiscuity, runaway) behaviors, the number of foster home placements prior to the current placement, the age of the foster child at the time of the first removal from the family of origin, whether or not the foster child was currently receiving and/or had previously received mental health services, and the

Table 1

Factor Analysis of the Reasons for Placement

Reason for placement	Factor loadings
Physical abuse	-0.23
Sexual abuse	-0.29
Neglect	-0.67
Abandonment	0.04
Child problems	0.53
Other	0.60

Note. Loadings considered to load a variable on this factor are in bold type.

Table 2

Factor Analysis of Foster Child Competencies

Area of competence	Factor loadings
Verbal competence	0.84
Social competence	0.95
Academic competence	0.62
Emotional competence	0.90

Note. Loadings considered to load a variable on this factor are in bold type.

presence of sexual and/or physical abuse as reasons for the current placement in foster care. Physical and sexual abuse were included as separate variables to assess their additional predictive power.

Family of Origin Set. Family of origin problems recorded from the foster child's chart were substance abuse, criminal history, violence, notable financial difficulty, alcohol abuse, mental health problems, transience, divorce/desertion, and "other." A factor analysis of these problem areas yielded a single factor with an eigenvalue of 1.25. This factor was labelled "non-system problems" (see Table 3) because it appeared to involve difficulties that would not necessarily call a family to the attention of public agencies or institutions. This factor was represented by the presence of substance abuse and financial problems in the absence of violence, mental health problems, and "other" problems. Problems falling into the "other" category were primarily sexual offenses, sexual promiscuity, mental retardation, and/or medical problems -- all pertaining to one or both parents or guardian(s). The variable of visitation between the foster child and his or her parent(s) or guardian could not be included in the analysis because there was inadequate variation in visitation patterns. That is, none of the foster children had parents or guardians who visited weekly on a regular basis, and none had parents or guardians whose visitation was forbidden by the court or who visited infrequently because of social worker concerns. Approximately two percent (2.4%) had parents or guardians who visited biweekly on a regular basis, approximately thirty-eight percent (38.1%) had parents or guardians who visited monthly or less than monthly on a regular basis, fifty percent had parents or guardians who visited irregularly over time or for whom the reason for the

Table 3

Factor Analysis of Family of Origin Problems

Problem area	Factor loading
Substance abuse	0.57
Criminal history	0.17
Violence	-0.36
Financial difficulty	0.46
Alcohol abuse	0.12
Mental health problems	-0.54
Transience	0.23
Divorce/desertion	-0.01
"Other"	-0.44

Note. Loadings considered to load a variable on this factor are in bold type.

frequency of visits changed over time, and approximately ten percent (9.5%) had parents or guardians who could not visit (due to imprisonment or hospitalization). Overall, the variables included in the Family of Origin Set were the total number of problem areas identified for the family in the chart review and the non-system problems factor described above.

Foster Mother Set. Variables in this set were related to the foster mothers' interpersonal and, specifically, foster parenting skills and abilities, as well as to their experience as foster parents. In this respect, they paralleled the foster child variables in that they presumably reflected both pre-existing skills and abilities brought by the women into their work as foster parents as well as those gained through or influenced by the work of foster parenting.

A factor analysis was computed for the foster mothers' awareness of and ability to deal with the foster children's loss issues (as assessed by the social workers), and yielded a single factor with an eigenvalue of 6.35. This factor was labelled "loss skills" (see Table 4) and was comprised of variables pertaining to the foster children's experienced loss of biological family members, a familiar environment, and peers, as well as unspecified "other" losses that might result from their going into foster care.

A factor analysis of the foster mother's ability to provide structure to the foster child, to appropriately discipline the foster child, and to manage well the foster child's behavior (all as assessed by the social worker) yielded a single factor with an eigenvalue of 2.32. This factor was labelled "foster parenting skills" (see Table 5).

Overall, the variables included in the Foster Mother Set were the loss skills

Table 4

Factor Analysis of Loss Skills

Type of loss skill	Factor loading
Aware of FC's ^a losses re: biological family	0.89
Aware of FC's losses re: familiar environment	0.93
Aware of FC's losses re: peers	0.92
Aware of FC's losses re: other	0.87
Can deal with FC's losses re: biological family	0.86
Can deal with FC's losses re: familiar environment	0.91
Can deal with FC's losses re: peers	0.91
Can deal with FC's losses re: other	0.85

Note. Loadings considered to load a variable on this factor are in bold type.

^aFC = foster child

Table 5

Factor Analysis of Foster Parenting Skills

Parenting skill	Factor loading
Good at providing structure to foster child	0.95
Disciplines foster child appropriately	0.92
Good at managing foster child's behavior	0.75

Note. Loadings considered to load a variable on this factor are in bold type.

factor, the parenting skills factor, empathy, fit between the foster mother and the foster child, number of years of foster parenting experience, number of foster children cared for during that time, and training received prior to and after becoming a foster mother. The firm versus lax discipline factor from the CRPB-56 (completed by the foster child) was also a variable in this set. With the exception of this last variable, all assessments were made by the social worker.

Social Worker Set. Variables for the social worker set paralleled those for the foster children and foster mothers in that they represented social worker experience (what the social worker brought to the work) and contact with the foster mothers (what went on in the current placement).

Data regarding the social workers' contacts with the foster mothers were collected cumulatively for the first week, first month, and first three months of the foster child's placement, regardless of who initiated the contact. A factor analysis with varimax rotation of these data yielded two factors, with eigenvalues of 2.52 and 2.10. The rotated factors were characterized by the nature of the contact (see Table 6). One factor represented contacts with the foster mother by telephone and was labelled "telephone contacts." The other factor was labelled "face-to-face contacts" and represented face-to-face contacts with the foster mother in the worker's office, in the foster home, or elsewhere (e.g., the foster child's school).

Overall, the Social Worker Set was comprised of the telephone and face-to-face contact factors, the social worker's years of foster care experience, the social worker's years of related experience (e.g., residential care, Child Protective Services work), the number of cases in the social worker's caseload at the time of the study,

Table 6

Factor Analysis of Social Worker Contacts

Social worker contacts	Factor 1	Factor 2
TC ^a contacts, first week	0.86	0.16
TC contacts, first month	0.96	-0.06
TC contacts, first three months	0.88	0.00
F:F ^b contacts, first week	0.10	0.81
F:F contacts, first month	-0.00	0.94
F:F contacts, first three months	-0.00	0.77

Note. Loadings considered to load a variable on this factor are in bold type.

^aTC = telephone call

^bF:F = face-to-face

and the social worker's perception of that caseload as small, mid-sized, or large.

Outcome Variable Set. Variables in the Outcome Set were the relationship between the foster child and foster mother (as assessed by the social worker), the foster child's experience of acceptance by the foster mother (from the CRPB-56), and the degree of the foster child's overall improvement since being placed in the current foster home (as assessed by the social worker).

Overview of Canonical Correlational Analyses

Canonical correlations (Rcs) yield variates, which are versions of the variable set specifically weighted to maximize covariance with the weighted variables (variate) of another set. The predictive or explanatory power of one set of variables by another set of variables is thereby maximized. Each canonical correlation can yield as many variates as the number of variables in the smallest set.

When a canonical correlation was significant in the following analyses, the structure and index coefficients were inspected for interpretive purposes. The structure coefficients for the unweighted variables of each variate represent the correlation between each single variable and its composite variate. Therefore, a squared structure coefficient represents the percentage of variance linearly shared by a single variable and its variate. The index coefficients for the unweighted variables of each variate represent the correlation between each single variable and the composite variate of the other variable set. Therefore, the squared index coefficients for the variables of one variate represent their contribution to the prediction or explanation of the other variate. (For a more complete explanation of these procedures, see Thompson, 1984.)

Foster Child with Outcome. There was a single significant canonical correlation between the Foster Child Set and the Outcome Set, $R_c = 0.71$, $F(30,80) = 1.89$, $p < .05$. As can be seen in Table 7, the structure coefficients for the Foster Child Variate show that it was comprised primarily of the child competence factor (40% of shared variance) and the absence of "acting out" problems (25% of shared variance), and secondarily by the absence of "acting in" problems and age of the foster child at the time of first removal (12% and 9% of shared variance, respectively). The other variables in this variate (the presence of current or prior mental health services, the foster child challenges factor, physical abuse or sexual abuse as reasons for placement, and number of prior placements) each contributed less than 2% to the shared variance. The quality of the relationship between the foster mother and foster child (86% of shared variance) and foster child's improvement within the current placement (62% of shared variance) dominated the Outcome Variate, with the foster child's feelings of acceptance by the foster mother making essentially no contribution.

Examination of the index coefficients for the variables of the two variates in Table 7 indicated that foster children who were viewed by their social workers as socially, emotionally, verbally, and academically competent were also viewed by their social workers as having better relationships with their current foster mothers and as having improved more in their current placements than foster children viewed as less competent. Furthermore, foster children who were viewed by their social workers as "acting out" less (e.g., as being less aggressive, being less sexually promiscuous, running away less) and, to a lesser extent, "acting in" less (e.g., as being less

Table 7

Canonical Correlation of Foster Child Variables with Outcome Variables

Variate	Structure coefficients	Index coefficients
Foster child variate		
Foster child competence factor	0.63	0.45
Acting out problems	-0.50	-0.36
Acting in problems	-0.34	-0.24
Foster child's age at first removal	0.31	-0.22
Placement due to sexual abuse	-0.14	-0.10
Placement due to physical abuse	-0.14	-0.10
Current mental health services	0.10	0.07
Prior mental health services	-0.10	-0.07
Number of prior foster placements	0.09	0.07
Foster child challenges factor	0.03	0.02

Note. Table 7 is continued on the next page.

Table 7, continued

Canonical Correlation of Foster Child Variables with Outcome Variables

Variate	Structure coefficients	Index coefficients
Outcome variate		
Relationship	0.93	0.66
Improvement	0.78	0.56
Acceptance ^a (foster child's view)	-0.04	-0.03

^aA lower score signifies greater feelings of acceptance.

depressed, being less withdrawn, having fewer self-harming behaviors) were also viewed by their social workers as having better relationships with their current foster mothers and as having improved more in their current placements than foster children who were seen as "acting out" or "acting in" more. Finally, foster children who were removed from their families of origin at earlier ages were viewed by their social workers as having somewhat better relationships with their current foster mothers and as having improved more in their current placements than those removed at later ages.

Foster Mother with Outcome. There was a single significant canonical correlation between the Foster Mother Set and the Outcome Set, $R_c = 0.97$, $F(27,88) = 5.98$, $p < .01$. Table 8 shows the structure and index coefficients for the Foster Mother and Outcome Variates. The structure coefficients for the Foster Mother Variate showed that the variables of fit between the foster mother and foster child, the parenting skills factor, and the foster mother's empathy (all as assessed by the social worker) were the primary components of this variate (94%, 85%, and 71% of the shared variance, respectively), with the loss skills factor sharing 26% of the variance. The other variables in this variate (foster child's experience of the discipline, training received prior to becoming a foster mother, foster mother's years of experience, training received since becoming a foster mother, and number of foster children cared for) shared 6% or less of the variance. The quality of the relationship between the foster child and foster mother (98% of shared variance) and the foster child's improvement within the current placement (79% of shared variance) again dominated the Outcome Variate, with the foster child's feelings of acceptance by the

Table 8

Canonical Correlation of Foster Mother Variables with Outcome Variables

Variate	Structure coefficients	Index coefficients
Foster mother variate		
Fit	0.97	0.94
Parenting skills factor	0.92	0.89
Empathy	0.84	0.81
Loss skills factor	0.51	0.49
Discipline (foster child's view)*	-0.24	-0.23
Prior training received	0.17	0.17
Foster mother experience	0.17	0.17
Additional training received	0.15	0.14
Number of foster children cared for	0.13	0.13

Note. Table 8 is continued on the next page.

*A lower score signifies a perception of more lax discipline.

Table 8, continued

Canonical Correlation of Foster Mother Variables with Outcome Variables

Variate	Structure coefficients	Index coefficients
Outcome variate		
Relationship	0.99	0.96
Improvement	0.89	0.86
Acceptance ^b (foster child's view)	-0.37	-0.36

^bA lower score signifies greater feelings of acceptance.

foster mother sharing 14% of the variance.

Examination of the index coefficients for the variables of the two variates in Table 8 indicated that foster mothers whose social workers viewed them as being a better fit with their current foster children, as having better parenting skills, as being more empathic and, to a lesser degree, as being more aware of and able to deal with their foster children's losses were also viewed by their social workers as having better relationships with their current foster children and as having foster children who were improving more in their current placements. Furthermore, the foster children currently placed with these foster mothers felt more accepted by their foster mothers. Examination of the index coefficients further indicated that neither the variables related to the foster mother's experience (i.e., years of foster parenting experience and number of foster children cared for) nor those related to training significantly predicted better relationships or more improvement within the current placement (as viewed by the social workers), or feelings of relative acceptance on the part of the foster children.

