

Amy Moore

Running head: DOCTORAL DISSERTATION

**The Effects of Ambiguous Loss on  
Behavioral Problems in Children  
Placed in Out-of-Home Care**

A Thesis

Submitted to the Faculty

of

Drexel University

By

Amy Michele Moore

In partial fulfillment of the requirements for the degree

of

Doctor of Philosophy

May 2008



## **DEDICATIONS**

This study is dedicated to all children involved in the foster care system: your courage and resilience are inspiring. Also, this study is dedicated to biological parents who are struggling to become reunified with their children, and to foster parents who are opening their hearts and homes to care for these children. Finally, this study is dedicated to researchers, administrators, caseworkers, and clinicians who are working to support children and families affected by foster care.

## ACKNOWLEDGMENTS

First and foremost, I would like to express my sincere gratitude and appreciation to Eric Johnson, PhD, chairman of my dissertation committee for his dedication, encouragement, and unwavering faith in me. Your guidance and commitment to me and this project were invaluable, and I am truly grateful for all of your help.

I would also like to extend appreciation to the other members of my committee, Jay Lappin, Dr. John Lawless, Dr. Bill Silver, and Dr. Marlene Watson for all the helpful feedback and support. Also, thank you to Dawn Lacey, LMFT and Diane Peer, APN. Without your help, and commitment to my study, I may not have been able to collect any data. Thank you for being such wonderful friends, and for backing me! Also, thank you to Harry Marmorstein, and the Lester A. Drenk Center for all their hard work and dedication to the children placed in their care.

To my good friend and colleague, Dr. Susan Cornbluth, thank you for all your help- from conceptualizing my research question to cheerleading me all the way through to the end. If not for you, I may not have believed it would be possible to finish! You are such a motivational teacher and a truly dear friend.

Lastly, I would like to extend my deepest gratitude to my friends and family for all the support, encouragement, and patience. Especially to Lou, thank you for standing by my side in the home stretch of this grueling process. Your undying support and faith in me have meant the world. And finally, to my parents, thank you for nurturing, pushing, and believing in me. Your pride in my work has made the struggle worthwhile! It means everything to me that you have given all of yourselves to me and I am grateful for the

opportunity to give back to you and to others. All that I am and all that I do, it's all because of you.

## TABLE OF CONTENTS

<b>DEDICATIONS .....</b>	<b>3</b>
<b>ACKNOWLEDGMENTS .....</b>	<b>4</b>
<b>TABLE OF CONTENTS.....</b>	<b>6</b>
<b>LIST OF TABLES .....</b>	<b>11</b>
<b>LIST OF FIGURES .....</b>	<b>14</b>
<b>ABSTRACT.....</b>	<b>15</b>
<b>INTRODUCTION.....</b>	<b>17</b>
<b>LITERATURE REVIEW .....</b>	<b>22</b>
PHILOSOPHY OF FOSTER CARE .....	22
THE FOSTER CARE EXPERIENCE .....	24
SIBLING RELATIONSHIPS.....	30
FAMILY LOYALTY .....	34
BEHAVIOR PROBLEMS IN FOSTER CHILDREN .....	36
<i>Multiple Placements</i> .....	39
<i>Family Loyalty Conflicts</i> .....	41
AMBIGUOUS LOSS THEORY .....	44
AMBIGUOUS LOSS RESEARCH.....	47
<b>PROBLEM FOR STUDY.....</b>	<b>52</b>
ASSESSMENT OF THE LITERATURE.....	52
RESEARCH QUESTIONS AND HYPOTHESES .....	54
DIAGRAM OF PREDICTED CORRELATIONS .....	56
<b>METHODS.....</b>	<b>57</b>

RESEARCH DESIGN.....	58
SAMPLE.....	58
PROCEDURE.....	59
MEASUREMENTS .....	61
<i>Dependent variable</i> .....	61
<i>Endogenous variable</i> .....	65
<i>Exogenous variables</i> .....	67
DATA ANALYSIS .....	68
<i>Data coding</i> .....	68
<i>Covariates</i> .....	68
<i>Analytic Procedures</i> .....	69
<b>RESULTS 1: UNIVARIATE FINDINGS .....</b>	<b>71</b>
EXOGENOUS VARIABLES .....	71
<i>Age, Gender, and Ethnicity</i> .....	71
<i>Age at First Placement, Total Time in Placement, Number of Placements, Number of</i> <i>Caseworkers, Contact Frequency</i> .....	73
<i>Siblings</i> .....	77
<i>Reunification Plan and Contact Frequency</i> .....	78
BEHAVIOR PROBLEMS AND FUNCTIONING .....	80
<i>Gender and Birth Order</i> .....	81
AMBIGUOUS LOSS .....	83
<i>Gender and Birth Order</i> .....	85
<b>RESULTS 2: CORRELATIONS.....</b>	<b>86</b>
OHIO SCALES .....	86
<i>Gender</i> .....	87
<i>Birth Order</i> .....	89

BOUNDARY AMBIGUITY SCALES .....	89
<i>Gender</i> .....	89
<i>Gender and Birth Order</i> .....	90
<b>RESULTS 3: RELATIONSHIPS AMONG VARIABLES.....</b>	<b>91</b>
BEHAVIOR PROBLEMS AND AMBIGUOUS LOSS.....	91
ETHNICITY .....	92
<i>Behavior Problems and Functioning</i> .....	92
<i>Boundary Ambiguity</i> .....	93
BIRTH ORDER .....	93
<i>Behavior Problems and Functioning</i> .....	93
<i>Boundary Ambiguity</i> .....	93
CONTACT FREQUENCY .....	94
<i>Behavior Problems and Functioning</i> .....	94
<i>Boundary Ambiguity</i> .....	94
REUNIFICATION PLAN.....	96
<i>Behavior Problems and Functioning</i> .....	96
<i>Boundary Ambiguity</i> .....	98
<b>RESULTS 4: REGRESSIONS.....</b>	<b>101</b>
BEHAVIOR PROBLEMS .....	102
<i>Youth Report: Behavior Problems Model 1-Youth</i> .....	102
<i>Worker Report: Behavior Problems Model 1-Worker</i> .....	102
<i>Youth Report: Behavior Problems Model 2-Youth</i> .....	103
<i>Worker Report: Behavior Problems Model 2-Worker</i> .....	104
BEHAVIOR FUNCTIONING .....	104
<i>Youth Report: Behavior Functioning Model 1- Youth</i> .....	104
<i>Worker Report: Behavior Functioning Model 1-Worker</i> .....	105



<i>Youth Report: Behavior Functioning Model 2-Youth</i> .....	106
<i>Worker Report: Behavior Problems Model 2-Worker</i> .....	106
<b>AMBIGUOUS LOSS</b> .....	<b>107</b>
<i>Parent Boundary Ambiguity (Parent BA)</i> .....	107
<i>Sibling Boundary Ambiguity (Sibling BA)</i> .....	108
<b>RESULTS 5: SCALE RELIABILITY AND FACTOR ANALYSIS</b> .....	<b>109</b>
<i>Ohio Scales</i> .....	109
<i>Boundary Ambiguity Scales</i> .....	109
<i>Behavior Problems</i> .....	110
<i>Behavior Functioning</i> .....	112
<i>Boundary Ambiguity</i> .....	115
<b>CHAPTER 6: DISCUSSION</b> .....	<b>118</b>
INTERPRETATION OF FINDINGS .....	119
HYPOTHESIS RESULTS.....	121
IMPLICATIONS OF FINDINGS .....	126
<i>Behavior Problems and Functioning</i> .....	126
<i>Ambiguous Loss</i> .....	128
<i>Siblings</i> .....	131
LIMITATIONS OF THE STUDY .....	133
IMPLICATIONS FOR FAMILY THERAPY RESEARCH.....	136
IMPLICATIONS FOR FAMILY THERAPY.....	137
CONCLUSION.....	139
<b>REFERENCES</b> .....	<b>140</b>
<b>APPENDIX A: PERMISSION AND CONSENT TO SPONSOR A RESEARCH STUDY</b> .	<b>148</b>
<b>APPENDIX B: DEMOGRAPHIC INFORMATION SHEET</b> .....	<b>149</b>

<b>APPENDIX C: OHIO SCALE/PARENT VERSION .....</b>	<b>150</b>
<b>APPENDIX D: OHIO SCALE/WORKER VERSION .....</b>	<b>151</b>
<b>APPENDIX E: OHIO SCALE/YOUTH VERSION .....</b>	<b>152</b>
<b>APPENDIX F: BOUNDARY AMBIGUITY SCALE/PARENT VERSION .....</b>	<b>153</b>
<b>APPENDIX G: BOUNDARY AMBIGUITY SCALE/SIBLING VERSION .....</b>	<b>154</b>
<b>APPENDIX H: BOUNDARY AMBIGUITY SCALE- BOSS, PEARCE-MCCALL, AND GREENBERG, 1990 VERSION .....</b>	<b>155</b>
<b>APPENDIX I: TABLES 5.1-5.6 .....</b>	<b>156</b>
<b>VITA .....</b>	<b>162</b>

## LIST OF TABLES

1. Ohio Scales Distribution- Behavior Problems.....	80
2. Ohio Scales Distribution- Behavior Functioning.....	81
3. Boundary Ambiguity Scales Distribution.....	83
4. Correlations for Ohio Scale Youth and Worker- Problem Scales.....	86
5. Correlations for Ohio Scale Youth and Worker- Functioning Scales.....	87
6. Correlations for Ohio Scale Youth Version Problem and Functioning Scales.....	87
7. Correlations for Ohio Scale Worker Version Problem and Functioning Scale....	87
8. Correlations for Ohio Scale Youth and Worker Problem Scale by Gender.....	88
9. Correlations for Ohio Scale Youth and Worker Functioning Scale by Gender...	88
10. Correlations for Parent and Sibling Versions of Boundary Ambiguity Scales.....	89
11. Correlations for Parent and Sibling Versions of Boundary Ambiguity Scales in Males and Females.....	90
12. Relationships Between Behavior Problems and Functioning and Parent and Sibling Boundary Ambiguity.....	91
13. ANOVA Ethnicity and Behavior Problems in Males.....	92
14. ANOVA Relationship Between Contact Frequency and Parent and Sibling Loss (Boundary Ambiguity).....	94
15. ANOVA Relationship Between Contact Frequency and Parent and Sibling Boundary Ambiguity and Contact Frequency in Females.....	95
16. ANOVA Relationship Between Contact Frequency and Parent and Sibling Boundary Ambiguity in Males.....	95

17. ANOVA for Reunification Plan and Behavior Problems.....	96
18. ANOVA for Reunification Plan and Behavior Functioning.....	96
19. ANOVA for Behavior Problems and Reunification Plan in Females.....	97
20. ANOVA for Behavior Functioning and Reunification Plan in Females.....	97
21. ANOVA for Behavior Problems and Reunification Plan in Males.....	98
22. ANOVA for Behavior Functioning and Reunification Plan in Males.....	98
23. ANOVA for Parent and Sibling Boundary Ambiguity and Reunification Plan...	99
24. Multiple Comparisons for Parent and Sibling Boundary Ambiguity and Reunification Plan .....	99
25. ANOVA for Parent and Sibling Boundary Ambiguity and Reunification Plan in Females.....	100
26. ANOVA for Parent and Sibling Boundary Ambiguity and Reunification Plan in Males.....	100
27. Behavior Problems Regression Model 1- Youth .....	102
28. Behavior Problems Regression Model 1- Worker.....	103
29. Behavior Problems Regression Model 2- Youth.....	104
30. Behavior Functioning Regression Model 1- Worker.....	105
31. Behavior Functioning Regression Model 2- Youth .....	106
32. Parent Boundary Ambiguity Regression Model 1.....	107
33. Sibling Boundary Ambiguity Regression Model 1.....	108
34. Behavior Problem Scale Pattern Matrix.....	112
35. Behavior Problem Scale Component Correlation Matrix.....	112
36. Behavior Functioning Scale Pattern Matrix.....	114
37. Behavior Functioning Scale Component Correlation Matrix.....	114

38. Parent Boundary Ambiguity Scale Pattern Matrix.....	117
39. Parent Boundary Ambiguity Component Correlation Matrix.....	117

**LIST OF FIGURES**

1. Distribution of Age .....	72
2. Distribution of Gender .....	72
3. Distribution of Ethnicity.....	73
4. Distribution of Age at First Placement.....	75
5. Distribution of Total Time in Placement.....	75
6. Distribution of Number of Placements.....	76
7. Distribution of Number of Caseworkers.....	76
8. Distribution of Frequency of Contact with Siblings.....	77
9. Distribution of Number of Siblings.....	78
10. Distribution of Reunification Plans.....	79
11. Frequency of Contact with Siblings and Reunification Plan Breakdown.....	79
12. Distribution of Boundary Ambiguity Parent Version.....	84
13. Distribution of Boundary Ambiguity Sibling Version.....	84
14. Worker Report of Male Behavior Problems by Ethnicity.....	93

**ABSTRACT**

The Effects of Ambiguous Loss on Behavioral Problems in Children  
Placed in Out-of-Home Care

Amy Michele Moore  
Eric D. Johnson, PhD

A major area of concern to the field of couple and family therapy is the issue of foster care. The foster care system contributes to economic and social problems, and reflects the stratification system of western culture. Yet, little empirical knowledge exists to understand why foster children manifest behavioral problems or what may contribute to these problems. Additionally, few studies are available to inform us of how separation from siblings further impacts behavior, functioning, and boundary ambiguity for foster children. These questions were investigated using archival data obtained during the treatment process at the Lester A. Drenk Center for 82 children placed in out-of-home care in Burlington County, New Jersey. Male and female children ranged from age 10-17 and identified themselves as Caucasian, African American, Hispanic, and Biracial. Results of Boundary Ambiguity Scales indicated that children experience ambiguous loss, a lens that can help administrators, clinicians, caseworkers, and foster parents to understand incidence of behavioral problems and functioning in foster children. This lens may also inform intervention and practice with these children. Not surprisingly, the frequency of contact among children and siblings, total time in placement, and knowledge of any reunification plans impacted the degree of behavioral problems, functioning, and boundary ambiguity in children.





## INTRODUCTION

In 2001, over one half million children were reportedly placed in out-of-home care (U.S. Department of Health and Human Services, 2003), a 90% increase since 1987. Despite this staggering number of children placed out of their homes, only about 400,000 homes exist in which these children can be placed (Adoption and Foster Care Analysis and Reporting System, 2001). This imbalance highlights a critical condition of child placement: many homes may not be equipped to take in all children within a sibling group, thus siblings are often separated. Some studies estimate 56% to 85% of children placed in out-of-home care also have siblings in placement (Ward, 1984). When a child is placed in out-of-home care without siblings, he or she faces a double jeopardy of losing family relationships with parents and siblings.

Bank and Kahn (1982) assert that sibling relationships are, “life’s longest lasting relationship”; yet, children continue to be placed into foster and adoptive homes without their siblings. What is most unsettling is that children are restricted access to knowledge about their siblings. No statute exists to ensure or grant children rights to one another, only parental or guardian rights exist; therefore, children placed in out-of-home care without siblings lose the privilege of independently contacting or visiting their siblings.

Children are placed in out-of-home care for a variety of reasons, including: abuse or neglect in their biological family homes (Sudia, 1986), parental substance or chemical addiction, poverty, mental illness or death of parents, homelessness, a child’s behavior problems, or parental abandonment (American Academy of Pediatrics, 2000). States receive approximately \$5 billion in federal money annually for maintaining children in foster care; the federal dollars grow as the number of children in a state’s foster care

system grows (Hardy, 2004). Despite this funding, less than \$700 million is allotted for services to help biological parents address the problems that led to their children being neglected and removed from the home, in the first place (Hardy, 2004). Colapinto (1997) states “foster care is practiced as though parents can become better parents without actually parenting” (p.44). Colapinto (1995, 1997) and Minuchin, Colapinto, and Minuchin (1998) refer to this as a “disconnect”, arguing that children and families are separated and viewed apart from one another, and the relationship between the child and his or her biological family is not nurtured.

This disconnect in the out-of-home care system exemplifies the dichotomy of the socio-political climate in which there are two opposing positions: family reunification and termination of parental rights. This duality places caseworkers, foster parents, children, and birth parents in a tenuous atmosphere in which it is unclear whether or not the child is returning home or remaining in care. Because of this lack of clarity, a dilemma exists in how to encourage communication and contact between children and their families. Contact between children and their families may be limited or cut off depending on the nature of the events leading up to placement. Additionally, the amount of contact and communication between children and their families may be limited if there is no reunification plan for the child and his or her family. The impact of this dilemma on children is a heightened tenuous atmosphere, creating an ambiguity in the loss children experience.

Additionally, the caseworkers’ and foster parents’ personal philosophies about reunification can exacerbate the dilemma for children since caseworkers and foster parents deliver messages to children regarding the value of reunification. Many

caseworkers and foster parents hold conflicting beliefs, which places the child in a loyalty conflict between caseworker and foster parent, ultimately creating an atmosphere of confusion about the child's own desires to return home.

The ways in which children placed in out-of-home care are treated cause significant concern. Foster children are frequently moved out of biological, foster, and respite homes with little preparation or information. Often, they travel from home to home with their belongings in trash bags, or their belongings are just left behind. During this time of tumult, the inner world of the child operates via chronic trauma. Foster children often fantasize about reconciliation with family members and idealize the lost family members (Heinemann, 1999). Additionally, foster children may have trouble with loyalty conflicts and identity issues (Greene and Pilowsky, 1994).

A distinct difference exists between a child losing a parent to death and a child losing a parent to maltreatment, addiction, mental illness, or poverty. Consider a child whose parent dies. Typically, people respond to this child as if he or she is suffering a traumatic event and provide allowance to this child to become emotionally upset. Behavioral problems that arise in a child after the death of a parent are generally forgiven. Most importantly, these children are given a language for and space to grieve the loss of their parent.

However, children placed out of their homes as a result of abuse, neglect, homelessness, or the incarceration or addiction of their parents are not given the same space to react to their trauma. Because their loss is not recognized, these children may be stigmatized, ostracized, and repeatedly re-traumatized. For foster children, the loss of the

attachment figures and other family members is ambiguous and unfinal. The ambiguity of their loss holds them frozen in their grief.

Children who are placed out of their homes experience the separation from their families in different ways. Some children are relieved when removed from their home; some are traumatized. The more loss a child experiences as a result of separation from his or her family members, the more stress the child is likely to have, resulting in higher quantity and frequency of problematic behaviors.

Children placed in out-of-home care suffer emotional and behavioral distress. In comparison to children in the general population, children in foster care have been found to display higher rates of behavior problems (Bohman and Sigvardson, 1980; Bryce and Ehlert, 1977; Frank, 1980; Littner, 1974). Various factors are difficult to control when attempting to establish relationships in this vein, such as: family relationship security prior to separation, problematic behaviors in children prior to separation, multiplicity of placement, and a host of other confounding variables. However, through the lens of ambiguous loss experienced by the child, clinicians and researchers may begin to understand the connection between the type of perceived loss and behavioral dysfunction.

Thus, this study aims to understand the relationship between children's experience of loss as ambiguous loss due to the separation from their families and problematic behavior. Specifically, this study will examine children's perceptions of their parents' and siblings' psychological presence despite the family members' physical absence when placed in out-of-home care. With this understanding of how children placed in out-of-home care experience their loss, we can contribute to the field of couple and family therapy relevant practice in working with this population. A large gap exists in the body

of literature and research in the field of couple and family therapy on children and their siblings in out-of-home placement. This is clearly a family issue, yet family therapy literature is prominently void of studies regarding children and families affected by foster care.

## **LITERATURE REVIEW**

The double jeopardy of disruption and loss when separated from both parents and siblings when children enter care is not widely studied. Additionally, to date, foster care literature and research does not identify the loss experienced by children as an ambiguous loss. The type of loss experienced by children when separated from siblings in addition to parents may have implications on the incidence of behavioral problems. The following literature review will examine: the philosophy and experience of foster care, the significance of sibling relationships and family loyalty on children's physical and emotional development, the incidence of behavioral problems in foster children, and ambiguous loss theory. The terms “out-of-home placement” and “foster care” will be used interchangeably. When using these terms, this researcher refers to children placed into non-relative's homes.

### **PHILOSOPHY OF FOSTER CARE**

By requiring child welfare workers to make reasonable efforts to prevent the placement of children and to facilitate their return home, the enactment of the federal Adoption Assistance and Child Welfare Act of 1980 underscored the importance of the biological family to children (Johnson, Yoken, and Voss, 1995). In 1987, the Safety and Adoption Act, Public Law 105-89, clarified the “reasonable efforts” and safety requirements for foster care and adoption placements.

P.L. 105-89 states “the child’s health and safety shall be the paramount concern”. The hope was to keep children with their biological parents. However, if the parent “has subjected the child to aggravated circumstances...which may include but not be limited to abandonment, torture, chronic abuse, and sexual abuse”, States were required to,

“place the child in a timely manner in accordance with [a] permanency plan [for the child] and complete whatever steps are necessary to finalize the permanent placement of the child” (In, U.S. Department of Health and Human Services, 2005).

Thus, when a state’s Department of Social Services and court systems determine that current parental care puts children’s health and safety at risk, children are placed in foster care homes. Foster care is considered to be a safe haven from further neglect or abuse. However, Marcus (1991) suggests that children are often left in unsafe environments or placed into a foster care home in which their safety continues to be at risk. Furthermore, minority children are overrepresented in the foster care population (U.S. Department of Health and Human Services, 2003), suggesting a sociopolitical context in which ethnic minority children and families continue to be marginalized.

During the Clinton Administration, legislative and administrative changes were made to P. L. 105-89 in an effort to move children more rapidly from foster care to safe, permanent homes. The “Adoption 2002” initiative created a shift in emphasis from family reunification to permanent placement such as adoption. The initiative challenged the “reasonable efforts” requirement to reunify a child in foster care with his or her birth family before adoption could be pursued for the child.

In 1996, Clinton signed into law the Small Business Job Protection Act which provides \$5,000 in tax credit to families adopting children, and \$6,000 in tax credit to families adopting children with special needs, with foster children in particular considered as special needs children

(<http://www.acf.dhhs.gov/programs/cb/initiatives/adopt2002/record.htm>, 6/11/05). Thus,

the law is an attempt to increase the accessibility and affordability of adopting children for all families.

This represents a shift from the importance of the biological family and prolonged and extensive family reunification services to the importance of moving children out of foster placement and into permanent care more quickly. The initiative asserts: “No child should be trapped in the limbo of foster care; no child should be uncertain about what the word ‘family’ or ‘parent’ or ‘home’ means”

([www.acf.dhhs.gov/programs/cb/initiatives/adopt2002/2002body.htm](http://www.acf.dhhs.gov/programs/cb/initiatives/adopt2002/2002body.htm), 6/11/05).

Predicated on this statement, the legislation shortened the time before a child’s first permanency decision hearing from 18 months to 12 months; thereby shortening a parent’s time to resolve the crises that led to children being placed in out-of-home care.

The political shift from family reunification to permanency planning creates a crisis for many children and families in which they must face the loss of family members permanently upon adoption into a new family. For many children who become placed into the foster care system without their siblings, this means they face the permanent separation from their siblings upon becoming adopted into a new family system without their siblings. This leads to a loss with which children must cope.

#### THE FOSTER CARE EXPERIENCE

Children entering foster care may be presumed to have disrupted attachment relationships based on their presence in out-of-home care and the circumstances that led to placement out of their homes. The Committee on Early Childhood, Adoption, and Dependent Care, 1999-2000 (American Academy of Pediatrics, 2000) published a review of developmental issues central to children in foster care. According to this committee,



developmental considerations include: consequences of abuse, neglect, and placement in foster care on early brain development; importance of a child's attachment to caregivers; a child's sense of time in the foster care experience; and the child's response to stress. The American Academy of Pediatrics (2000) suggests that the child's brain is significantly impacted by abuse, neglect, and placement into foster care. Further, this impact to the brain has implications for a child's physical and emotional development as well as his or her sense of time. The review relied on clinical observation and provides information important to clinical treatment when working with foster children.

Katz (1987) presents a review of literature on clinical issues in foster care relevant up to 1987, and emphasizes the psychological effects of out-of-home placement on foster children. Though the review is relatively outdated, Katz discusses prevalence of symptomatology that manifests in children's behaviors and emotions when placed out of their homes. Katz's review maintains the effects of separation include intense anger, anxiety, grief, and distortions in the growth and maturation process.

Archival studies have been utilized to add information to the body of foster care research. For example, Grigsby (1994) utilized a retrospective approach with a small sample of closed case records of children in foster care. While the data collection was archival, the author reviewed the entirety of the selected case records and gathered narrative and demographic information from the records. Grigsby investigated whether protective service workers recognized and or emphasized the importance of maintaining parent-child attachment or other attachment relationships. Grigsby measured the degree to which a caseworker supported attachment relationships through frequency of contacts between the caseworker and a biological parent, and frequency with which the

caseworker arranged visitations between the child and parent. Archival case information detailed caseworkers' reports on frequency of their contacts and scheduling of visitations. In Grigsby's (1994) findings, caseworkers did not demonstrate active attempts to maintain attachments between children and their biological parents. Grigsby suggests that supporting important attachment relationships affords children connections to their natural family while maintaining proximity to, or communication with, their primary attachment figure.

In another archival study, Barber, Delfabbro, and Cooper (2001) utilized information from case files and investigated baseline characteristics of 235 children that might predict successful or unsuccessful transition to foster care. Variables extracted from case files included demographic characteristics, background details on reasons for placement into care, and whether or not the child was diagnosed with a mental health problem. The researchers found children who experienced less neglect prior to placement also experienced less placement instability. Children who were not victims of neglect prior to entering foster care also had lower levels of conduct disorder compared with children who were subjected to another form of abuse prior to entering foster care. These findings suggest that children who experience some form of abuse other than neglect prior to entering foster placement may exhibit conduct disorder more than the children who only experienced neglect prior to placement. that study, Barber et.al also found that a higher multiplicity of placements in foster care was associated with a higher prevalence of mental health problems, conduct disorder, hyperactivity, emotionality, and poor social adjustment. A logistic regression analysis showed higher social adjustment was associated with a greater likelihood of placement stability, while mental health

problems were associated with a greater likelihood of placement instability. Thus, the findings of this study appear to suggest that children who experienced some form of abuse or neglect prior to placement are likely to manifest conduct disorder and have unstable placements.

