Foster parent licensing: personal characteristics, parenting attitudes, and training experiences

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Foster parent licensing: Personal characteristics, parenting attitudes, and training experiences

by

Amy Moeller Yates

A dissertation submitted to the graduate faculty in partial fulfillment of the requirements for the degree of DOCTOR OF PHILOSOPHY

Department: Human Development and Family Studies
Major: Human Development and Family Studies (Marital and Family Therapy)
Major Professors: Sedahlia Jasper Crase and Dahlia F. Stockdale

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1996

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This is to certify that the doctoral dissertation of

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Co-major Professor

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For the Major Department

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For the Graduate College
to my husband and best friend, Todd,

for giving me a memorable past, a joyous present, and an exciting future.

to my mother, Betty Amy Leavell Moeller, my father, Jerry Moeller,
my sister, Susan Moeller Macon, and my brothers, Frederick and Gerrit Moeller
for providing me with an extremely secure, loving, and happy family experience.
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GENERAL INTRODUCTION

With the passage of the Adoption and Child Welfare Act of 1980 (Public Law 96-272), the foster care system in the United States has entered a new era. This law makes a philosophical commitment to the family by legislating the implementation of support services to lessen use of out of home placements for children (Fein, Maluccio, Hamilton, & Ward, 1983). This law states that if a child is removed from the biological home, support services are offered to reunify the family, and when reunification is not possible, support services are given for the child’s adoption. The catalyst behind the passing of PL 96-272 is the belief in the harmful effects of foster care drift on foster children. Foster care drift is a foster child’s movement from foster home to foster home (Fein et al., 1983; Miller, Fein, Bishop, Stilwell, & Murray, 1984). By moving from foster home to foster home, the child is unable to form emotional relationships with others. This inability to invest emotionally in others and to have others emotionally invested in the child is harmful to the child’s emotional growth and development (Milner, 1987). The policy-based outcome of PL 96-272 is the use of permanency planning for each child who requires services from child welfare and human services agencies. Permanency planning is a goal-directed approach to provide children with continuity of care (Miller et al., 1984). Where possible, this care is given in a family setting. Since the passage of PL 96-272, permanency planning has become a central focus in foster care (Lindsey & Wodarski, 1986).

The logical assumption is that, following the passage of PL 96-272, the foster care system would have received a marked decrease in the number of children requiring out of
home placements due to the increase in services provided to the biological families. In fact, the foster care system did experience a brief dip in the number of foster care placements, from 500,000 in 1971 to 243,000 in 1982 (Pecora, Whittaker, Maluccio, Barth, & Plotnick, 1992). Unfortunately, the current number of children requiring out of home care again has reached nearly half a million (Lawhon, Lawhon, & Jean, 1995; Pecora et al., 1992).

Considering the amount of effort given to retain children in their biological homes, the children who eventually are placed in foster care either have been reared in multiproblem family environments or have severe emotional or behavioral problems independent of their family environments. In either case, the foster homes today are receiving children with extremely difficult emotional, behavioral, or physical difficulties (Pasztor & Wynne, 1995; Pecora et al., 1992; United States Government Accounting Office [GAO], 1989).

As the demand for suitable foster homes has risen, the supply of these homes has decreased. Thus, currently there is a shortage of appropriate family foster homes to meet the increasing needs of foster children in the United States (Campbell & Downs, 1987; Chamberlain, Moreland, & Reid, 1992; Pecora et al., 1992). In addition to the complex behavioral, emotional, and physical difficulties of foster children, other factors have been identified relative to the family foster home shortage. Woolf (1990) credits society's changing dynamics as contributing to this shortage. Where woman traditionally have provided the time and energy necessary to sustain a family foster home, many who work full-time outside the home and/or are single parents do not have these resources to supply to the foster care system.
In response to a perceived shortage, much effort has been placed on recruiting family foster homes (Downs, 1990; GAO, 1989; Pasztor & Wynne, 1995). Research conducted on foster parent recruitment indicates that not only are mass marketing strategies effective recruiters of foster parents (Moore, Grandpre, & Scoll, 1988) but also current foster parents are effective recruiters of new foster parents (Smith & Gutheil, 1988). However, once a family foster home has resigned from foster care, efforts to recruit it back into foster care is fruitless (Moore et al., 1988; Smith & Gutheil, 1988).