Social Worker with Outcome. There was a single significant canonical correlation between the Social Worker Set and the Outcome Set, $R_c = 0.66$, $F(18,91) = 1.96$, $p < .05$. As can be seen in Table 9, the structure coefficients for the Social Worker Variate showed that it was comprised primarily of the social worker's perception of his or her caseload as small, mid-sized, or large, and of the actual number of cases in the social worker's current caseload (35% and 25% of shared variance, respectively). The other variables (the face-to-face contact factor, the telephone contact factor, the social worker's years of foster care experience, and

Table 9

Canonical Correlation of Social Worker Variables with Outcome Variables

Variate	Structure coefficients	Index coefficients
Social worker variate		
Perceived case size	0.59	0.39
Actual number of cases	0.50	0.33
Face-to-face contact factor	0.23	0.15
Years of foster care experience	-0.23	-0.15
Years of related experience	0.18	0.12
Telephone contact factor	0.13	0.09
Outcome variate		
Improvement	0.75	0.50
Relationship	0.24	0.16
Acceptance ^a (foster child's view)	-0.22	-0.14

^aA lower score signifies greater feelings of acceptance.

the social worker's years of related experience) shared 5% or less of the variance with their variate. The foster child's improvement within the current placement dominated the Outcome Variate (56% of shared variance), with 6% or less of the variance being shared by the quality of relationship and the foster child's feelings of acceptance.

Examination of the index coefficients for the variables of the two variates in Table 9 indicated that social workers who viewed their caseloads as being larger and who actually had larger caseloads also viewed the foster children in their caseloads as having improved more in their current placements.

Family of Origin with Outcome. There were no significant canonical correlations between the Family of Origin Set and the Outcome Set, first $R_c = 0.45$, $F(9,88) = 1.19$, n.s.. This indicated that neither the total number of problems recorded for the family of origin nor the non-system problems factor shared a significant proportion of variance with the outcome variables.

Additional Analyses

A three-factor scoring procedure for the CRPB-56 (Margolies & Weintraub, 1977; Teleki, Powell, & Dodder, 1982) was used in the analyses. Factors of the CRPB-56 relevant to this study were those related to the foster child's feelings of acceptance by the foster mother and to the foster child's perceptions of the discipline provided by the foster mother. The former was used as a second source of information regarding the quality of the relationship between the foster child and the foster mother, and therefore also functioned as a check on the social worker's opinion of that relationship. The latter was used as a second source of information regarding

the disciplinary aspect of the foster mother's parenting skills, and therefore also functioned as a check on the social worker's opinion regarding appropriate discipline by the foster mother.

Because of the importance of the foster child's feelings of acceptance by the foster mother as a relationship measure, a multiple regression was performed for this criterion variable. The following predictor variables were used in the analysis because of their conceptual and/or statistical relevance: the indices of the foster child's social-emotional and verbal-academic competence (discussed below), the foster child's "acting in" and "acting out" behavior problems, the duration of the foster child's current placement, the foster child's age at the time of his or her first removal into foster care, the number of foster care placements prior to the current placement, the social worker's evaluation of the foster mother's empathy, parenting skills, goodness of fit with the foster child, and awareness of/ability to deal with the foster child's losses. A four-variable model yielded the best solution for the multiple regression, $R^2 = 0.34$, $F(4,37) = 4.73$, $p < .01$. The predictor variables for this solution were the foster child's verbal-academic competence ($\beta = 0.40$, $p < .01$), the foster mother's empathy ($\beta = -0.37$, $p < .01$), the duration of the current placement ($\beta = -0.29$, $p < .05$), and the foster child's "acting out" behavior problems ($\beta = 0.24$, n.s.). Because negative scores for the criterion variable represented the foster child's greater feelings of acceptance by the foster mother, the full model indicates that foster children who reported greater feelings of acceptance were those judged by their social workers to have less verbal-academic competence, who had been in their current placements for a longer time, whose foster mothers were judged by their

social workers to have greater empathic ability, and who were judged by their social workers to have fewer "acting out" behavior problems.

The zero-order correlation between the foster children's assessment of their relationship with the foster mothers and the social workers' assessment of that relationship was positive and moderate, $r = 0.39$, $p < .01$. However, there were no significant zero-order correlations between the foster children's assessment of firm versus lax discipline by the foster mothers and any relevant parenting skills assessments by the social workers (i.e., of the foster mother's ability to provide structure, $r = -0.25$, n.s., to appropriately discipline the foster child, $r = -0.17$, n.s., or to manage the foster child's behavior, $r = -0.14$, n.s.).

Zero-order correlations between the foster children's feelings of acceptance by the foster mothers and a number of other variables were of interest for a variety of reasons. For instance, the correlation between the foster children's feelings of acceptance and the social workers' assessment of their improvement in their current placements provides multiple source information regarding an underlying assumption of this study, namely that a positive relationship between foster mothers and foster children is an important element of the children's progress in foster care. This correlation was moderate and negative, $r = -0.32$, $p < .05$, where a negative valence indicated the foster child's greater feelings of acceptance. Thus, foster children who reported greater feelings of acceptance by their foster mothers were deemed by their social workers to have improved more in their current foster placements. The correlation between the foster children's feelings of acceptance by the foster mothers (from the CRPB-56) and the social workers' assessments of the foster children's

competencies (using the foster child competency factor) was inspected to see if foster children's feelings of acceptance varied as a function of their competencies. They did not; this correlation was small and not significant, $r = 0.13$, n.s.. The correlations between the foster children's feelings of acceptance and the social workers' assessments of the foster mothers' parenting skills and empathy were inspected for multisource information regarding factors related to the foster mother-foster child relationship. These correlations were moderate, $r = -0.31$, $p < .05$ and $r = -0.38$, $p < .01$, for parenting skills and empathy, respectively, where a lower CRPB-56 score signified the foster child's greater feelings of acceptance. Thus, foster children reported feeling greater acceptance when their foster mothers were viewed by the social workers as more skilled foster parents and as more empathic.

In order to gauge the relationship between the social worker's assessment of the foster child's behaviors within the placement and the social worker's assessment of the foster mother's parenting skills, correlations between the latter and "acting in/out" behavioral problems were inspected. The social worker's assessment of the foster child's "acting out" behaviors was moderately and negatively correlated with the social worker's assessment of the foster mother's parenting skills, $r = -0.52$, $p < .01$, whereas there was no significant correlation between the social worker's assessment of parenting skills and the presence of "acting in" behavioral problems as judged by the social workers, $r = -0.05$, n.s.. Thus, social workers reported more acting out by foster children whose foster mothers were judged to have poorer foster parenting skills.

To gauge the relationship between the social worker's assessment of foster

child competencies and the social worker's assessment of the foster mother's parenting skills, the correlation between those two factors was inspected. This correlation was positive and moderate, $r = 0.33$, $p < .05$, and indicated that foster mothers who were viewed as having better foster parenting skills had foster children who were viewed as more competent.

Although the factor analysis produced a single "foster child competence" factor, the zero-order correlations produced distinctions of note among the forms of competence assessed. As suggested by the zero-order correlations, therefore, social and emotional competencies were combined to form a single index, and verbal and academic competencies were combined to form a separate index. Social/emotional competence was moderately and positively correlated with foster mother empathy, $r = 0.58$, $p < .01$, goodness of the foster child's fit with the foster mother, $r = 0.53$, $p < .01$, and the quality of the relationship with the foster mother, $r = 0.50$, $p < .01$, whereas verbal/academic competence did not correlate significantly with any of these variables, $r_s = 0.24, 0.29, 0.18$, all n.s., for empathy, goodness of fit, and quality of the relationship, respectively.

There was a moderate and positive correlation between the social worker's assessment of the foster child's improvement in the current placement and social/emotional competence, $r = 0.50$, $p < .01$, but no significant correlation between verbal/academic competence and the foster child's improvement, $r = 0.26$, n.s.. On the other hand, there were no significant zero-order correlations between the overall evaluation of the foster mothers by the social workers and any of the child competencies assessed by the social workers, $r_s = 0.25, 0.21, 0.03$, and 0.18 , all

n.s., for verbal, social, academic, and emotional competencies, respectively.

Finally, there was a moderate and negative correlation between social/emotional competence and current mental health services, $r = -0.41$, $p < .01$, but no correlation between verbal/academic competence and current mental health services, $r = -0.15$, n.s.. In sum, foster children who were viewed by their social workers as more socially and emotionally competent were less likely to be receiving mental health services at the time of the study, were viewed as having improved more in their current placements, and had foster mothers who were judged to be more empathic, to have a better fit with their foster children, and to have a better relationship with their foster children. Verbal and academic competencies were unrelated to these variables. The overall evaluation of the foster mothers by their social workers was unrelated to any of the four areas of competence.

Mental health services also were assessed as they related to behavioral problems in the current placement. Among the zero-order correlations, there were moderate and positive correlations for current mental health services with both "acting in" behavioral problems, $r = 0.48$, $p < .01$, and "acting out" behavioral problems, $r = 0.33$, $p < .05$. Thus, foster children who were viewed as having more behavioral problems were likelier to be receiving mental health services at the time of the study.

Because of the significance of the foster child's competencies in the Foster Child Variate, and because the children in this study were placed in foster care for a variety of reasons, it was also important to examine the zero-order correlations between each of the four areas of competence and the reasons for foster placement. There were moderate and negative correlations between each of three areas of foster

child competence and physical abuse as a reason for foster placement, $r = -0.41$, $p < .01$ (verbal competence), $r = -0.35$, $p < .05$ (social competence), $r = -0.33$, $p < .05$ (academic competence), and $r = -0.24$, n.s. (emotional competence), indicating that children who had been placed in foster care due to physical abuse were less verbally, socially, and academically competent than those who had been placed in foster care for reasons other than physical abuse.

There was a moderate and positive correlation between academic competence and sexual abuse as a reason for placement in foster care, $r = 0.37$, $p < .05$, indicating that children who came into foster care because of sexual abuse were judged more academically competent by their social workers than those who came into foster care for reasons other than sexual abuse. There were moderate and positive correlations between social competence and neglect as a reason for placement, $r = 0.34$, $p < .05$, and between emotional competence and neglect as a reason for placement, $r = 0.35$, $p < .05$. Thus, children who were placed in foster care because of neglect were viewed by their social workers as more socially and emotionally competent than those who came into foster care for other reasons. There was a moderate and negative correlation between social competence and abandonment as a reason for foster placement, $r = -0.31$, $p < .05$, and there was a moderate and positive correlation between academic competence and abandonment as a reason for foster placement, $r = 0.34$, $p < .05$. This indicated that children who came into foster care because of abandonment by their families of origin were judged less socially competent but more academically competent by their social workers than those who came into foster care for other reasons.

There were no significant correlations between any of the areas of competence and child problems as the reason for placement, $r_s = -0.17, -0.11, -0.09, -0.10$, all n.s., for verbal, social, academic, and emotional competencies, respectively. There was a moderate and negative correlation between academic competence and "other" reasons for foster placement, $r = -0.30, p < .05$, indicating that children who were placed in foster care for "other" reasons (see page 47) were judged less academically competent than children not placed in foster care for "other" reasons.

Although there were no significant canonical correlations between the family of origin variables and the outcome variables, the wide range of problems recorded for the families of origin merited further attention, and zero-order correlations therefore were examined. Substance abuse in the family of origin was moderately and negatively correlated with "acting out" problems in the foster care placement, $r = -0.40, p < .01$, indicating that foster children whose parent(s) had a known history of substance abuse were less likely to act out in their current placements than those whose parent(s) had no known history of substance abuse.

Alcohol abuse in the family of origin was moderately and negatively correlated with sexual abuse as a reason for foster care placement, $r = -0.31, p < .05$, and was moderately and positively correlated with current mental health services, $r = 0.38, p < .01$, indicating that foster children whose parent(s) had a known history of alcohol abuse were less likely than those whose parent(s) had no known history of alcohol abuse to be placed in foster care due to sexual abuse and were more likely to be receiving mental health services at the time of the study.

The presence of notable financial difficulties in the family of origin was

moderately and positively correlated with neglect as a reason for foster care placement, $r = 0.48$, $p < .01$, and was moderately and negatively correlated with "other" reasons for foster care placement, $r = -0.36$, $p < .05$. This indicated that children from families with notable financial difficulties were more likely than those whose families had not experienced these difficulties to be placed in foster care because of neglect, but were less likely to be placed in foster care because of (a) the mother being incarcerated, psychiatrically or medically hospitalized, or otherwise unable to care for the child, (b) the mother or other guardian asking to be relieved of custody, and/or (c) the parent being unable to care for the child due to instability as a function of mental health or substance abuse problems.