Qualitative studies have explored children's expressions of their own experiences. For example, Johnson, Yoken, and Voss (1995) examined children's views on several facets of their placement. Specifically the authors investigated a child's beliefs about the circumstances around his or her placement, opinions about why he or she experienced change in placement, problems in their current placements, changes in the child's life, coping with separation from biological family, and thoughts about returning home. In that study, Johnson et. al interviewed a random sample of 59 children from state foster homes and private agencies. The mean age of the children was 12, with 30 males and 29 females. The ethnicity of the children in the sample consisted of 43 African American, 9 Caucasian, and 7 Hispanic children. The children in the sample had an average of 2.5 placements prior to living in their current home. Although 59 children were identified, only 23 of the children were retained to contribute to the study. Thirty-six children dropped out of the study due to moving away, refusal to consent, a child's handicap, not meeting inclusion criteria, or for clinical reasons. Thus, the sample was small and may not have been representative of the larger population. However, the study (Johnson, et.al, 1995) provided children the opportunity to discuss the importance of the caseworker in their lives, and views on state use of foster care as an intervention. Children overwhelmingly reported dissatisfaction with the state use of foster care as an intervention. Johnson et.al found that the majority of children reported negative

experiences in foster care. Further, children viewed their caseworkers and therapists as important to their lives. This may reflect the child's dependence on caseworkers for visitation with, or information about family members.

An additional qualitative study that discussed children's perceptions of their placement in care is Gardner's (1996) study. In that study, Gardner interviewed a small sample of foster children in an attempt to understand children's perceptions of their actual and ideal family constellations. Gardner also investigated how close the children felt to those they chose to include in their definition of family, and compared foster children's perceptions with those of children in intact homes. A small sample of foster children was interviewed, and while the qualitative study was limited in sample size and generalizability, it suggested that children in foster care identify their foster parents as their primary caregiver more frequently than their biological parents. Furthermore, the children studied viewed themselves as more loosely connected to the foster family system than biological family system. Specifically, the children felt more on the periphery of the foster family when compared with the biological family.

Wilson and Conroy (1999) additionally provided children a voice on their opinions about being in foster care. Topics children discussed during the interview included: feelings about their quality of life, feelings of love and safety, and improvements they would like to see in their caseworkers, foster and biological parents. The children also openly discussed general facets in the foster care system itself. The study provides data from personal interviews with 1,100 children over a three-year time span. Wilson and Conroy created and employed an instrument for their particular study. The instrument utilized was a questionnaire with close-ended and open-ended questions.

Wilson and Conroy's findings suggest that children have low levels of satisfaction with the foster care system. Children reported wanting caseworkers to be more consistent and that they desired more frequent and independent communication and visitations with family members.

McWey (2004) explored differences in attachment quality exhibited in foster care children. 110 foster children participated in the study. McWey's (2004) findings suggest there is no correlation between type of abuse a child suffered and their attachment style, however, most of the children in the study had avoidant attachment styles. Further, McWey contends that behavioral problems were present in the majority of the children and suggests a relationship between the avoidant attachment style and behavioral problems in foster care children<sup>1</sup>.

When children are placed in out-of-home care, the transition creates turmoil. Children are moved from their family homes to strangers' homes and are expected to adapt to their new environment. These children are ill-prepared for smooth adaptation since the environments from which they come are often unstable, and their family members are still psychologically present in their minds. Thus, children often have difficulty establishing relationships within a new "family", and often behavioral problems are an expression of the emotions that children are experiencing. The type of loss experienced is ambiguous and without end in sight, and the child placed in out-of-home care without any siblings is alone in this new environment.

---

<sup>1</sup> The avoidant attachment style is based on Ainsworth, Belher, Waters, and Wall's (1978) research on Bowlby's (1969) attachment theory. This attachment style introduced the concept of caregiver sensitivity in the development of attachment, which maintained that the caregiver's responsiveness and sensitivity to the child's needs is critical to the development of a secure versus insecure attachment pattern. Based on Ainsworth et.al (1978) findings, Crittenden and Ainsworth (1989) concluded that anxious-avoidant infants are likely to experience a caretaking history that is inconsistent, alternating between rejection and intrusive over-involvement. Ainsworth et.al's (1978) study espoused two additional attachment styles, secure attachment, and anxious-ambivalent attachment.

## SIBLING RELATIONSHIPS

In 1984, between 56% and 85% of children placed in foster care also had siblings placed in care (Ward, 1984). With the increase in children placed in out-of-home care, the number of children placed in foster care that also have siblings in out-of-home care is also even greater now. Research on sibling relationships supports the significance of sibling systems within the family system. This bond is significant to the child, and children placed apart from their sibling group in out-of-home care may have a heightened experience of loss.

Bank and Kahn (1982) discuss the integral role of sibling relationships in families. When a family is in crisis or transition, sibling relationships become paramount. Since a child's placement is often preceded by abuse, neglect, or maltreatment in many forms, often the child's siblings are the primary caregivers to one another. Throughout the process of the events leading up to and following foster care placement, the sibling unit acts as a protective shell. According to Gnault (2002), during this time, siblings naturally pull together to preserve a sense of predictability, stability, and familiarity in their lives. Furthermore, Rampage, Eovaldi, Ma, and Weigel-Foy (2003) claim sibling relationships in chaotic families- often the families from which a placed child comes- are nurturing, and present strong bonds of dependence and loyalty. The significance of sibling relationships on a child's emotional and physical development suggests that children will continue to feel responsibility to and longing for their siblings when they are placed into out-of-home care without their siblings.

Ward (1984) presents a literature review on siblings in foster care. Despite the limited scope of the review due to its early publish date, the review suggests that

separation from siblings may be a greater stress for some children than the separation from parents. Ward implies that often when parents are physically or emotionally absent, the principle attachment is to a sibling. Moreover, Ward argues:

Especially in the crisis of shifting from one environment to another, the presence of a sibling provides at least one predictable element in a frightening situation, since placement with a sibling retains an important link with the past... when brothers and sisters are separated, particularly if some stay together, they must reorganize their roles in relation to parents or caregivers and to their remaining siblings. [According to Bank and Kahn, 1975], there is loss of both emotional support and the buffering of the sibling group in dealing with adults and other children. Idealization and 'mythologizing' the absent sibling perpetuates his or her influence in a frozen and stylized form (p.322-323).

Of particular concern is the 'parental' child in the sibling system. The 'parental' child is typically responsible for younger siblings, therefore, Ward maintains for this 'parental' child, separation will likely cause them to suffer the loss of the siblings who supported their role and thus enhanced their self-esteem. The 'parental' child loses his or her identity as a responsible caretaker and substitute parent. Further, based on clinical observation, Ward asserts, when 'parental' children relinquish their role, they may regress as if to recapture their childhood.

Staff and Fein (1992) utilized archival data to examine 262 children participating in treatment at Casey Family Services, a non-profit community mental health agency. A little over half (143) of the children were boys, and more than half (142) of the children studied were white. In their study, 12 of the 27 children that were without siblings in their biological family constellations had more than one placement compared with 99 of 235 children with siblings. The study further showed that sibling pairs placed together were more likely to remain in their first placement, than those placed separately. Of the 77 sibling pairs placed together, 27 were later parted with race having the strongest effect.

White children in the study had the highest rate of sibling disruption compared to Black, Hispanic, and mixed race children. Though the authors do not report significance levels (p-values), the findings suggest that siblings placed together were more likely to experience greater emotional and behavioral stability in their placements. Hence, more White children in the study experienced greater emotional and behavioral instability since they were more likely to be separated from their siblings.

Boer, Versluis-den Biedman, and Verhulst (1994) utilized archival data in addition to conducting survey interviews in a longitudinal quantitative methodology in the Netherlands. Children placed with one or more siblings were followed up ten years after placement. A comparison of problem behavior in the 399 children placed with siblings with that of 1,749 children placed without siblings suggests that children fare better when placed with members of their sibling groups. In this study, Boer et. al (1994) utilized the Child Behavior Checklist (CBCL) to assess behavioral problems and found that children placed with siblings had lower total problem scores than those adopted alone and reported a significance level of  $p=.05$ . Further, the study analyzed the effects of age-at-placement on behavioral problems and the interaction of that covariate on the status of being placed alone or with siblings, and still found the children placed with siblings to have significantly lower ( $p=.002$ ) problem behavior scores. The authors' clinical observation suggests that even if sibling ties are broken at an early age, siblings appear to have a considerable psychological influence on one another throughout their lives. Furthermore, according to Boer et.al, siblings can be a source of reciprocal emotional support, and assist in the preservation of ties to the family of origin and a shared past.



Smith (1998) interviewed 38 foster children and measured their current behavioral and emotional functioning whether or not they were placed with an older sibling or separated from their sibling. The findings support a correlation between children being placed into foster care with an older sibling and fewer emotional and behavioral problems. Further, Smith found children placed with their siblings scored lower on the Child Behavior Checklist on total internalizing (depression) and externalizing (aggression) behavioral problems compared to children placed apart from their siblings. Thus, children placed in out of home care without siblings were more aggressive and depressed than children placed with siblings. In this study, Smith further obtained data measuring child functioning and number of placements in care. Though the sample size was small, the study maintained that siblings serve as a support for one another and should be placed together to alleviate a child's feelings of abandonment, loss, and helplessness.

Gnaulti's (2002) clinical observation suggests that siblings typically bond when confronted by family dissolution. Often children grow more attached to their siblings when they experience severe parental loss, neglect, or abuse. Moreover, Gnaulti maintains that when children are traumatized by the removal from their home, it is their siblings to whom they turn because they represent family.

According to additional clinical observation, Groza, Maschmeier, Jamison, and Piccola (2003) assert that both positive and negative aspects of relations between siblings such as a sense of belonging, assurance of attachment to a family, and sibling rivalry are intensified in problematic and dysfunctional families. Furthermore, in problematic and dysfunctional families, children learn to depend upon one another in order to cope.

Within the context of these problematic families, Groza et. al suggests that sibling relationships intensify. For a child in a problematic family, trauma often increases if the child does not have access to his or her sibling (Hegar, 1988).

The context of the biological family system from which children are placed, and the nature of placement in out-of-home care lends to this type of intensified 'sibling bond' for many of the children in the foster system. When placed apart from one another, sibling support networks are dismantled. Thus, children residing in a foster home without their siblings may manifest poorer coping dynamics, and emotional and behavioral functioning may be compromised when children become separated from their sibling support system.

#### FAMILY LOYALTY

Clinical observations of Grigsby (1994) and Gardner (1996) suggest that adjustment to placement, including physical and emotional development, is aided by the least possible disruption. Thus, involvement of, and connection to biological family members in the transition into foster placement proves vital. Fahlberg's (1979, 1991) clinical observations note less loyalty conflict emerges with greater involvement from the biological family. However, a debate in the literature exists with regard to the level of connection to and involvement with family members and loyalty conflicts.

Loyalty is a concept introduced by Boszormenyi-Nagy (1972) and delineated in Boszormenyi-Nagy and Krasner (1986) and Nagy and Ulrich (1981). Nagy and Krasner (1986) state "loyalty is a preferential commitment to a relationship, and it is based on indebtedness born of earned merit" (p15). Moreover, Nagy believes family members owe

one another loyalty, and when parents are fair and trustworthy, they engender loyalty in their children.

A loyalty conflict arises when a child's loyalty commitment to his or her family members collide or conflict with loyalty commitments to peer relationships, and prevent individual freedom and interpersonal fairness among peers (Nagy and Krasner, 1986). For children in out-of-home care, loyalty conflict is inevitable since the child is often caught between two explicitly competing loyalty objects: the biological family and the foster family.

Poulin (1985) investigated loyalty issues in foster children and challenges Fahlberg's (1979) observations. Poulin suggests that high involvement from biological family members creates more loyalty conflict for children in their transition. Poulin sampled 80 foster children in a correlational study to assess the relationship between continued natural family involvement and loyalty conflict. All of the children in the sample planned to be reunified with their biological families. Poulin utilized narrative case record summaries and analyzed six variables based upon the summaries: reaction to separation, time in care, foster family attachment, frequency of kin visiting, natural family attachment, and loyalty conflict. Poulin reported a significance level of  $p=.48$  existed in the relationship between loyalty conflict and the child's psychological attachment to his or her biological family. Further, Poulin found the frequency of visitation with biological family was also significantly related ( $p=.26$ ) to loyalty conflict. Thus, the findings suggest children with strong attachments to natural family, and children who have more frequent involvement with their natural family experienced greater loyalty conflict in foster care placement.

Gerring (1997) addresses the important role of the birth family in foster placement. Eighteen foster mothers were interviewed with the intent to learn about connections made between the foster child and the biological parent via visitations, letters, gifts, phone calls, or photograph exchanges. The subjects were also asked to rate the effect of the connections between the child and biological parent on the foster family. The findings suggest foster mothers did not report that the foster family is negatively affected by connections between the child and biological parent. Unfortunately, the sample size is small compromising generalizability of the study.

When separated from family members, family loyalty conflict can present an emotional distress for children. Since children are often placed in out-of-home care because parents are physically or emotionally absent, it is likely that they are more connected to their siblings than to their parents. Because of the significant connection to their siblings, family loyalty conflict may be exacerbated by the break-up of the sibling bond. Moreover, regardless of the nature or quality of their relationships with siblings, children suffer a loss when they are apart from one another. In addition to the emotional distress children may experience, poor behavioral functioning can also manifest as a result of the separation of the sibling bond.

#### BEHAVIOR PROBLEMS IN FOSTER CHILDREN

The current literature about behavioral problems in foster children has not widely measured the impact of being placed in out-of-home care without siblings on problem behavior. However, many studies report use of the Child Behavior Checklist (CBCL, Achenbach and Rescorla, 2002) to describe the impact of various other variables in placement on the problematic behavioral and emotional status of foster children. Studies

also utilize qualitative interviews, archival data collection, and clinical observation to examine behavioral problems in foster children.

Keane (1983) interviewed 139 foster parents about their experience of behavior problems in foster children. Kean found that the most prevalent behavioral problems reported by foster parents include: temper tantrums, enuresis, lack of concentration, destructiveness, and stealing. Keane asserted these particular behavioral problems were more prevalent in foster children compared to children in the general population. Significance values and demographic information about the participants are excluded from the reported data.

In addition, Hellinckx and Grietens (1994) utilized the CBCL to survey 273 foster parents in Flanders and found that 41% of the foster parents reported that children manifested problematic behaviors such as: attention problems, externalizing problems (physical aggression), and social problems. Moreover, the study concluded, the highest prevalence rates of problem behavior in foster children were found to be aggressive behavior, delinquent behavior, attention problems, and social problems (Hellinckx and Grietens, 1994). More than 4 out of 10 of the foster children manifested seriously deviant problem behavior. Though demographic information on the participants is not noted, the authors found that boys and younger children in foster care were more problematic behaviorally.

Clausen, Landsverk, Ganger, Chadwick, and Litrownik (1998) conducted a comparative analysis of 267 children in foster care based on standardized assessment instruments. Clausen et. al do not note the demographic information of the participants beyond the age selection criteria (under the age of eighteen). The analysis investigated

children who were examined by mental health agencies for behavior problems, social competence problems, self-concept problems, and problems in adaptive functioning. The findings indicate that children in foster care demonstrate high levels of mental health and behavioral problems, as well as deficits in adaptive and social functioning.

Heflinger, Simpkins, and Combs-Ore (2000) conducted a secondary analysis of previously collected data on children in youth services custody in Tennessee. The sample was randomly collected from a total of 330 children between 2 and 18 years old. Of the 330 cases identified, 254 participated. Foster parents completed the CBCL to indicate their experience of behavioral problems in foster children. The authors found that one third of the children had significant behavior problems. Demographic information on the sample was not noted, however, Heflinger et. al found children between 13 and 15 years old to have the highest significance level ( $p < .05$ ) of internalizing behavior problems when compared to other age groups.

Armsden, Pecora, Payne, and Szatkiewicz (2000) examined behavioral problems in 362 foster children using the CBCL. The study found high statistical significance ( $p = .001$ ) of externalizing rather than internalizing problems among the children examined. Further, the authors report children with higher externalizing problem scores also had higher internalizing problem scores ( $p < .001$ ). Additionally, the study indicated that when compared with younger children, adolescents showed a greater prevalence of anxious and depressed symptoms ( $p = .014$ ), and have more significant somatic complaints ( $p = .025$ ). However, results indicated that lying or cheating, and stealing behaviors were more prevalent among preadolescents than adolescents ( $p = .04$ ,  $p = .06$ ).

Keller, Wetherbee, Le Prohn, Payne, Sim, and Lamont (2001) studied competencies and behavioral problems using the CBCL in children in kinship placement and children in non-relative foster children as well as children in the general population. Their study suggests that kinship foster children's CBCL scores closely resembled children in the general population but differed significantly from their counterparts in non-relative care, who consistently scored lower on competence and higher on problem behaviors. Thus, foster children in non-kinship placement were reported to have elevated behavioral problems and higher CBCL scores than children living with biological family members.

Foster care children are often subjected to instability and multiple placements (Knitzer and Allen, 1978). Foster children are frequently moved from placement to placement for a variety of reasons, behavioral problems being a prominent one. The phenomenon of behavior problems in foster children can be attributed to many variables, however, the current body of literature highlights two variables in particular: multiple placements in care and family loyalty conflicts.

#### *Multiple Placements*

Pardeck's (1984) study utilizing archival data found that 22% of children had three or more placements during a median length of 2.5 years in care. Though this study is outdated, much of the literature suggests that children in out-of-home care inevitably experience multiple placements. Research supports a correlation between placement disruption and behavior problems in foster children.

Utilizing a correlational methodology, Marcus (1991) studied a sample of approximately 50 children. He found multiple placements to correlate positively to a

higher incidence of externalizing (aggressive) behaviors in foster children. Additionally, Marcus asserts that an increased length of time in care along with a high number of placements correlates with a decreased amount of close friendships.

Newton, Litrownik, and Landsverk (2000) conducted a quantitative, correlational study of the relationship between problem behavior in foster children and number of placements in care. The study utilized a large sample of over 400 children. Of the 415 participants, 45% were Caucasian, 17.1% were Hispanic, and 34.5% were African American. The mean age at entry into foster care was 6.6 years. Newton et.al utilized the CBCL in a quantitative, correlational study to assess the relationship between the number of placements and problem behaviors in children in foster care. Their study found a small, but statistically significant relationship between placement instability and behavioral problems, with correlations ranging between .101 to .189. In their multivariate analysis of children experiencing five or more placement changes, the number of placement changes was a strong predictor of internalizing behavior. Thus, Newton et. al found that a volatile placement history contributed negatively to both internalizing behaviors such as depression, anxiety, and social isolation, and externalizing behaviors such as aggressiveness and defiance in foster children.

Penzerro and Lein (1995) conducted an ethnographic study of 30 boys in a group home placement. The study found that the boys displayed antisocial, acting out behaviors in association movement from placement to placement, and with discharge and termination of relationships such as: lying, stealing, sexual inappropriateness, physical violence, threats of violent retaliation, and substance abuse. Though the authors did not test the theory of attachment, they utilized attachment theory language and assert the



behavioral disturbances in the boys were accounted for by the presence of avoidant attachments. Further, the authors suggest the acting out behaviors are accounted for by the attachment pattern associated with abandonment. Penzerro and Lein assert the boys in the study used defensive denial, hostility, and acting-out behaviors as maladaptive coping mechanisms when experiencing the termination of ties.

### *Family Loyalty Conflicts*

While multiple placements have been addressed, intrapsychic conflict in foster children also may contribute to behavioral problems. For example, Greene and Pilowsky (1994) utilize clinical observation to suggest a child's intrapsychic conflict is frequently expressed through oppositional behavior. Moreover, Greene and Pilowsky (1994) maintain that children in foster care frequently take on parental roles in their families prior to entering care, and that a connection exists between the parental role played by these children and manipulative behavior and anger and contempt for the authority figure after placement in care. Furthermore, Greene and Pilowsky suggest a relationship exists between a child's perception of loyalty conflict and behavioral problems.

To maintain their precarious psychological alliance with the natural parent via idealization of that parent, these children must at least consciously disparage the foster parent. To view the foster parent as competent would require these children to confront the incompetence of the natural parent and their subsequent angry feelings toward that parent (p.294).

Thus, the child's loyalty is split when considering feelings toward the biological and foster parents. Greene and Pilowsky assert that this loyalty split contributes to the oppositional behavior.

According to clinical observations articulated by Steele (1986), a dilemma of loyalty conflict manifests in oppositional behavior patterns since oppositional behavior

patterns serve to maintain loyalty to the natural parent, while testing the foster parent's commitment. Additionally, the child's behavior is an indication of his or her hope for a possible reunion with the idealized natural parent, displacement of anger at the natural parent onto the foster parent, and serves to maintain a familiar pattern of rejecting parent-child interaction.

Cantos, Gries, and Slis (1997) interviewed 49 foster children between the ages of 5 and 18 who were referred for therapeutic treatment for behavioral problems as identified by their foster parents, teachers, or caseworkers. The children were interviewed regarding their placement experiences while the children's foster parent completed the CBCL. In this study, the children who were visited more frequently by family members showed fewer behavioral problems on the CBCL scores compared to children visited less frequently or not at all. Additionally, a higher rate of internalizing behavioral problems were found in children who were not visited at all with a significance level of  $p < .04$ , and those visited irregularly with a significance level of  $p < .02$ . No statistical significance in interaction was found between visitation regularity and externalizing behaviors, however, children who were visited regularly were rated as having fewer externalizing behavior problems than those who were visited irregularly or not at all with a significance level of  $p < .03$ . Thus, parental visitation may contribute to higher incidence of problematic internalizing behaviors but fewer externalizing behaviors. These findings suggest that frequent and regular contact and communication between children and their family members may lead to higher levels of intrapsychic conflict but lower levels of acting out, aggressive behaviors.

Leathers (2002) interviewed 199 urban foster children to study the relationship between attachment style and problematic behaviors in foster children. The study utilized attachment language but did not appear to test the tenets of the theory. However, Leathers found the relationship between attachment to family and behavioral disturbance to be significant at  $p < .01$ . Leathers asserts that children who have secure attachments to caregivers manifest fewer problematic behaviors. Thus, children with weaker attachment styles manifest higher problematic behaviors.

Leathers (2003) provides correlational research supporting a connection between loyalty conflict and behavioral problems. Leathers argues that frequent visitations of the biological parent creates loyalty conflicts for foster children which in turn contributes to behavioral problems. Leathers measures a correlation between children's emotional and behavioral disturbances, parental visiting, and loyalty conflict using standardized assessment instruments. Additionally, findings indicate a significant relationship between loyalty conflict and emotional and behavioral disturbance. Leathers (2003) suggests that the more the child experiences loyalty conflict, the more behavioral problems the child exhibits.

In the family systems from which children are placed into out-of-home care, the bond to their siblings may have served to protect them from the family and world around them. Thus, when separated from the protective sibling relationship, and placed into foster care homes apart from one another, emotional and behavioral distress can follow. Children may manifest frequent and severe behavioral disturbances, as well as function poorly during daily activities while suffering from behavioral distress. When considering variables contributing to emotional and behavioral distress, the nature of the separation

itself must be examined. While siblings may become physically absent from one another's lives due to separation, they may remain present psychologically. This ambiguity lends to emotional and behavioral distress.

### AMBIGUOUS LOSS THEORY

Pauline Boss developed the concept of ambiguous loss (1977, 1987, 1999) to describe the nature of trauma, mourning, and grief individuals endure when they experience a loss that is open-ended. Losses that remain vague and uncertain create an ambiguity of waiting and wondering that is stressful and tormenting for individuals. Boss asserts, "of all losses experienced in personal relationships, ambiguous loss is the most devastating because it remains unclear, indeterminate" (Boss, 1999, p. 5-6).

Ambiguous loss describes the type of loss experienced by children placed in out-of-home care but has not yet been used to inform the research on foster care. Ambiguous loss extends beyond the loss of primary caregivers to the loss of any family members including siblings. Boss (1999) describes two types of ambiguous loss: physically absent but psychologically present; and psychologically absent but physically present. Foster children may suffer both types of ambiguous loss. For example: prior to entering care, parents may be physically present and psychologically absent, while during the stay in foster care, the parent may be psychologically present and physically absent.

Children in foster care experience the kind of indeterminate, unclear loss that "defies closure" (p.6) to which Boss (1999) refers. For these children, there is frequently a lack of information regarding their primary family members' whereabouts, and most importantly, there is no official verification or validation to the child that something has been lost.

An ambiguous loss immobilizes people, according to Boss (1999). Her description of the ways in which people respond to this immobilization vividly portrays the ways in which children in foster care behave and interact with the world around them:

...they can't problem-solve because they do not yet know whether the problem (loss) is final or temporary. If the uncertainty continues [families] often respond with absolutes, either acting as if the person is completely gone, or denying that anything has changed...second, uncertainty prevents people from adjusting to the ambiguity of their loss by reorganizing the roles and rules of their relationship with the loved one so that [the family] freezes in place (p.7).

The losses associated with out-of-home placement can be defined as ambiguous. Though the parent is physically absent, he or she remains psychologically present in the child's world. The foster child is frozen in place when the loss of family members goes on and on without end. Foster children are frequently unsure whether they will return to their families, or if their families are still there to return home to. Since children hold the hope of reuniting with their families, they cannot grieve their separation as a loss.

Further, Boss (1999) argues that ambiguous loss complicates the grieving process:

...an ambiguous loss may prevent people from achieving the detachment that is necessary for normal closure. Just as ambiguity complicates loss, it complicates the mourning process. People can't start grieving because the situation is indeterminate. It feels like a loss but is not really one. The confusion freezes the grieving process. People plummet from hope to hopelessness and back again (p.11).