Rodwell and Biggerstaff (1993), contrary to most researchers in the foster care field, state that there are enough foster homes to meet the needs of foster children. On the other hand, Rodwell and Biggerstaff agree with their research peers that retention of family foster homes has become problematic. Factors influencing retention include the same societal factors mentioned above that influence recruiting. In addition, retention is influenced by the amount of support that foster families receive once they enter the foster care system (Pasztor & Wynne, 1995). Support for foster families may be in the form of increased services (such as access to liability insurance and child day care), better working relationships with the human service agencies (such as access to social workers and respect for foster parents' abilities and experiences), and increased stipends.

One factor that relates significantly to both foster parent recruitment and retention is training (Hampson, 1985; Pasztor, 1985; Simon & Simon, 1982). Training not only prepares persons for the role of foster parent but also enhances parenting skills of current foster parents. Simon and Simon (1982) found a 21% increase in the number of licensed foster
homes in Florida after the implementation of preservice (before foster placement) training. In-service foster parent training has been found significantly to increase quality of the parent-child relationship (Guerney & Wolfgang, 1981), to increase the foster parent's ability to manage behavior (Hampson, 1985), and to enhance parental values and attitudes (Hampson, Schulte, & Ricks, 1983). In short, training is essential for licensing new foster homes, retaining current foster homes, and providing foster parents with the knowledge and skills necessary to care for today's foster children.

This study will examine the effects of training and other variables on foster parent recruitment. Foster parent recruitment is defined operationally by a person's becoming a licensed foster parent.

Research Objectives

This study examines the effects of several factors on foster parent licensing. Given the incredible demands placed on foster parents as they care for children reared in some of society's most multiproblem families, investigations into factors that affect foster parent licensing are warranted. Since attitudes are considered to be predictors of behavior (Holden, 1995), parenting attitudes and foster parenting attitudes are examined as they relate to foster parent licensing. Finally, the effects of perceived usefulness of foster parent preservice training also is examined as it influences foster parent licensing.

The research objectives of this study are:

1) To determine whether persons who become licensed within six months of foster parent preservice training differ from persons who do not, with regard to
attitudes toward parenting, attitudes toward foster parenting, perceptions of the usefulness of foster parent training, and personal characteristics.

2) To examine the relationships among personal characteristics and a) attitudes toward parenting, b) attitudes toward foster parenting, and c) perceptions of the usefulness of foster parent training and specific training objectives.

3) To investigate changes in perceptions of training from immediately following training to six months after training.

Dissertation Organization

The first section (Chapter 1) of this dissertation is a review of literature concerning foster care in the United States. A historical backdrop is followed by a discussion of the current issues that challenge the foster care system. Particular attention is given to permanency planning, foster parent recruitment and retention, and foster parent training. The first section concludes with an exploration of future directions for foster care, including the professionalization of foster parents.

The second section (Chapter 2) contains a manuscript prepared for publication in a professional journal. The research methodology (participants, procedures, and instruments), statistical analyses and results, a discussion of the findings, and research implications and limitations are presented. Appendices at the conclusion of the dissertation include the pretest, posttest, six-month telephone interview, a factor analysis, and coding maps.

This study was reviewed and approved by the University Human Subjects Review Committee.
References


CHAPTER 1: FOSTER CARE IN THE UNITED STATES:
PAST, PRESENT, AND FUTURE

A paper to be submitted to Social Work Research and Abstracts

Amy Moeller Yates

Abstract

Foster care in the United States is at a crisis point. The following literature review examines the roots of formalized family foster care, current issues facing the foster care system, and future directions for foster care. Issues explored include the effects of the Adoption Assistance and Child Welfare Act of 1980 on the foster care system, the effects of foster care on the biological families of foster children and foster parents, the current foster care crisis, the difficulties with foster parent recruitment and retention, and the status of foster parent training. Recommendations for the professionalization of foster parents, increases in remuneration and support services, theoretically-based foster parent training, and creative permanency plan options are presented.

The History of Foster Care

*It takes an entire village to rear a single child.*

The above ancient African proverb confirms that the growth and development of a society's children has long been viewed as the responsibility not only of the biological
Parents but also the society at large. This paper will review the history of foster care, discuss the current challenges of the foster care system in the United States, and outline future directions for this foster care system.