A history of divorce or desertion in the family of origin correlated moderately and positively with physical abuse as a reason for foster care placement, $r = 0.34$, $p < .05$, indicating that the children of parents who divorced or deserted were likelier than the children of parents who stayed together to have been placed in foster care because of physical abuse. A criminal history in the family of origin correlated moderately and positively with prior mental health services, $r = 0.41$, $p < .01$, indicating that the children of families in which there was a known criminal history were likelier to have received mental health services at some time in the past than the children of families with no known criminal history.

Although earlier abuse or neglect was often suspected by social workers at the time of their involvement, it was not confirmed in most cases. Therefore, the foster child's age at earliest onset of abuse or neglect was often recorded as identical to the foster child's age at the time of his or her first removal from the family of origin.

Transience in the family of origin correlated moderately and positively with the age of the foster child at the time of his or her earliest known abuse, neglect, or other reason for removal, $r = 0.35$, $p < .05$, and correlated moderately and positively with the age of the foster child at the time of his or her first removal from the family, $r = 0.38$, $p < .05$. This indicated that problems leading to the foster placement of children from transient families either began later or were noticed later than those of children from nontransient families, and that these children were removed at older ages than the children of nontransient families.

Finally, the existence of mental health problems in the family of origin correlated moderately and positively with the number of prior foster care placements for the children in the study, $r = 0.35$, $p < .05$, indicating that these children were moved more often from foster home to foster home once in foster care, or cycled through foster care more often between returns to their families of origin. None of the correlations between specific family of origin problems and foster child competencies were significant, indicating that foster children judged verbally, socially, academically, and/or emotionally competent or incompetent by their social workers came from a variety of families of origin with a variety of difficulties.

The gender of the foster children was also investigated as it related to a number of relevant variables in order to assess its importance within the foster care system. There was a moderate and negative correlation between gender and social competence as judged by the social worker, $r = -0.35$, $p < .05$, indicating that female foster children were judged more socially competent by their social workers than male foster children. Boys were more often placed in foster care due to physical

abuse than were girls, $r = 0.41$, $p < .01$, and girls were more often placed in foster care for "other" reasons (see page 47) than were boys, $r = -0.34$, $p < .05$. The correlation between foster child gender and behavioral problems was not significant, $r = 0.22$, n.s. for "acting in" problems and $r = 0.19$, n.s. for "acting out" problems. This indicated that foster children of both genders "acted in" and "acted out" to similar degrees as judged by their social workers.

To investigate the relationship between certain variables specific to foster care and potentially related intra- and interpersonal foster child variables, a number of zero-order correlations were inspected. There were no significant correlations between the age of the foster child at the time of his or her first removal from the family of origin and the quality of the relationship with the foster mother, $r = -0.25$, n.s., the foster child's improvement in the current placement, $r = -0.17$, n.s., "acting in" behavior problems, $r = -0.11$, n.s., "acting out" behavior problems, $r = 0.06$, n.s., or any of the foster child competencies, $r_s = -0.03, 0.04, 0.20, 0.13$, all n.s., for verbal, social, academic, and emotional competencies, respectively. There was a single moderate and negative zero-order correlation between the age of the foster child at the time of the earliest recorded abuse, neglect, or other reason for placement and the quality of the relationship with the foster mother, $r = -0.34$, $p < .05$. As was mentioned above, the age of earliest onset of abuse or neglect was often recorded as identical to the foster child's age at the time of his or her first removal because earlier abuse or neglect could not be confirmed when suspected.

There also were no significant correlations between the number of foster homes in which the foster children previously had been placed and these same

variables: quality of the relationship with the foster mother, $r = 0.11$, n.s., the foster child's improvement in the current placement, $r = 0.03$, n.s., "acting in" behavior problems, $r = 0.27$, n.s., "acting out" behavior problems, $r = 0.02$, n.s., or any of the foster child competencies, $r = 0.05$, -0.04 , -0.01 , -0.05 , all n.s., for verbal, social, academic, and emotional competencies, respectively. There was no significant correlation between the number of foster homes in which the foster children previously had been placed and their feelings of acceptance by their foster mothers, $r = -0.02$, n.s.. There was no significant correlation between the certainty that the foster child would be moved from the foster placement within the following six months and the quality of the foster child's relationship with the foster mother, $r = -0.29$, n.s..

The social workers' overall evaluations of the foster mothers were examined as these related to foster mother and outcome variables of interest. There was a moderate and positive correlation between the social workers' overall evaluations of the foster mothers and the social workers' views of the current foster mother-foster child relationships, $r = 0.59$, $p < .01$. There also was a moderate and positive correlation between the social workers' overall evaluations of the foster mothers and their assessment of the foster children's degree of improvement in their current placements, $r = 0.53$, $p < .01$. These results indicate that foster mothers evaluated as overall better foster parents were viewed as having better relationships with their current foster children and as having foster children who were viewed as having improved more in their current placements. There was no correlation between the social workers' overall evaluation and the foster mothers' years of experience, $r =$

0.20, n.s., nor between the overall evaluation and the number of foster children cared for, $r = 0.17$, n.s., indicating that foster mothers who had been foster parenting for longer periods of time and/or for more foster children were not necessarily viewed as better foster mothers overall than those with less experience.

Finally, the foster mother's ability to manage her own loss issues was examined as it related to several other variables relevant to study hypotheses. There were moderate and positive correlations between this variable and the quality of the foster mother's relationship with the foster child, $r = 0.55$, $p < .01$, the degree of fit between the foster mother and foster child, $r = 0.62$, $p < .01$, the foster mother's empathy, $r = 0.45$, $p < .01$, and the degree of improvement of the foster child in the current placement, $r = 0.48$, $p < .01$, all as assessed by the social worker.

CHAPTER IV

DISCUSSION

Since its inception in the early 20th century, the complex system of foster care has undergone significant changes. Today's foster children no longer are indigent and neglected street children; rather, they increasingly have severe emotional, behavioral, and psychological problems (Guerney, 1982; Woolf, 1990). Hand-in-hand with this change has been the identification of local, state, and federal agencies as those formally responsible for their care (Clay, 1997; Lieberman, 1987).

Although longitudinal research has found foster care to have a variable impact on the functioning of foster children (e.g., Fanshel & Shinn, 1978), researchers have failed to examine the complex interaction of foster care subsystems (i.e., the foster child, the child's family of origin, the child's foster family as represented by the foster mother, and the placing agency as represented by the social worker). The aim of this study was to investigate factors associated with these subsystems as they related to the quality of the foster child's relationship with his or her foster family. This relationship merited examination because of its assumed centrality in the success or failure of the foster child's placement and the facilitation of positive changes in the foster child's functioning.

In this final chapter, the major findings of this study will be presented as they supported or did not support the hypotheses of the study, and the clinical and foster care policy implications of the findings will be discussed. Methodological and empirical limitations will be identified as they pertain to this and future studies. Finally, suggestions will be made regarding directions for future research.

Foster Child Variables

For a variety of reasons, foster children regularly are found to have a host of emotional and behavioral problems (e.g., Clay, 1997; Guerney, 1982; Fanshel & Shinn, 1978; Marcus, 1991). Some of these may predate their foster care placements, and others may arise from the challenges particular to the foster care experience. Keane (1983) found that foster children who were assessed by their foster parents as having more behavioral and emotional problems at the time of placement had more difficulties in their placements. It was hypothesized that *foster children with more problems (regardless of etiology) would not have as good a relationship with their foster mothers as foster children with fewer problems.*

In the canonical correlation of the Foster Child and Outcome Sets, it was found that foster children who "acted out" and "acted in" more did, indeed, have worse relationships with their current foster mothers than those who "acted in/out" less, all as assessed by their social workers. These more difficult foster children also were judged by their social workers to have improved less in their current placements than foster children with fewer "acting in/out" problems. It should be noted that few foster mothers were thought to have outright poor relationships with their foster children, as indicated by the minimum and maximum values reported for this item on the Social Worker Questionnaire (-1 and +4, on a 9-point scale from -4 to +4) as well as the mean and standard deviation for this item, $\underline{M} = 3.17$, $\underline{S.D.} = 1.19$. On the other hand, there was a greater balance of reports regarding the foster children's improvement in their current placements, with minimum and maximum values being -3 and +4 on the same 9-point scale range, and a mean and standard deviation of

$M = 2.74$, $S.D. = 1.40$. (Interested readers can review the minimum, maximum, mean, mode, and standard deviation values for these and other relevant variables in Appendix I.) Although it is possible that the relationships between the more difficult foster children and their foster mothers were impeded by the behavioral problems of the former, it is equally possible that the social workers assumed the relationships to be poor because of the behavioral problems and less improvement by these foster children in their placements. These results nevertheless support the importance of assessing and treating the problems of foster children.

Because of the impact of abuse and neglect on children's attachments and social functioning (e.g., Cummings, 1990; Erickson et al., 1989; Kurtz et al., 1993), it was hypothesized that *foster children with a history of physical and/or sexual abuse and/or neglect would not have as good relationships with their foster mothers as those in foster care for other reasons*. Contrary to expectations, the canonical correlation of the Foster Child and Outcome Sets indicated that physical abuse, sexual abuse, and neglect as reasons for placement in foster care were nonsignificant predictors of the quality of the foster mother-foster child relationship. This is despite the fact that children placed in foster care because of physical abuse were judged by their social workers to be less socially competent than children placed in foster care for other reasons. Furthermore, the zero-order correlation between the quality of the foster care relationship and neglect as a reason for foster placement indicated that children placed in foster care because of neglect had better relationships with their foster mothers than those placed for other reasons. Counterintuitively and in contrast to prior research (e.g., Erickson et al., 1989), these children were also judged by their

social workers to be more socially and emotionally competent than foster children placed in foster care for other reasons. There were no significant zero-order correlations between the quality of the relationship and physical or sexual abuse as reasons for foster placement. This suggests that, although the foster child's experience of abuse and/or neglect in the family of origin is likely to have had an impact on the child's social functioning, it was not in and of itself a determining factor in the quality of that child's relationship with the foster mother. The different results for abused and neglected foster children supported prior research on the differing impact of abuse and neglect on children's functioning (e.g., Cicchetti & Toth, 1993; Erickson et al., 1989). It is possible that the previously neglected children in this study were less fearful of closeness and were hungrier for relationships generally than were the children who had been sexually and/or physically abused. The correlations between neglect as a reason for placement and social/emotional competence, and between social/emotional competence and the quality of the foster care relationship suggest an interesting possible pathway to relationship. However, the specific dynamics of relationship development for abused and neglected children are beyond the scope of this study.

A number of researchers have found associations between a history of multiple foster care placements and higher levels of social and emotional difficulty, the presence of behavior problems, and exacerbated experiences of separation and loss (e.g., Fein, 1991; Kurtz et al., 1993; Stone & Stone, 1983). It therefore was hypothesized that *the more foster care placements a foster child had had prior to the current placement, the worse the relationship with the foster mother.* Quite

surprisingly, there was no relationship in this study between the foster child's number of prior foster care placements and the quality of his or her relationship with the current foster mother. Also surprisingly, there was neither a relationship between the number of prior foster care placements and the foster child's improvement in the current placement, nor between prior foster care placements and the presence of "acting out/in" problems. These findings run counter to the results of prior research (e.g., Keane, 1983; Kurtz et al., 1993) and seem counter-intuitive. They may very well be related to methodological and measurement weaknesses of the current study that will be discussed later in greater detail. They are not likely to be due to a limited range in the number of prior placements of foster children in this study, which was from zero to four, $M = 1.38$, $S.D. = 1.40$. Because the behavior problems of the foster children in this study were assessed only at the time of the study and not at the time of their placement with their current foster mothers, it is possible that a relationship between the number of prior foster care placements and the severity of behavior problems was obscured. It also is possible that the foster children in this study were atypical in their ability to form relationships despite prior foster care placements and to improve in those placements, or that other variables facilitated relationship building in spite of a history of prior placements. For example, the quality of fit between the foster mother and the foster child, the foster mother's parenting skills, and the foster mother's empathy all were significant predictors of relationship quality in the canonical correlation, and may be more important than the number of prior placements in determining relationship quality. Many clinicians and researchers agree that empathy and the ability to connect emotionally are among the

strongest predictors of therapeutic outcome (Shealy, 1995).