This rollercoaster of hope and hopelessness for many foster children results in chronic unresolved grief that disallows them from having closure, acceptance, and moving on with their lives.

Without closure, Boss maintains, the absent parent stays present. Without closure, the loss is ambiguous. The child does not have closure when separated from a parent since that parent is alive, psychologically present, and physically absent from the child's

world. For children in foster care, the trauma of the separation from their family tends to exist as long as the child remains in care.

Because of the ambiguity of the loss of family members, or family attachment figures, the child in foster care does not have a finite ending to the relationship as in the case of the death of a parent, yet, the parent is absent from their lives. Consequently, foster children have conflicting emotions about their families and others around them.

...mixed emotions are compounded when a separation involves the potential of irretrievable loss. When there is a chance that we will never see a loved one again, we protect ourselves from the prospect of losing that person by becoming ambivalent...anticipating a loss, we both cling to...loved ones and push them away. We resist their leaving at the same time want to be finished with the goodbye" (p.63)

...ambiguous loss makes us feel incompetent. It erodes our sense of mastery and destroys our belief in the world as a fair, orderly, and manageable place...to regain a sense of mastery when there is ambiguity about a loved one's absence or presence, we must...redefine our relationship to the missing person (Boss, 1999, p.107).

Boss suggests people experiencing ambiguous loss are filled with conflicting thoughts and feelings, "they may feel anger at someone they love for keeping them in limbo, only to be consumed with guilt for having such thoughts" (p.61). This emphasizes the dilemma foster children face day in and day out. Often, foster children hold both positive and negative feelings toward their biological family members, foster family members, and other people with whom they are in relationship such as caseworkers and therapists (Poulin, 1995). These conflicting positive and negative thoughts and feelings also highlight the potential for loyalty conflicts. The presence of a loyalty conflict may contribute to an increased potential for behavioral problems (Greene and Pilowsky, 1994).

The illustration of the experience of ambiguous loss helps to understand the experience of children separated from their families. Foster children's sense of the world as a fair, just, manageable place is eroded at the break of family ties, creating difficulty for them to redefine their relationships with family members toward which they have unresolved, and frequently, un-labeled, grief.

#### AMBIGUOUS LOSS RESEARCH

In the research, the Boundary Ambiguity instrument measures ambiguous loss (Boss, Greenberg, and Pearce-McCall, 1990). Boundary ambiguity is defined as a state in which family members are uncertain in their perception about who is in or out of the family, and who is performing what roles and tasks within the family system (Boss, 1980). Boss, Greenberg, and Pearce-McCall (1990) cite another way of understanding boundary ambiguity, which is incongruence between physical and psychological presence or absence. The variable of boundary ambiguity was developed to measure family and individual perceptions of who is in or who is out of the family (Boss, Greenberg, and Pearce-McCall, 1990). Qualitative methods, such as, using family sculpture and family stories, are utilized to assess individual and collective perceptions of who is absent or present in the family (Boss, 1992).

In a study of MIA families, Boss (1977) first established the construct validation of the Boundary Ambiguity Scale. Boss (1977, 1980, 2002) discusses the loss suffered by family members of prisoners of war, and identifies this as ambiguous loss. The family member missing in action is considered to be physically absent while psychologically present. Findings were based on data collected in 1975 and 1977 from 47 families of service men missing-in-action. Though no p-values are reported, the study found that

psychological father presence was significantly related to wife and family functioning. In addition, a low degree of psychological father presence is related to a high degree of functionality for the MIA wife. Thus, the greater ambiguous loss experienced by the wife, as determined by a high score of boundary ambiguity, the poorer the family will function. In a follow-up study, Boss (1980) found that in a family with a physically absent father, a high degree of psychological father presence is a significant predictor of wife and family dysfunction. Boss reports MIA wives' scores on the Boundary Ambiguity Scale were significant predictors of their functioning with a significance level of  $p < .025$ . Data for the study were obtained through interviews with 37 MIA wives and were conducted between January and May, 1977.

Boss, Pearce-McCall, and Greenberg (1987) investigated the degree of boundary ambiguity during a normal family life transition, launching an adolescent child. The research supported that the higher degree of boundary ambiguity the parent felt, the more the parent displayed dysfunction in the form of perceived stress, somaticization, and general affect. 140 Minnesota mid-life couples with adolescent children participated in the study. Couples in the sample were married an average of 28 years, and all participants were Caucasian, and over 70% were Protestant. Participants were from both rural and urban communities, and the authors investigated the differences between the rural and urban families as well as the differences in responses between the men and the women. In this study, Boss et. al utilized what is now version 3 of the Boundary Ambiguity Scale, revised based on the original Boundary Ambiguity Scale developed by Boss (1977). For both husbands and wives, boundary ambiguity scores were significantly correlated, indicating construct validity of the instrument. The study found that while for men,



boundary ambiguity as associated with somatic complaints, for women, it was associated with their general affect, or attitude toward present life. Further, families with a high level of boundary ambiguity tended to be larger, less educated, and less financially stable. Compared to urban families in the study, rural families appeared more vulnerable to boundary ambiguity. Fathers in these families reported more somatic symptoms, more stress, and less positive evaluations of their lives.

Widowhood and non-normative loss such as divorce and chronic illness in families are also looked upon as ambiguous loss. Blackburn, Greenberg, and Boss (1987) studied women who were widowed and revised the original Boundary Ambiguity Scale by deleting military terms and references to parents. Their study investigated changes over time in ranch and non-ranch women in Montana at six months and twelve months after the spouse's death. The study found a decrease in the levels of boundary ambiguity at six months to twelve months after being widowed. In this study, Blackburn et. al found at twelve months after being widowed, the majority of the women in the study had completed the normal grief process and, as expected with a clear loss, no significant relationship remained between the husband's psychological presence and low self esteem or psychosomatic complaints. Thus, the Blackburn et. al findings suggest that the wives in the MIA study fared worse due to the open-ended nature of their loss compared to the loss of the widowed wives.

Pasley and Ihinger-Tallman (1989) studied divorced families, and tested the lens of ambiguous loss in 175 couples. The majority of the sample represented a remarriage for both spouses. Pasley et. al found that certain types of remarriages experience more boundary ambiguity than other types. Specifically, when compared with the divorced

families having residential custody of children, stepmother families with nonresidential children tend to be more prone to ambiguous boundaries due to custody and visitation situations. Thus, the families in which nonresidential children visit irregularly, the more boundary ambiguity.

Boss and Kaplan (1999) revised the original boundary ambiguity scale to investigate depression in caregivers with institutionalized Alzheimer's afflicted family members. The authors reported the modified scale yielded Cronbach's alpha reliability of .79, indicating it to be a moderately reliable measure. Their study found boundary ambiguity to account for most variance of the caregiver's depressive symptoms among the community-dwelling spouses with institutionalized Alzheimer's mates.

Kristoffersen, Polit, and Mustard (2000) expand on this discussion and offer clinical observations through the lens of ambiguous loss in family systems in which one family member is suffering from schizophrenia. This discussion adds to the literature, like Alzheimer's, schizophrenia is a disease which creates a psychological absence of a family member despite his or her physical presence in the family.

Mu, Wong, Chang and Kwan (2001) investigated the relationship between boundary ambiguity and depressive symptoms in families having a child with epilepsy. Their study was a correlational design with 324 mothers participating all in the sample population. They found boundary ambiguity to be positively correlated with depression. The participants completed a Chinese version of the Boundary Ambiguity Scale, which was adapted by the researchers to address the needs of their population.

In Peterson and Christensen's study (2002), boundary ambiguity was assessed two years after divorce occurred. The researchers investigated variables that might predict

the degree to which a person perceives their former spouse with boundary ambiguity. Results indicated that stressful life events, amount of child support exchanged, sense of confidence, and support from former spouse were predictive of boundary ambiguity in women. In men, a higher tendency of stressful life events was the most significant predictor of a high degree of boundary ambiguity.

Clinical observation adds to this growing body of literature. Thomas, Clement, Hazif-Thomas, and Legar (2001) provide a clinical discussion on family process in grieving the psychologically absent family member during chronic illness. Additionally, Boss and Couden (2002) discuss clinical observations of family systems in which one family member is suffering from chronic physical illness and utilize an ambiguous loss framework. Both studies provide a clinical discussion about the ambiguous loss experienced when a family member suffers from Alzheimer's disease.

Boss, Beaulieu, Wieling, Turner, and LaCruz (2003) expanded on the discussion of ambiguous loss suffered when a family member is missing in action, and utilized clinical observation to propose a treatment program using the lens of ambiguous loss when working with families during the search for missing family members following the 9/11 attacks on the World Trade Center.

Ambiguous loss literature identifies the type of loss experienced when families struggle with the psychological presence and physical absence or physical presence and psychological absence of a family member. Schizophrenia, Alzheimer's disease, divorce, and a missing person all create ambiguity in boundaries and roles of family members within a system due to the nature of the lack of closure with this type of loss. Children in out-of-home care suffer the lack of closure associated with this type of loss. Furthermore,

for children separated from crucial sibling relationships, the ambiguity of the loss may exacerbate emotional distress and poor behavioral functioning.

## **PROBLEM FOR STUDY**

### **ASSESSMENT OF THE LITERATURE**

The negative experiences children have prior to entering foster care are compounded by the experience of separation and ambiguous loss inherent in foster care placement. In the current body of literature, research addresses an emotional and behavioral problem in foster children as a result of separation from parents and does not currently recognize ambiguous loss as a guide to understanding the experiences of foster children.

Addressing the behavioral problems in foster children is an important task since children placed in out-of-home care go on to be highly represented in the prison population. According to the Casey Family Programs National Resource Center for Family Support (2003), 80% of prison inmates have been through the foster care system. Understanding behavioral problems in young children in out-of-home care may prove integral in curbing future behavioral problems that could lead to imprisonment.

Furthermore, the current body of literature on issues related to foster care predominantly rests on clinical observation and qualitative studies attempting to provide foster children the opportunity to vocalize their experiences in out-of-home placement. Clinical observation and research identifies foster children in the literature with problems in adjustment, and social, emotional, and academic functioning (Keane, 1983; Marcus, 1991; Newton, Litrownik, and Landsverk, 2000). However, due to the nature of clinical

observation and qualitative studies, small samples are observed and have unreliable generalizability. Thus, quantitative research studies are needed to examine statistical significance of issues related to children in out-of-home care. Ambiguous loss theory may help to inform further empirical investigation of the problematic emotional and behavioral functioning in children when placed in out-of-home care.

Since children placed in out-of-home care experience the separation from their families in their own unique ways, the degree to which a child experiences the loss of his or her parent as ambiguous could potentially impact behavioral and emotional problems. In addition, when separated from siblings, the extent to which a foster child perceives the loss of his or her sibling(s) may impact behavioral and emotional problems.

Literature connecting ambiguous loss to the experience of children in foster care does not exist. Current research and clinical observation literature about ambiguous loss and boundary ambiguity focuses on ambiguous loss in the context of: a family member suffering from chronic physical illness (Boss and Couden, 2002), schizophrenia (Kristoffersen, Polit, and Mustard, 2000), or Alzheimer's disease (Thomas, Clement, Hazif-Thomas, and Leger, 2001), and having a family member missing in action (Boss, 1977). The current study proposes to add to the body of literature, establishing a relationship between ambiguous loss and the experience of foster care children.

The current study aims to test the theory of ambiguous loss, which suggests that children in foster care experience separation from family members as ambiguous, and the more ambiguous a child perceives his or her loss, the more likely problematic behaviors will exist.

## RESEARCH QUESTIONS AND HYPOTHESES

The current study aims to understand the indirect and main effects of separation from parents and siblings and frequency of contact with parents and siblings on the experience of ambiguous loss and behavioral problems in children in out-of-home placement. The experience of behavioral problems is assessed by the severity and frequency of problematic behaviors as well as the level of functioning of a child during his or her daily activities.

This study considers the following questions:

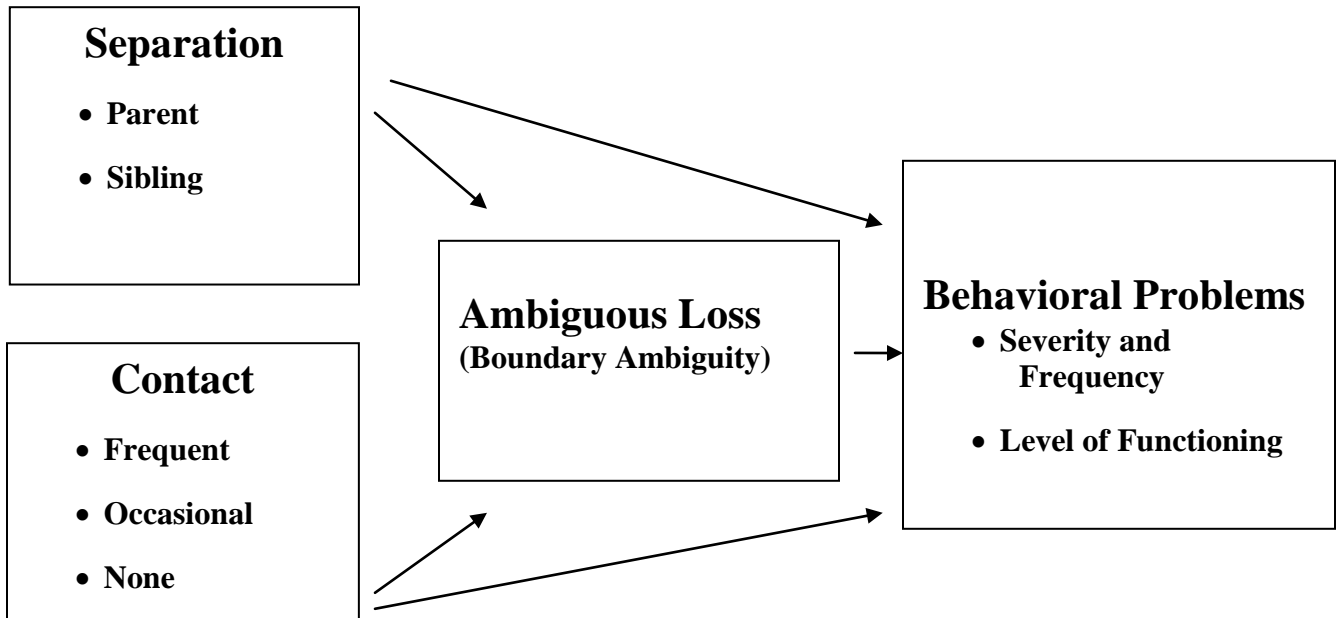
- 1) Do children placed in out-of-home care experience their separation as ambiguous loss?
- 2) What effect does separation from parents and siblings have on behavioral problems?
- 3) What is the relationship between ambiguous loss and problem behavior in children placed in out of home care?
- 4) Will contact with family members lessen or amplify the effect of separation on ambiguous loss?
- 5) Will contact with family members lessen or amplify the effect of separation on behavior problems?

This study hypothesizes the following:

- 1) Children placed in out-of-home care experience their separation as an ambiguous loss.
- 2) Separation from parents and siblings will be positively correlated with behavioral problems.

- 3) Ambiguous loss will be positively correlated with behavioral problems.
- 4) Lack of contact with parents and siblings will be positively correlated with ambiguous loss.
- 5) Lack of contact with parents and siblings will be positively correlated with behavioral problems.

DIAGRAM OF PREDICTED CORRELATIONS





## METHODS

The study examined 83 children participating in Therapeutic Foster Care (TFC) placement programs at the Lester A. Drenk Behavioral Health Center in Burlington County, NJ. The children sampled participated in various different Therapeutic Foster Care sub-programs, including Gateway Group Home, Milestones, and Interim Bed Program. Gateway Group Home is a group home in which males between ages 11-18 may reside for several years up until they turn age eighteen. The Milestones program includes two to three homes in which approximately five non-adjudicated male sex-offenders, between ages 11-17, may reside for up to two years, based upon the completion of sex specific treatment. Children placed in the Interim Bed Program are males and females between ages 11-18 and reside in placement long term, up until they turn age eighteen. Most of the children in Therapeutic Foster Care placement programs receive ongoing therapy. The Gateway Group Home and the Milestones Program provide a therapist. Some of the Interim Bed Program children participate in therapy with The Drenk Center's Outpatient Department therapists.

Data for this study was collected upon admission into the TFC programs and throughout the course of therapy. The children and their caseworkers completed the Ohio Scales Youth Version and Worker Version, respectively. Some of the TFC parents completed the Ohio Scale, Parent Version. However, some of the parents are not involved in the treatment process, therefore, many of the parent versions of the Ohio Scale are missing. The Boundary Ambiguity Scales were completed by the children during therapy. Some of the children completed the scales independently, others verbalized answers to their therapists. All of the children that completed the Boundary Ambiguity Scales

discussed their experience of ambiguous loss during therapy sessions with their therapists. Information for the Demographic Information sheets was obtained during the initial intake admission process.

## RESEARCH DESIGN

This study was a cross-sectional, correlational, field study research design. The sampling approach was non-probability since the subjects were selected based upon convenience. The researcher had access to the sample population via the researcher's former clinical employment site, a community behavioral health agency, The Drenk Center in Burlington County, New Jersey.

Archival data was utilized to examine participants. A representative from the Drenk Center utilized the agency census to identify consumers who participated in treatment in the Therapeutic Foster Care, Gateway Group Home, and Milestones Group Home programs between April 2006 and December 2006. This employee of the Drenk Center, having access to the participants' clinical records, obtained their scores on the assessment measures and provided these scores along with a demographic information sheet (see Appendix B) to the researcher. Thus, protected health information of the subjects was not given to the researcher. The researcher then analyzed scores from the behavioral measure and the loss measure and compared scores on each measure for correlations.

## SAMPLE

The population of interest was children placed in out-of-home care with and without members of their sibling system. However, children in this study were all placed without members of their sibling system. The study population was children placed in

out-of-home care in Burlington County, New Jersey. Some children's foster parents were also included in the sample as they were included in the procedure. The foster parent was also part of the unit of analysis, while the foster child was the unit of observation.

All children born to the same mother and who had lived together for at least one year were considered to belong to the same sibling group. The children were placed in their current setting for no less than 6 months. The gender, race, and ethnicity of the child were not selection or exclusion criteria. Therefore, the study population consisted of male and female, Caucasian, African American, Hispanic, and biracial children between ages 10-18, in Burlington County, New Jersey.

The sample frame consisted of children participating in treatment at the Lester A. Drenk Center's Therapeutic Foster Care, Gateway Group Home, and Milestones Group Home programs. The referral source was located in Burlington County, New Jersey. The sample included 83 children meeting the selection criteria, however since only one child in the study was a twin; this child was removed from data analysis. The children in the sample were placed in the Drenk Center's Therapeutic Foster Care and Group Home programs based upon contractual obligations within Burlington County's system of care.

#### PROCEDURE

Upon entry into therapeutic treatment at the Drenk Center, and throughout the course of treatment, children, caregivers, and caseworkers completed the Ohio Scales (Ogles et.al, 1996) behavioral measures. The Ohio Scale is utilized by the Drenk Center to assess behavioral functioning prior to treatment, as well as at various points in the process of treatment as an outcome measure. During individual and group therapy, children in the designated out-of-home placement programs completed the ambiguous

loss measure. This measure serves as a therapeutic tool and guides therapeutic intervention allowing children to express feelings about their loss. Both the Ohio Scales and the Ambiguous Loss Scales are kept in the clinical record of the child.

The sample in this study was accessed through the Drenk Center's Therapeutic Foster Care, Gateway Group Home, and Milestones Group Home programs. To ensure confidentiality, the researcher did not have access to protected health information and participants were coded by number rather than name. The measures were kept in the confidential record of the participant at the Drenk Center, and the researcher obtained the scores from the measures and demographic information (see Appendix B) without identifying information about the participant. Each clinical record is kept in locked file cabinets in the office specific to the program. The data recorded by the researcher will be stored on the researcher's home computer which is password protected.

The behaviors indicated in the parent, worker, and youth self report versions of the Ohio Scale were compared to examine consistency between outsider and self reports. In the current study, the worker version was utilized in place of the parent version when caregivers were not present or participating in the child's therapeutic treatment. Thus, the researcher triangulated the children's self reported scores with another source.

Ogles, et.al (2001) assert that the Ohio Scales may be compartmentalized and sections and or subscales of the instrument may be utilized rather than the entirety of the instrument. Since the current study aims to understand problem behaviors, it solely examined the scores on the problem and functioning scales.

## MEASUREMENTS

### *Dependent variable*

The dependent variable, Behavior Problems, is measured by the Ohio Youth Problem, Functioning, and Satisfaction Scales (Ohio Scales) developed by Ogles, Lunnen, Gillespie, and Trout (1996). Three parallel forms exist: parent, worker, and youth self report versions (see Appendices C, D, and E respectively). The Parent Version measures the caregiver's observation of the child's problem behaviors. The Worker Version of the scale measures the therapist's or case manager's observation of the child. The Ohio Scale Youth Version measures the child's perception of his or her own behaviors. Scoring for each instrument is determined by Likert scaling.

The Ohio scales intend to be practical measures of outcome for children and adolescents receiving mental health services and can be used to track the effectiveness of mental health interventions for youth with serious emotional disorders (Ogles, et.al, 2001). Further, the Ohio Scales are designed to measure the level of problem severity and functioning of children. The problem severity scale is comprised of 20 items which cover commonly reported problems of youth receiving behavioral health services. Each item is rated for severity and or frequency. The scores range from zero to five ("not at all" to "all the time") on a six-point scale. A total score is calculated by summing the scores for all items (Ogles, Melendez, Davis, and Lunnen, 2000). Higher scores indicate worse symptoms of behavioral problems.

The functioning scale is also comprised of 20 items that are designed to rate the child's level of functioning during daily activities. Since it measures functioning during daily activities, children can potentially function well during daily activities despite

exhibiting behavior problems. Each item is measured on a five-point scale and provides an opportunity for raters to identify areas of functional strength. A total functioning score is calculated by summing the ratings for all items, higher scores are indicative of better functioning.

The instrument is two pages long, and all three versions include identical questions for problem severity and functioning. Each of these items rate the frequency during the past 30 days in which the youth is experiencing problems. High scores on the problem severity scales are considered to be more problematic, while a low score on the functioning scale is considered to be more impairment.

Ogles, et.al (2000) report the psychometric properties of the Ohio Scales are positive. They assert the scales have adequate internal consistency and test-retest reliability. The internal consistency data for each scale for the three perspectives were examined in both clinical and community samples. The problem severity scale had excellent internal consistency with a Cronbach's alpha score of .95, .93, and .92 for the parent, youth and agency worker scales, respectively. Additionally, according to Ogles, et.al (2001) the functioning scale had excellent internal consistency with alpha scores of .91, .93, and .94 for the parent, youth, and agency worker scales, respectively.

After one week of lapsed time, Ogles, et.al (2001) evaluated test-retest reliability for the parent and youth versions of the Ohio Scales. The parent version of the scale indicated a score of .88 of test-retest reliability on the problem severity scale and .77 on the functioning scale. The youth version of the scale indicated a score of .72 of test-retest reliability on the problem severity scale and .43 of test-retest reliability on the functioning scale. The test-retest reliability thus appears to be poor on the youth's functioning scale,

however, since the scores are based upon youth's responses, the low test-retest reliability may be accounted for by youth's desire to avoid negative consequences associated with functioning addressed in the scale.

Carlston and Ogles (2006) examined the inter-rater reliability between the parent and youth versions. Correlation coefficients between parent and child reports of a child's behavior determined the child's age contributed to the discord between parent and child agreement rates. The authors maintain that the younger children and parent's scores correlated more closely than older, parental children and parent's scores.

Ogles, et.al (2000) suggests the instrument has good construct validity, in that, the measures assess what the authors intend the instrument to assess. Further, the authors suggest that the instrument appears to be sensitive to change. Ogles, et.al (2001) compared the Ohio Scale to the Child Behavior Checklist (Achenbach et.al, 2000) to test concurrent validity. Though the authors do not present statistical information, Ogles et.al assert the parent ratings of youth's problem severity and functioning were strongly correlated with the scores on the Child Behavior Checklist (CBCL). No measure of youth self-report functioning exists to substantiate concurrent validity of the youth rated functioning scale in the Ohio Scales.

Current literature examines the use of the CBCL to measure problem behaviors in children in out-of-home care. To date, research does not exist in which Ohio Scales are utilized to measure problem behaviors in children in out-of-home care. Additionally, more research is needed to further assess the reliability and validity data. However, the Texas Department of Mental Health and Mental Retardation (TDMHMR, 2003) examined the Ohio Scales in order to determine their suitability to replace the CBCL as a

more practical measure of problematic behaviors. The TDMHMR asserts that the Ohio Scales can be substituted for the CBCL without creating substantial validity problems. Thus, despite the lack of research utilizing the Ohio Scales, the Scales appear to be an effective and practical tool to measure behavioral functioning.

In this particular study, the Ohio Scales are being utilized as opposed to the CBCL since the data is archival and the chosen measurement of the agency from which the subjects were selected is the Ohio Scale measure. The agency, The Lester A. Drenk Center chose the Ohio Scale as a measure of behavior based upon the TDMHMR (2003) data suggesting that the Ohio Scale is a reasonable replacement for the CBCL since it is briefer in design and still measures behavioral functioning in a reliable way. Additionally, the agency chose the Ohio Scale since it offers versions for child, parent, and caseworker.

The agency utilizes this measure for all its consumers, in addition to the children in out-of-home placement programs. Since the agency utilizes this measure with a high volume of its consumers, it is important that it is brief, manageable, and readily able to be incorporated into therapeutic treatment since it is accompanied with treatment planning software, the Ohio Scale outcomes system, which the Drenk Center utilizes to record and compute the scores on the instruments. The software produces side-by-side comparisons of the scores obtained from each informant on problem items; correlations between problem item scores that indicate the degree of agreement between rating by each pair of informants; narrative reports of findings; and a list of critical problem items that were reported for the child (Ogles, 2005).