Placing the welfare and daily caretaking of children into the charge of persons other than the biological parents dates back to the earliest records of human history (Pecora, Whittaker, Maluccio, Barth, & Plotnick, 1992). Eventually, formalized systems evolved, and formalized foster care in the United States began in 1853. Bothered by the number of homeless children and children whose parents were not attending to their basic living needs, Reverend Charles Brace and the New York Children's Aid Society began collecting children from the streets and shelters of New York City (Pecora et al., 1992). These children were loaded onto trains bound for farm homes in the southern and midwestern United States. At train stations across the South and Midwest, children were unloaded and placed upon the train docks. Families gathered around to inspect the children for potential farmhands. Strong, healthy adolescent boys were the first to find homes. Approximately 100,000 children had been placed in homes in the South and Midwest before this practice ceased in 1929 (Pecora, 1992). However, public outcry significantly curtailed this method of finding homes for children much earlier than 1929, resulting in many states organizing methods to care for its dependent children within their borders.

In the mid-1880's, the Boston Children's Aid Society began using family homes as temporary sites for the daily caretaking of children in need (Pecora, 1992). The focus of this organization was to give attention to the biological family of the foster children by striving to
return the children to their biological parents. By the early-1900’s, concern over the plight of children without adequate home environments had reached the nation’s capital, where a White House conference was held to study and discuss the needs of children. The result was a proclamation calling for suitable homes for all of the nation’s children (Pecora et al., 1992). To ensure the achievement of this goal, the child welfare system was established.

With increased national attention, many options for children in need of temporary housing were available by the 1950’s: shelters, wage homes, boarding homes, and group homes. Each of these options had the ultimate goal of returning the children to their biological homes (Pecora, 1992). Thus, in this one-hundred-year slice in the history of foster care in the United States, focus turned from permanent removal from a child’s family, and native state, to a temporary uprooting and placement in interim housing.

Though removing children from their biological homes temporarily was the goal of foster care, many children did not return to their parents. Furthermore, many children were moved from foster home to foster home. Often, children had lengthy stays in group home environments such as orphanages. Concern about the lack of stability in the lives of children who were “drifting” from placement to placement bought about a shift of attention to continuity of care, or permanence (Pecora, 1992).

The idea of permanence was introduced in the early-1970’s and continues to enjoy much attention in the present. In fact, planning for permanence for children in the foster care system become public law in 1980. The current issues surrounding permanency planning will be discussed in detail later. With regard to the history of foster care, the attention to
permanency has had major ramifications in foster care practice and policy. Concisely, permanency refers to the purposeful actions taken on the part of human service agencies to ensure that children have the most secure environment possible. Options include stabilizing their biological homes and reuniting them with their biological parents, locating suitable long term foster homes, or finding appropriate adoptive homes.

Current Issues in Foster Care

Much has changed in foster care and service delivery since Reverend Brace gathered children off the streets of New York and placed them on outbound trains. Most of these children either were neglected by their parents or had no parents (Pecora et al., 1992). Physical, emotional, and sexual abuse are the most-cited reasons for a child's removal from his or her biological home (Fein, Maluccio, Hamilton, & Ward, 1983; Howing, Kohn, Gaudin, Kurtz, & Wodarski, 1992; Pecora et al., 1992). Woolf (1990) stated that the foster care system has changed from its original purpose of caring for homeless and neglected children. Instead, the foster care system has become a social service for children who exhibit behavioral, emotional, or physical difficulties due primarily to the abuse they suffered in their own biological homes.

The children who enter foster care in the 1990's are much different from those who entered foster care in the 1890's. Due to an increased attempt to maintain children in their biological homes, the children who finally are removed from their homes and placed in foster care often have experienced the most severe of circumstances (Woolf, 1990). As a result, the behavioral, emotional, and physical difficulties exhibited by these children often are extreme.
The United States Government Accounting Office in its congressional studies report stated that typical behaviors exhibited by foster children include “lying, stealing, breaking things, disobeying rules, throwing temper tantrums, bedwetting, and cursing” (United States Government Accounting Office [GAO], 1989, p.20). The Nova Foster Parent Preservice Training Curriculum (1992) points to similar behaviors. Both of these sources discuss the effects, both emotional and behavioral, of sexual abuse on the foster child. Children who have been abused sexually may exhibit “provocative sexual behavior toward a birth child or foster parent, inappropriate touching, public masturbation, suggestive language, or sexual exploitation of other children” (GAO, 1989, p. 20).