Although younger abused and neglected children entering protective custody have been found to be at greater risk than their older peers for difficulties in the behavioral, developmental, and cognitive domains (Urquiza, Wirtz, Peterson, & Singer, 1994), it also has been found that younger children in foster care show better adjustment than older children (e.g., Fanshel & Shinn, 1978; Fein, Maluccio, Hamilton, & Ward, 1983). It was hypothesized that *the younger the age of the foster child at the time of his or her first removal from the family of origin, the better the relationship between the foster child and foster mother*. The zero-order correlation between these two variables was not significant, but was in the predicted direction. However, the index coefficient for this and the outcome variables in the canonical correlation of Foster Child and Outcome Sets indicated that foster children who were removed from their families of origin at earlier ages were viewed by their social workers as having better relationships with their current foster mothers and as having improved more in their current placements than those removed at later ages. Thus, when the foster child's age at removal was analyzed within the set of other foster child variables, the hypothesis was supported by the data. This suggests that the relationship between the outcome variables in the present study and the age of the foster child at the time of his or her first removal from the family of origin is neither simple nor direct. Rather, it is likely that the foster child's age at the time of first removal interacts with a host of other developmental, intrapersonal, interpersonal, and systemic variables to predict the quality of the child's relationship within a foster care placement. This underscores the importance of considering many variables when

making the decision to remove a child versus provide in-home services. Further, it suggests the importance of considering these variables in context when doing future research.

The hope and expectation in placing a child in foster care are that he or she will do better there than if left with the family of origin. Research has supported the potential for positive outcome among at-risk children, although not uniformly (e.g., Cicchetti et al., 1990; Lewis et al., 1984). Because certain factors (e.g., intelligence, sociability, communication skills, and an internal locus of control) have been associated with resilience in children and adults (e.g., Garmezy, 1985; Werner, 1989), it was hypothesized that *the more areas of competence the foster child has (regardless of behavioral difficulties), the better his or her relationship with the foster mother*. This hypothesis was borne out by the results of the canonical correlation of Foster Child and Outcome Sets, which revealed that the foster child competencies factor shared 40% of the variance with its own variate, as compared with the absence of "acting out" problems (25% of the shared variance) and the absence of "acting in" problems (12% of the shared variance). The results of this analysis also indicated that more competent foster children had better relationships with their foster mothers and showed greater improvement in their current placements than less competent children, all as assessed by their social workers. As predicted, this was true in spite of the presence of behavioral problems. Therefore, considered in conjunction with the finding that foster children with more behavioral problems had worse relationships with their foster mothers than foster children with fewer problems, this finding suggests that the treatment of difficult foster children should be aimed at increasing

their competencies as well as decreasing their behavior problems.

Based upon the results of their longitudinal study, Erickson et al. (1989) tentatively concluded that the earlier child maltreatment begins, the more severe the consequences for children's functioning. They also noted that the socio-emotional functioning of the maltreated children in their study was poorer than that of the control children at all stages of development examined. Because it is sometimes the case that an involved professional only later discovers an extended history of abuse or neglect preceding the incident(s) that resulted in a foster care placement, it was hypothesized that *the longer the abuse or neglect history prior to the removal of the child to foster care, the poorer the foster child's relationship with the foster mother*. Because of the small sample size and the very small number of cases in which earlier abuse or neglect had been documented, it was not possible to test this hypothesis.

The mental health needs of foster children have been widely noted (e.g., Fanshel et al., 1989; Fanshel & Shinn, 1978; Halfon et al., 1994; Kates et al., 1991) and are not surprising in the context of their preplacement and placement experiences. Further, it was reasonable to assume that foster children receiving needed therapy would have that much more opportunity to deal with and assistance in dealing with issues related to their families of origin, their preplacement experiences, and their current placement issues. Therefore, it was hypothesized that *those foster children who were receiving therapy at the time of the study would have better relationships with their foster mothers than those not receiving therapy*. Results of the canonical correlation analysis of the Foster Child and Outcome Sets indicated that current and prior mental health services were nonsignificant predictors of the quality of the foster

child's relationship with the foster mother, as well as of the foster child's improvement in the current placement. Zero-order correlations indicated that foster children with both "acting out" and "acting in" behavior problems were likelier to be in therapy at the time of the study than foster children without these problems. Similarly, foster children judged by their social workers as more socially and emotionally competent were less likely to be in therapy at the time of the study than those judged less socially and emotionally competent. There was no relationship between verbal/academic competence and current mental health services. Overall, then, it appears that many foster children who needed mental health services were receiving them, but these services were not as significant as the problems themselves in predicting the quality of the relationship between the foster children and their foster mothers. Because therapy is, by its very nature, an unfolding process, it is possible that successful therapy for behavioral problems would lead to an improved relationship between the foster child and foster mother over time by decreasing the severity of those problems. This hypothesis could not be tested by the data available from this cross-sectional study.

In summary, foster children whose relationships with their current foster mothers were viewed by their social workers as better and who were judged to have improved more in their current placements were characterized by a number of qualities. These were greater social, emotional, verbal, and academic competencies, fewer "acting in/out" behavior problems, and earlier ages at the time of their first removal from the family of origin. Children placed in foster care because of neglect had better relationships with their current foster mothers than those placed for other

reasons. The number of prior foster care placements and the presence of current or prior mental health services were nonsignificant predictors of the quality of the foster mother-foster child relationship and of the foster child's improvement in the current placement. These results suggest that attention should be paid to increasing the competencies of foster children as well as decreasing their behavior problems. More research is needed regarding the efficacy of mental health screenings for foster children, as well as of mental health services offered. More research also is needed regarding the impact on children of speedy removal from a family with significant problems versus family preservation efforts, in order to determine the personal and monetary cost-benefit ratio of each. The impact of multiple placements on foster children's functioning and relationships is also an area for future research.

Foster Mother Variables

Although many researchers agree on the importance of environmental continuity in the maintenance of behaviors (e.g., Belsky et al., 1991; Bowlby, 1988; Erickson et al., 1985), there is less agreement regarding the degree to which later social functioning can be predicted by earlier social functioning in the context of environmental *discontinuity* (e.g., Bartholomew, 1993; Egeland et al., 1988; Sroufe et al., 1990). By definition, foster care represents environmental and relational discontinuity for the placed child (Marcus, 1991), and successful foster placements have been shown to be associated with better socialized children, good school conduct, less aggressive behavior, and positive attachment with parents, teachers, and caseworkers (Horan et al., 1993). Because social learning is thought to take place in response to novel relationship experiences (Miller, 1993), clear structure and

consistent discipline (not typical of an abusive or neglectful home) are important elements of the corrective aspect of foster care. Therefore, it was hypothesized that *the more appropriate and consistent the structure and discipline ("better parenting") provided by the foster mother, the better the relationship between the foster mother and the foster child.*

The results of the canonical correlation analysis of the Foster Mother and Outcome Sets indicated that foster mothers whose social workers judged them to have better parenting skills (i.e., better ability to provide structure, to discipline appropriately, and to manage well the foster child's behavior) were also judged by their social workers to have better relationships with their foster children and to have foster children who improved more in their current placements. Furthermore, foster children currently placed with these foster mothers felt more accepted by their foster mothers. Thus, the hypothesis was well supported by the data. The results bear further examination, however, to fully understand their meaning. As was stated above, foster children with more "acting in/out" behavioral problems were judged by their social workers to have worse relationships with their current foster mothers. Furthermore, foster mothers whose foster children had more "acting in/out" behavioral problems were judged to have worse parenting skills than those whose foster children had fewer behavior problems. Clearly there are many possible confounds regarding the interpretation of the relationships among these variables. For instance, in cases where the foster children had more behavioral problems and were improving less in their current placements, it is possible that the social workers reasoned backwards and assumed poorer parenting skills and a worse relationship

between the foster child and foster mother. It is equally possible that, where the relationship between the foster mother and foster child was judged to be poor, the social worker assumed poor parenting skills and was more aware of the foster child's behavioral problems. Although these data do not allow for ultimate inferences about the direction(s) of influence among the variables, it is unlikely that the foster children's greater feelings of acceptance preceded the foster mothers' better parenting skills. The correlation between these variables, therefore, suggests that the foster mothers' parenting skills had some predictive power regarding the quality of the foster care relationships, and lends support to the accuracy of the social workers' views of these relationships. In any event, the results suggest that a measure of parenting skills might be of value to departments of social services in selecting foster parents and that parenting skills training might be helpful to those foster parents already working with foster children. The implications for future research are that greater attention be paid to specific parenting skills as these may affect the quality of foster care relationships.

No matter what the quality of the neighborhood in which a foster child lived prior to placement, the nature of his or her friendships and family relationships, the access to material comforts, the chaos or structure in the home and routine, these were all familiar aspects of the child's life to which he or she presumably had adjusted and which were lost through foster care placement. Because separation and loss are an integral part of a foster child's life, foster mothers inevitably face these issues in some form (e.g., Edelstein, 1981). Furthermore, foster parents who are able to manage their own separation and loss issues (e.g., regarding parents, friends,

prior foster children) presumably are better able to help foster children deal with theirs (Duclos, 1987). It was hypothesized that *(1) the more the foster mother was aware of and sensitive to the foster child's losses, the better her relationship with the foster child; and (2) the better able the foster mother was to manage her own loss issues, the better her relationship with the foster child.*

Both of these hypotheses were supported by the data. The results of the canonical correlation analysis of the Foster Mother and Outcome Sets indicated that foster mothers whose social workers viewed them as being more aware of and able to deal with their foster children's losses were also viewed by their social workers as having better relationships with their current foster children and as having foster children who were improving more in their current placements. Results of the zero-order correlations indicated that foster mothers whose social workers viewed them as better able to manage their own loss issues also were viewed by their social workers as having better relationships with their current foster children. These latter foster mothers also were viewed as having foster children who were improving more in their current placements, as having more empathy, and as having a better fit with their current foster children. The relationships among empathy, fit, and quality of the foster mother-foster child relationship will be discussed further below. These results underscore the importance of addressing loss issues in the training and support of foster mothers.

Consistent with a basic premise of all learning theories that behavior is affected by experience (e.g., Dollard & Miller, 1964), it was reasonable to assume that foster parenting experience would provide a foundation for managing a variety of

foster parenting issues. Guerney (1982) found that important factors in the success of foster care placements included the selection of foster parents with prior experience and altruistic motives and the ability of the foster parents to tolerate foster children and perceive them as individuals. Even given the self-selection one assumes to occur, by which foster parents particularly ill-suited to the work presumably are selected out of the foster care system, there was likely to be a functional distinction between foster parenting experience, per se, and other foster parenting attributes under investigation in this study (e.g., empathy, parenting skill). It therefore was hypothesized that *(1) the more experienced the foster mother (years of foster parenting and number of placements), the better her relationship with the foster child; and (2) the better the rating of the foster mother by her social worker (in terms of the overall quality of her foster parenting), the better the relationship with the foster child.* These two variables were expected to be moderately and positively correlated.

The first part of this hypothesis was not supported by the data. The foster mother's years of experience and the number of foster children cared for during that time were nonsignificant predictors of the quality of the relationship between the foster mother and the foster child and of the foster child's improvement in the current placement. The second part of the hypothesis was supported by the data, which showed moderate and positive correlations between the social workers' overall evaluation of the foster mothers and the quality of their relationship with the foster children, and between the overall evaluation and the foster children's degree of improvement in the current placement. There was no correlation between the social workers' overall evaluation and the foster mothers' years of experience, nor between

the overall evaluation and the number of foster children cared for. This suggests that the skills and abilities discussed above and below as significant variables associated with better foster care relationships and more foster child improvement (i.e., parenting skill, empathy, awareness of and ability to deal with the foster child's loss issues) were brought by the successful foster mothers into their work as foster parents rather than gained solely through experience with numerous foster children or over time. If this is indeed the case, then careful selection of foster mothers according to specific and preferably measurable criteria would be expected to result in better foster care relationships and greater improvement by foster children in their placements. The results suggest that social workers did not assume more experienced foster mothers to be better foster mothers, but did rate those foster mothers higher overall who also were viewed as having better relationships with their foster children. Regardless of whether the social workers rated those foster mothers higher because they perceived the relationships to be better or the relationships were better because these women accurately were perceived as better foster mothers, social workers appear to value good relationships between foster mothers and their foster children.

Thomas and Chess (1977) defined a good organism-environment fit as one in which the properties, demands, and expectations of an environment are consonant with the abilities, behavioral style, and characteristics of the organism. Because foster children arrive as already (though incompletely) developed entities, a great burden is placed on the foster mothers to adapt their physical and social environments to meet the particular needs of the foster children in their care. A good initial fit would help minimize the stresses associated with adjustments on everyone's part and

would, as part of a dynamic process, allow for the smoother development of mutually rewarding interactions. It was hypothesized that *the better the quality of fit between the foster mother and foster child, the better the relationship between the foster mother and foster child.*

This hypothesis was well supported by the results of the canonical correlation of the Foster Mother and Outcome Sets, which showed that the goodness of fit between the foster mother and foster child (as assessed by the social worker) was strongly associated with the quality of the relationship between the foster mother and the foster child, as well as with the foster child's improvement in the current placement (both also as judged by the social worker). Clearly, it is quite possible that the social worker judged the fit to be good because of his or her positive assessment of the foster care relationship and the foster child's improvement. The fact that those foster children viewed by their social workers as having a better fit with their current foster mothers also felt more accepted by their foster mothers suggests that this interpretation would not entirely explain the results. It is suggested, therefore, that the social workers' views of the quality of fit between foster children and their foster mothers could both predict and reflect the social workers' assessments of these relationships and the foster children's improvement in their placements. The implications for foster care policy are that greater attention might be paid to issues of fit when placing foster children. Considered along with the above findings regarding skills and abilities associated with better foster mothers, this suggests the need for a larger base of foster mother applicants that would allow for greater selectivity in choosing foster mothers as well as greater attention to the placement needs of foster

children. Future researchers might attempt to identify the specific variables that contribute meaningfully to a good fit between the foster mother and foster child.