*Endogenous variable*

A conceptual difference exists between “Ambiguous Loss” and “Boundary Ambiguity”. Ambiguous Loss refers to a stressor situation, and Boundary Ambiguity refers to a perceptual response to that stressor situation (Boss, 2007). The variable of Boundary Ambiguity refers to uncertainty about a loss of a family member as well as failure of the person to alter his or her perception to fit the physical reality after a loss occurs (Boss et. al, 1987). In the current study, Boundary Ambiguity is measured with the Boundary Ambiguity Scale-5 (BAS-5, Boss et. al, 1990), the version that was originally created for divorced adults and developed by Boss and colleagues (see Appendix P). The premise of the scale is that if former spouses, or in the case of the current research, the foster child does not have a concrete perception of who is in or out of the family, they will be more impaired in functioning. Thus, the BAS-5 has been modified to work with children in out-of-home placement with permission of the author, Dr. Boss (Pauline Boss, Personal Communication, March 30, 2006).

The wording in the modified version of the Boundary Ambiguity Scale excludes words that allude to marriage and divorce and are replaced with words describing parents and siblings. The questions reflect the children's perception of family members' physical and psychological presence or absence from their lives (See Appendices F and G). Boundary ambiguity leads a child to be in a state of limbo (Boss and Kaplan, 1999), with uncertainty hindering the child's ability to adapt to changes brought about by separation from family members. The Boundary Ambiguity Scale, version 5 (BAS-5), developed by Boss et. al (1990), is used to measure the degree to which a person perceives his or her spouse as in or out of the family following a divorce. Specifically, the scale measures the

degree to which a respondent perceives his or her spouse as psychologically present despite physical absence following the divorce. Boundary Ambiguity is a continuous variable, with high levels of boundary ambiguity being a risk factor leading to negative outcomes for individuals and families (Boss, 2007).

Information about the reliability and validity for the original Boundary Ambiguity scale was normed on families with members missing in action as prisoners of war. Boss et. al (1990) report Cronbach's alpha score of .80 for the 14-item scale used with home caregivers. Boss et. al report the Cronbach alpha reliability for the Boundary Ambiguity Scale, version 3, is .74, indicating statistical significance for the instrument in the study. However, the current format of the scale will be tested by the researcher for reliability and validity since the wording of the questions are being altered for the current study.

The child's perception of ambiguous loss in the current study will be measured by the score(s) on the Boundary Ambiguity Scale (Boss et. al, 1990), revised, BAS/Foster Care/Parent and Sibling Versions. During the course of treatment at the Drenk Center, the revised Boundary Ambiguity Scale-5 (Boss et. al, 1990) is administered in two versions (see Appendices F and G): one specifically asks about perceptions related to a parent, and one that specifically asks about perceptions related to a sibling. If the child is not separated from any siblings in out-of-home placement, he or she only completes the questionnaire regarding perceptions related to a parent. The scales measure the degree to which the child perceives his or her parent or sibling as in or out of their family, or, psychologically present despite physical absence following placement into foster care.

The scales used in the current research consisted of 16 items. Both are self report assessment instruments asking respondents to answer on a 1-5 Likert scale of agreement/

disagreement. A child's Boundary Ambiguity score is the summation of responses across items after the numerical answers to questions 2, 9, and 11 have been reversed.

Higher scores indicate a higher perception that the family member boundary is ambiguous. The total score is computed as a composite score. The summary score provides a continuous variable score.

Sample items on the revised instrument include the following: "I find myself wondering about where my parent/sibling is and what he/she is doing"; "I continue to keep alive my hope that I will be reunited with my biological parent/sibling"; "I often wonder what my biological parent's/sibling's opinion or comment would be on events that happen or things I see during the day".

Additionally, based upon information in the clinical record of the child, the researcher completed a demographic information sheet (See Appendix B) which provided information about the child's placement, siblings, and level of contact with siblings. This information was utilized during data analysis to assess the relationship between the amount of contact and communication between children and their family members and their behavioral functioning.

#### *Exogenous variables*

Exogenous variables include Total Time in Placement (in years); Age at First Placement; and Birth Order (Oldest, Middle, Youngest). Additional exogenous variables are School Placement (Mainstream or Special Education), Frequency of Contact with Siblings (Never, Rare, Occasional, Frequent), Reunification Plan (No, Yes, Unsure), Number of Placements, and Number of Caseworkers.

All exogenous variables were gathered by the researcher based upon information provided on the demographic information sheet (see Appendix B).

## DATA ANALYSIS

### *Data coding*

Closed ended questions rather than open-ended questions were utilized. Participants were coded by number without names in order to maintain confidentiality and protect against researcher bias; the data was entered via the SPSS (SPSS 15.0) data analysis software.

The BAS-5 was altered slightly in order for the wording of the questions to fit the current study. Because the scale has been revised for use at the Drenk Center, scale reliability and validity were tested. To assess for the reliability of the revised BAS scale, the researcher conducted the Cronbach alpha test to determine internal consistency of the revised BAS scales.

To determine validity of the revised BAS scales, the researcher specifically looked at face validity by requesting the expertise of Dr. Pauline Boss, author of the BAS scale on which the revised scales are based, whether the measure seemed to her to be valid. Dr. Boss indicated that the researcher's revised scales did appear to be valid (Boss, Personal Communication, 2006).

### *Covariates*

Ethnicity, gender, and age were collected as demographic information. This information is categorical, and therefore the researcher ran t-tests and ANOVA tests to assess the relationships of these covariates with the endogenous and dependent variables.

The Total Time in Placement was assessed in number of years. The length of time in care begins at birth and goes to 18 years, since that is the oldest age of the subjects. Another covariate assessed was Number of Placements a child has had while placed in out of home care. These variables were continuous, and Pearson correlational testing was run to assess the relationship between these variables on endogenous and dependent variables.

Because of the definition of Boundary Ambiguity (specifically, confusion of what roles and tasks family members take on), Birth Order may be a significant predictor of Ambiguous Loss. Therefore, the researcher measured the association between Birth Order (oldest, middle, youngest) and degree of Boundary Ambiguity (score on BAS/Sibling Version and score on BAS/Parent Version) in foster children with an ANOVA test.

#### *Analytic Procedures*

Pearson correlations were calculated between all continuous dependent and independent variables. The researcher utilized t-tests and ANOVA procedures to test categorical independent and covariate variables with the two continuous dependent variables. In particular, the researcher conducted an ANOVA to learn the mean score for each category of placement status on the Ambiguous Loss scores and its effect on the Behavior Problem scores.

Because some of the confounding variables are categorical and some are continuous, different tests were run to measure their relationship to the dependent variable based upon the variable. The categorical confounding variables were run in t-tests and ANOVA tests, while the continuous confounding variables were run as

correlation tests. Additionally, the researcher conducted linear and multiple regressions on the dependent variable with covariates to see how the variables competed or contributed to the outcome of the relationships.

The BAS-5 was altered slightly in order for the wording of the questions to fit the current study. Because the scale has been revised for use at the Drenk Center, scale reliability and validity were tested. To assess for the reliability of the revised BAS scale, the researcher conducted the Cronbach alpha test to determine internal consistency of the revised BAS scales.

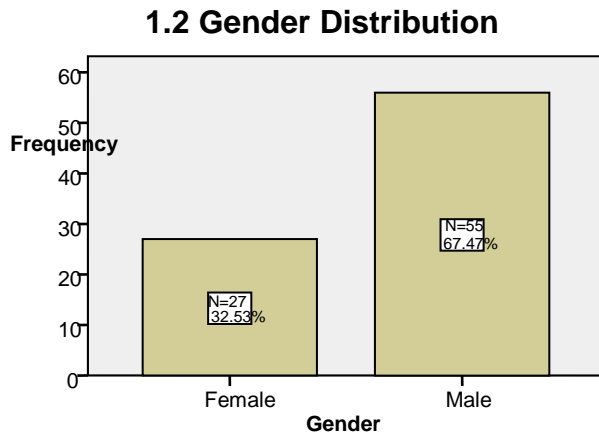
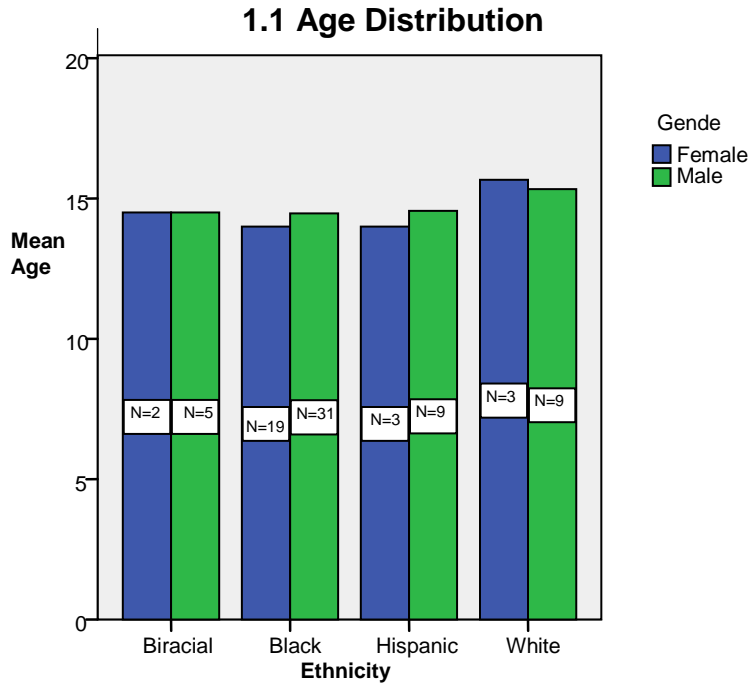
## **RESULTS 1: UNIVARIATE FINDINGS**

### **EXOGENOUS VARIABLES**

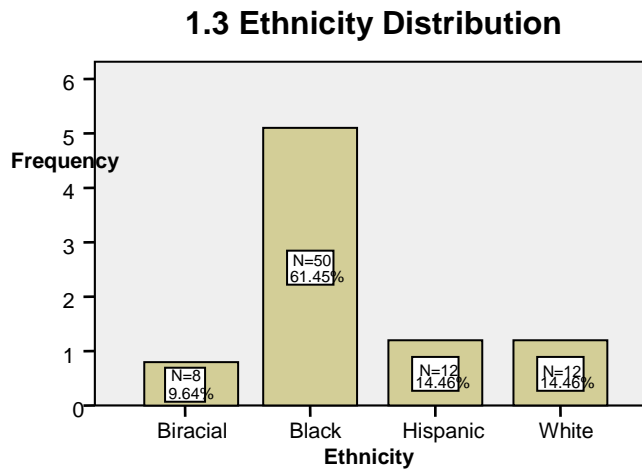
Children ages 10-18 were interviewed (n=83). One twin participated in the study and since there was only one subject accounted for, the twin was removed from analysis. Therefore, the following data reflects the sample without one subject (n=82). Contact Frequency was defined by the amount of contact between respondents and their siblings.

#### *Age, Gender, and Ethnicity*

In terms of Age, 67.5% were between ages 10-15 (n=55; m=14.5; SD=2.1). In terms of Gender, 67.5% were male (n=55), 32.5% were female (n=27). In terms of Ethnicity, 61% were African American (n=50), 14.5% (n=12) Hispanic, and 14.5% (n=12) were Caucasian. Less than 10% were Biracial (n=8). The children who were Biracial did not identify which ethnic backgrounds comprised their racial identity. See tables 1.1-1.3 below:







*Age at First Placement, Total Time in Placement, Number of Placements, Number of Caseworkers, Contact Frequency*

White males (n=9) were a mean Age 15.33 (SD=1.87), and were First Placed at a mean Age of 7.78 (SD=4.15). Total Time in Placement for White males averaged 7.67 years (SD=5.00). White males averaged 7 Placements (SD=5.59) and 6.56 Caseworkers (SD=5.05). Contact Frequency for White males was rare or never (78%), and sometimes (22%).

African American males (n=31) were a mean Age 14.47 (SD=2.14), and were First Placed at a mean Age of 8.97 (SD=4.95). Total Time in Placement for Black males averaged 5.63 years (SD=4.68). Black males averaged 6.28 Placements (SD=4.28) and 4.72 Caseworkers (SD=3.84). Contact Frequency for Black males was rare or never (59%), and often (31%).

Hispanic males (n=9) were a mean Age 14.56 (SD=1.42), and were First Placed at a mean Age of 11.78 (SD=3.77). Total Time in Placement averaged 2.78 years (SD=2.73). Hispanic males averaged 3.22 Placements (SD=3.35) and 2 Caseworkers (SD=1.66).

Contact Frequency for Hispanic males was rare or never (56%), and sometimes or often (44%).

Biracial males (n=6) were a mean Age 14.50 (SD=2.17), and were First Placed at a mean Age of 6.17 (SD=3.87). Total Time in Placement averaged 8.33 years (SD=5.09). Biracial males averaged 11.83 Placements (SD=8.59) and 6.67 Caseworkers (SD=4.97). Contact Frequency for Biracial males was never (67%) and rare (33%).

White females (n=3) were a mean Age 15.67 (SD=1.53), and were First Placed at a mean Age of 10.67 (SD=5.13). Total Time in Placement averaged 5 years (SD=6.08). White females averaged 3.67 Placements (SD=.58) and 3.33 Caseworkers (SD=4.04). Contact Frequency for White females was sometimes (67%) and often (33%).

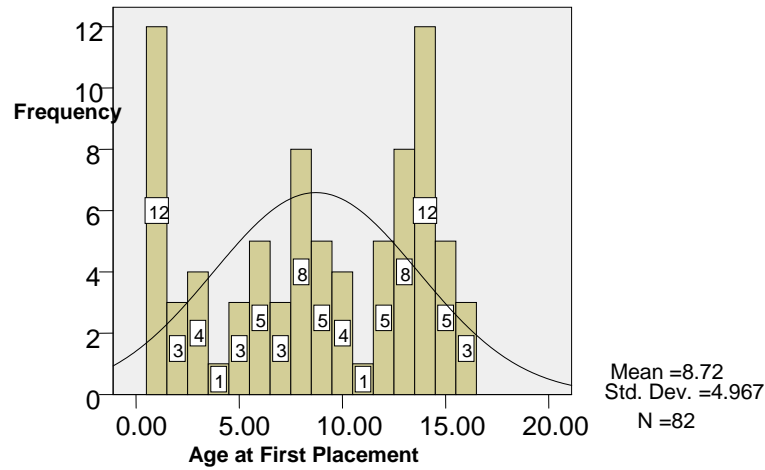
Black females (n=19) were a mean Age 14 (SD=2.21), and were First Placed at a mean Age of 7.79 (SD=5.65). Total Time in Placement averaged 6.53 years (SD=5.73). Black females averaged 6.79 Placements (SD=5.78) and 4.95 Caseworkers (SD=5.34). Contact Frequency for Black females was rare or never (74%), sometimes (16%), and often (10.5%).

Hispanic females (n=3) were a mean Age 14 (SD=3), and were First Placed at a mean Age of 7.67 (SD=7.02). Total Time in Placement averaged 6.67 years (SD=4.51). Hispanic females averaged 7 Placements (SD=3) and 5.67 Caseworkers (SD=4.04). Contact Frequency for Hispanic females was evenly distributed between rare, sometimes, and often.

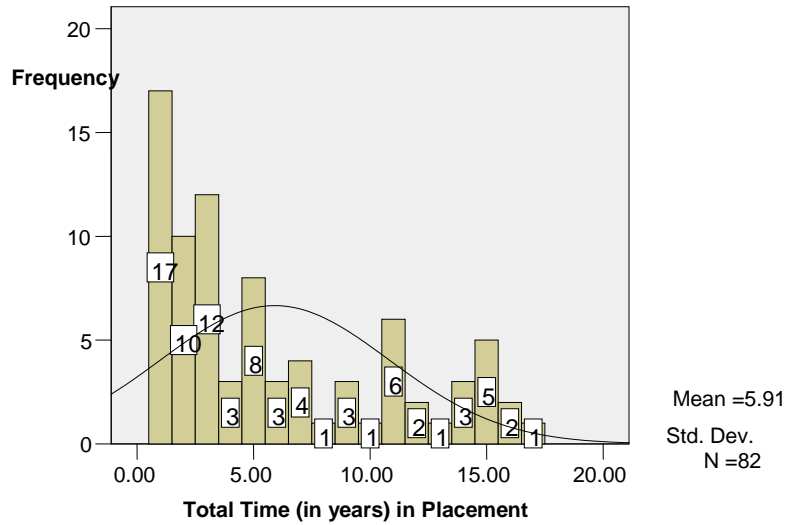
Biracial females (n=2) were a mean Age 14.50 (SD=3.54), and were First Placed at a mean Age of 11.50 (SD=3.54). Total Time in Placement averaged 3 years (SD=.00). Biracial females averaged 6 Placements (SD=2.83) and 1.50 Caseworkers (SD=.71).

Contact Frequency for Biracial females was never (50%) and often (50%). See tables 1.4-1.8 below:

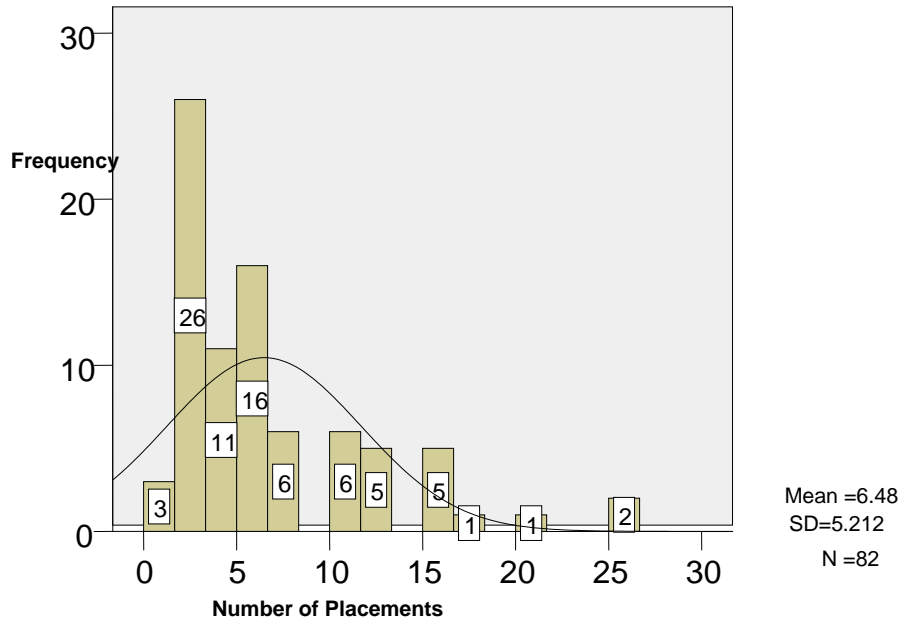
### 1.4 Age at First Placement Distribution



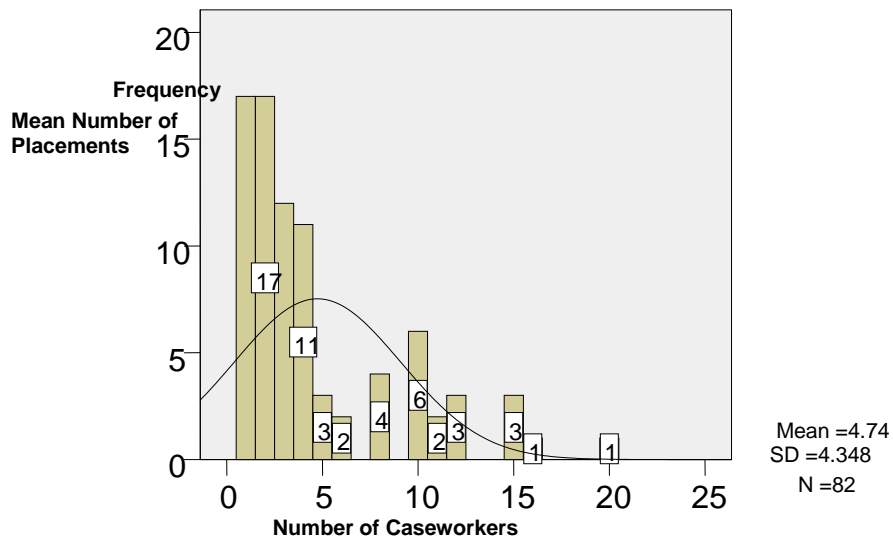
### 1.5 Total Time (in years) in Placement Distribution

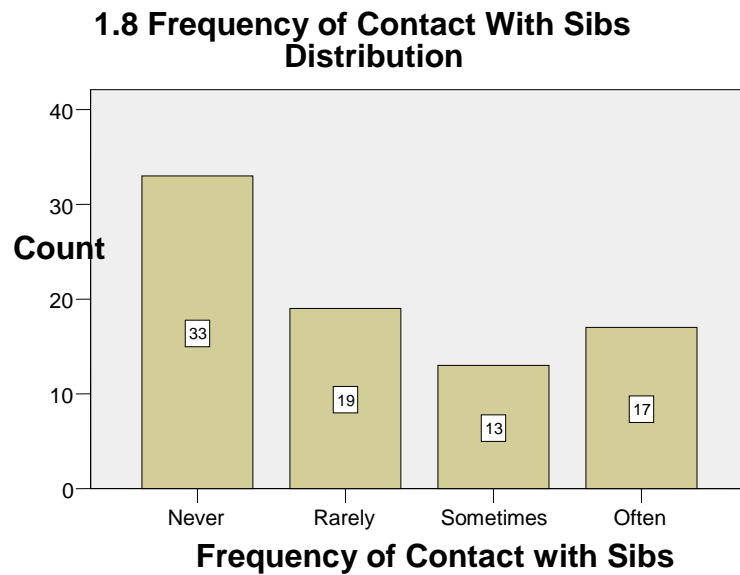


### 1.6 Number of Placements Distribution



### 1.7 Number of Caseworkers Distribution

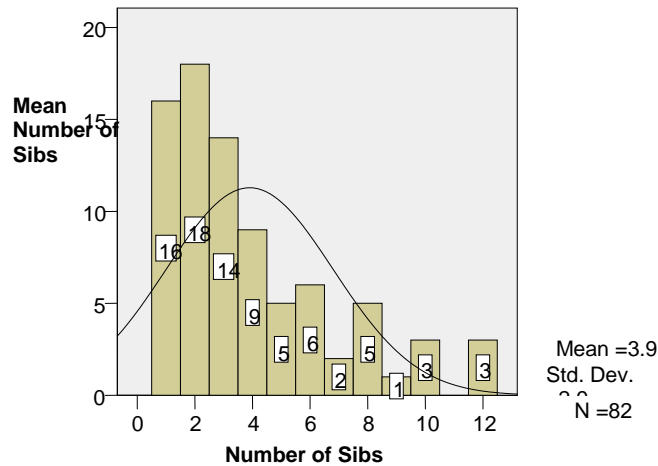




### *Siblings*

The children in the study ( $n=82$ ) had mean number of 3.9 siblings ( $SD=2.88$ ). In terms of Birth Order, approximately 36% ( $n=30$ ) were the oldest, 38% ( $n=32$ ) were middle, 24% ( $n=20$ ) were the youngest children in the sibling system. The middle sibling was identified by not being the oldest or the youngest, therefore, the middle children may vary in number of siblings older and younger. Many of the children had more than one sibling older and more than one sibling younger. In fact, approximately half of the children in the study ( $n=35$ ) have four or more siblings, and approximately 16% ( $n=14$ ) have seven or more siblings. Seven percent ( $n=6$ ) have 10 or more siblings. See table 1.9 below:

### 1.9 Sibling Distribution

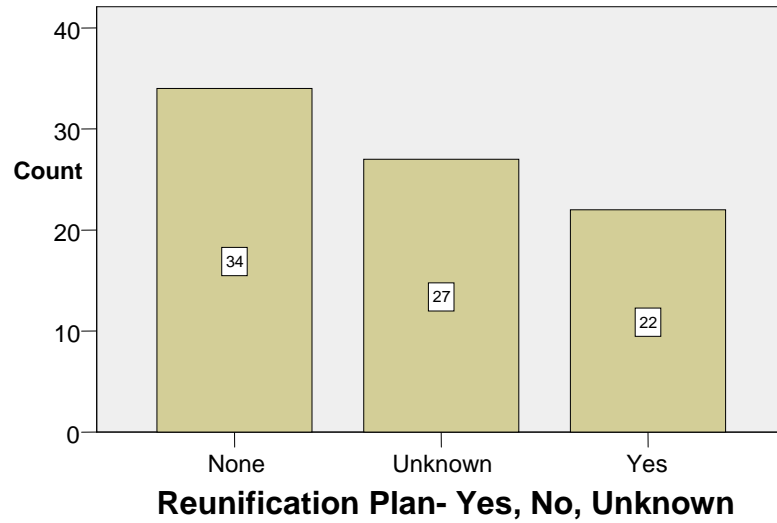


#### *Reunification Plan and Contact Frequency*

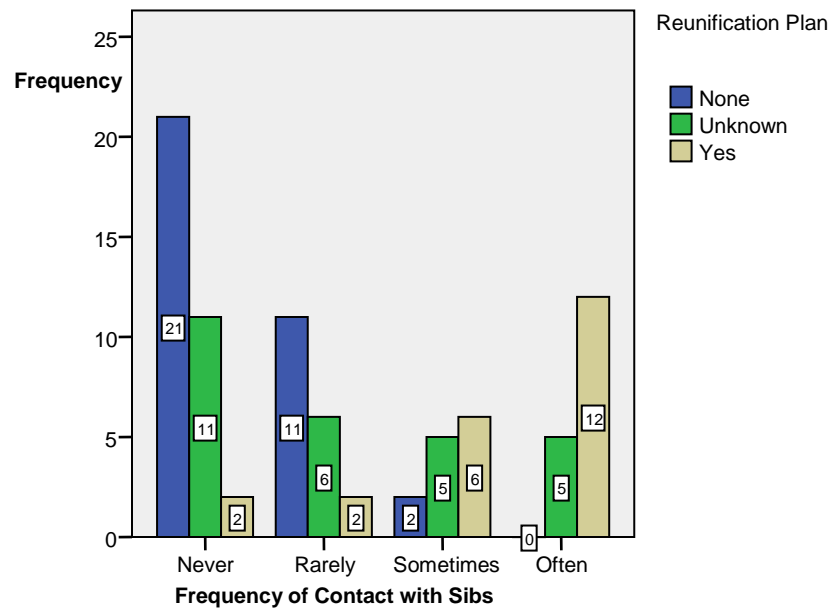
Children predominantly had little to no contact with siblings. For instance, 41% of children (n=34) never had contact with siblings, and 23% had rare contact (n=19) with siblings. Only 20% (n=17) of the children in the study “often” had contact with siblings (refer to tables 1.12-1.13).