Where foster families in the 1890’s were interested in healthy, adolescent males, they are the least desired children to receive in the 1990’s. Teenagers are in foster care for one of two reasons: 1) they were placed as younger children and have been reared in the foster care system or 2) they were placed as adolescents usually due to their own behavioral problems (Pecora, 1992). Downs (1990) found that only 21% of those foster parents who had taken care of teenagers previously would do so again. Foster parents cited several difficulties related to their unwillingness to continue foster parenting teens: 1) behavioral problems such as drugs, discipline, and sexual activity, 2) fear of physical harm, and 3) disruption to their own family (Downs, 1990).

Also in contrast to the earlier period of foster care, persons are seeking to become foster parents as a route to adoption (Nova Foster Parent Preservice Training Curriculum, 1992). Many of these persons are childless couples seeking healthy infants. Murray’s (1984)
finding that the child's age was significant for adoption adjustment seems to support the use of foster care for adopting young children. Older children were less likely than younger children to adjust to their adoptive homes. Nonetheless, many foster parents who had no intentions of becoming adoptive parents become attached to their foster children and later feel the desire, and sometimes the coercion, to adopt them (Murray, 1984). In fact, Murray (1984) found that most children who eventually are adopted entered care after infancy and were adopted by their foster parents. Fein et al. (1983) found that most children who were adopted were under three years old. In addition to significantly more infants and toddlers, significantly more white children moved into permanent homes (Fein et al., 1983).

Permanency

As discussed earlier, attention to children's "drifting" from placement to placement brought about the public policy of permanence in the foster care system (Fein et al., 1983; Miller, Fein, Bishop, Stilwell, & Murray, 1984; Pecora et al., 1992). Permanency for foster children is not only a matter of public policy but also a federal law. In 1980, the Adoption Assistance and Child Welfare Act (PL 96-272) was enacted. States wishing to receive federal funding for child welfare services were, and are, required to comply with PL 96-272 (Pecora et al, 1992). The law has the following components: to prevent out-of-home placement of children, to provide support services to aid in this prevention, to provide support services to aid in reunification, and to provide services to assist in adoption or permanent placement (Pecora et al., 1992).
PL 96-272 did nothing less than revolutionize the foster care system. The idea of permanency is to ensure that each child is given continuity of care and the opportunity to establish lifetime relationships with nurturing adults (Fein et al., 1983; Miller et al., 1984; Pecora et al., 1992). Moreover, permanency planning is a purposeful endeavor to develop goals to ensure this continuity within a time-limited period (Miller et al., 1984; Pecora et al., 1992). A plan for permanence for each child entering foster care must be developed within 30 days of referral and reviewed for progression and modification every 6 months (Lindsey & Wodarski, 1986). The purpose of permanency planning is to facilitate reunification, thus placing emphasis on the family, reinforcing goal-setting, and ensuring case monitoring (Leashore, 1986). In short, permanency planning has become the central focus of foster care (Lindsey & Wodarski, 1986).

One of the largest ideological shifts that occurred with the passing of PL 96-272 was the substitution of the entire family as the client, instead of the single child (Pasztor, 1985). No longer were parents viewed as deficit-laden; instead, resources of the family were assessed and enhanced. With this ideological shift, the goal of foster care, by public law, became the reunification of families and the return of foster care to a temporary status. Initially, the law was successful in decreasing significantly the number of children in foster care, from 500,000 children in 1977 to 243,000 children in 1982 (Pecora et al., 1992).

Permanency planning’s humanitarian appeal was enhancing the emotional growth of children and assisting them in emotional investments in long-term relationships (Milner, 1987). Many researchers cite the potential harm to children in long-term foster care
(Doelling & Johnson, 1989; Milner, 1987; Pecora et al., 1992). Fiscally, the appeal of permanency planning was the decrease in actual dollars spent on foster care (Broeck & Barth, 1986). Money was saved by having fewer children on the public till. Furthermore, having fewer children implies having fewer caseworkers. Thus, money also was saved by cutting social service agency staff (Broeck & Barth, 1986).