Mills and Rubin (1993) stated that parents' sensitivity and responsiveness to their children are what enable children to take advantage of existing opportunities to learn about relationships through exploration of their social world. Marcus (1991) found that foster children whose foster parents were more skilled and empathic had better attachments to those foster parents than those with less skilled, less empathic foster parents. It was hypothesized that *the greater the empathic ability of the foster mothers, the better their relationship with the foster children*. This hypothesis was well supported by the canonical correlations, which showed that foster mothers viewed by their social workers as more empathic also were viewed as having better relationships with their foster children as well as having foster children who had improved more in their current placements and who felt more accepted by their foster mothers. The moderate and positive zero-order correlation between the foster mother's empathy and the foster child's social/emotional competence, in the absence of a correlation between the foster mother's empathy and the foster child's verbal/academic competence (all as assessed by the social worker) is interesting within this context of the association between the foster mother's empathy and the quality of the foster care relationship. It is assumed that foster children enter foster care with certain intra- and interpersonal weaknesses and strengths, their competencies among them. One can speculate, however, that a foster mother's empathy might enhance the development of certain strengths, and social/emotional competence intuitively is a likelier outcome of a foster mother's empathy than is verbal/academic

competence. One policy implication of the findings is that the empathy of prospective foster mothers should be assessed as part of the foster parent selection process. Additionally, because empathy has been viewed as both a cognitive and an emotional process (e.g., Davis, 1983; Feshbach, 1987; Strayer, 1987), training aimed at increasing foster mothers' understanding of foster children's issues would be expected to increase empathic ability by increasing the cognitive component of empathy.

It was expected that foster mothers who had received training on such relevant topics as behavior management and guidance, child development, communication, and the impact of abuse and neglect on children's functioning would be in a better position to maintain a therapeutic and nurturing stance with their foster children. The hypothesis that *foster mothers with more training would have better relationships with their foster children than those with less training* was not supported by the results of the canonical correlation of foster mother and outcome variables. The variables of training received prior to and since becoming a foster mother shared less than 4% of the variance with the Foster Mother Variate and with the Outcome Variate.

In summary, a number of foster mother variables were found to be significantly correlated with better foster mother-foster child relationships (as assessed by both the social workers and the foster children) and with more foster child improvement in the current placement (as assessed by the social workers). All of these variables (better parenting skills, greater awareness of and ability to deal with the foster child's and the foster mother's own loss issues, better fit with the foster child, and greater empathy) appear to have been attributes of the foster mothers in this study upon their entry into the work of foster care, as neither more years of

foster care experience nor more children cared for during that time significantly predicted the outcome variables. Social workers did not rate more experienced foster mothers as better overall than their less experienced counterparts, suggesting that their ratings of foster mother variables were not unduly influenced by the degree of experience of the foster mothers. Viewed within the context of prior and subsequent training as nonsignificant predictors of the outcome variables, these results suggest the importance of selecting foster mothers with particular skills and attributes, while also suggesting that training be refined to enhance these skills and attributes.

Family of Origin Variables

Children may come into the foster care system at any age up to 18, but they typically do not enter foster care as infants. Therefore, it was important to look at the foster child's family of origin to gain a better understanding of the ways in which preplacement family issues might affect the foster child's placement relationships. It was hypothesized that *the more areas of difficulty in the foster child's family of origin, the poorer the foster child's relationship with the foster mother*. This hypothesis was not supported by the data. There were, however, a number of interesting relationships between specific family of origin problems and other variables. These other variables, in turn, were in some cases significantly related to important foster child or outcome variables, suggesting an indirect or interactive path of influence.

For instance, the children of families in which there was or had been recorded substance abuse "acted out" less in their current foster placements than the children of families in which there had been no recorded substance abuse. "Acting out" by the foster children, in turn, shared 25% of the variance with the Foster Child Variate,

and foster children who "acted out" less were viewed by their social workers as having better relationships with their current foster mothers and as having improved more in their current placements. Children who were seen as "acting out" more were likelier to be receiving mental health services at the time of the study, which means that children from families in which there had been known substance abuse were not as likely to be using this resource.

Compared with the children of families in which no alcohol abuse had been noted, the children of families in which there was a history of alcohol abuse were more likely to be receiving mental health services at the time of the study and were less likely to have been placed in foster care due to sexual abuse. The latter is interesting in light of research findings that alcoholic families are characterized by, among other attributes, unpredictable parental behavior and higher rates of sociopathic behaviors (Schutz, Dixon, Lindenberger, & Ruther, 1989), which would have suggested the opposite finding. It is also of interest because no relationship was found for a history of substance abuse in the family of origin and sexual abuse as a reason for foster placement.

Foster children from families who had experienced notable financial difficulties were likelier than their financially more advantaged counterparts to have been placed in foster care due to neglect, and were less likely to have been placed in foster care for "other" reasons: (a) mother incarcerated, psychiatrically or medically hospitalized, or otherwise unable to care for the child, (b) mother or other guardian asking to be relieved of custody, and/or (c) parent unable to care for the child due to instability as a function of mental health or substance abuse problems. The relationship between

financial difficulty and neglect as a reason for foster placement is important given recent welfare reforms that are expected to result in financial difficulty for a large number of single parent households (Bassuk, Browne, & Buckner, 1996). They suggest that short-term savings resulting from reduced welfare spending may be counterbalanced by long-term costs to the foster care system that later takes responsibility for the neglected children of some financially challenged families. Neglect as a reason for foster placement, in turn, was associated with greater social and emotional competence as assessed by the social worker. On the positive side then, these neglected children either brought social and emotional skills with them to their foster placements or developed them to a greater extent in their current placements than children placed in foster care for other reasons.

The children of families in which there had been divorce or desertion were likelier to have been physically abused than the children of families in which the parents had stayed together. Children placed in foster care because of physical abuse were less verbally, socially, and academically competent than children in foster care for other reasons, but were not less emotionally competent.

Compared with foster children whose families of origin had no known criminal history, those from families with a known criminal history were likelier to have received mental health services at some time in the past. That they were not likelier to be receiving mental health services at the time of the study suggests that their contact(s) with the mental health system had been productive.

The children of transient families of origin were older than their nontransient foster peers at the known or presumed time of their first abuse, neglect, or other

reason for foster placement, and were removed from their families of origin at later ages. Because it is quite possible that, in actuality, these children were abused or neglected earlier than was known, their later age upon entry into foster care is cause for concern. If that was the case, it suggests that the transience of these children's families may have made it more difficult to identify and remove these children.

Finally, the children of families in which there were mental health difficulties had a greater number of prior foster care placements than the children of families in which there were no known mental health difficulties. Interestingly, there were no relationships between the number of prior placements and any of the outcome variables, nor between the number of prior placements and "acting out," "acting in," or any of the competencies.

A number of studies have shown that children's length of stay in foster care and the eventual reunion of foster children with their biological families are correlated with parental visiting during foster placement (e.g., Benedict & White, 1991; Fanshel & Shinn, 1978), although Horan et al. (1993) noted that the impact of visitation with biological parents is often negative for younger foster children. Wald et al. (1988) found that more frequent and consistent visitation between foster children and their biological families was associated with less bonding between the foster children and their foster parents. This might reflect a foster child's reluctance to bond with foster parents when expecting reunion to follow frequent and consistent visitation, or a pre-existing strong relationship with a better functioning and frequently visiting biological family. It is also possible that the foster parents themselves are more ambivalent about attachment in the presence of ongoing contacts between the foster child and the

family of origin. At the other extreme, in those cases in which biological parents are forbidden to have contact with their children (i.e., by court order) or have reduced contact because of social worker concerns, one can assume that the foster child might feel safer with the foster mother and would therefore attach more readily. It was therefore hypothesized that *foster children whose families of origin visited them more frequently would have poorer relationships with their foster mothers*. This hypothesis could not be examined because of the very limited range in visitation data.

In summary, although the number of problems in the family of origin was itself not a significant predictor of the outcome variables, there were a number of meaningful correlations between specific problem areas and various foster child strengths and weaknesses. The implications for future research are that information about the families of origin of foster children should be gathered in greater detail as it may relate to foster child functioning. Future research should include information about family of origin strengths as well as areas of difficulty.

Social Worker Variables

Although the difficulties and successes of a foster care placement may reflect issues associated with the foster child, the child's family of origin, and/or the foster mother, it could not be overlooked that the foster child's placement and care are managed and overseen by a social worker and his or her agency. It was therefore important to look at a number of social worker variables.

Research on the retention of foster parents has revealed that significant percentages of foster parents who have left the foster care system reported not having been prepared for a foster child's removal (e.g., Baring-Gould et al., 1983; Urquhart,

1989). Given that the nature of foster care is inherently temporary, foster mothers must come to terms with the issue of how deeply to integrate a foster child into their lives and families. It has been found that failure to establish an expected length of placement within a reasonable period of time results in problems of foster parent insecurity, hesitation to discipline, and hostility toward the foster child's biological family (Madison & Shapiro, 1970). Similarly, Molin (1990) noted that the uncertain duration of foster placements can impede the formation and maintenance of a positive attachment between foster children and foster families. It was hypothesized that *the certainty of placement duration would be positively correlated with the quality of the relationship between the foster mother and foster child*. This hypothesis was not supported by a zero-order correlation. Interpretation of these results is impeded by measurement and methodological weaknesses, however. The relevant item on the Social Worker Questionnaire was worded to ascertain the social worker's confidence that the foster child would be out of foster care within the following six months, so that negatively scored responses might reflect uncertainty but also confidence that the placement duration would be greater than six months. Testing of this hypothesis was further muddied by the fact that foster children in the study had already been in their placements anywhere from four months to almost 13 years.

Guernsey (1982) found that one factor in the success of foster care placements was the quality of casework with the foster family. In Keane's (1993) study, only 43% of the foster parents interviewed expected to discuss behavior problems with their social workers, and only 39% of those who did find it to be helpful. Reviewers have commented on the general lack of trained social workers in foster

care (e.g., Horan et al., 1993; Lieberman, 1987), and Guerney (1982) posited social worker inexperience as one reason foster parents may not be helped by their discussions with workers. Inexperience of social workers has been linked with burnout and rapid worker turnover, removal of children to foster care versus provision of in-home services, and the need for multiple foster care placements (Guerney, 1982). It was hypothesized that *greater social worker experience would be positively correlated with better foster parent-foster child relationships*.

This hypothesis was not supported by the data. Both the social worker's years of foster care experience and his or her years of related experience (e.g., residential setting, Child Protective Services) were only minimally associated with the outcome variables. It is possible that the social worker's years of experience per se are not as important as other experience-related variables that were not measured (e.g., kinds of foster children worked with, family of origin issues worked with, ability to gauge the degree and kind of support needed by a foster mother). It is also possible that a social worker's years of experience simply are less relevant to the outcome variables than they are to such issues as those mentioned above (i.e., burnout and rapid worker turnover, how often a foster child is moved by a worker, whether a child is brought into foster care or is given in-home services).

A number of writers in the area of foster care have pointed to the importance of agency support in the success of foster placements, commenting that support offered to foster parents will trickle down to the foster child (e.g., Guerney, 1982; Molin, 1990; Urquhart, 1989). On the basis of their research and literature review, Horan et al. (1993) suggested that the placing agency should prepare foster parents to

work with the problems of children placed in their homes and recommended that continuous support from social workers be made available following placement. As regards agency support of foster parents, it was reasonable to propose that adequate support would have as great an impact on the ability of foster mothers to form a positive relationship with foster children as it appears to have on their ability to tolerate the removal of foster children. The high caseload that is typical of foster care workers makes it extremely difficult for social workers to track and supervise their cases (Guerney, 1982). Because the initial weeks and months of a placement are the period during which it is stabilized, it was hypothesized that *foster mothers who had more contact with their social workers during that time would have better relationships with their foster children*. Further, because of the probable impact of social worker caseloads on follow-up, it was hypothesized that *foster parents whose social workers had smaller caseloads would have better relationships with their foster children*.