In terms of having a Reunification Plan, the majority of children (n=34) had no Reunification Plan, while a Reunification Plan was unknown for a large group of children (n=27). The fewest children (n=22) have a Reunification Plan. When looking at the status of the Reunification Plan and Contact Frequency, children with no Reunification Plan overwhelmingly had the lowest Contact Frequency with their siblings. See tables 1.10-1.11 below:

### 1.10 Distribution of Reunification Plans



### 1.11 Frequency of Contact and Reunification Plan



## BEHAVIOR PROBLEMS AND FUNCTIONING

When compared with Workers and Foster Parents, children reported more favorable behavior, with lower Behavioral Problem scores and higher Functioning scores. The children reported a mean score of 24.78 (SD=15.96) in the Problem Scale, and a mean of 53.87 (SD=13.67) on the Functioning Scale. In contrast, Workers reported children had a mean score of 32.64 (SD=18.51) on the Problem Scale, and a mean of 40.39 (SD=16.00) on the Functioning Scale. Foster Parents scored closer to Workers than the children with a mean of 30.60 (SD=21.22) on the Problem Scale, and 41.73 (SD=15.28) on the Functioning Scale. Over half of the children in the study (n=68) did not have Foster Parents complete Parent Version of the Ohio Scales. Because Foster Parents (n=15) were so few, and paralleled so closely with Workers, in the following analysis, Parent scores will be dropped. See tables 1.12-1.13 below:

### 1.12 Ohio Scale Distribution- Behavior Problems

	N		Mean	Std. Deviation
	Valid	Missing		
Youth Version Problem Scale	82	0	24.79	16.058
Worker Version Problem Scale	82	0	32.59	18.615



### 1.13 Ohio Scale Distribution- Behavior Functioning

	N		Mean	Std. Deviation
	Valid	Missing		
Youth Version Functioning Scale	82	0	53.94	13.739
Worker Version Functioning Scale	82	0	40.34	16.098

#### *Gender and Birth Order*

Male children reported overall fewer Behavior Problems on the Problem Scales than the Foster Parents and Workers reported. When looking at Birth Order in males, the middle in sibling position reported the fewest Behavior Problems ( $m=20.68$ ,  $SD=10.72$ ) on the Youth Version of the Problem Scale, compared with the youngest ( $m=29.58$ ;  $SD=15.05$ ), and oldest ( $m=25.19$ ;  $SD=17.55$ ) males. The youngest males showed the highest Behavior Problems in the Youth Problem Scale.

Workers scored the middle males with the lowest Behavior Problems ( $m=29.77$ ,  $SD=15.46$ ), compared with the youngest ( $m=33.42$ ,  $SD=18.99$ ), and oldest ( $m=33.14$ ,  $SD=18.77$ ) males. According to Workers, the youngest sibling position for males had the highest prevalence of Behavior Problems.

The male children's reports on the Functioning Scale also differed from Worker versions. On the Youth Version of the Functioning Scale, the oldest in sibling position reported the lowest Functioning ( $m=51.90$ ,  $SD=14.42$ ) compared with the middle ( $m=57.82$ ,  $SD=9.15$ ), and youngest ( $m=55.75$ ,  $SD=12.23$ ) males. Workers reported the

middle in sibling position had slightly higher Functioning ( $m=42.64$ ,  $SD=15.37$ ), than the oldest ( $m=42.57$ ,  $SD=16.26$ ), followed by the youngest ( $m=39.75$ ,  $SD=16.55$ ) males. Of the males, the biggest disagreement in Functioning existed between the youngest in sibling position and the Worker report.

Despite reports from all participants that males show higher Behavior Problems, overall, males also had higher Functioning than females. Like the males, female children reported fewer Behavior Problems on the Problem Scales than the Workers. When looking at Birth Order in females, the oldest reported the fewest Behavior Problems ( $m=20.78$ ,  $SD=19.23$ ) on the Youth Version of the Problem Scale, compared with the middle ( $m=30.60$ ;  $SD=21.45$ ), and youngest ( $m=25.13$ ;  $SD=15.07$ ) females. The middle females showed the highest Behavior Problems in the Youth Problem Scale.

Workers also scored the oldest females with the lowest Behavior Problems ( $m=26.89$ ,  $SD=20.97$ ), compared with the youngest ( $m=30.13$ ,  $SD=19.11$ ), and middle ( $m=43.7$ ,  $SD=21.59$ ) females. According to Workers, the middle sibling position for females had the highest prevalence of Behavior Problems.

The female children's reports on the Functioning Scale also differed from Worker versions. On the Youth Version of the Functioning Scale, the oldest in sibling position reported the highest Functioning ( $m=54.78$ ,  $SD=16.24$ ) compared with middle ( $m=54.7$ ,  $SD=15.74$ ), and youngest ( $m=44$ ;  $SD=17.42$ ) females. Workers reported the youngest in sibling position had the highest Functioning ( $m=33$ ,  $SD=14.17$ ), followed by the middle ( $m=32.2$ ,  $SD=13$ ), and oldest ( $m=20.02$ ) females.

## AMBIGUOUS LOSS

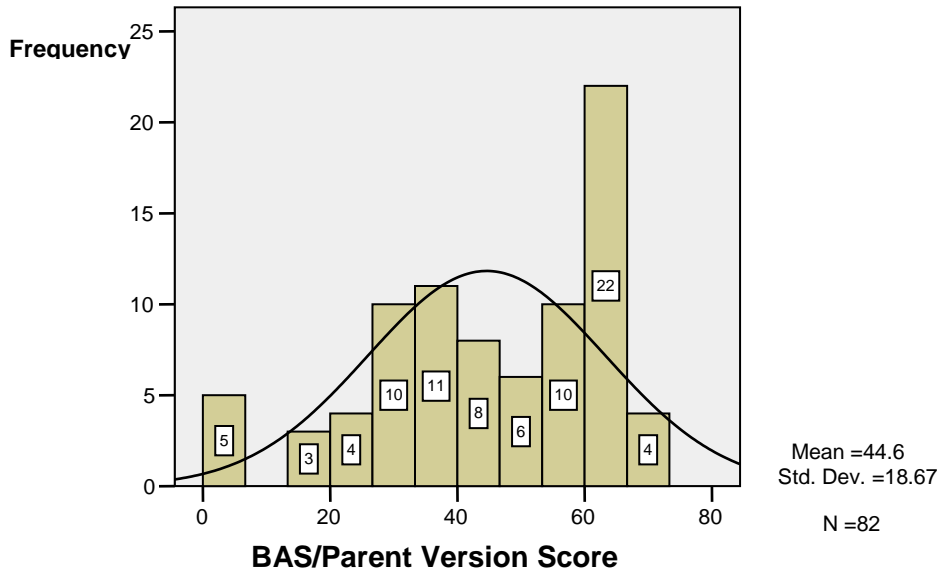
An important distinction exists between Ambiguous Loss and Boundary Ambiguity. Carroll, Olsen, and Buckmiller (2007) summarize Boundary Ambiguity as a continuous variable ranging from high to low while Ambiguous Loss involves a person's perception of a loss (Boss, 2004) which is difficult to quantify. However, Boundary Ambiguity is utilized in Ambiguous Loss literature, and in the current study, the construct of Boundary Ambiguity is used to operationalize, measure, and explain the type of loss experienced by children in out-of-home placement as an Ambiguous Loss.

Based on Boundary Ambiguity (BA) scales, all children report a high degree of BA, thus supporting to the idea that children in placement report their loss as an Ambiguous Loss. Overall, children experience a 10% higher rate of Sibling BA than Parent BA. Sibling BA scores among all children range from 55 to 65, while Parent BA ranges from 45 to 55. See tables 1.14-1.16 below:

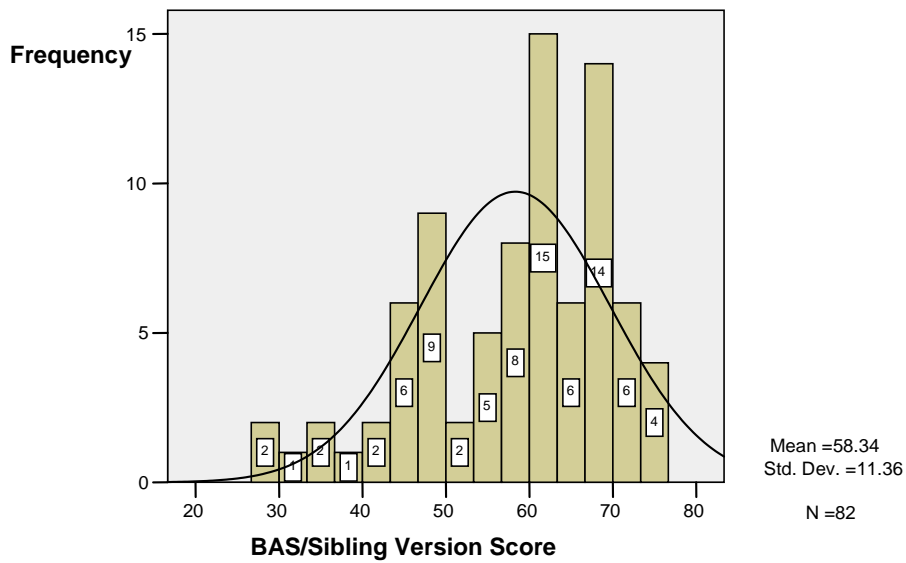
### 1.14 Boundary Ambiguity Scales Distribution

		BAS/Parent Version Score	BAS/Sibling Version Score
N	Valid	82	82
	Missing	0	0
Mean		45.76	58.21
Std. Deviation		16.629	11.366

**1.15 BAS/Parent Version Score**



**1.16 BAS/Sibling Version Score**



*Gender and Birth Order*

Sibling and Parent BA are examined further by the impact of Gender and Birth Order on the Boundary Ambiguity Scales.

For the oldest children, the mean Parent BA score was 49.52 (SD=17.56) for males, and 45 (SD=17.06) for females. The mean Sibling BA score was 57.86 (SD=11.21) for males, and 56.22 (SD=11.51) for females.

For middle children, the mean Parent BA score was 43.73 (SD=23.26) for males, and 40 (SD=14.99) for females. The mean Sibling BA score was 58.91 (SD=11.36) for males, and 58.5 (SD=13.62) for females.

For the youngest children of the sibling group, the mean Parent BA score was 43.67 (SD=17.11) for males, and 42.62 (SD=18.84) for females, and the mean Sibling BA score was 56.42 (SD=13.20) for males, and 61.75 (SD=7.61) for females.

Therefore, both males and females across the sibling groups all experience higher Sibling than Parent BA. The highest amount of BA experienced was youngest females' Sibling BA.

## RESULTS 2: CORRELATIONS

### OHIO SCALES

Overall, children reported fewer Behavior Problems and better Functioning compared to the Workers. However, Youth scores on the Problem Scale significantly correlated with the Worker ( $r=.727$ ,  $p=.000$ ) Problem scores. The Youth scores on the Functioning Scale were also significantly correlated with the Workers' scores ( $r=.581$ ,  $p=.000$ ). Relationships were situated in positive directions, indicating that high scores in children's reports related to high scores in Worker reports.

Further, Problem and Functioning Scales significantly correlated with one another in a negative direction, thus the higher the Problem score, the lower the Functioning; and the lower the Problem scores, the higher the Functioning. Youth Problem and Functioning Scales correlated significantly ( $r= -.490$ ,  $p=.000$ ), and Worker Problem and Functioning Scales correlated significantly ( $r= -.744$ ,  $p=.000$ ). See figures 2.1-2.4 below:

**Figure 2.1: Ohio Scale Youth, Worker, Problem Scale Correlations**

		Ohio Scale Worker Version Problem Scale
Ohio Scale Youth Version Problem Scale	Pearson Correlation	.727(**)
	Sig. (2-tailed)	.000
	N	82

\*\* Correlation is significant at the 0.01 level (2-tailed).

**Figure 2.2- Ohio Scale Youth, Worker Functioning Scale Correlations**

		Ohio Scale Worker Version Functioning Scale
Ohio Scale Youth Version Functioning Scale	Pearson Correlation	.581(**)
	Sig. (2-tailed)	.000
	N	82

\*\* Correlation is significant at the 0.01 level (2-tailed).

**Figure 2.3- Youth Problem and Functioning Scales Correlations**

		Ohio Scale Youth Version Functioning Scale
Ohio Scale Youth Version Problem Scale	Pearson Correlation	-.491(**)
	Sig. (2-tailed)	.000
	N	82

\*\* Correlation is significant at the 0.01 level (2-tailed).

**Figure 2.4- Worker Problem and Functioning Scales Correlations**

		Ohio Scale Worker Version Functioning Scale
Ohio Scale Worker Version Problem Scale	Pearson Correlation	-.744(**)
	Sig. (2-tailed)	.000
	N	82

\*\* Correlation is significant at the 0.01 level (2-tailed).

### *Gender*

When looking at the correlations in Ohio Scale Problem and Functioning Scales and Gender alone, Youth and Worker Scales are significantly correlated. Females

correlate with Workers more than males on Behavior Problem scores, but males correlate more strongly with Workers on Functioning scores. See figures 2.5-2.6 below:

**Figure 2.5: Ohio Scale Youth and Worker Problem Scale Correlations**

Gender			Ohio Scale Worker Version Problem Scale
Male	Ohio Scale Youth Version Problem Scale	Pearson Correlation	.664(**)
		Sig. (2-tailed)	.000
		N	55
Female	Ohio Scale Youth Version Problem Scale	Pearson Correlation	.810(**)
		Sig. (2-tailed)	.000
		N	27

\*\* Correlation is significant at the 0.01 level (2-tailed).

\* Correlation is significant at the 0.05 level (2-tailed).

**Figure 2.6: Ohio Scale Youth and Worker Functioning Scale Correlations**

Gender			Ohio Scale Worker Version Functioning Scale
Male	Ohio Scale Youth Version Functioning Scale	Pearson Correlation	.581(**)
		Sig. (2-tailed)	.000
		N	55
Female	Ohio Scale Youth Version Functioning Scale	Pearson Correlation	.573(**)
		Sig. (2-tailed)	.002
		N	27

\*\* Correlation is significant at the 0.01 level (2-tailed).

\* Correlation is significant at the 0.05 level (2-tailed).



*Birth Order*

The impact of Birth Order on the Ohio Scales was examined. Birth Order did not appear significant on the Youth or Worker Problem Scales, or between Youth and Worker Functioning Scales. Additionally, when combined, Gender and Birth Order also proved insignificant to the Youth and Worker Problem and Functioning Scales.

## BOUNDARY AMBIGUITY SCALES

Parent and Sibling Boundary Ambiguity were significantly correlated ( $r = .565$ ,  $p = .000$ ), indicating a strong relationship between Parent BA and Sibling BA. This relationship was positive, signifying high Parent BA correlated with high Sibling BA. See figure 2.7 below:

**Figure 2.7: Boundary Ambiguity Scale Parent and Sibling Version Correlations**

		BAS/Sibling Version Score
BAS/Parent Version Score	Pearson Correlation	.565(**)
	Sig. (2-tailed)	.000
	N	82

\*\* Correlation is significant at the 0.01 level (2-tailed).

*Gender*

When examining Gender and Boundary Ambiguity, both females' Parent and Sibling BA ( $r = .647$ ,  $p = .000$ ) and males' Parent and Sibling BA ( $r = .543$ ,  $p = .000$ ) correlated highly. See figure 2.8 below:

**Figure 2.8: Boundary Ambiguity Scale Parent and Sibling Correlations in Males and Females**

Gender		BAS/Parent Version Score	
Male	BAS/Sibling Version Score	Pearson Correlation	.543(**)
		Sig. (2-tailed)	.000
		N	55
Female	BAS/Sibling Version Score	Pearson Correlation	.647(**)
		Sig. (2-tailed)	.000
		N	27

\*\* Correlation is significant at the 0.01 level (2-tailed).

### *Gender and Birth Order*

Using multiple comparisons, the impact of Birth Order and Gender on Parent and Sibling BA was examined further. When combined, Birth Order and Gender did not appear significant in Parent or Sibling BA.

### RESULTS 3: RELATIONSHIPS AMONG VARIABLES

#### BEHAVIOR PROBLEMS AND AMBIGUOUS LOSS

Since the Workers are not involved in answering about Boundary Ambiguity, their Behavior Problems and Functioning scores will not be reported here. Overall, however, the Youth report of Behavior Problems was significantly related to Sibling BA ( $r=.312$ ,  $p=.004$ ), though not significant to Parent BA ( $r=.118$ ,  $p=.292$ ). Youth report of Functioning was not significant to Parent ( $r=.147$ ,  $p=.187$ ) or Sibling ( $r=.021$ ,  $p=.850$ ) BA. Significant relationships were positive, thus high degree of Sibling BA related to high incidence of Behavior Problems. See figure 3.1 below:

**Figure 3.1: Relationships Between Behavior Problems and Functioning and Parent and Sibling BA**

		Ohio Scale Youth Version Problem Scale	Ohio Scale Youth Version Functioning Scale
BAS/Parent Version Score	Pearson Correlation	.118	.147
	Sig. (2-tailed)	.292	.187
	N	82	82
BAS/Sibling Version Score	Pearson Correlation	.312(**)	.021
	Sig. (2-tailed)	.004	.850
	N	82	82

\*\* Correlation is significant at the 0.01 level (2-tailed).

## ETHNICITY

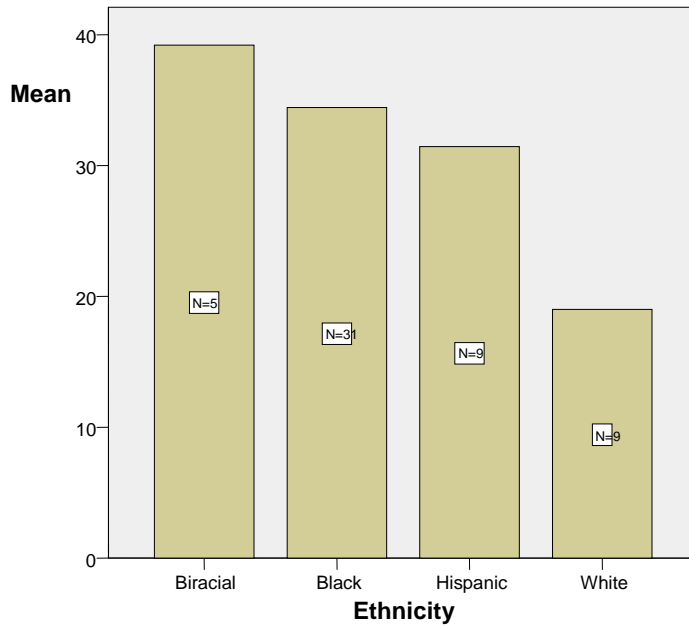
*Behavior Problems and Functioning*

When Ethnicity was evaluated in terms of the Ohio Scales, children and Workers' reports of Behavior Problems were moderately significant ( $p=.064$  and  $p=.037$ , respectively), but Functioning was not. In terms of Behavior Problems, the scores were only significant for males and not for females. See figures 3.2-3.3 below:

**Figure 3.2: Ethnicity and Behavior Problems in Males- ANOVA**

		F	Sig.
Ohio Scale Worker Version Problem Scale	Between Groups	2.969	.037
	Within Groups		
	Total		
Ohio Scale Youth Version Problem Scale	Between Groups	2.522	.064
	Within Groups		
	Total		

**Figure 3.3: Worker Report of Male Behavior Problems**



### *Boundary Ambiguity*

When looking at the entire sample, Ethnicity did not reach statistical significance for either Parent or Sibling BA.

## BIRTH ORDER

### *Behavior Problems and Functioning*

Birth Order was not statistically significant when examining children's reports of Behavior Problems and Functioning.

### *Boundary Ambiguity*

In terms Boundary Ambiguity (BA), Birth Order did not reach statistical significance for Sibling or Parent BA.

## CONTACT FREQUENCY

### *Behavior Problems and Functioning*

When looking at the entire sample in terms of Behavior Problems and Functioning, Contact Frequency with siblings impacted Behavior Problems according to children ( $p=.081$ ), and Workers ( $p=.062$ ). Though Contact Frequency did not reach statistical significance, substantive significance will be explored in the discussion. However, Contact Frequency did not appear to impact Functioning. When examining Gender, Contact Frequency did not have a strong relationship with Behavior Problems or Functioning for males or females.

### *Boundary Ambiguity*

In terms of Boundary Ambiguity, when looking at the entire sample, Contact Frequency did impact Parent BA ( $p=.000$ ), and Sibling BA ( $p=.014$ ). Higher Contact Frequency with siblings was associated with higher Parent and Sibling BA. See figure 3.4 below:

**3.4: ANOVA- Relationship between Contact Frequency and Parent and Sibling Loss**

	F	Sig.
BAS/Parent Version Score	6.636	.000
BAS/Sibling Version Score	3.747	.014

The relationship between Contact Frequency and Loss was further analyzed considering Gender. The significance for the relationship between Contact Frequency and Parent BA was almost identical for males and females. However, Contact Frequency and Sibling BA was significant for females but not for males.

*Females*

In females, a significant relationship existed between Contact Frequency and both Parent ( $p=.018$ ) and Sibling BA (.010). See figure 3.6 below:

**3.6: ANOVA- Females' Relationship between Contact Frequency and Parent and Sibling BA**

	F	Sig.
BAS/Parent Version Score	4.088	.018
BAS/Sibling Version Score	4.731	.010

*Males*

In males, a significant relationship existed between Contact Frequency and Parent BA ( $p=.016$ ), but not with Sibling BA (.361). See figure 3.7 below:

**3.7: ANOVA- Males' Relationship between Contact Frequency and Parent and Sibling BA**

	F	Sig.
BAS/Parent Version Score	3.787	.016
BAS/Sibling Version Score	1.091	.361

## REUNIFICATION PLAN

### *Behavior Problems and Functioning*

When looking at the entire sample, in terms of Behavior Problems, Reunification Plan was significant from the Youth perspective ( $p=.023$ ) but not from the Workers' perspective ( $p=.066$ ). Higher Behavior Problem scores were associated with "Unknown" state of a Reunification Plan. See figure 3.7 below:

**3.7: Anova- Relationship between Reunification Plan and Behavior Problems**

	F	Sig.
Ohio Scale Youth Version Problem Scale	3.954	.023
Ohio Scale Worker Version Problem Scale	2.819	.066

In the entire sample in terms of Functioning, Reunification Plan was also significant from the Youth perspective ( $p=.036$ ), but not from the Workers' perspective ( $p=.147$ ). Lower Functioning scores were also associated with "Unknown" status. See figure 3.8 below:

**3.8: ANOVA- Relationship between Reunification Plan and Functioning**

	F	Sig.
Ohio Scale Youth Version Functioning Scale	3.459	.036
Ohio Scale Worker Version Functioning Scale	1.964	.147



When considering Gender, the relationship between Reunification Plan and Behavior Problems and Functioning was further analyzed. For females, Reunification Plan was not significant to Behavior Problems or Functioning. See figures 3.9-3.10 below:

**3.9: ANOVA- Females' Relationship between Reunification Plan and Behavior Problems**

	F	Sig.
Ohio Scale Youth Version Problem Scale	.855	.438
Ohio Scale Worker Version Problem Scale	1.108	.347

**3.10: ANOVA- Females' Relationship between Reunification Plan and Functioning**

	F	Sig.
Ohio Scale Youth Version Functioning Scale	1.619	.219
Ohio Scale Worker Version Functioning Scale	1.141	.336

For males however, Reunification Plan and Behavior Problems did have a significant relationship from the Youth perspective ( $p=.023$ ), but not from the Workers' perspective ( $p=.094$ ). See figure 3.11 below:

**3.11: ANOVA- Males' Relationship between Reunification Plan and Behavior Problems**

	F	Sig.
Ohio Scale Youth Version Problem Scale	4.047	.023
Ohio Scale Worker Version Problem Scale	2.472	.094

For males, Reunification Plan and Functioning was not significant. See figure 3.12

below:

**3.12: ANOVA- Males' Relationship between Reunification Plan and Functioning**

	F	Sig.
Ohio Scale Youth Version Functioning Scale	2.821	.069
Ohio Scale Worker Version Functioning Scale	1.837	.169

*Boundary Ambiguity*

In terms of Loss, when looking at the entire sample, Reunification Plan had a significant relationship with Parent BA ( $p=.003$ ), but not with Sibling BA ( $p=.642$ ). The “Unknown” status of Reunification Plan was associated with higher scores of BA. See figure 3.13 below:

**3.13: ANOVA- Relationship between Reunification Plan and Sibling and Parent BA**

	F	Sig.
BAS/Parent Version Score	6.443	.003
BAS/Sibling Version Score	.446	.642

Upon multiple comparison, “yes” and “none” Reunification Plan had the only significant difference in Parent BA ( $p=.002$ ). See figure below 3.14:

**3.14: Multiple Comparisons- Reunification Plan and Sibling and Parent BA**

Dependent Variable	(I) Reunification Plan Numeric	(J) Reunification Plan Numeric	Mean Difference (I-J)	Sig.
			Lower Bound	Lower Bound
BAS/Parent Version Score	None	Unknown	-5.306	.582
		Yes	-15.394(*)	.002
	Unknown	Yes	5.306	.582
		Yes	-10.088	.082
BAS/Sibling Version Score	None	Unknown	-.572	1.000
		Yes	-2.894	1.000
	Unknown	Yes	.572	1.000
		Yes	-2.322	1.000

\* The mean difference is significant at the .05 level.

When considering Gender, the relationship between Reunification Plan and Sibling and Parent BA was further analyzed.