Despite an initial reduction in the number of foster care cases, the amount of attention given to each case increased. Since PL 96-272 legislated that the primary concern must be the prevention of a child’s removal from his or her biological home, case workers had to find alternative family support services to foster care. Finding alternative services, such as day care, family counseling, parent education, and public housing, is a labor-intensive process for social workers. If children appear to be in substantial danger of harm or are suffering immediate emotional and physical harm with no means of protection, removal is inevitable (Broek & Barth, 1986). However, PL 96-272 mandates that continued family support services be given to strengthen the possibility of the child’s return to the biological family. Finally, if reunification is deemed impossible, support services must be organized to ensure adoption, guardianship, or long-term foster care. As a result, the implementation of permanency has required more intensive service per child than was necessary previously (Broek & Barth, 1986).

Despite the indisputable goal of PL 92-272 being the child’s retention in or reunification to the biological home, permanency, or continuity of relationships, is said to occur if the child’s permanent residency is in a relative’s home, a permanent foster home, an
adoptive home, or a foster parent adoptive home (Fein et al., 1983). Miller et al. (1984) stated that, according to permanency, every child must be considered adoptable if return to the biological home is not possible. Previously, many children were considered undesirable for adoption due to age (adolescents), race (minorities), physical or emotional limitations, or multiple foster home placements (Miller et al., 1984). Under the permanency planning system, children with any of the above characteristics are considered to have special needs but also are considered fully suitable for adoption. Broeck and Barth (1986) stated that permanency choices for foster children often are based on the availability of a certain home (adoptive, foster parent adoptive, relative, or permanent foster home), rather than on the developmental needs of the foster child. In other words, the mandate by PL 96-272 is so strong that the ideology behind it often is lost.

Regardless of the amount of effort agency workers exert to bring about permanency for foster children, they are likely to face an average of 3.3 barriers for each child, that hinder his or her progress to permanency (Miller et al., 1984). Miller et al. (1984) placed barriers to permanency in one of two categories: system-related barriers and case-related barriers. System-related barriers occur when factors within the human services and court systems prolong a child’s residence in foster care. Such factors include incomplete termination of the parental rights of the biological parents, the inability to coordinate services within and between agencies, the lack of a readily available permanent homes, the complications arising due to legal delays, and the need for financial subsidy for certain permanent homes (Miller et al., 1984). Case-related barriers occur when factors associated with the specific child prolong
the child's residence in foster care. Examples of case-related barriers include problems with the child's foster parents, problems with the child's biological family, difficulties preparing for transition into another home, difficulties with the child's feelings, needs for psychological evaluations or therapy, and behavioral or school issues (Miller et al., 1984).

Despite all efforts to achieve permanency, whether in or out of the child's biological home, disruption to the permanent placement is not uncommon. Fein et al. (1983) found that the rate of disruption for permanent placements is 22% within the first 16 months following placement. Disruptions were found in all types of placement, except adoptive homes. The researchers also found that there was a significant positive relationship between disruption placement and number of previous foster home placements. In other words, children who had multiple prior foster home placements were more likely to experience disruption in their current placements. Children who resided with relatives prior to their permanent placements were less likely to experience a disruption to their permanency placements. Reasons for the disruption of permanency included the child's behavioral problems, the child's special needs for residential care, the caretaker's inability to accept the child's problems, abuse by the caretaker, and a return to the biological mother or other relative (Fein et al., 1984). Finally, more infants and toddlers (less than 3 years old) were able to achieve permanency than any other age group, perhaps because children in this group typically were adopted by persons other than their foster parents (Fein et al., 1984).

Even though disruptions occur, Fein et al. (1984) found that the majority of the children eventually do leave the foster care system. The majority (73%) return to their
biological homes, and the remainder are adopted (13%), reside with a relative (6%), or are adopted by their foster parents (3%). The children who were adopted by their foster parents usually were over the age of 6. Nonetheless, permanent foster care was the permanency plan for approximately 6% of foster children. Similar statistics were found by Lawder, Povlin, and Andrews (1986). They concluded that foster care is a temporary state for 77% of all foster children and that the majority of the children return to their biological homes. Furthermore, those children who did return to their homes were in foster care a shorter length of time than their cohorts. Both Lawder et al. (1986) and Milner (1987) found a significant relationship between the quantity and quality of children's visits with their biological parents and their return to their biological homes. That is, children who had regular and enjoyable visits with their parents were more likely to return to their biological homes.