The first hypothesis was not supported by the data, which showed that neither the frequency of face-to-face contact nor the frequency of telephone contact between the social worker and the foster mother was meaningfully associated with the outcome variables. Because the person initiating each contact was not recorded as part of the data collection, it is possible that a meaningful relationship between contact and the outcome variables was obscured. For instance, contacts initiated by the social workers may be experienced by foster mothers as more supportive than those initiated by the foster mothers. It is also possible that the frequency of the contact is not as important as the content of the contact, which also was not recorded as part of the

data gathering, or that the availability of the social worker during times of particular need may be more important than the frequency of contact. Finally, frequent contact may be experienced differently by more and less experienced foster mothers, such that more experienced foster mothers find it intrusive and less experienced foster mothers find it supportive. Because it was not possible to get input from the foster mothers themselves regarding support and contact with their social workers, it was not possible to investigate the question of support at any depth.

The second hypothesis was not supported by the data, which showed that the quality of the relationship between the foster mothers and their foster children was not meaningfully associated with the size of the social workers' caseloads or their perception of caseload size. Interestingly, social workers who felt that their caseloads were larger and who had larger caseloads viewed their foster children as having improved more in their current placements. It is possible that social workers who felt their caseloads were larger felt overwhelmed by their caseloads and were inclined, therefore, to view their foster children as more successful in their placements. Not seeing the foster mothers as having better relationships with these more improved children could suggest that the social workers attributed the improvement to their own efforts and activities. Both of these interpretations speak to the possibility of some demoralization associated with larger caseloads that is counteracted by more positive views of the outcome of the foster placements and attributions of success to the self.

In summary, social worker variables as measured were not significant predictors of the outcome variables, with the exception of the social worker's perception of his or her caseload size as small, mid-sized, or large. It is possible that

the quality of the relationship between the foster child and foster mother is primarily a function of foster child and foster mother variables, with social worker variables playing a minimal role. Because it is equally possible that the variables explored were not meaningful, or were not meaningfully measured, future researchers should continue to explore this area of foster care relationships. Foster mother reports of support, rapport, and respect, as originally planned for this study, might yield very different results regarding the impact of social workers on positive relationships between foster mother and their foster children.

Acceptance Variable

This variable was further examined by means of a multiple regression because of its importance as the outcome variable reflecting the foster child's experience of his or her relationship with the foster mother. Results of the multiple regression indicated that the foster child's feelings of acceptance were best predicted by the social worker's report of less verbal-academic competence, the social worker's judgment of the foster mother's greater empathy, and the longer duration of the foster child's current placement. Whereas the predictive relevance of a foster mother's empathy and the duration (and presumed stability) of a foster placement is an intuitively reasonable finding, the predictive importance of the foster child's lower verbal-academic competence is not apparent. One possible explanation is that the relationship with the foster mothers was more rewarding to foster children who were judged by their social workers to be less verbally and academically competent, and who might therefore feel less successful in their school-based relationships. Although not itself a significant predictor of the foster child's feelings of acceptance, the social

worker's report of fewer "acting out" behavior problems contributed meaningfully to the variance accounted for by the four-variable model. It is possible that these foster children acted out less because they felt more accepted, or that they felt more accepted because their behaviors were more acceptable. It was noteworthy that the best solution for the multiple regression identified both foster child and foster mother variables as significant predictors of the acceptance variable in conjunction with the placement duration. This suggests that there may be multiple avenues to a positive foster mother-foster child relationship, and that efforts should be made to keep foster children in a single placement if extended foster care is required.

Methodological and Empirical Limitations

This field study had two major weaknesses, both of which related to its nature as a field study, and both of which violated the basic assumption of statistical independence. The first weakness was that the social workers were the primary source of information for foster mother, foster child, and outcome variables. As the study originally was designed, foster mothers would have completed standardized measures of their parenting skills and empathy, as well as a questionnaire concerning various aspects of their relationships with their current foster children, social workers, and supervising agencies. They also would have completed a standardized measure of the foster child's strengths and weaknesses. Because so few foster mothers were willing or able to take the time necessary to complete these measures, it was necessary to drop them from the study and gather the relevant information second-hand from the social workers. This resulted in a number of interpretive confounds regarding significant correlations among foster mother, foster child, and outcome

variables. Whenever a single informant makes judgments on such a wide range of variables, there is always the possibility of a built-in bias that exaggerates certain relationships among the data and obscures others, making interpretation of the results more difficult and less certain. This was evident in the small number of variables for which the social workers' ratings appeared to reflect the variability one might expect to find among participants (i.e., the variables of foster child improvement within the current placement, training received by foster mothers before and after becoming foster parents, and foster mothers' awareness of and ability to deal with their foster children's losses).

The second major weakness derived from the fact that different social workers provided information on multiple and varying numbers of foster children (and their foster mothers). This meant that social worker biases were variably represented across data sets. Although it was possible to maintain independent foster mother-foster child sets by gathering information on only one foster child per available foster mother, utilization of only one foster child per social worker would have made the subject pool impossibly small. As it was, the small number of subjects was itself empirically problematic, as it limited the options for statistical analysis of the data and made some analyses impossible. For example, there were too few subjects to do separate canonical correlation analyses for boys and girls, for African-American and Caucasian foster children, for foster children who had been in their current placements months versus years, and for subject sets from each department of social services.

A number of methodological weaknesses were related to items used to assess

specific variables. As was mentioned previously, the item pertaining to the certainty of the placement duration was worded in a way that confused its meaning. Responses to the item, therefore, could indicate certainty that the duration of the foster child's current placement would be greater than six months as well as uncertainty about the duration of the placement. Similarly, information regarding mental health services was not gathered with enough specificity, such that any exposure to therapeutic services was rated positively for "prior mental health services" and no distinctions were made regarding the nature and duration of current or prior services. This means that a single crisis intervention session to address sexual molestation was analyzed together with months of ongoing individual therapy, that individual therapy was analyzed together with group therapy, that interventions including the foster mother were analyzed together with those only involving the foster child, and so on. As regards information concerning prior placements, information was not utilized regarding prior placements that were not foster care placements (e.g., in a residential setting or psychiatric hospital). Also, no distinctions were made between prior placements separated by returns to the family of origin and prior placements not separated by such reunions. Finally, no distinctions were made between placements that ended by foster parent request versus those that ended for other reasons (e.g. the foster parent moving to another state). This lumping together of prior placement data may have obscured a significant impact of placement history on the quality of the foster care relationship.

Given that the quality of the relationship between the foster mother and foster child was the focus of this research, the measures of that relationship quality were

inadequate. Participation of the foster mothers would have allowed for their view of the relationship quality and, although it was not planned for this study, observation of foster mother-foster child interaction would have been a valuable addition to the data.

Suggested Directions for Future Research

A strength of this study lies in its analyses of information regarding a wide range of variables with potential significance in the foster mother-foster child relationship. This allowed for an overview of the complex system of foster care as it related to this important goal of foster care placement. Despite the weaknesses addressed above, this study provided a solid base for future research by suggesting fruitful avenues for exploration. Furthermore, those weaknesses discussed above that related to item wording and specificity of information collection should be relatively easily corrected in future research.

The creation of a more research-friendly atmosphere among departments of social services is important and would be expected to lead to increased participation by agencies and their foster parents. Such an atmosphere might be achieved by means of educating the agencies to the benefits of their participation as well as by identifying research questions of particular interest to departments of social services. It is especially important that efforts be made to gain better participation by foster parents, possibly through the offering of monetary or other incentives, as well as through education and formal recognition of the importance of their work.

Greater participation by foster children, foster parents, and departments of social services would allow for the completion of larger studies, which in turn would allow for the use of such analyses as path analysis. This would make it possible to

explore a variety of hypotheses concerning the means by which variables interact to produce observed outcomes. It then would be possible to explore a variety of interventions aimed at one or more of these variables. Larger numbers of available participants also would make it possible to address issues related to the number of children placed in a single foster home at any given time, as well as related to the placement of sibling sets in a single or separate homes.

Questions related to the selection and training of foster mothers are of both practical and empirical interest. Shealy (1995) noted the importance of appropriate selection and training, as well as adequate compensation of those who parent children placed out of the home. Identification of useful and meaningful measures for foster mother selection would allow for the early identification of women likely to succeed in this difficult work, which in turn would save time and money for the agencies hiring them. This conceivably also would allow for eventual professionalization or paraprofessionalization of the field of foster parenting, resulting in more effective foster care, foster parent support networks, and foster parent mentoring. Useful and meaningful measures also would allow for assessment of the efficacy of foster parent training, thereby facilitating focused refinement of the training process itself. For instance, it would be helpful to know if there is an interaction between skills and attributes brought into the work by foster parents and focused training aimed at enhancing those skills and qualities. Before reinventing the wheel, it would be reasonable to assess the utility of existing measures (e.g., the Parenting Dimensions Inventory; Slater & Power, 1987; the Emotional Empathy Scale; Mehrabian & Epstein, 1972) within the foster care domain. This could be done by administering

these measures to new as well as experienced foster mothers, comparing the results with social worker assessments of these women, and also assessing the success of these women over time in their work with foster children.

To better assess the success of foster care, it is first necessary to define the term. For example, has a foster care placement been successful only if the child is reunited with the family of origin, or are child-specific measures more meaningful and realistic? Additionally, more specific outcome research is necessary. Measures of peer relationships, family relationships where applicable, academic performance, emotional functioning, and physical health are some possibilities. It is also important that future research continue to address the complex interplay of variables as these contribute to or impede success. As was evident in this study, certain variables may emerge as significant only when examined within a broader context.

More information regarding the families of origin of children in foster care is important to better understand the dynamics of the children and those variables that facilitate or hinder reunion. The results of this study suggested that the relationships between child and family of origin functioning are quite complex. It is difficult to gather information about family of origin strengths because foster care records more often focus on problem areas and because family of origin members can be difficult to locate. Nevertheless, more research is needed in this area, and there is a general need for information which has been obtained directly from the families of origin.

Clearly, it would be important for future research to utilize multiple sources of information regarding variables found to correlate significantly with the outcome variables in this study. Possible sources of information include the foster child, foster

parent(s), family of origin members, teachers, therapists (if applicable), and social workers. Longitudinal research, which has been quite limited in the study of foster care, is greatly needed to address the impact of various aspects of foster care as an intervention.

Although this study focused on the relationship between foster children and their foster mothers, foster homes obviously may be headed by single women, single men, or couples, all of whom have intra- and interpersonal strengths and weaknesses. It would be important, therefore, for future research to look at the quality of foster parent marriages, personal adjustment, and affective functioning as factors that may affect the emotional and behavioral functioning of foster children. This again underscores the importance of foster parent participation in foster care research.

Additionally, the contribution of the social worker-foster child relationship to the success of the foster mother-foster child relationship might be explored. It has been noted that foster children find their own relationships with their social workers to be important, as social workers are the ones who arrange for family visits, inform foster children of upcoming placement and other changes, and help the foster children generally (Ruff Johnson, Yoken, & Voss, 1995).

A number of writers and researchers in foster care have commented on the lack of clarity in the foster parent role (e.g., Chamberlain et al., 1992; Guerney, 1982; Tinney, 1985). Specifically, they have noted confusion regarding the rights and responsibilities of foster parents, their place within a treatment team, and their function relative to the foster child and the agency (e.g., substitute parent, employee, or child advocate). Regular foster parents (as opposed to therapeutic foster parents)

receive minimal reimbursement for their work (Chamberlain et al., 1992; Guerney, 1982). Further, even in those cases where there is interaction with the social worker, foster parents' input regarding the functioning and needs of their foster children may be neither requested nor utilized (Guerney, 1982). Moreover, foster parents are likelier to be seen as part of the client system than the professional team (Titterington, 1990), suggesting a lack of collegial respect. This is despite the fact that the average foster parent may have worked in the foster care system much longer than the average social worker (Guerney, 1982). In their study of the effects of stipends and enhanced support and training services on foster parent retention, Chamberlain et al. (1992) noted that many unsolicited comments were made by participating foster parents. These comments reportedly reflected the foster parents' satisfaction, sense of accomplishment, and appreciation for being treated as professionals who had something to contribute to the improvement of foster care. These issues merit attention in future research as they relate to the nature, quality, and impact of foster care teamwork.

Finally, because the removal of children into foster care occurs within the constraints of public policy and public opinion, which in turn shape budgets, welfare programs, and programs aimed at alternatives to foster care (e.g., home-based services), it is important that future research address the impact of policy changes on the foster care system. Current changes in the welfare system, for instance, are likely to result in more children being placed in foster care (Clay, 1997). Although early foster care placement may be of benefit to children growing up in abusive or neglectful homes, placements resulting primarily or exclusively from financial

hardship are another matter entirely. Welfare reform, then, may seem financially beneficial in the short-run but prove personally and financially costly in the long-run.