*Females*

For females, Reunification Plan and Sibling BA ( $p=.658$ ) did not have a significant

relationship, but Parent BA ( $p=.034$ ) was significant. See figure 3.15 below:

**3.15: ANOVA- Females' Relationship between Reunification Plan and Sibling and Parent BA**

	F	Sig.
BAS/Parent Version Score	3.887	.034
BAS/Sibling Version Score	.426	.658

*Males*

In males, Reunification Plan was significant with Parent BA ( $p=.027$ ), but not for Sibling BA ( $p=.874$ ). See figure 3.16 below:

**3.16: ANOVA- Males' Relationship between Reunification Plan and Sibling and Parent BA**

	F	Sig.
BAS/Parent Version Score	3.886	.027
BAS/Sibling Version Score	.135	.874

#### **RESULTS 4: REGRESSIONS**

Multiple Regressions were used to further examine the relationships between Behavior Problems, Functioning, and Ambiguous Loss (Boundary Ambiguity, BA). Exogenous variables Ethnicity, Birth Order, Contact Frequency, Reunification Plan, Age at First Placement, Total Time in Placement, Number of Placements, and Number of Caseworkers were utilized in regression analyses in order to assess their impact on Behavior Problems, Functioning, and Ambiguous Loss (BA). Since Workers did not answer questions about BA, their reports of Behavior Problems and Functioning were not analyzed with Parent or Sibling BA.

BEHAVIOR PROBLEMS

*Youth Report: Behavior Problems Model 1-Youth*

In Model 1-Youth, the dependent variable (Behavior Problems) was regressed on the exogenous variables. The model itself did not reach significance, nor did any of the variables independently. See 4.1 tables for Regression Model 1-Youth below:

**Table 4.1: Regression Model 1-Youth**

Model 1-Youth	R	R Square	Adjusted R Square	Std. Error of the Estimate	F	Sig.
	.428(a)	.184	.055	15.608	1.430	.179

a Predictors: (Constant), Number of Caseworkers, Gender, Number of Sibs, Birth Order, Age, Ethnicity, Frequency of Contact with Sibs, Reunification Plan, Total Time in Placement, Number of Placements, Age at First Placement

Model 1-Youth	Unstandardized Coefficients		Standardized Coefficients Beta	t	Sig.
	B	Std. Error			
(Constant)	44.971	17.792		2.528	.014
Age	7.907	6.928	1.021	1.141	.258
Gender	1.833	3.867	.054	.474	.637
Ethnicity	2.887	2.503	.141	1.153	.253
Number of Sibs	.571	.640	.103	.892	.376
Birth Order	1.417	1.625	.102	.872	.386
Frequency of Contact with Sibs	.879	2.230	.064	.394	.695
Reunification Plan	-1.184	3.018	-.060	-.392	.696
Age at First Placement	-10.292	7.198	-3.184	-1.430	.157
Total Time in Placement	-10.220	6.830	-3.125	-1.496	.139
Number of Placements	.265	.547	.086	.484	.630
Number of Caseworkers	.021	.615	.006	.033	.973

a Dependent Variable: Ohio Scale Youth Version Problem Scale

*Worker Report: Behavior Problems Model 1-Worker*

In Model 1-Worker, the dependent variable was regressed on the exogenous variables. Exogenous variables appeared slightly more significant in the Workers' report of Behavior Problems compared with the children's report. However, the model was only

somewhat significant as a whole, and none of the exogenous variables reached significance independently. See 4.2 tables for Regression Model 1-Worker below:

**Table 4.2: Regression Model 1-Worker**

Model 1-Worker	R	R Square	Adjusted R Square	Std. Error of the Estimate	F	Sig.
	.493(a)	.243	.124	17.423	2.042	.037

a Predictors: (Constant), Number of Caseworkers, Gender, Number of Sibs, Birth Order, Age, Ethnicity, Frequency of Contact with Sibs, Reunification Plan, Total Time in Placement, Number of Placements, Age at First Placement

Model 1-Worker	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	72.925	19.861		3.672	.000
Age	.222	7.734	.025	.029	.977
Gender	1.399	4.317	.036	.324	.747
Ethnicity	2.303	2.794	.097	.824	.413
Number of Sibs	1.141	.715	.178	1.596	.115
Birth Order	-.086	1.814	-.005	-.047	.962
Frequency of Contact with Sibs	.772	2.489	.049	.310	.757
Reunification Plan	-4.054	3.369	-.177	-1.203	.233
Age at First Placement	-3.187	8.035	-.850	-.397	.693
Total Time in Placement	-3.507	7.624	-.925	-.460	.647
Number of Placements	.475	.610	.133	.779	.439
Number of Caseworkers	-.704	.687	-.165	-1.025	.309

a Dependent Variable: Ohio Scale Worker Version Problem Scale

*Youth Report: Behavior Problems Model 2-Youth*

In Regression Model 2-Youth, the dependent variable was regressed on the endogenous variables (Parent and Sibling BA). Parent BA did not appear to contribute to Behavior Problems; however, Sibling BA contributed significantly. See 4.3 tables for Regression Model 2-Youth below:

**Table 4.3: Regression Model 2**

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate	F	Sig.
2	.320(a)	.103	.080	15.404	4.512	.014

a Predictors: (Constant), BAS/Sibling Version Score, BAS/Parent Version Score

Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
2					
	(Constant)	-1.078	8.934		
	BAS/Parent Version Score	-.083	.125	-.086	-.668
	BAS/Sibling Version Score	.510	.183	.361	2.793

a Dependent Variable: Ohio Scale Youth Version Problem Scale

#### *Worker Report: Behavior Problems Model 2-Worker*

The dependent variable was regressed on the endogenous variables Parent and Sibling BA, and neither Parent nor Sibling BA contributed significantly to the worker report of Behavior Problems.

## BEHAVIOR FUNCTIONING

#### *Youth Report: Behavior Functioning Model 1- Youth*

In Model 1-Youth, the dependent variable (Behavior Functioning) was regressed on the exogenous variables. This model did not reach significance as a whole, and none of the exogenous variables independently contributed significantly to Behavior Functioning.



*Worker Report: Behavior Functioning Model 1-Worker*

In Model 1-Worker, the dependent variable was regressed on the exogenous variables. This model approached significance, and revealed that Number of Siblings was the only variable that independently approached significance to Behavior Functioning. Their relationship was negative; therefore, the greater Number of Siblings, the lower the Functioning. However, since there are so many variables, a more realistic level for significance would be  $p=.01$ , which Number of Siblings does not reach, and therefore was not significant enough to include in further analysis. See 4.4 tables for Regression Model 1-Worker below:

**Table 4.4: Regression Model 1-Worker**

Model 1	R	R Square	Adjusted R Square	Std. Error of the Estimate	F	Sig.
	.496(a)	.246	.128	15.035	2.078	.033

a Predictors: (Constant), Number of Caseworkers, Gender, Number of Sibs, Birth Order, Age, Ethnicity, Frequency of Contact with Sibs, Reunification Plan, Total Time in Placement, Number of Placements, Age at First Placement

Model 1	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	17.804	17.139		1.039	.302
Age	-5.606	6.674	-.722	-.840	.404
Gender	-4.963	3.725	-.146	-1.332	.187
Ethnicity	1.154	2.411	.056	.479	.634
Number of Sibs	-1.442	.617	-.260	-2.338	.022
Birth Order	-1.925	1.565	-.139	-1.230	.223
Frequency of Contact with Sibs	-.454	2.148	-.033	-.211	.833
Reunification Plan	3.497	2.907	.177	1.203	.233
Age at First Placement	7.588	6.934	2.341	1.094	.278
Total Time in Placement	7.991	6.579	2.437	1.215	.229
Number of Placements	-.611	.526	-.198	-1.160	.250
Number of Caseworkers	.537	.593	.145	.906	.368

a Dependent Variable: Ohio Scale Worker Version Functioning Scale

*Youth Report: Behavior Functioning Model 2-Youth*

In Model 2, the dependent variable was regressed on the endogenous variables. Neither Parent nor Sibling BA contributed to Behavior Functioning; however, Parent BA appeared slightly more significant. See 4.5 tables for Regression Model 2-Youth below:

**Table 4.5: Regression Model 2- Youth**

Model 2	R	R Square	Adjusted R Square	Std. Error of the Estimate	F	Sig.
	.165(a)	.027	.003	13.721	1.107	.336

a Predictors: (Constant), BAS/Sibling Version Score, BAS/Parent Version Score

Model 2	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	52.842	7.958		6.640	.000
BAS/Parent Version Score	.164	.111	.199	1.476	.144
BAS/Sibling Version Score	-.110	.163	-.091	-.677	.500

a Dependent Variable: Ohio Scale Youth Version Functioning Scale

*Worker Report: Behavior Problems Model 2-Worker*

The dependent variable was regressed on the endogenous variables Parent and Sibling BA, and neither Parent nor Sibling BA contributed significantly to the worker report of Behavior Functioning.

## AMBIGUOUS LOSS

### *Parent Boundary Ambiguity (Parent BA)*

In Model 1, the endogenous variable (Parent BA) was regressed on the exogenous variables. This model reached significance, and reflected that the most significant contribution to Parent BA was made by Contact Frequency. Their relationship was positive, therefore, higher Contact Frequency was associated with higher Parent Boundary Ambiguity. See 4.6 tables for Regression Model 1 below:

**Table 4.6: Regression Model 1**

Model 1	R	R Square	Adjusted R Square	Std. Error of the Estimate	F	Sig.
	.604(a)	.365	.265	14.259	3.652	.000

a Predictors: (Constant), Number of Caseworkers, Gender, Number of Sibs, Birth Order, Age, Ethnicity, Frequency of Contact with Sibs, Reunification Plan, Total Time in Placement, Number of Placements, Age at First Placement

Model 1	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	68.525	16.254		4.216	.000
Age	-10.874	6.329	-1.356	-1.718	.090
Gender	-7.194	3.533	-.205	-2.036	.046
Ethnicity	1.947	2.287	.092	.851	.397
Number of Sibs	.466	.585	.081	.796	.429
Birth Order	-2.006	1.485	-.140	-1.351	.181
Frequency of Contact	5.556	2.037	.392	2.728	.008
Reunification Plan	3.485	2.757	.170	1.264	.210
Age at First Placement	8.675	6.576	2.591	1.319	.191
Total Time in Placement	8.590	6.240	2.536	1.377	.173
Number of Placements	-.478	.499	-.150	-.957	.342
Number of Caseworkers	.132	.562	.034	.234	.815

a Dependent Variable: BAS/Parent Version Score

*Sibling Boundary Ambiguity (Sibling BA)*

In Model 1, the endogenous variable (Sibling BA) was regressed on the exogenous variables. This model was significant overall; however, no individual items were significant. See 4.7 tables for Regression Model 1 below:

**Table 4.7: Regression Model 1**

Model 1	R	R Square	Adjusted R Square	Std. Error of the Estimate	F	Sig.
	.544(a)	.296	.186	10.255	2.681	.006

a Predictors: (Constant), Number of Caseworkers, Gender, Number of Sibs, Birth Order, Age, Ethnicity, Frequency of Contact with Sibs, Reunification Plan, Total Time in Placement, Number of Placements, Age at First Placement

Model 1	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
	B	Std. Error	Beta		
(Constant)	82.273	11.691		7.038	.000
Age	5.024	4.552	.917	1.104	.274
Gender	.631	2.541	.026	.248	.805
Ethnicity	2.117	1.645	.146	1.287	.202
Number of Sibs	.644	.421	.164	1.530	.131
Birth Order	-.325	1.068	-.033	-.305	.761
Frequency of Contact with Sibs	2.884	1.465	.298	1.969	.053
Reunification Plan	-.104	1.983	-.007	-.052	.958
Age at First Placement	-7.559	4.730	-3.304	-1.598	.114
Total Time in Placement	-6.970	4.488	-3.011	-1.553	.125
Number of Placements	-.513	.359	-.235	-1.429	.157
Number of Caseworkers	.061	.404	.023	.150	.881

a Dependent Variable: BAS/Sibling Version Score

## **RESULTS 5: SCALE RELIABILITY AND FACTOR ANALYSIS**

Utilizing the SPSS 15.0 (Statistical Program for Social Sciences, self published) reliability and factor analysis subprograms, Scale Reliability and Factor Analysis tests were conducted in order to further examine the findings in the study. In this sample, all Scales showed strong reliability.

### *Ohio Scales*

For the 20-item Youth Version of Behavior Problems, the Cronbach alpha reliability was .893. When the item, “Eating Problems” was removed, the Cronbach alpha reliability increased to .902 (See the Youth Version Behavior Problems Scale: Item-Total Statistics table 5.1 in Appendix Q).

For the 20-item Youth Version of Functioning, the Cronbach alpha reliability was .921 (See the Youth Version Functioning Scale: Item-Total Statistics table 5.2 in Appendix Q).

For the 20-item Worker Version of Behavior Problems, the Cronbach alpha reliability was .919 (See the Worker Version Behavior Problems Scale: Item-Total Statistics table 5.3 in Appendix Q).

For the 20-item Worker Version of Functioning, the Cronbach alpha reliability was .943 (See the Worker Version Functioning Scale: Item-Total Statistics table 5.4 in Appendix Q).

### *Boundary Ambiguity Scales*

For the Parent BA 16-item scale, the Cronbach alpha reliability was .913 (See the Parent BA: Item-Total Statistics table 5.5 in Appendix Q).

In this sample, for the Sibling BA 16-item scale, the Cronbach alpha reliability was .834 (See the Sibling BA: Item-Total Statistics table 5.6 in Appendix Q).

Because the Youth and Worker Behavior Problem Scales are the same despite changed wording to differentiate between child and Worker responses, only factor analysis for the Youth Version of Problem and Functioning Scales will be presented. Additionally, because the Parent BA and Sibling BA Scales are also the same despite the change in wording to differentiate between Parent and Sibling BA, only factor analysis for the Parent BA Scale will be presented.

### *Behavior Problems*

Utilizing the Direct Oblimin Rotation, factor analysis of the Behavior Problem scale resulted in four components which accounted for 68% of the variance. The components represented the following categories:

1. Conduct Disturbance (lying; yelling, swearing, or screaming at others; fits of anger; causing trouble for no reason; refusing to do things parents or teachers ask; getting into fights; arguing with others; can't seem to sit still, having too much energy; and breaking rules or the law)
2. Internalizing Emotional Disturbance (feeling worthless or useless; talking or thinking about death; feeling lonely and having no friends; feeling sad or depressed)
3. Externalizing Emotional Disturbance (skipping school or class; feeling anxious or fearful; using drugs or alcohol)
4. Fears (nightmares; eating problems; worrying that something bad is going to happen; hurting self)

Factor loadings indicated that most questions were loaded into the first two components, representing 52% of the variance. This supports Ogles et.al (2000) findings in factor analysis of Problem Severity and Frequency. Ogles et.al defined three components as follows:

1. Conduct disturbance
2. Internalizing
3. Externalizing

The various factors correlated with one another at a low level, signifying that they are independent of one another. See Behavior Problem Scale Pattern and Component Correlation Matrices (tables 5.7-5.8) below:

**5.7: Behavior Problem Scale Pattern Matrix**

	Component			
	1	2	3	4
Lying	.951			
Yelling, swearing, or screaming at others	.871			
Fits of anger	.855			
Causing trouble for no reason	.845			
Refusing to do things teachers or parents ask	.783			
Getting into fights	.776			
Arguing w/others	.703			
Can't seem to sit still, having too much energy	.675			
Breaking rules or the law	.625		.443	
Feeling worthless or useless		.848		
Talking or thinking about death		.833		
Feeling lonely and having no friends		.799		
Feeling sad or depressed		.689		
Skiping school or class	.403		.672	
Feeling anxious or fearful			-.655	
Using drugs or alcohol			.504	
Nightmares				.844
Eating problems				.790
Worrying that something bad is going to happen	.412			.566
Hurting self				.539

**5.8: Behavior Problem Component Correlation Matrix**

Component	1	2	3	4
1	1.000	.259	.095	.136
2	.259	1.000	.021	.307
3	.095	.021	1.000	-.002
4	.136	.307	-.002	1.000

Extraction Method: Principal Component Analysis.

Rotation Method: Oblimin with Kaiser Normalization.

*Behavior Functioning*

Utilizing the Direct Oblimin Rotation, factor analysis of the Behavior Functioning scale resulted in five components which accounted for 70% of the variance. Factor



loadings indicated that most questions were loaded evenly into four components, representing 65% of the variance. The four components appeared to represent:

1. Overall Functioning (ability to express feelings; being motivated and finishing projects; accepting responsibility for actions; controlling emotions and staying out of trouble; participating in hobbies; concentrating, paying attention, and completing tasks)
2. Self-Direction (feeling good about self; doing things without supervision or restrictions; thinking clearly and making good decisions; earning money and learning how to use money wisely)
3. Motivation (attending school and getting passing grades in school; learning skills that will be useful for future jobs; completing household chores)
4. Interpersonal Relationships (dating or developing relationships with a significant other; getting along with adults outside the family)

Ogles et.al (2000) reported two components of Functioning:

1. Overall functioning
2. Transitional areas of functioning

Therefore, this data supported and extended Ogles et.al findings on level of Functioning in daily activities. The various factors correlated with one another at a low level, signifying that they are independent of one another. See Behavior Functioning Pattern and Component Correlation Matrices (tables 5.9-5.10) below:

### 5.9: Behavior Functioning Scale Pattern Matrix

	Component				
	1	2	3	4	5
Ability to express feelings	.780				
Being motivated and finishing projects	.749				
Accepting responsibility for actions	.732				
Controlling emotions and staying out of trouble	.711				
Participating in hobbies	.708				
Concentrating, paying attention, and completing tasks	.642				
Getting along w/friends	.474				
Feeling good about self		.713			
Doing things w/o supervision or restrictions		.697			
Thinking clearly and making good decisions	.446	.669			
Earning money and learning how to use money wisely		.600			
Attending school and getting passing grades in school			.898		
Learning skills that will be useful for future jobs			.857		
Completing household chores			.685		
Dating or developing relationships with s/o				.890	
Getting along w/adults outside the family				.554	
Participating in recreational activities	.474			.521	
Getting along w/family					
Caring for health needs and keeping good health habits					.791
Keeping neat and clean, looking good					.666

Extraction Method: Principal Component Analysis.

Rotation Method: Oblimin with Kaiser Normalization.

a Rotation converged in 19 iterations.

### 5.10: Behavior Functioning Component Correlation Matrix

Component	1	2	3	4	5
1	1.000	.244	.435	.325	.233
2	.244	1.000	.257	.213	-.021
3	.435	.257	1.000	.286	.146
4	.325	.213	.286	1.000	.105
5	.233	-.021	.146	.105	1.000

Extraction Method: Principal Component Analysis.

Rotation Method: Oblimin with Kaiser Normalization.

*Boundary Ambiguity*

Utilizing the Direct Oblimin Rotation, factor analysis of the Parent BA Scale resulted in four components which accounted for 46% of the variance. Factor loadings are exploratory since the Parent BA Scale was created for this study.

It appears the four components represent the following:

1. Keeping the Parent (or Sibling) Image Alive (“I often wonder about what my parent’s opinion or comment would be on events that happen or things I see during the day”; “I talk with my parent about our new living arrangements”; “I still want my parent’s advice about important personal decisions”; “I think about going to my parent for advice”; “I continue to hope that my relationship with my parent will improve”; “I feel in some sense I will always be attached to my parent”)
2. Reunification Wishes (“I find myself wondering about where my parent is and what he or she is doing”; “I feel upset when I imagine my parent in a different family than me”)
3. Parent (or Sibling) Loyalty (“I feel unable to establish a good relationship with my foster parent”; “I feel guilty if I like my foster parent”)
4. Identity (“I still consider my parent to be my parent”; “I still consider my parent to be a part of my family”)

After various rotations, all factors were independent of one another, and most questions loaded strongly into one factor: keeping the family member’s image alive. This construct supports evidence of Ambiguous Loss, in that it describes psychological

presence of the family member despite physical absence. See the Parent BA Factor Analysis tables 5.11-5.12 below:

### 5.11: Parent BA Factor Analysis: Pattern Matrix

	Component			
	1	2	3	4
I often wonder about what my parent's opinion or comment would be on events that happen or things I see during the day	.858			
I talk with my parent about our new living arrangements	.789			
I still want my parent's advice about important personal decisions	.755			
I think about going to my parent for advice	.753			
BAS.P.9.Recoded	.670			
I continue to hope that my relationship with my parent will improve	.620			
I feel in some sense I will always be attached to my parent	.582			
BAS.P.11.Recoded		.929		
I find myself wondering about where my parent is and what he/she is doing		.672		
I feel upset when I imagine my parent in a different family than me		.630		
BAS.P.2.Recoded		.575		.492
I feel unable to establish a good relationship with my foster parent			.864	
I feel guilty if I like my foster parent			.793	
I still consider my parent to be my parent				.957
I still consider my parent to be a part of my family				.824
I continue to keep alive my hope that I will be reunited with my parent				.745

Extraction Method: Principal Component Analysis.

Rotation Method: Oblimin with Kaiser Normalization.

a Rotation converged in 7 iterations.

### 5.12: Parent BA Factor Analysis: Component Correlation Matrix

Component	1	2	3	4
1	1.000	.252	.219	.503
2	.252	1.000	.142	.232
3	.219	.142	1.000	.082
4	.503	.232	.082	1.000

Extraction Method: Principal Component Analysis.

Rotation Method: Oblimin with Kaiser Normalization.

## CHAPTER 6: DISCUSSION

This study examined foster children's Boundary Ambiguity (BA) in order to assess parents' and siblings' psychological presence despite the family members' physical absence when children were placed in out-of-home care. The information gained in this study helps to further understand how children placed in out-of-home care experience their loss, and contributes important information to the field of couple and family therapy practice in working with this population.

The children comprising this study represent a unique group of foster children with different family histories and various birth order constellation and ethnic make-ups. The common thread among these children is their separation from both parents and siblings. All of the children in the study were placed *without* any biological siblings and therefore were not compared to children placed *with* siblings.

Behavior Problems and Functioning, as well as Parent and Sibling BA were examined within the context of Gender, Birth Order, Ethnicity, Age, and a host of other exogenous variables. In a multiple regression analysis, none of the demographic variables were found to explain either Behavior Problems or Functioning, nor Parent or Sibling BA. However, positive relationships were noted between Behavior Problems and Parent and Sibling BA. Findings established that higher Behavior Problem scores were associated with higher Boundary Ambiguity scores.

## INTERPRETATION OF FINDINGS

According to the Adoption and Foster Care Analysis and Reporting System (AFCARS) data submitted for the 2003 Fiscal Year, only 39% of the children in out-of-home placement were White, and 58% belonged to ethnic minority groups (Adoption and Foster Care Analysis Report, 2006). Thus, children of color seem to be disproportionately represented in the system. Though this study comprised a small sample size ( $n=82$ ), this data was supported since the majority (85.5%) of the children in this study also belonged to ethnic minority groups. However, differences by Ethnicity in terms of Behavior Problems and Functioning, as well as Parent and Sibling BA were not significant.

The high number of placements children experience in relationship to the length of total time spent in placement indicates a trend of multiple moves within a short time frame. Additionally, children had multiple caseworkers which added to the trend of movement, with people entering and exiting the children's lives.

In terms of having a Reunification Plan, unclear Reunification Plans were associated with high Boundary Ambiguity. Therefore, it is suggested that children with clear reunification plans fare better than children without a clear reunification plan. However, political influences contribute to the complexity of placement planning. The system is sometimes in limbo due to the added dimension of the legal system. Perhaps if children entered placement with a pre-determined goal of reunification, as is the case in many European countries (Colton and Hellinckx, 1994; Colton and Williams, 1997; Shanti, van Oudenhaven, and Wazir, 2003; Maluccio, Canali, and Vecchiato, 2006), the

ambiguity throughout the entire system would lessen. This may provide less ambiguity experienced by children.

For many children who were scheduled to be reunified with their families, Contact Frequency was sometimes or often; however, some children with a Reunification Plan also had rare or no contact with their biological family members. The children who did not have a Reunification Plan, and the children whose Reunification Plan was unknown, had a low Frequency of Contact. Thus, a trend was found in which children without a clear Reunification Plan had infrequent contact with their families. Further, more than half of the children in this study ( $n=53$ ) had rare or no contact with siblings.

In terms of Behavior Problems, a multiple comparisons analysis showed that children reporting “yes” Reunification Plan and “unknown” had the most significant difference ( $p=.019$ ). Thus, children fared better in terms of Behavior Problems when they knew one way or another if there would be a reunification with family members. In terms of Boundary Ambiguity, “yes” and “none” had the most significant difference ( $p=.002$ ). Therefore, the ambiguity of the loss is impacted by the outcome of a child’s placement. In other words, whether a child does or does not have a Reunification Plan was significant to the ambiguity of his or her loss.

In terms of Total Time in Placement, the greater Time in Placement the lesser degree of Boundary Ambiguity. Hence, this study found less ambiguity was associated with greater time spent apart from family members. This finding suggests that the longer a child spends in placement, and the more time spent apart from his or her family members, the more the child has time for increased opportunity to make sense and meaning of the loss, or to give up hope of reunification.



When considering the length of time a child spends in placement, the entire system must be examined in order to better understand the complexity of this issue. If the system itself has an increased opportunity to make sense and meaning of the loss, then children would have an increased opportunity to make sense and meaning of their loss.

In terms of siblings, all of the children in this study were placed into homes without their siblings. Thus, this study was unable to compare Behavior Problems and Boundary Ambiguity in children placed with siblings. This study revealed that sibling separation is significant to children in placement (higher Sibling BA than Parent BA). However, since approximately 27% of this sample (n=20) had 6 or more siblings in their families, it seems difficult to put children into placements with their siblings since there may be many children in a sibling group to accommodate.

Based on this study, there is no way to tell the pre-placement sibling relational dynamics and the role of Birth Order; however, its understanding would prove useful for future research.