The Biological Families of Foster Children and Foster Parents

Clearly, the foster child's biological parents play a crucial role in the well-being of the foster child. Tiddy (1986) states that the "biological family is basic to foster children's adjustment and growth" (p. 53). Public Law 96-272 gives credence to the role of the biological family by legislating the practice of exerting reasonable efforts to maintain children in their biological homes. Never before in the history of foster care has the biological family enjoyed the current level of attention. Social service agencies have begun to be creative in designing services and programs for biological parents to assist them in overcoming obstacles which interfere with appropriate parenting.
Since regular visitation between foster children and their biological parents has been found to be central to foster children’s adjustment to foster care and eventual return to their biological homes (Lawder et al., 1986; Milner, 1987; Simms & Bolden, 1991, Tiddy, 1986), concentrated efforts have been made to ensure contact between foster children and their biological parents. Pardeck & Pardeck (1987) state that foster children must be reassured of visitation with their parents, as the separation causes a crisis for these children.

If one considers attachment theory (Bowlby, 1969), a child’s removal from his or her biological home could cause “ruptures in the attachment process” (Tiddy, 1986, p. 54) which affects the foster child’s ability not only to form close relationships with the foster parents but also to trust others. Marcus (1991) found that foster children also were able to maintain stronger attachments to their biological mothers if regular visitations occur. Marcus also found that foster children’s attachments and affections positively correlate with their adjustment to foster care. Given that placement in foster care can be traumatic for foster children, Grigsby (1994) suggested frequent visitations to maintain the foster child’s attachment to the biological parent. Preventing the child from interacting with the biological parents not only prevents the foster child from maintaining and forming healthy attachments to parental figures but also allows the child to create a fantasy parent. The creation of a fantasy parent is a natural reaction to trauma (Tiddy, 1986); however, the fantasy parent often is free of the shortcomings of the actual parent.

Contact with the biological parents reduces myths and fears for both the foster child and foster parents (Tiddy, 1986). With the exception of those who are related to the
biological parents (Le Prohn, 1994), foster parents often are ambivalent about a child's visitation with his or her biological parents. Current trends in foster care focus on the foster parents' role in supporting contact with biological parents. More progressive programs involve biological families, foster children, and foster parents in family therapy (Tiddy, 1986). Such situations assist in detaching the child from conflicts in loyalty.

Loyalty issues for the foster child may arise due to the fact that, during foster care, the foster parents become psychological parents for foster children (Hegar, 1983; Proch & Howard, 1986). By providing children with nurturing foster parents, social service providers may hope the child will reattach to new parental figures (Hegar, 1983). However, encouraging foster children to reattach to new parental figures may be ineffective if either the ultimate goal is reunification with the biological parents or the foster parents have biological or adoptive children of their own.

First, if the ultimate goal of foster care is the reunification of families, attachment of the foster child to foster parents may hinder this process not only emotionally but also legally. The biological family's legal interests are not compromised unless the foster parents or others have become the psychological parents in the child's thoughts and affections (Hegar, 1983). Hegar (1983) found that courts have ruled against biological families in such cases.

Second, the biological or adopted children of foster parents may resist the attachment of foster children to foster parents (Poland & Groze, 1993; Twigg, 1994). Parental time and attention is a crucial issue for the biological or adopted children of foster parents (Poland &
Groze, 1993). Twigg (1994) found that the foster parents' own children suffer many losses due to their parent's involvement in foster care. Three such losses were the loss of parental time and attention, the loss of family closeness, and the loss of one's place in the family.

Twigg (1994) stated that foster parents are resigning from foster care due to concern for their own children. The children of foster parents are often the first to voice dissatisfaction with a foster care placement (Poland & Groze, 1993); this dissatisfaction influences the foster parents' decisions about continuing. Poland and Groze (1993) found that 93% of foster parents noticed that their own children were spending less time at home, 61% felt that family relations had been strained, and 47% of the children did not like the changes in their homes.

The foster care system has begun to place emphasis on the needs of the biological families of the foster child, with the goal of enhancing the psychological well-being of the foster child. Equal attention must be given to the biological families of the foster parents. The attention may be lacking due to the fear that exposing the effects of foster care on the foster parents' families may add to the current and severe shortage of foster homes (Twigg, 1994).