Summary

The aim of this study was to examine the four interlinking subsystems of the foster care system: the foster child, the family of origin, the foster parent, and the social services agency as represented by the social worker. Subjects in the study were 42 foster children from the Chesapeake and Suffolk Departments of Social Services, along with their social workers, and data were gathered directly from the foster children (about the foster mothers and their relationship with the foster mothers), from the social workers (about themselves, the foster children, and the foster mothers), and from the foster children's charts (about the children, their families of origin, and the social worker's contacts with the foster mothers).

Results of this study suggested that foster mothers should be selected on the basis of their empathy, parenting skills, and awareness of/ability to deal with foster children's loss issues, and that attention should be paid to the fit between foster children and their foster mothers. Training aimed at increasing the first three of these was recommended, as well as research into the utility and accuracy of existing empathy and parenting skills measures in selecting foster mothers. Results also suggested that efforts to assist foster children should focus on decreasing their behavior problems while increasing their competencies, and that efforts should be made to keep foster children in a single placement when possible.

As a field study, this research had two major weaknesses which violated the basic assumption of statistical independence. Nevertheless, it provided a good base

for future research by suggesting fruitful avenues for exploration. The difficulties of the data collection also underscored the need for creating a more research-friendly atmosphere among departments of social services and among foster parents. This would allow for improved future efforts in this important area of research, the results of which have importance for the hundreds of thousands of children served in out-of-home placements each year.

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APPENDIX A

CHILDREN'S REPORTS OF PARENTAL BEHAVIOR-56 (CRPB-56)

AGE ____ DATE _____ BOY ___ GIRL ___ RACE _____

A	A	
LOT	LITTLE	NOT
<u>LIKE</u>	<u>LIKE</u>	<u>LIKE</u>

- | | | | | |
|---|----|----|-----|--|
| L | SL | NL | 1. | My foster mother makes me feel better after talking over my worries with her. |
| L | SL | NL | 2. | My foster mother likes to talk to me and be with me much of the time. |
| L | SL | NL | 3. | My foster mother is easy with me. |
| L | SL | NL | 4. | My foster mother seems to see my good points more than my faults. |
| L | SL | NL | 5. | My foster mother seems hurt when I don't follow advice. |
| L | SL | NL | 6. | My foster mother usually doesn't find out about my misbehavior. |
| L | SL | NL | 7. | My foster mother worries about how I will turn out, because she takes anything bad I do seriously. |
| L | SL | NL | 8. | My foster mother almost always speaks to me with a warm and friendly voice. |
| L | SL | NL | 9. | My foster mother is always thinking of things that will please me. |
| L | SL | NL | 10. | My foster mother lets me off easy when I do something wrong. |
| L | SL | NL | 11. | My foster mother understands my problems and my worries. |

<u>A LOT LIKE</u>	<u>A LITTLE LIKE</u>	<u>NOT LIKE</u>		
L	SL	NL	12.	My foster mother thinks I'm not grateful when I don't obey.
L	SL	NL	13.	My foster mother doesn't pay much attention to my misbehavior.
L	SL	NL	14.	If I break a promise, my foster mother doesn't trust me again for a long time.
L	SL	NL	15.	My foster mother enjoys talking things over with me.
L	SL	NL	16.	My foster mother gives me a lot of care and attention.
L	SL	NL	17.	My foster mother can't say no to anything I want.
L	SL	NL	18.	My foster mother enjoys going on drives, trips, or visits with me.
L	SL	NL	19.	My foster mother feels hurt by the things I do.
L	SL	NL	20.	My foster mother doesn't insist that I do my homework.
L	SL	NL	21.	My foster mother says someday I'll be punished for my bad behavior.
L	SL	NL	22.	My foster mother smiles at me very often.
L	SL	NL	23.	My foster mother often gives up something to get something for me.
L	SL	NL	24.	My foster mother excuses my bad conduct.
L	SL	NL	25.	My foster mother is able to make me feel better when I am upset.
L	SL	NL	26.	My foster mother tells me how much she has suffered for me.

<u>A LOT LIKE</u>	<u>A LITTLE LIKE</u>	<u>NOT LIKE</u>		
L	SL	NL	27.	My foster mother doesn't check up to see whether I have done what she told me.
L	SL	NL	28.	My foster mother thinks and talks about my misbehavior long after it is over.
L	SL	NL	29.	My foster mother enjoys doing things with me.
L	SL	NL	30.	My foster mother makes me feel like the most important person in her life.
L	SL	NL	31.	My foster mother lets me stay up late if I keep asking.
L	SL	NL	32.	My foster mother enjoys working with me in the house or yard.
L	SL	NL	33.	My foster mother says if I loved her, I'd do what she wants me to do.
L	SL	NL	34.	My foster mother seldom insists that I do anything.
L	SL	NL	35.	My foster mother says that someday I'll be sorry that I wasn't a better child.
L	SL	NL	36.	My foster mother comforts me when I'm afraid.
L	SL	NL	37.	My foster mother enjoys staying at home with me more than going out with friends.
L	SL	NL	38.	My foster mother does not insist I obey if I complain or protest.
L	SL	NL	39.	My foster mother cheers me up when I am sad.
L	SL	NL	40.	My foster mother tells me of all the things she has done for me.
L	SL	NL	41.	My foster mother does not bother to enforce rules.

<u>A</u> <u>LOT</u> <u>LIKE</u>	<u>A</u> <u>LITTLE</u> <u>LIKE</u>	<u>NOT</u> <u>LIKE</u>		
L	SL	NL	42.	My foster mother thinks that any misbehavior is very serious and will have future consequences.
L	SL	NL	43.	My foster mother often speaks of the good things I do.
L	SL	NL	44.	My foster mother makes her whole life center about her children. (includes foster child)
L	SL	NL	45.	I can talk my foster mother out of an order, if I complain.
L	SL	NL	46.	My foster mother has a good time at home with me.
L	SL	NL	47.	My foster mother says if I really cared for her, I would not do things that cause her to worry.
L	SL	NL	48.	My foster mother lets me get away without doing work I have been given to do.
L	SL	NL	49.	My foster mother says that sooner or later we always pay for bad behavior.
L	SL	NL	50.	My foster mother seems proud of the things I do.
L	SL	NL	51.	My foster mother spends almost all of her free time with her children. (includes foster child)
L	SL	NL	52.	My foster mother can be talked into things easily.
L	SL	NL	53.	My foster mother isn't interested in changing me, but likes me as I am.
L	SL	NL	54.	When I don't do as she wants, my foster mother says I'm not grateful.
L	SL	NL	55.	My foster mother lets me get away with a lot of things.
L	SL	NL	56.	My foster mother will talk to me again and again about anything bad that I do.

APPENDIX B

SOCIAL WORKER QUESTIONNAIRE

Part I: Using the scale below, please write the number that shows how strongly you agree or disagree with each of the following statements in the blank beside the statement. For example, if you strongly disagree with the statement, write a "-4" in the blank beside it. If you neither agree nor disagree, write a "0" in the blank. If you agree somewhat, write a number between "+1" and "+3" in the blank. And so on.

YOUR RESPONSES WILL BE KEPT CONFIDENTIAL

Very Strong -4 -3 -2 -1 0 +1 +2 +3 +4 Very Strong
Disagreement Agreement

1. These foster parents do a good job of providing structure to their current foster child.
2. These foster parents discipline their current foster child appropriately.
3. These foster parents are good at managing their current foster child's behavior problems.
4. Relative to other foster parents with whom I have worked, these foster parents are overall good foster parents.
5. These foster parents are aware of and sensitive to the following loss issues of their current foster child:
- a) loss of biological family b) loss of familiar environment
 c) loss of familiar peers d) other losses
6. These foster parents are good at dealing with the following loss issues of their current foster child:
- a) loss of biological family b) loss of familiar environment
 c) loss of familiar peers d) other losses
7. These foster parents manage well their own issues regarding the "loss" of foster children who move on.
8. Based on what I know about this case at present, I am confident that the foster child currently placed with these parents will be out of foster care within the next six months.

9. These foster parents are empathic in their dealings with their current foster child.
10. Overall, these foster parents are a good "fit" with their current foster child (e.g., temperament, age, problem areas, interests, activity level, family constellation).
11. These foster parents have a good relationship with their current foster child (e.g., caring, connected, good understanding, good communication).
12. How much pre-placement training did these foster parents receive?
- None 1 2 3 4 5 6 7 A Lot
13. How much additional training have these foster parents received since becoming foster parents (e.g., workshops, supervision from workers regarding children placed in the home)?
- None 1 2 3 4 5 6 7 A Lot

Part II:

1. Please rate this foster child's improvement since being in this foster home:
- Much Worse -4 -3 -2 -1 0 +1 +2 +3 +4 Much Better
2. Please rate the study foster child's competence in the following areas, where a "1" represents "not at all competent" and a "10" represents "extremely competent":
- a) verbal skills b) social skills
 c) academic skills d) emotional skills
3. Please rate the study foster child's behavior problems in the following areas, where a "1" represents "no serious problems" and a "10" represents "severe problems":
- a) "acting in" problems (e.g., depression, withdrawal, self-harm)
 b) "acting out" problems (e.g., aggression, sexual promiscuity, runaways)
4. Do these foster parents have contact with their foster child's biological family?
- YES NO

5. Are the foster parents aware of your degree of confidence regarding the duration of their foster child's placement with them (see Part I, #8)?
___ YES ___ NO
6. About how many years of foster care experience do these foster parents have?
___ years ___ months
7. How many children have these foster parents cared for during that time (for one night or longer)? ___

Part III: Please answer the following questions about yourself and your experience as a foster care social worker.

1. How old are you? _____
2. How many years have you worked in foster care? _____
3. How many years have you worked in other areas relevant to your current position (e.g., residential setting, CPS)? _____
4. How many cases do you currently have in your caseload? _____
5. Do you consider this to be a ___ small, ___ mid-sized, or ___ large caseload?

THANK YOU FOR YOUR TIME IN COMPLETING THIS FORM

APPENDIX C

REVIEW OF CHART FORM

1. Reason(s) for placement in foster care:
 - physical abuse
 - sexual abuse
 - neglect
 - abandonment
 - child problem
 - other (please specify: _____)
2. Duration of foster child's current placement: ____ years ____ months
3. Age of foster child at time of first removal: _____
4. Age of foster child at time of onset of earliest abuse/neglect: _____
5. Number of foster care placements prior to current placement: _____
6. Mental health services being received? YES ____ NO ____
Previously? YES ____ NO ____
7. Family of origin problem(s):

<input type="checkbox"/> substance abuse	<input type="checkbox"/> alcohol
<input type="checkbox"/> criminal	<input type="checkbox"/> mental health
<input type="checkbox"/> violence	<input type="checkbox"/> transience
<input type="checkbox"/> financial	<input type="checkbox"/> divorce or desertion
<input type="checkbox"/> other (please specify _____)	
7. Visitation record:
 - visitation forbidden by court
 - visitation frequent
 - weekly
 - biweekly
 - visitation infrequent because of bio family
 - monthly
 - less than monthly
 - visitation infrequent because of social worker concerns
 - monthly
 - less than monthly

8. Number of social worker contacts (face-to-face and telephone contact) with foster parents during the following time periods after placement:

	face-to face	TCs
1st week	_____	_____
1st month	_____	_____
	(including the first week's contacts)	
3 months	_____	_____
	(including the first month's contact)	

APPENDIX D

CHESAPEAKE DEPARTMENT OF SOCIAL SERVICES
LETTER TO FOSTER PARENTS*

Dear Foster Parent(s):

Chesapeake Social Services has been invited to participate in a study of our foster children, who are between the ages of 6-18 years old and have been in their present placement for at least three months. Ms. Meg Sandow, graduate student, is conducting this study as an educational requirement for her degree. The social worker for the foster child in your home has completed a questionnaire regarding the child. Ms. Sandow will also need to interview the foster child residing in your home. she will be contacting you to schedule a convenient time for the interview. We appreciate your working with Ms. Sandow. It is hoped the information obtained will help our children to make a smoother transition to their placements.

Please feel free to call us if you have questions or concerns related to this project.

Yours truly,

Marcia Clements,
Senior Social Worker

Carol B. Kerpelman,
Chief of Services

* This letter was printed on City of Chesapeake letterhead stationery.

APPENDIX E

CONSENT FORM FOR FOSTER CHILDREN

The following consent form is to be signed by a social worker or other legal representative on behalf of the foster child participating in the research named below. The foster child is to be identified on the form only by first name and last initial, and by the last four digits of his or her social security number. This is in order to maintain the confidentiality of the foster child's identity while also establishing informed consent for participation in the study.