### Hypothesis Results

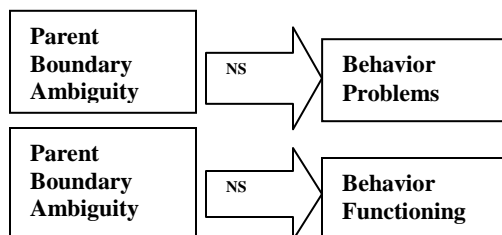
Separating from biological family members to enter out-of-home placement is a change in family boundaries, in which children are at risk of experiencing Boundary Ambiguity. Sibling BA was expressed at a higher rate (m=58.21, SD=11.37) than Parent BA (m=44.78, SD=18.71). Therefore, children in this study expressed a greater degree of Ambiguous Loss (BA) with reference to their siblings compared to their parents.

Hypothesis one (1) posited, “*children placed in out-of-home care experience their separation as an Ambiguous Loss*”. Parent and Sibling Boundary Ambiguity Scores were utilized to assess the extent to which children experience Ambiguous Loss. Support for

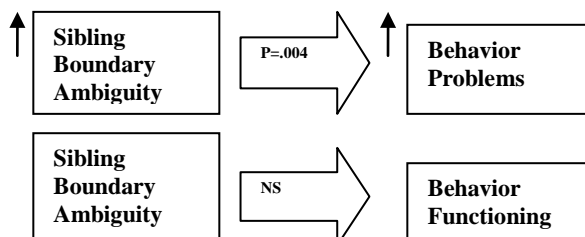
this hypothesis was found in high scores on the Boundary Ambiguity Scales (Revised) Parent and Sibling Versions. Hypothesis two (2) posited, “*separation from both parents and siblings will be positively correlated with Behavior Problems*”, and was meant to compare Parent and Sibling BA scores in children placed *with* their siblings and children placed *without* their siblings in an effort to understand the impact of being separated from siblings on Behavior Problems. However, none of the children in the study were placed with siblings and could not be compared to those without their siblings; therefore, this hypothesis was not explored as intended. Instead, the findings note a difference in Parent and Sibling BA scores.

Hypothesis three (3) posited, “*Ambiguous Loss will be positively correlated with Behavior Problems*”. This hypothesis assumed that high Boundary Ambiguity could present a barrier to adjustment in placement manifesting in greater Behavior Problems and poorer Functioning. Diagrams 6.1-6.2 illustrate the results of the correlation relationship between Parent and Sibling Boundary Ambiguity and Behavior Problems and Functioning according to children.

**Diagram 6.1**



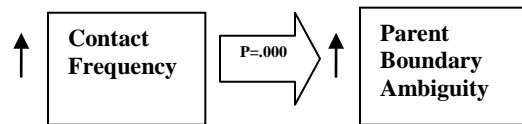
**Diagram 6.2**



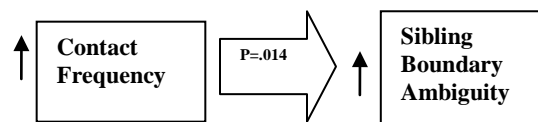
The only significant relationship was Sibling BA and Behavior Problems, and findings support that high Sibling BA was associated with high Behavior Problems.

Hypothesis four (4) posited, “*Lack of contact with parents and siblings will be positively correlated with Ambiguous Loss*”. Thus, high Boundary Ambiguity was suggested to be correlated with less Contact Frequency. Diagrams 6.3-6.4 illustrate the findings of this correlation relationship.

**Diagram 6.3**



**Diagram 6.4**



The results of this hypothesis were therefore unexpected. Contact Frequency had a significant impact on Boundary Ambiguity. However, the hypothesis was disproved since high Boundary Ambiguity was associated with high Contact Frequency. This supports the notion that children are worse off in terms of clearly knowing who is in and out of their family constellation when they have more contact with their parents and siblings. Perhaps, increased contact frequency keeps hope alive. Many unknown variables about contact frequency may contribute to this unexpected result; and, although the findings in this study suggest that children experience greater BA when they have more frequent contact with their siblings, the information about contact frequency is

ambiguous.

First, the quality and type of contact children had with their siblings is unknown. For example, the data collected simply asked about quantity of contacts, but did not explore the nature of the contact with family members. Children may have had frequent telephone contact, but not necessarily face to face contact, or visitations with siblings. Alternatively, when children did have visitations with siblings, the nature of the visits is unknown. Therefore, the frequency of contact may not be a realistic variable to assess without considering the nature of that contact.

Second, when frequency of contact is being assessed, it is unknown whether the outcome of the contact was positive or negative. For example, many times children in placement experience cancelled visitations. Sometimes this can even happen at the last minute when the children are already in route to a scheduled visit. The information collected in this study did not take into consideration whether the contact with siblings came to fruition, merely if it was scheduled.

Additionally, the frequency of contact was not measured in terms of the child's awareness of the next time they would have contact with their parents and siblings. In other words, children may have fared worse for having frequent contact if they were unaware of when the next contact would be. Each time a child speaks to or visits with his or her parent or sibling, he or she may be anxious this may be the last time for a while or forever. Therefore, this may negatively impact the ambiguity of the boundaries with parent and siblings.

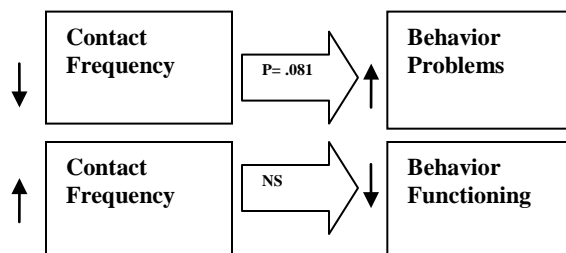
Finally, it is important to examine the ambiguity within the system as a whole. The ambiguity of the goal of placement (reunification plan) may also contribute to the

ambiguity of contact frequency and to the BA children experience overall. Rather than terminating contact between siblings, we must consider the context within which these results were found, and consider how children and families are supported throughout the entire placement process.

Hypothesis five (5) posited, “*Lack of contact with parents and siblings will be positively correlated with Behavior Problems*”. Thus, high Behavior Problems was suggested to be correlated with less Contact Frequency. Yet, in a one-way ANOVA, Contact Frequency did not appear to have a significant impact on Behavior Problems. Although the relationship did not reach significance, the relationship reflected infrequent contact related positively to greater severity in problems. Both Youth and Workers linked higher severity in Behavior Problems with infrequent Contact, but lower Functioning with more frequent Contact. Diagrams 6.5-6.6 illustrate the findings of this correlation relationship, see below:

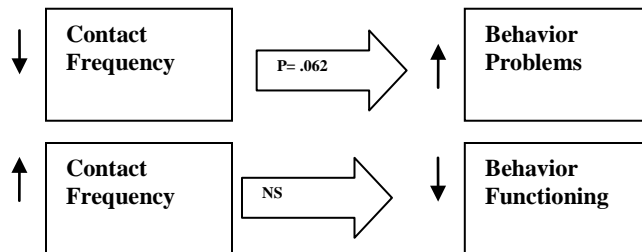
**Diagram 6.5**

Youth Report:



**Diagram 6.6**

Workers' Report:



As in the findings with BA and Contact Frequency, the nature of the contact, the outcome of the contact, and the awareness of the next contact may contribute to the unexpected findings in Behavioral Functioning.

**Implications of Findings**

This study has provided a limited understanding of how children placed in out-of-home care report Boundary Ambiguity. This study hopes to encourage continued research on separated siblings in out-of-home care, since more and more siblings are entering placement and being placed apart.

*Behavior Problems and Functioning*

Workers and Foster Parents tended to agree on the incidence of Behavioral Problems and Functioning of children. A slight difference existed in that Foster Parents tended to score children with lower Behavior Problems and higher Functioning scores compared to workers. Foster Parents' perception that children fare better may be related to the Foster Parent's level of involvement and investment in the child's life.

Alternatively, Foster Parents may simply not want to report high incidence of Behavior Problems or low Functioning since they may believe it will reflect poorly on them as Foster Parents.

Many children in the current study did not have Foster Parents participate in their therapeutic treatment services; therefore, few Foster Parents completed Behavior and Functioning measures. This highlights a potential problem in expectations placed on Foster Parents with respect to their role in the children's lives and illuminates the dilemma in which the scarcity of good foster parents drives up the value of the parent, giving them the leverage to escape accountability and efforts to become professionalized. This ambiguity inherent in the employment arrangement between foster parents and the foster system further complicates the ambiguity in the lives of the children.

The disproportionate ratio of children needing placement to available foster placements lends to a climate in which the ambiguity runs throughout the entire system. For example, foster parents have the option to request that a child be removed from their home immediately if they do not want to comply with the host agency demands, at which point there would be no home in which to place that particular child. Thus, agencies are at the mercy of the foster parents in order to keep the child housed at any cost.

The Casey Family Program (2003) represents an example of a systemic approach to the placement process. It stresses the importance of the "you're stuck with me" philosophy of the entire system. (Jay Lappin, Personal Communication, 5/17/08). This philosophy suggests a systemic reduction of ambiguity, in that it creates a climate in which the caseworkers, the foster parents, and subsequently the children have an increased sense of permanency; hence, less ambiguity in placement. Were foster parents

held more accountable, and were more supported in efforts to provide good parenting and professionalism, children may experience fewer placement disruptions, fewer behavioral problems, and less ambiguity.

### *Ambiguous Loss*

This study utilized the lens of Ambiguous Loss theory via its instrumentation in Boundary Ambiguity to understand children's Behavior Problems and Functioning in out-of-home placement. Boss, Greenberg, et.al (1990) maintain the theoretical position that the higher the Boundary Ambiguity, the higher the stress and the greater the individual suffers dysfunction. Boundary Ambiguity is conceptualized to be a predictor variable of negative stress outcomes and distress.

In this study, Ambiguous Loss is considered to be the type of distress children experience when placed in out-of-home care. Evidence for Ambiguous Loss was determined by high Boundary Ambiguity scores. Boss (2007) asserts that the higher the Boundary Ambiguity, the more negative the outcomes. Thus, this study found support for Boss's theory, since higher Boundary Ambiguity was associated with greater Behavioral Problems.

Current literature about Boundary Ambiguity is growing. For example, Huebner, Mancini, Wilcox, Grass, and Grass (2007) explored the nature of uncertainty and Ambiguous Loss in youth belonging to military families in which parents are deployed. In data derived from focus groups, Huebner et.al found four major categories illustrating ambiguous loss: overall perceptions of uncertainty and loss, boundary ambiguity, changes in mental health, and relationship conflict. The authors support the efficacy of



Ambiguous Loss theory for understanding children's experience of parental military deployment.

Continued research on Boundary Ambiguity in foster children is needed. Carroll et.al (2007) assert the most widely studied topic in the Boundary Ambiguity literature is divorced families and the experiences of loss and ambiguity associated with the dissolution of marriage. The current study looked at the experience of loss associated with the dissolution of family when children are separated from both parents and siblings.

Kaplan, Hennon, and Ade-Ridder (1993) argued that within the lens of Boundary Ambiguity, custody arrangements that split siblings between parents were harmful to the sibling system and the reorganization of the family after the divorce. The current study looked at siblings split in out-of-home placement, rather than divorced families, and found that children did appear to score higher in Sibling Boundary Ambiguity compared to scores about their Parents.

Though there are few studies to date linking Ambiguous Loss and Boundary Ambiguity to the experience of children in out-of-home placement, there seems to be support for the use of this theory when working clinically with this population, as well as informing policy regarding placement. Furthermore, this lens could offer a non-blaming explanatory blueprint for biological and foster parents, kids, and caseworkers alike.

Clinical interventions with children experiencing high Boundary Ambiguity may include helping these children find meaning about their family boundary change and negotiate new patterns of relating with foster family members. Another clinical intervention may be in helping them recognize situations in which they can create a kind of closure to end the ambiguity.

Additionally, narrative therapy may be useful to inform clinical interventions. The narrative approach (White and Epston, 1990) may offer children the opportunity to create an ending to their story when they are seeking resolution, instead of leaving their story a “cliffhanger” as they are in limbo. Thus, clinicians, caseworkers, and even Foster Parents engaging in interventions that focus on meaning-making might minimize children’s behavioral and emotional distress.

In terms of policy, lack of information about, and lack of contact with parent and siblings may exacerbate the ambiguity; therefore, policy regarding placement may begin to include children’s access to information about their placement, their siblings’ placements (if possible), parents’ whereabouts (if possible), and potential outcomes of placements.

Children in the current study reported higher BA for Siblings than Parents. Sibling BA was important in the Behavioral Problems of children in out-of-home placement. However, Functioning was not impacted as much by either Parent or Sibling BA. Since Functioning is a measure of general functioning the children may be overcompensating in general functioning despite behavior problems. Children seemed to be impacted more adversely by the separation from siblings than from parents. However, this study did not include any participants placed with siblings and could not compare outcomes. Therefore, continued research in children’s experience of separation from siblings may be useful, especially if groups of siblings placed together could be compared with children placed apart.

*Siblings*

Due to the high incidence and risk of sibling separation in placement, understanding the effects and outcomes of sibling separation is essential. Continued research would be useful to consider children's personal experience of separation from their siblings.

In recent research on siblings placed in out-of-home care, Leathers (2005) examined placement outcomes and adaptation in children separated from their siblings in placement. The study included some sibling pairs placed together and the author compared outcomes in children placed with siblings and without. In that study, the author found a sense of belonging in the foster home and a low number of placements were associated with better outcomes for children, and children placed with siblings fared better.

James, Monn, Palinkas, and Leslie (2007) explored the nature of sibling relationships among children in foster placement in terms of the amount of contact children had with one another. James et.al found that differing patterns of placement histories and living situations impacted the degree of contact maintained among siblings. The authors did not specifically examine the relationship between contact and behavior problems, but their findings suggested there was no relationship.

However, the possibility exists that inconsistent reunification and contact plans among the children within a foster home may contribute to the incidence of behavior problems. For example, one child in the home may not have any contact or plan to be reunified with his or her family, and other children in the home may. This may confuse the child and lead to emotional confusion, distress, or behavioral acting out. Examining

how the children relate to one another within the foster home when they have varying degrees of contact and reunification plans would be useful in future research.

Further studies should consider outcomes for twins placed apart when in out-of-home placement. In the current study, the original sample (n=83) included a single male child who was placed in treatment apart from his twin sibling. Because only one twin participated in the study, this child was removed from much of the data analysis (n=82). However, it was interesting to note that this child reported the highest score of Sibling BA (BAS-Sibling Version=69), and reported the lowest score of Parent BA (BAS-Parent Version=30) out of the entire sample (n=83). Since only one twin participated in the study, this data cannot be generalized. The clinical significance might prove to spark future research about the experience of twin Sibling BA.

Contact Frequency did not appear to be significant to Behavior Problems or Functioning. However, it did impact Boundary Ambiguity significantly. Boundary Ambiguity was scored higher when Contact Frequency was scored higher. This suggests that the more “often” children have Contact, the less able they are to obtain closure. Thus, the greater the Contact Frequency, the more psychologically present their family members are. However, permanency planning, or a systemic adoption of the “you’re stuck with me” philosophy, may reduce the ambiguity inherent in frequent contact. Children may fare better having knowledge of a schedule of contact in which they are aware of future contact to be had with siblings. More research is needed to understand the nature, quality, and outcome of the contact children have with their siblings.

Children with a Reunification Plan more frequently had contact with siblings. This also contributes to a child’s ability to create closure: if the child is planning to return

to his or her biological family, how could they “close” that chapter? Children with a definitive awareness of a Reunification Plan fared better- whether it was “yes” or “none”- than the children whose Reunification Plan was “unknown”. It was significant that children with “unknown” status had the least Contact Frequency with siblings.

Reunification Plan status impacted Behavior Problems and Functioning. Children with “yes” and “unknown” had the biggest differences among groups, indicating children fared better with a definitive awareness of returning to their biological family. When children do not have a clear Reunification Plan, they may be unable to establish closure, and thus experience Ambiguous Loss which manifests in a high degree of Boundary Ambiguity. This high degree of BA was associated with Behavior Problems. When children have a clear plan to return to their family (or not), their Behavior Problems seemed to lessen. The findings of this study support that children fare better when the placement outcome is known to them.

#### Limitations of the Study

At the outset, this study presented limitations in that it was cross-sectional and therefore could not follow the lives of children in order to gain a fuller perspective. Further, the data was archival, and therefore was potentially limited by collection of the data for purposes outside of the study. Finally, the study does not establish any cause and effect, and can only discuss the strength in relationships rather than causation.

Many other limitations existed throughout the study. First, because the sample was small (n=82), and limited to children in Burlington County, New Jersey who were participating in therapeutic foster care treatment, this researcher hesitates to generalize it

to all children in out-of-home placement. Nevertheless, the findings in the current study are consonant with related research on children in out-of-home placement, Boundary Ambiguity, and Ambiguous Loss.

Next, the study was originally intended to examine children's experience of being separated from their siblings, but the sample was not able to include any children placed with siblings in order to compare outcomes of children placed together and apart from siblings. In addition, there is no way of knowing the role the child played within his or her sibling system prior to being separated in placement.

This study attempted to understand this by examining Birth Order; however, birth position does not identify the type or quality of the relational dynamic between siblings. For instance, the oldest may have been a caregiver; alternatively, the middle or youngest may have held this role. Future studies on Birth Order of children in placement may provide further insight into the experience of siblings placed apart and their experiences in placement, and possibly Ambiguous Loss.

Another limitation in this study is the instrumentation of Ambiguous Loss, since Boundary Ambiguity is a separate construct from Ambiguous Loss. Ambiguous Loss is a stressor situation, and Boundary Ambiguity is a measured variable, with higher scores indicating more negative individual and family outcomes (Boss, 2007). This study quantified Ambiguous Loss by utilizing the construct, Boundary Ambiguity.

Additional limitations existed in the BAS scales. The BAS scales assess distress in respondents; however, aspects of distress are present in the wording of some of the questions (Carroll, et.al, 2007). This problem-saturated language (White and Epston,

1990) presents an issue of the questions potentially increasing the strength of the associations between Boundary Ambiguity and Behavior Problems and Functioning.

In addition, the overall validity is questionable since it may not necessarily be measuring what it is intending to measure, since Ambiguous Loss appears to be a different construct than Boundary Ambiguity. Future research is needed in order to continue to refine the Boundary Ambiguity Scales.

Further limitations are inherent in the study of Ambiguous Loss. For instance, Ambiguous Loss theory assumes “a psychological family exists and that this perceived construction of one’s family may differ from the physical or legal family” (Boss, 2007). This assumption presumes that children have a pre-existing psychological construction of their family members. Perhaps some children do not have psychological constructs of their entire family? Or, children may have a more concrete psychological construct of their siblings than their parents. This may explain the current study’s findings of higher Boundary Ambiguity of siblings than parents. Family dynamics leading up to placement may complicate and contribute to the child’s constructions of his or her family. Additional research is needed to address this issue with families.

Finally, research is also needed to understand children’s racial identity ambiguity. For instance, some of the children in this study were Biracial (n=8), and may not have a clear racial identity, which could contribute to the overall climate of ambiguity in their lives. Additionally, it was not noted in this study whether children were residing in placements of similar racial, ethnic, or religious backgrounds as their own, and this too could further impact the ambiguity of their losses, as well as behavioral problems and functioning. For instance, some children may grow up in Catholic households and then

become placed in Jehovah Witness households in which they are blocked from acknowledging important events to them, including birthdays and holidays. Future research is needed to address the impact of the match between foster parents and children in placement.

### Implications for Family Therapy Research

Many variables may contribute to the definition of family, and therefore call for attention. For instance, who are the members of a family? What happens when the members are required to separate? If families become separated, what determines successful outcomes for children and the family? Family therapists could be central to helping answer these questions. This study hopes to contribute to family therapy literature by illuminating dynamics of the foster care system, and points to the central role family therapists could play in preserving biological families, weaving biological and foster families together, and creating a climate in which children and families are supported.

Further research is also needed in bolstering family preservation services. In particular, the findings in this study point to the integral role siblings play in one another's lives prior to the disruption in their biological family systems. Therefore, this study hopes to encourage continued research on children's relationships to siblings within the biological family system.

In terms of foster families, this study hopes to highlight the need for continuity and seamless connectedness among the foster and biological family systems. Because



children in this study proved connected to their siblings, it might be useful for family therapists to liaise between the foster and biological families.

Research is needed to address the variables associated with feeling connected to one another in the event that biological families require separation. For instance, it might be useful to investigate the outcomes of placement when children are placed in foster family homes with similar ethnic, cultural, and religious identification and traditions. Children may not experience as much trauma in the separation from their biological families if their foster family reflected their own background.

Additionally, in terms of foster families, few foster parents contributed in this study in the treatment process of the children placed in their homes. This highlights a lack of involvement and low expectations of foster parents with respect to their role in the children's lives. It could prove useful to investigate the dilemma of accountability and professionalization of foster parents. Were foster parents held more accountable, and were they more supported in efforts to provide good parenting and professionalism, children may experience fewer placement disruptions, fewer behavioral problems, and less ambiguity.

#### Implications for Family Therapy

Family therapists working within the foster care system are keenly aware of both multi-systemic dynamics that exist within the system, and the multitude of dynamics that exist within families. Therefore, family therapists are integral in working with this population. Multiple people including therapists, caseworkers, and lawyers may be simultaneously involved in the child's life since multiple systems enter the child's life prior to placement, during placement, and sometimes following placement. Thus, a

climate of ambiguity becomes inevitable, and resolving this ambiguity is central to working with children in out-of-home placement.

Family therapists working with this population are typically employed in agency settings financed by contracts with State Department of Human Services, and begin treatment when the child is first placed into foster care. Several variables exist which complicate treatment, such as the goal of the outcome of a child's placement. Is the child going back to his or her biological family, staying in foster care homes, or going to an adoptive family home? Answers to these difficult questions leave agencies and therapists without a clear way to proceed in terms of offering help to children in terms of contact and communication with their families, preparation for placement, how to cope, and what to expect.

Treatment hinges upon the reunification plan, which is often unclear, and because outcomes are unknown, treatment is ambiguous. For example, a dilemma exists for the therapist in the direction that therapist takes in helping the child. Based upon whether the child is returning to family, getting adopted, or continuing in foster home settings, the therapist may be keeping bonds going for children, while those bonds might be getting terminated by the State. On the other hand, children may return to their biological families without having had continuous contact; or the child might get adopted, and then what becomes of the connections to their biological families?

Additionally, there is ambiguity inherent in the multiple roles the therapist plays while collaborating with caseworkers from different agencies, legal systems, schools, biological family members, foster family members, and the child. This ambiguity

exacerbates the ambiguity experienced within the child because of the separation from family.

Helping children placed in out-of-home care to cope with their own ambiguity is essential to treatment. The therapist working in this population is helping the child to cope with ambiguity in life overall and within the system. Clinical issues with this population including behavioral problems and ambiguous loss may be supported with the Narrative (White and Epston, 1990) therapeutic modality in which children work on creating “endings”, through the use of “Life Books” for example.

### Conclusion

This study examined the impact of separation from siblings in out-of-home placement on children in terms of Behavior Problems and Functioning and in terms of Ambiguous Loss (BA). A significant contribution of this is its attention to Ambiguous Loss in separated children and family systems. The study focuses attention on the issue of separating siblings from one another. The findings of the current study provide support for the view that placing children separately from their siblings is detrimental to boundary clarity, and results in increased Behavior Problems, especially for boys. It would be helpful if clinicians could utilize Ambiguous Loss theory as a lens to guide treatment with children in this population. This lens could inform interventions by focusing on helping children cope with the ambiguity of separation from their families.

## REFERENCES

1. Achenbach, T.M., and Rescorla, L.A. (2001). *Manual for the ASEBA School-Age Forms & Profiles*. Burlington, VT: University of Vermont, Research Center for Children, Youth, & Families.
2. Ainsworth, M.D.S., Blehar, M.C., Waters, E., and Wall, S. (1978). *Patterns of Attachment: A Psychological Study of the Strange Situation*. Hillsdale, NJ: Erlbaum.
3. American Academy of Pediatrics, Committee on Early Childhood, Adoption and Dependent Care. (2000). Developmental issues for young children in foster care. 1145-1150.
4. Armsden, G., Pecora, P. J., Payne, V. H., & Szatkiewicz, J. P. (2000). Children placed in long-term foster care: An intake profile using the child behavior checklist/4-18. *Journal of Emotional and Behavioral Disorders*, 8(1), 49-64.
5. Bank, S. & Kahn, M. (1982). *The Sibling Bond*. New York: Basic Books.
6. Barber, J. G., Delfabbro, P.H., and Cooper, L.L. (2001). The predictors of unsuccessful transition to foster care. *Journal of Psychology and Psychiatry*, 42, 6, 785-790.
7. Blackburn, J., Greenberg, J., and Boss, P. (1987). Coping with normative stress from loss and Change: A longitudinal study of ranch and non-ranch widows. *Journal of Gerontological Social Work*, 11, 59-70.
8. Boer, F., Versluis-den Biedman, H. J.M., & Verhulst, F. C. (1994). International adoption of children with siblings: Behavioral outcomes. *American Journal of Orthopsychiatry*, 64, 252-262.
9. Bohman, M., & Sigvardsson, S. (1980). Negative social heritage. *Adoption and Fostering*, 3, 25-34.