The Foster Care Crisis

The foster care system in the United states is at a crisis point (Chamberlain, Moreland, & Reid, 1992; Pecora et. al, 1992). The crisis has arisen because the increase in the number of children requiring foster care has been met with a decrease in the number of persons willing to provide foster homes (Chamberlain et. al, 1992; Smith & Gutheil, 1988;
Titterington, 1990; GAO, 1989). Current estimates place the number of children requiring some form of care outside of the homes of their biological parents at well over half a million (Lawhon, Lawhon, & Jean, 1995). Unfortunately, the number of foster homes decreased by 32% from 1987 to 1990, with only 100,000 available foster homes in 1990 (Pasztor & Wynne, 1995).

The shortage of suitable foster homes has been ascribed to several factors: the upswing in the number of dual-earner families; the increase in the number of single-parent homes; the isolation of the nuclear family; the rise in the number of nontraditional lifestyles; the lack of support for foster parents; the poor public image of foster care; and the increasingly complex behavioral, emotional, and physical problems of foster children (Campbell & Downs, 1987; GAO, 1989; Woolf, 1990). The ever-changing face of our society is taking its toll on the foster care system. Traditionally, women have taken a key role in the success of foster care, but with the upswing in the number of women entering and remaining in the workforce, the amount of energy and resources available from these women to provide foster care has declined. Similarly, many women find themselves the head of a single-parent home. Emotional and financial resources of many of these homes already are taxed without the addition of foster children. As our society adjusts to the nontraditional lifestyles and homes, so does the foster care system. One adjustment the foster care system has made to the changing society is aggressive and creative foster parent recruitment (Downs, 1990; GAO, 1989; Pasztor & Wynne, 1995).
Foster home shortage problems also have arisen due to 40-60% turnover rate in the providers of foster care. Factors such as low economic incentives, little respite care, inability to acquire liability insurance, and insufficient training have been cited as reasons for this high rate of turnover, burn-out, and attrition (Campbell & Downs, 1987; GAO, 1989). Currently, foster homes often are subsidizing the child welfare system (Downs, 1990; Pasztor, 1985), with the cost of rearing foster children outweighing the financial reimbursement. Furthermore, the extent to which foster parents subsidize affects negatively their willingness to provide foster care (Downs, 1990). Foster parents also receive inadequate support services. They often are faced with a lack of respite care and inaccessible and overworked case workers (GAO, 1989; Simms & Bolden, 1991). As Pasztor and Wynne (1995) state, foster parents “subsidize the child welfare system to an almost incalculable degree through the donations of their time and out-of-pocket expenses” (p. 4). These and the other factors mentioned above have led to difficulties in retaining the foster parents who were recruited so tenaciously.

Foster Parent Recruitment and Retention

Due to the shortage of suitable foster homes, research efforts have focused on the recruitment and retention of foster parents. Recruitment studies have focused on the impact of the market research, personal contact by current foster parents, and combination approaches (Moore, Grandpre, & Scoll, 1988; Pasztor & Wynne, 1995; Rodwell & Biggerstaff, 1993; Smith & Gutheil, 1988).
Moore et al. (1988) conducted a market research approach in attempting to recruit foster parents. Using classified advertisements, televised public service advertisements, billboards, newspaper articles, brochures, posters, bookmarks, and flyers, they found that 37% of new foster parent applicants identified more than one marketing strategy that captured their attention. This study also included the use of currently licensed foster parents as recruiters. The greatest responses came from mass media efforts (newspaper, television, and billboards), with foster parent recruiters being a distant second. These authors concluded that mass media campaigns for foster parent recruitment was effective. Efforts to recruit previously licensed foster homes were unsuccessful.