Consent is hereby granted for:

_____, _____
 (FIRST NAME & LAST INITIAL ONLY) (LAST 4 DIGITS OF SS# ONLY)

to participate in the research entitled, "Factors Associated with Foster Child-Foster Parent Relationships," which is being conducted by Meg Sandow (804-623-9019). I understand that the foster child's participation is entirely voluntary and that the foster child can withdraw his/her consent at any time without any penalty. I also understand that the foster child can have the results of his/her participation, to the extent that they can be identified as his/hers, removed from the experimental records or destroyed. Additionally, I understand the following points:

1. The purpose of this study is to examine foster care relationships. The benefit that this foster child can expect from participation is an opportunity to tell someone about how he/she feels in the foster home and how the foster parent handles his/her behaviors.
2. The procedures are as follows: The foster child will spend some time discussing with the researcher the questionnaire he/she will be asked to complete. The questionnaire will then be read to the foster child in order to get his/her responses.
3. Participation involves no risks.
4. The results of this foster child's participation will be identified only by a random number and so they will remain completely confidential. They will not be released in any individually identifiable form without prior written consent by a legal guardian or representative for the foster child, unless required by law and/or the foster child indicates that someone is in physical danger.

5. Meg Sandow will answer any further questions about this research, either now or during the course of the project.

6. Questions and concerns can also be discussed with Meg Sandow's research advisor, Dr. Constance Pilkington (804-221-3898), or the Chairman of the Psychology Department at the College of William and Mary (Dr. Robert Johnston, 804-221-3871).

signature of investigator

signature of legal guardian or representative

date

signature of witness

APPENDIX F

SCRIPT FOR FOSTER CHILDREN

(Note: Language was modified as necessary to reflect the child's age and level of functioning.) "Hi, my name is Meg. I'm working with Ms./Mr. [name of social worker] and I'm talking to children about their foster parents. Your social worker said it would be okay for us to spend some time with each other so I could read you some questions about how things are in your foster home. There are no right or wrong answers, but it's very very important for you to answer honestly. Do you understand what that means? [Confirm that the child knows the difference between the truth and not the truth by asking him to her to state the difference and give an example, or respond accurately to examples presented by the researcher.] ALL of your answers will be kept secret unless you say that someone is in danger of being badly hurt. So that means that no one will be told what you tell me, even if you say something good or something bad about them. It's really important to keep promises like that -- do you have any questions about it? [answer questions] I'll be reading the questions to you, and we'll be together for a half-hour or so. If there's anything I read that you don't understand, you can ask me to explain it to you. That's important too, because how can you answer a question if you don't understand it! Is there anything you want to ask me now? [answer questions] Do you think you're ready to start? Great! [If not: "What would you like to take care of before we begin" and get child settled and comfortable. If the foster child does not want to participate at all: "That's fine. I'm so glad you were able to tell me that you don't want to answer the questions. It's really important to be able to say what you want to do and don't want to do. Thanks anyway -- I enjoyed meeting you. Bye-bye."] If you decide you want to stop before we're done, you just let me know, okay? If something's bothering you or making you uncomfortable, just let me know, because I wouldn't want that. Here's how it works: for each question, I want you to tell me if that is really a lot like your foster mom/dad, just a little like her/him, or not like her/him at all. So, for instance, if I said, "My foster mother is as strong as an elephant," what would you say? [confirm that child understands] Great! Now, you be sure to let me know if you want to take a break or you don't understand something. Here's the first question. [Proceed with questionnaire, checking in with foster child periodically to make sure he or she is comfortable, wants to keep working, etc.] Wow! You did great on that -- you were able to think about all the questions and you answered them all for me. Do you have any questions for me now? [answer questions] Remember, everything you said is just between you and me. If there is anything you want your social worker or your foster mom/dad to know, then you can tell them. Thanks a lot for all of your help! Bye-bye.

APPENDIX G

SCRIPT FOR SOCIAL WORKERS

"Hi, my name is Meg Sandow. I'm the woman whose letter you've sent to some foster parents. I know how busy social workers are, so I appreciate your taking the time to talk to me. I am doing some research on foster care relationships for my doctoral degree and I need the help of social workers working with foster children who have been in their current foster homes for three months or more. If you decide to participate in the study, you'll be filling out a questionnaire about each of the foster parents in your caseload who is participating in the study and about yourself. I know you are familiar with the limits of confidentiality, so all of your answers will be kept completely confidential unless you indicate that someone is in danger of serious personal harm. For instance, the foster parents will not be told what your opinion of their work might be, even if that opinion is very positive. And your supervisor will not be told your opinion regarding the size of your caseload. Confidentiality is a really important issue -- do you have any questions about it? [answer questions] This is the Social Worker Questionnaire, and it asks your opinion about the foster parents in the study, such as how well they provide structure, how aware they are of the foster child's loss issues, how you would rate them overall, and so on. It also asks a few questions about your experience and caseload. The questionnaire will take about 15 minutes to complete. Why don't you take a look at it. [show questionnaire and answer any questions] If you have any other questions or need an item clarified, just ask. Do you think you would like to participate? Great! [If not: "That's fine -- I know how busy social workers are. Thanks for your time in talking with me about the study."] What I'd like you to do is read a consent form and sign it if you still want to participate. You'll notice there's a space at the bottom you can check if you would like the results of the study after it is completed. [Show the form and answer any questions. Get social worker's signature if he or she still wishes to participate and provide a copy of consent form if requested.] I also have a consent form for you to sign on [name of foster child]'s behalf, as the legal guardian. If you don't want the foster child to participate in the study for any reason, that's fine. You also can end your participation in the study at any time you want if you decide that it's not for you, and so can the foster child. And again, I'd like to stress that all of your responses and the foster child's responses will be completely confidential -- your honesty and comfort are very important to me. Do you have any questions? [answer questions] Great. Do you have my phone number in case something comes up? [if not, provide phone number] Okay, then you can give me the form when you're done [if researcher is working with foster child at that time] or pass it on to [name of coordinating department of social services employee]. Thanks so much!

APPENDIX H

CONSENT FORM FOR SOCIAL WORKERS

I, _____, agree to participate in the research entitled, "Factors Associated with Foster Child-Foster Parent Relationships," which is being conducted by Meg Sandow (804-623-9019). I understand that this participation is entirely voluntary and that I can withdraw my consent at any time without any penalty. I also understand that I can have the results of my participation, to the extent that they can be identified as mine, returned to me, removed from the experimental records, or destroyed. Additionally, I understand the following points:

1. The purpose of this study is to examine foster care relationships. The benefits that I can expect from participation are personal, in that I will have the opportunity to consider the nature of my work as a social worker, and the quality of the work done by those foster parents whose placements I supervise. If I am responsible for completing the Review of Chart forms, I will also have the opportunity to review certain information regarding my foster child clients.

2. The procedures are as follows: I will briefly discuss a questionnaire (and Review of Chart, if applicable) that I will be asked to complete. I will then complete the form(s) at my convenience within a one-week period.

3. Participation involves no risks.

4. The results of my participation will be identified only by a random number and so they will remain completely confidential. They will not be released in any individually identifiable form without my prior written consent, unless required by law and/or I indicate that someone is in physical danger.

5. Meg Sandow will answer any further questions about this research, either now or during the course of the project.

6. Questions and concerns can also be discussed with Meg Sandow's research advisor, Dr. Constance Pilkington (804-221-3898), or the Chairman of the Psychology Department at the College of William and Mary (804-221-3871).

signature of investigator

signature of participant

date

Please check here if you would like to receive the results of this study after it is completed.

APPENDIX I

MINIMUM, MAXIMUM, MEAN, STANDARD DEVIATION, AND MODE VALUES
FOR SELECTED VARIABLES

<u>Foster Child Variable^a</u>	<u>Possible Range</u>	<u>Min</u>	<u>Max</u>	<u>Mean</u>	<u>S.D.</u>	<u>Mode</u>
FC's ^b verbal competence	1 to 10	2	10	6.33	2.10	5
FC's social competence	1 to 10	2	10	5.93	2.02	7
FC's academic competence	1 to 10	2	9	5.79	1.96	**
FC's emotional competence	1 to 10	1	9	5.67	2.09	7
"Acting in" behavior problems	1 to 10	1	10	2.95	2.40	1
"Acting out" behavior problems	1 to 10	1	10	2.61	2.44	1
FC's number of prior foster placements	≥ 0	0	4	1.38	1.40	0
FC's age at first removal	≥ 0 mos.	1	193	80	55	**
Duration of FC's current placement	≥ 3 mos.	4	155	42	40	24

<u>Foster Mother Variable^a</u>	<u>Possible Range</u>	<u>Min</u>	<u>Max</u>	<u>Mean</u>	<u>S.D.</u>	<u>Mode</u>
Structure well provided	-4 to +4	-1	+4	3.12	1.09	+4
Appropriate discipline	-4 to +4	-1	+4	3.05	1.03	+3
Behavior well managed	-4 to +4	-1	+4	2.93	1.13	+3
Overall evaluation	-4 to +4	-1	+4	3.00	1.29	+4
FM's ^c awareness of FC's loss of biological family	-4 to +4	-2	+4	2.71	1.38	+3
FM's awareness of FC's loss of a familiar environment	-4 to +4	-2	+4	2.24	1.46	+3
FM's awareness of FC's loss of familiar peers	-4 to +4	-2	+4	2.14	1.52	+3
FM's awareness of FC's "other" losses	-4 to +4	-2	+4	1.94	1.55	+3
FM's ability to deal with FC's loss of biological family	-4 to +4	-2	+4	2.65	1.39	+3
FM's ability to deal with FC's loss of familiar environment	-4 to +4	-2	+4	2.25	1.53	+3
FM's ability to deal with FC's loss of familiar peers	-4 to +4	-2	+4	2.13	1.54	+3
FM's ability to deal with FC's "other" losses	-4 to +4	-2	+4	2.08	1.53	+3
FM's management of her own loss issues	-4 to +4	-2	+4	2.47	1.57	+4
FM's empathy +4	-4 to +4	+1		+4	3.10	1.10
FM's goodness of fit with FC	-4 to +4	-2	+4	3.10	1.41	+4
Amount of pretraining received	1 to 7	1	7	3.64	1.92	4
Amount of additional training received	1 to 7	1	7	3.12	1.92	1

<u>Foster Mother Variable*</u>	<u>Possible Range</u>	<u>Min</u>	<u>Max</u>	<u>Mean</u>	<u>S.D.</u>	<u>Mode</u>
Months of foster parenting experience	3 to N.A.	4	240	60	52	48
Number of FCs cared for	1 to N.A.	1	40	6	6	2

<u>Social Worker Variable*</u>	<u>Possible Range</u>	<u>Min</u>	<u>Max</u>	<u>Mean</u>	<u>S.D.</u>	<u>Mode</u>
SW's ^d years of foster care experience	≥ 0 mos.	3	312	163	120	312
SW's years of related experience	≥ 0 mos.	0	192	28	55	0
SW's actual case size	1 to N.A.	7	32	21	7	26
SW's opinion of case size, where 1 = small, 2 = mid, 3 = large	1 to 3	1	3	2	.54	2

<u>Outcome Variable</u>	<u>Possible Range</u>	<u>Min</u>	<u>Max</u>	<u>Mean</u>	<u>S.D.</u>	<u>Mode</u>
SW's opinion of FC's improvement in the current foster placement	-4 to +4	-3	+4	2.74	1.40	+3
SW's opinion of the quality of the foster mother-foster child relationship	-4 to +4	-1	+4	3.17	1.19	+4

*Min = minimum value recorded, Max = maximum value recorded, S.D. = standard deviation

**These variables were multimodal.

^a Ratings for these variables reflect the opinion of the social worker.

^b FC = foster child

^c FM = foster mother

^d SW = social worker

VITA

Meg Sandow

Date of Birth: March 25, 1954

Place of Birth: New York City, New York

Education

1987 to 1991

Virginia Consortium Program in Clinical Psychology*
Virginia Beach, Virginia*Sponsored by: The College of William and Mary, Eastern
Virginia Medical School, Norfolk State University, and Old
Dominion University

*Full APA Accreditation

Psy.D. received December, 1997

June, 1985

CUNY: Hunter College
New York City, New York

B.A., Psychology, Summa cum laude

Internship**University of Texas Health Science Center at San Antonio**
Training Sites: Community Guidance Center, Medical Center
Hospital, Southwest Neuropsychiatric Institute, Brady/Green
Community Mental Health Clinic, San Antonio State Hospital,
UTHSCSA Psychotherapy Services, UTHSCSA Student
Counseling Center**Employment**

Nov, 1997 to present

Counselor III, Student Assistance Program
Norfolk Community Services Board
Norfolk, Virginia

Sept, 1995 to Nov, 1997

Counselor III, Juvenile Justice Services
Norfolk Community Services Board
Norfolk, Virginia

Sept, 1992 to July, 1994

Clinician IV, Child and Youth Services
Community Mental Health Services
Virginia Beach, Virginia

Aug, 1991 to Oct, 1992

Psychometrist
Hampton-Newport News Community Services Board
Hampton, Virginia