10. Boss, P. (1977). A clarification of the concept of psychological father presence in families experiencing ambiguity of boundary. *Journal of Marriage and the Family*, 39, 141-151.
11. Boss, P. (1980). Normative family stress: Family boundary changes across the life-span. *Family Relations*, 29, 445-50.
12. Boss, P. (1987). Family stress: Perception and context. In M.B. Sussman and S. Steinmetz (eds.), *Handbook on Marriage and the Family*. New York: Plenum Press.
13. Boss, P. (1992). Primacy of perception in family stress theory and measurement. *Journal of Family Psychology*, 6(2), 113-19.
14. Boss, P. (1999). *Ambiguous Loss: Learning to Live with Unresolved Grief*. Cambridge, MA: Harvard University Press.
15. Boss, P. (2002). Ambiguous loss in families of the missing. *The Lancet: Medicine and Conflict*, 360, S39-S40.
16. Boss, P. (2007). Ambiguous loss theory: Challenges for scholars and practitioners. *Family Relations*, 56, 105-11.
17. Boss, P., and Couden, B.A. (2002). Ambiguous loss from chronic physical illness: Clinical interventions with individuals, couples, and families. *Journal of Clinical Psychology*, 58, 1351-1360.
18. Boss, P., Beaulieu, L., Wieling, E., Turner, W., & LaCruz, S. (2003). Healing loss, ambiguity, and trauma: A community-based intervention with families of union workers missing after the 9/11 attack in New York City. *Journal of Marital and Family Therapy*, 29(4), 455-67.
19. Boss, P., Pearce-McCall, D., & Greenberg, J. (1987). Normative loss in mid-life families: Rural, urban, and gender differences. *Family Relations*, 36, 437-43.
20. Boss, P., Pearce-McCall, D., & Greenberg, J. (1990). *Measurement of Boundary Ambiguity in Families*. (Station Bulletin 593-1990. Item AD-SB-3763). St. Paul: University of Minnesota Experiment Station Publication.
21. Boszormenyi-Nagy, I. (1972). Loyalty implications of the transference model in psychotherapy. *AMA Archives of General Psychiatry*, 27, 374-380.
22. Boszormenyi-Nagy, I., & Krasner, B. (1986). *Between Give and Take*. Bristol, PA: Brunner/Mazel.

23. Boszormenyi-Nagy, I., & Ulrich, D. (1981). Contextual family therapy. In, A. Gurman and D.P. Kniskern (Eds.), *Handbook of Family Therapy*. New York: Brunner/Mazel.
24. Bowlby, J. (1969). *Attachment and Loss Volume I*. NY: Basic Books.
25. Bryce, M. E., & Ehlert, R. C. (1977). 144 Foster children. *Child Welfare*, 50, 499-503.
26. Cantos, A.L, Gries, L.T., and Slis, V. (1997). Behavioral correlates of parental visiting during family foster care. *Child Welfare*, 76(2), 309-329.
27. Carlston, D., and Ogles, B. M. (2006). The impact of items and anchors on parent-child reports of problem behavior. *Child and Adolescent Social Work Journal*, 23(1), 24-37.
28. Carroll, J.S., Olson, C.D., and Buckmiller, N. (2007). Family Boundary Ambiguity: A 30-year review of theory, research, and measurement. *Family Relations*, 56, 210-230.
29. Casey Family Programs announces the closure of Casey National Center for Resource Families (CNC). (2003). Retrieved February 11, 2004, from Casey Family Programs National Center for Resource Family Support Web Site: [http://www.casey.org/cnc/quick\\_facts/foster\\_care\\_statistics.htm](http://www.casey.org/cnc/quick_facts/foster_care_statistics.htm)
30. Clausen, J.M., Landsverk, J., Ganger, W., Chadwick, D., & Litrownik, A. (1998). Mental health problems of children in foster care. *Journal of Child and Family Studies*, 7(3), 283-96.
31. Colapinto, J. (1995). Dilution of family process in social services: Implications for treatment of neglectful families. *Family Process*, 34, 59-74.
32. Colapinto, J. (1997). The patterns that disconnect: The foster care system is a classic catch-22. *The Networker*, November/December, 43-44.
33. Colton, M., and Hellinckx, W. (1994). Residential and Foster Care in the European Community: Current trends in policy and practice. *British Journal of Social Work*, 24(5), 559-576.
34. Colton, M., and Williams, M. (1997). Global trends in foster care. *International Journal of Family Care*, 9(1), 21-32.
35. Crittenden, P. M., and Ainsworth, M.D.S. (1989). Child maltreatment and attachment theory. In D. Cicchetti and V. Carlson (Eds.), *Child Maltreatment* (pp.432-463). NY: Cambridge University Press.

36. Fahlberg, V.I. (1979). *Attachment and separation*. Michigan Department of Social Services, 13.
37. Fahlberg, V.I. (1991). *A Child's Journey Through Placement*. Indiana: Perspectives Press.
38. Frank, G. L. (1980). Treatment needs of children in foster care. *American Journal of Orthopsychiatry*, 50, 256-63.
39. Gardner, H. (1996). The concept of family: perceptions of children in family foster care. *Child Welfare*, 75 (2), 161-182.
40. Gerring, C. E. (1997). A new family constellation in foster care. *Journal of Child and Youth Care*, 11 (2), 39-50.
41. Gnaulti, E. (2002). Extending the uses of sibling therapy with children and adolescents. *Psychotherapy*, 39, 76-87.
42. Greene, B., & Pilowsky, D. (1994). The abused and neglected foster child: Determinants of emotional conflict and oppositional behavior. *Journal of Social Distress and the Homeless*, 3(3), 283-97.
43. Grigsby, R. K. (1994). Maintaining attachment relationships among children in foster care. *Families in Society: The Journal of Contemporary Human Services*, 75 (5), 269-276.
44. Groza, V., Maschmeier, C., Jamison, C., & Piccola, T. (2003). Siblings and out-of-home placement: Best practices. *Families in Society*, 84 (4), 480-90.
45. Hardy, S. M. (2004). A safe, permanent home of one's own. *Charitable Trusts*, 7 (3), 2-8.
46. Heflinger, C.A., Simpkins, C.G., and Combs-Ore, T. (2000). Using the CBCL to determine the clinical status of children in state custody. *Children and Youth Services Review*, 22(1), 55-73.
47. Hegar, R. (1988). Legal and social work approaches to sibling separation in foster care. *Child Welfare*, 67, 113-120.
48. Heinemann, T. (1999). In search of the romantic family: Unconscious contributions to problems in foster and adoptive placement. *Journal for the Psychoanalysis of Culture and Society*, 4(2), 250-64.
49. Hellinckx, W., & Grietens, H. (1994). Prevalence of problem behavior in foster children in Flanders. *International Journal of Family Care*, 6(2), 27-46.

50. Huebner, A.J., Mancini, J.A., Wilcox, R.M., Grass, S.R., and Grass, G.A. (2007). *Family Relations*, 56, 112-122.
51. Hulsey, T. C., & White, R. (1989). Family characteristics and measures of behavior in foster and nonfoster children. *American Journal of Orthopsychiatry*, 59, 502-509.
52. James, S., Monn, A.R., Palinkas, L.A., and Leslie, L.K. (2008). Maintaining sibling relationships for children in foster and adoptive placements. *Children and Youth Services Review*, 30, 90-106.
53. Johnson, P. R., Yoken, C., & Voss, R. (1995). Family foster care placement: The child's perspective. *Child Welfare*, 74, 959-974.
54. Kaplan, L. & Boss, P. (1999). Depressive symptoms among spousal caregivers of institutionalized mates with Alzheimer's: Boundary ambiguity and mastery as predictors. *Family Process*, 38 (1), 85-103.
55. Katz, L. L. (1987). An overview of current clinical issues in separation and placement. *Child and Adolescent Social Work*, 4 (3 & 4), 61-77.
56. Keane, A. (1983). Behavior problems among long-term foster children. *Adoption and Fostering*, 7(3), 53-62.
52. Keller, T. E., Wetherbee, K., Le Prohn, N. S., Payne, V., Sim, K., & Lamont, E. R. (2001). Competencies and problem behaviors of children in family foster care: Variations by kinship placement status and race. *Children and Youth Services Review*, 23(12), 915-940.
53. Knitzer, J., & Allen, M. L. (1978). *Children Without Homes: An Examination of Public Responsibility to Children in Out of Home Care*. Washington, D.C.: Children's Defense Fund.
54. Kristoffersen, K., Polit, & Mustard, G.W. (2000). Towards a theory of interrupted feelings. *Scandinavian Journal of Caring Sciences*, 14 (1), 23-8.
55. Leathers, S. J. (2002). Foster children's behavioral disturbance and detachment from caregivers and community institutions. *Children and Youth Services Review*, 24(4), 239-68.
56. Leathers, S.J. (2003). Parental visiting, conflicting allegiances, and emotional and behavioral problems among foster children. *Family Relations*, 52(1), 53-63.
57. Leathers, S.J. (2005). Separation from siblings: Associations with placement adaptation and outcomes among adolescents in long-term foster care. *Children and Youth Services Review*, 27, 793-819.



58. Littner, N. (1974). The challenge to make fuller use of our knowledge about children. *Child Welfare*, 53, 288-289.
59. Maluccio, A., Canali, C., and Vecchiato, T. (2006). Family foster care: Cross-national research perspectives. *Families in Society*, 87(4), 491-95.
60. Marcus, R. F. (1991). The attachments of children in foster care. *Genetic, Social, and General Psychology Monographs*, 117(4), 365-94.
61. McWey, L. M. (2004). Predictors of attachment styles of children in foster care: An attachment theory model for working with families. *Journal of Marital and Family Therapy*, 30(4), 439-52.
62. Minuchin, P., Colapinto, J., & Minuchin, S. (1998). *Working with Families of the Poor*. New York: The Guilford Press.
63. Mu, P.F., Wong, T.T., Chang, K.P., & Kwan, S.Y. (2001). Predictors of maternal Depression for families having a child with epilepsy. *Journal of Nursing Research*, 9, 116-26.
64. National Clearinghouse on Child Abuse and Neglect Information. (2002). *Child maltreatment 2002: Summary of key findings*. Retrieved October 15, 2004, from National Clearinghouse of Child Abuse and Neglect Information and National Adoption Information Clearinghouse Web Site: <http://nccanch.acf.hhs.gov/pubs/factsheets/canstats.cfm>.
65. Newton, R. R., Litrownik, A. J., & Landsverk, J. A. (2000). Children and youth in foster care: Disentangling the relationship between problem behaviors and number of placements. *Child Abuse and Neglect*, 24(10), 1363-1374.
66. Ogles, B. M., Lunnen, K. M., Gillespie, D. K., and Trout, S. C. (1996). Conceptualization and initial development of the Ohio Scales. In C. Liberton, K. Kutash, and R. Friedman, (Eds.), *The 8<sup>th</sup> Annual Research Conference Proceedings, A System of Care for Children's Mental Health: Expanding Research Base*. Tampa, FL: University of South Florida, Florida Mental Health Institute, Research and Training Center for Children's Mental Health.
67. Ogles, B. M., Melendez, G., Davis, D.C., and Lunnen, K. M. (2000). *The Ohio Youth Problem, Functioning, and Satisfaction Scales: Technical Manual*. Ohio University.
68. Ogles, B. M., Melendez, G., Davis, D. C., and Lunnen, K. M. (2001). The Ohio Scales: Practical outcome assessment. *Journal of Child and Family Studies*, 10(2), 199-212.

69. Orme, J. G., & Buehler, C. (2001). Foster family characteristics and behavioral and emotional problems of foster children: A narrative review. *Family Relations*, 50(1), 3-15.
70. Pardeck, J. T. (1984). Multiple placement of children in foster family care: An empirical analysis. *Social Work*, 29, 506-509.
71. Pasley, K., and Ihinger-Tallman, M. (1989). Boundary ambiguity in remarriage: Does degree of ambiguity influence marital adjustment. *Family Relations*, 38, 46-52.
72. Penzerro, R. M., & Lein, L. (1995). Burning their bridges: Disordered attachment and foster care discharge. *Child Welfare*, 74, 351-66.
73. Peterson, D.J., & Christensen, D.H. (2002). Factors predictive of boundary ambiguity after Divorce. *Journal of Divorce and Remarriage*, 37, 19-40.
74. Poulin, J.E. (1985). Long term foster care, natural family attachment, and loyalty conflict. *Journal of Social Service Research*, 9 (1), 17-29.
75. Rampage, C., Eovaldi, M., Ma, C., & Weigel-Foy, C. (2003). Adoptive Families. In F. Walsh (Ed.), *Normal Family Processes: Growing Diversity and Complexity* (3rd ed., pp. 210-232). New York: The Guilford Press.
76. Sharma, A. R., McGue, M. K., & Benson, P. L. (1998). The psychological adjustment of United States adopted adolescents and their nonadopted siblings. *Child Development*, 69, 791-802.
77. Shanti, G., van Oudenhaven, N., and Wazir, R. (2003). Foster care beyond the crossroads: Lessons from an international comparative analysis. *Childhood: A Global Journal of Child Resarch*, 10(3), 343-61.
78. Smith, M. C. (1998). Sibling placement in foster care: An exploration of associated concurrent preschool-aged child functioning. *Children and Youth Services Review*, 20(5), 389-412.
79. SPSS, 15.0. (2008).
80. Staff, I., & Fein, E. (1992). Together or separate: A study of siblings in foster care. *Child Welfare*, 71, 257-270.
81. Steele, B. F. (1986). Notes of the lasting effects of early child abuse throughout the life cycle. *Child Abuse and Neglect*, 10, 283-91.

82. Sudia, C. (1986). Preventing out-of-home placement of children: The first steps to permanency planning. In, O. Barnett, C.L. Miller-Perrin, R.D. Perrin (Eds.). (1997). *Family Violence Across the Lifespan: An Introduction* (pp.39-70). Thousand Oaks, CA: Sage Publications.
83. Texas Department of Mental Health and Mental Retardation: Validation and norms for the Ohio Scales among children served by the Texas Department of Mental Health and Mental Retardation (2000). Ohio University.
84. Thomas, P., Clement, J.P., Hazif-Thomas, C., & Leger, J.M. (2001). Family, Alzheimer's disease, and negative symptoms. *International Journal of Geriatric Psychiatry, 16*, 192-202.
85. U.S. Department of Health and Human Services. (2003). The AFCARS Report: Preliminary FY 2001 estimates as of March 2003. Available online at [www.acf.hhs.gov/programs/cb/dis/afcars/publications/afcars.htm](http://www.acf.hhs.gov/programs/cb/dis/afcars/publications/afcars.htm).
86. U.S. Department of Health and Human Services. (2006). The AFCARS Report: Preliminary FY 2003 estimates as of June 2006. Available online at [www.acf.hhs.gov/programs/cb/dis/afcars/publications/afcars.htm](http://www.acf.hhs.gov/programs/cb/dis/afcars/publications/afcars.htm).
87. U.S. Department of Health and Human Services. (2005). Reasonable Efforts and Safety Requirements for Foster Care and Adoption Placements. Available online at [www.acf.hhs.gov/programs/cb/laws/public\\_law/p1105\\_89al.htm](http://www.acf.hhs.gov/programs/cb/laws/public_law/p1105_89al.htm).
88. Ward, M. (1984). Sibling ties in foster care and adoption planning. *Child Welfare, 63*, 321-331.
89. White, M., and Epston, D. (1990). *Narrative Means to a Therapeutic End*. NY: Norton.
90. Wilson, L. & Conroy, J. (1999). Satisfaction of children in out-of-home care. *Child Welfare, 78* (1), 53-69.
91. Zima, B. T., Bussing, R., Freeman, S., Yang, X., Belin, T. R., & Forness, S. R. (2000). Behavior problems, academic skill delays and school failure among school-aged children in foster care: Their relationship to placement characteristics. *Journal of Child and Family Studies, 9*(1), 87-103.

**APPENDIX A: Permission and Consent to Sponsor a Research Study**

See Attached

**APPENDIX B: Demographic Information Sheet**

1. Initials \_\_\_\_\_
2. Age \_\_\_\_\_
3. Gender: Male \_\_\_\_ Female \_\_\_\_
4. Ethnicity: Caucasian \_\_\_\_ African American \_\_\_\_ Hispanic \_\_\_\_ Biracial \_\_\_\_  
Asian \_\_\_\_ Other: \_\_\_\_\_
5. Education: Special Education \_\_\_\_\_ Mainstream Education \_\_\_\_\_  
Child Study Team Involvement \_\_\_\_\_ (yes or no)
6. Number of biological siblings \_\_\_\_\_
7. Placement Status: With all biological sibling(s) \_\_\_\_\_  
With some (but not all) biological sibling(s) \_\_\_\_\_  
With no biological siblings \_\_\_\_\_
8. Child is in contact with: All biological siblings \_\_\_\_ Frequency of contact \_\_\_\_\_  
Some biological siblings \_\_\_\_ Frequency of contact \_\_\_\_\_  
None \_\_\_\_
9. Birth Order: Oldest \_\_\_\_\_  
No siblings \_\_\_\_\_  
Youngest \_\_\_\_\_  
Middle \_\_\_\_\_  
Twin \_\_\_\_\_
10. Length of Time in Current Placement \_\_\_\_\_ Plan of reunification \_\_\_\_\_
11. Age at First Placement \_\_\_\_\_
12. Number of Placements \_\_\_\_\_ Number of Caseworkers \_\_\_\_\_
13. Legal Problems: Past \_\_\_\_\_ Current \_\_\_\_\_ None \_\_\_\_\_

**APPENDIX C: Ohio Scale/Parent Version**

See Attached Instrument

**APPENDIX D: Ohio Scale/Worker Version**

See Attached Instrument

**APPENDIX E: Ohio Scale/Youth Version**

See Attached Instrument



**APPENDIX F: Boundary Ambiguity Scale/Parent Version**

See Attached Instrument

**APPENDIX G: Boundary Ambiguity Scale/Sibling Version**

See Attached Instrument

**APPENDIX H: Boundary Ambiguity Scale- Boss, Pearce-McCall, and Greenberg,  
1990 Version**

See Attached

## APPENDIX I: Tables 5.1-5.6

**Table 5.1: Youth Version Behavior Problems Scale: Item-Total Statistics**

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
Arguing w/others	22.768	220.106	.606	.886
Getting into fights	23.500	215.265	.720	.882
Yelling, swearing, or screaming at others	22.988	214.333	.714	.882
Fits of anger	23.220	213.556	.749	.881
Refusing to do things teachers or parents ask	23.305	217.968	.635	.885
Causing trouble for no reason	23.671	214.545	.676	.883
Using drugs or alcohol	24.732	242.100	.228	.894
Breaking rules or the law	23.890	220.642	.607	.886
Skipping school or class	24.585	230.888	.432	.891
Lying	23.366	213.247	.714	.882
Can't seem to sit still, having too much energy	23.317	223.404	.493	.889
Hurting self	24.841	237.444	.378	.892
Talking or thinking about death	24.744	238.267	.366	.892
Feeling worthless or useless	24.463	236.992	.255	.895
Feeling lonely and having no friends	24.317	227.083	.507	.889
Feeling anxious or fearful	23.841	222.209	.489	.889
Worrying that something bad is going to happen	23.488	209.191	.677	.883
Feeling sad or depressed	23.549	221.683	.478	.890
Nightmares	24.280	225.291	.396	.893
Eating problems	24.451	240.448	.092	.902

**Table 5.2: Youth Version Functioning Scale: Item-Total Statistics**

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
Getting along w/friends	51.5732	150.964	.738	.914
Getting along w/family	52.2805	154.204	.452	.921
Dating or developing relationships with s/o	51.7073	155.419	.407	.922
Getting along w/adults outside the family	51.7561	153.643	.508	.919
Keeping neat and clean, looking good	51.1951	158.233	.513	.919
Caring for health needs and keeping good health habits	51.1341	158.118	.548	.918
Controlling emotions and staying out of trouble	51.8049	153.468	.630	.916
Being motivated and finishing projects	51.6463	155.194	.574	.917
Participating in hobbies	51.6463	152.923	.655	.916
Participating in recreational activities	51.4756	155.339	.623	.916
Completing household chores	51.7317	152.618	.638	.916
Attending school and getting passing grades in school	51.8780	155.837	.527	.918
Learning skills that will be useful for future jobs	51.6341	155.840	.618	.917
Feeling good about self	51.4756	156.475	.500	.919
Thinking clearly and making good decisions	51.8049	149.887	.600	.917
Concentrating, paying attention, and completing tasks	51.7805	149.359	.760	.913
Earning money and learning how to use money wisely	51.7561	155.199	.544	.918
Doing things w/o supervision or restrictions	51.6585	153.339	.635	.916
Accepting responsibility for actions	51.6951	151.128	.705	.914
Ability to express feelings	51.7805	149.507	.626	.916

**Table 5.3: Worker Version Behavior Problems Scale: Item-Total Statistics**

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
Arguing w/others	31.2927	288.086	.704	.912
Getting into fights	31.9756	279.999	.734	.911
Yelling, swearing, or screaming at others	31.4756	280.598	.756	.911
Fits of anger	31.5854	277.357	.836	.909
Refusing to do things teachers or parents ask	31.4634	282.523	.765	.911
Causing trouble for no reason	31.8293	276.514	.779	.910
Using drugs or alcohol	33.6341	312.778	.278	.920
Breaking rules or the law	32.0976	277.299	.736	.911
Skipping school or class	33.2439	286.730	.613	.914
Lying	31.2805	280.748	.771	.910
Can't seem to sit still, having too much energy	31.9268	284.488	.640	.913
Hurting self	33.5000	304.278	.484	.917
Talking or thinking about death	33.5000	303.784	.527	.917
Feeling worthless or useless	32.6463	294.849	.408	.919
Feeling lonely and having no friends	32.3293	288.915	.551	.916
Feeling anxious or fearful	32.1585	294.012	.478	.917
Worrying that something bad is going to happen	32.2805	284.748	.581	.915
Feeling sad or depressed	31.8171	288.398	.536	.916
Nightmares	33.2561	298.366	.372	.920
Eating problems	33.6341	322.852	-.093	.927

**Table 5.4: Worker Version Functioning Scale: Item-Total Statistics**

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
Getting along w/friends	37.4024	229.108	.832	.937
Getting along w/family	38.0000	232.469	.632	.941
Dating or developing relationships with s/o	37.7317	234.372	.580	.942
Getting along w/adults outside the family	37.5122	231.488	.710	.939
Keeping neat and clean, looking good	36.7561	243.915	.496	.943
Caring for health needs and keeping good health habits	36.7439	247.255	.376	.944
Controlling emotions and staying out of trouble	37.6829	229.281	.806	.938
Being motivated and finishing projects	37.5854	233.628	.705	.939
Participating in hobbies	37.2195	235.285	.691	.940
Participating in recreational activities	37.0610	231.910	.760	.939
Completing household chores	37.6220	237.374	.699	.940
Attending school and getting passing grades in school	37.3780	233.794	.724	.939
Learning skills that will be useful for future jobs	37.2683	233.853	.698	.940
Feeling good about self	37.3902	246.661	.319	.946
Thinking clearly and making good decisions	37.9878	233.568	.738	.939
Concentrating, paying attention, and completing tasks	37.7561	235.199	.694	.940
Earning money and learning how to use money wisely	37.3049	249.721	.362	.944
Doing things w/o supervision or restrictions	37.6585	233.907	.726	.939
Accepting responsibility for actions	37.9268	228.562	.811	.938
Ability to express feelings	37.8171	229.361	.696	.940

**Table 5.5: Parent BA: Item-Total Statistics**

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
I still consider my parent to be my parent	42.8049	207.023	.628	.907
I feel upset when I imagine my parent in a different family than me	43.8171	207.929	.667	.905
I find myself wondering about where my parent is and what he/she is doing	43.5122	208.821	.641	.906
I feel in some sense I will always be attached to my parent	42.9878	198.111	.808	.900
I still want my parent's advice about important personal decisions	43.6220	196.164	.858	.899
I continue to keep alive my hope that I will be reunited with my parent	42.8902	206.148	.669	.905
I continue to hope that my relationship with my parent will improve	43.1951	202.974	.771	.902
I feel guilty if I like my foster parent	44.8659	229.130	.281	.915
I still consider my parent to be a part of my family	42.8537	205.781	.680	.905
I feel unable to establish a good relationship with my foster parent	44.1098	227.654	.200	.919
I think about going to my parent for advice	43.9512	202.985	.790	.902
I often wonder about what my parent's opinion or comment would be on events that happen or things I see during the day	43.8171	206.571	.692	.905
I talk with my parent about our new living arrangements	44.5732	216.421	.451	.912



**Table 5.6: Sibling BA: Item-Total Statistics**

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
I still consider my sibling to be my sibling	53.6463	108.478	.502	.823
I feel upset when I imagine my sibling in a different family than me	54.4024	99.527	.659	.811
I find myself wondering about where my sibling is and what he/she is doing	54.2317	100.699	.687	.810
I feel in some sense I will always be attached to my sibling	53.6463	108.404	.639	.820
I still want my sibling's advice about important personal decisions	54.8049	100.184	.558	.817
I continue to keep alive my hope that I will be reunited with my sibling	53.6585	109.018	.480	.824
I continue to hope that my relationship with my sibling will improve	54.0732	101.279	.686	.811
I feel guilty if I like my foster siblings	56.4146	112.789	.160	.841
I still consider my sibling to be a part of my family	53.6220	109.497	.511	.823
I feel unable to establish a good relationship with my foster sibling	55.8415	116.826	.015	.850
I think about going to my sibling for advice	55.2683	100.174	.559	.817
I often wonder about what my sibling's opinion or comment would be on events that happen or things I see during the day	55.0000	100.420	.639	.812
I talk with my sibling about our new living arrangements	55.8171	107.830	.279	.836

## VITA

Amy Michele Moore attended Syracuse University where she obtained a Bachelor of Arts (B.A.) degree in Psychology, as well as a Certificate in Gerontology in 1999. Then, in 2001, she received her Master's degree in Marriage and Family Therapy (M.F.T.) at MCP Hahnemann University from the College of Nursing and Health Professions. Amy received the Outstanding Student Award in recognition of overall academic and clinical excellence. Additionally, Amy was elected a member of the MCP Hahnemann University Chapter of the Alpha Eta Society. Since 2001, Amy has worked with hundreds of children and adolescents in the foster care system. Amy has also worked alongside caseworkers, judges, agency administrators, and foster and biological family members in her work with children affected by foster care. She is an adjunct faculty at Camden County Community College, where she teaches Sociology of the Family and Introduction to Sociology. Amy currently holds licenses in the state of New Jersey in Marriage and Family Therapy (LMFT) and Professional Counseling (LPC). She works for a for-profit behavioral health agency, Center for Family Guidance in Woodbury, NJ and also has a private practice office in Marlton, New Jersey, where she specializes in working with children, adolescents, and families with a variety of behavioral and emotional difficulties.