Smith and Gutheil (1999) conducted a study in which current foster parents were the primary source of recruitment; they also used advertisements and radio announcements. Potential recruiters were identified from a pool of current foster parents. Those persons interested were trained and encouraged to recruit in their own neighborhoods. The training focused on recruiting methods and individualized strategies to meet the needs of targeted neighborhoods and families. The foster parents were provided supervision and support by agency workers. Finally, the foster parents were paid $100 for each licensed foster home that they recruited. Smith and Gutheil found that the number of beds available for foster children in the targeted agency increased 49%, compared to the city's (New York City) increase of 6%. In examining the method of recruitment with respect to actual applications, the researchers found that the personal recruitment by foster parents was more effective than media campaigns. These results differ from those of Moore et al. (1988).
Rodwell and Biggerstaff (1993) agreed with Moore et al. (1988) in the use of a market research approach over a foster parent recruiter approach. However, Rodwell and Biggerstaff argued for the use of an agency social worker in lieu of an advertising professional as the coordinator and implementer of the market research. The justification for this switch rests in the belief that the agency social worker will have a better understanding of the needs of the agency and its children. Advertising professionals were used for technical aspects such as printing and film making. The researchers found that a short term campaign did not provide long term results. Thus, the researchers suggested developing a 5-year marketing plan for recruitment and retention of new foster parents. Furthermore, the authors suggest that implementation of recruitment campaigns begin only when agencies have the resources to devote personnel to respond to inquiries. Rodwell and Biggerstaff found that professionals, such as agency workers, were more persuasive recruiters than current foster parents, but they suggested a team approach using both professionals and foster parent recruiters to model collaboration. Rodwell and Biggerstaff identified an underrecruited group of persons whom they felt were more willing to foster adolescents and children with special needs. This group of persons included individuals who work with children in their vocations and avocations. Examples include counselors, school teachers, and volunteers. Lastly, like Moore et al. (1988), Rodwell and Biggerstaff (1993) determined that focus on recruiting new foster homes is more fruitful than attempting to “awaken” old foster homes.

Pasztor and Wynne (1995) suggested creating comprehensive strategies for foster parent recruitment with current foster parents and foster parent associations being key
components. Such a comprehensive approach included the involvement of entire communities to facilitate foster parent recruitment. After a thorough review of recruitment research from the 1970's to the present, Pasztor and Wynne make the following recommendations: assess the need for foster parents using a 2-year projection plan; involve the community in the development and implementation of the plan, with attention given to cultural needs; and provide positive, structured, and immediate responses for all foster parent inquires.

Pasztor and Wynne (1995) extended this comprehensive approach to the retention of foster homes, suggesting that the reason for the loss of licensed foster homes is multifaceted. The reasons for drop-out fell into three general categories: child-related difficulties, foster family-related difficulties, and system-related difficulties.

Child-related difficulties included such factors as an inability or unwillingness to work with foster children with certain behavioral, emotional, or physical difficulties. The Virginia Department of Social Service (as cited in Pasztor & Wynne, 1995) conducted a statewide study to examine the foster parent drop-out rate. It was concluded that one of the primary reasons for resigning from foster care was that the needs of the children were greater than what the foster parents had expected. As discussed earlier, since the passage of PL 96-272, children have entered foster care as a last resort. As a result, today's foster parents are faced with rearing children who have been extracted from multiproblem environments. Furthermore, many of these children have been exposed to alcohol, drugs, and physical
violence, and some of the foster children are HIV positive or have AIDS (Pasztor & Wynne, 1995).

Given the increased needs of foster children, it is not surprising that the Virginia Department of Social Service (1985) also found that the negative effects on their own families of providing foster care were greater than what they had expected. Foster families, understandably, were unwilling to subject their biological children to potential harm.

Another family-based difficult that has been identified is the lack of resources to subsidize the foster care system. Chamberlain et al. (1992) studied the effects of increased stipends and enhanced services on retention rates. They found that foster parents who received an increase in their monthly stipends were less likely to discontinue providing foster care than the control group, which was composed of foster parents who did not receive stipend increases or in-service training. Furthermore, foster parents who received both an increase in their monthly stipends and enhanced training were less likely to discontinue providing foster care than either the control group or foster parents who only received increased stipends. Furthermore, foster parents in this group reported fewer behavioral problems over time and had fewer disrupted placements than did foster parents in either of the other two groups. Campbell and Downs (1987) also studied the impact of increased stipends on the number of foster child placements per foster family. These researchers found that increasing the stipends did affect recruitment of new foster homes, but it did not affect the number of children an existing home was willing to foster. Campbell and Downs also found that the foster mother’s employment status affected not only the amount of foster care
the foster family was willing to provide but also the recruitment of a new foster home. Homes in which the mothers did not work or worked minimally outside the home were more likely to become foster homes and were more likely to foster additional children. Lastly, Campbell and Downs found that persons with positive relationships with human service agencies were more likely to become foster parents and to provide care for more children.

System-related difficulties that have been found to affect foster parent retention include factors such as relationships with human service agencies, foster parent roles and responsibilities, and foster parent training. Foster parents have expressed a desire to have a professional relationship with human service agencies (Chamberlain et al., 1992; Pasztor & Wynne, 1995). Pasztor & Wynne (1995) reported that many studies found that foster parents want to feel respected by human service agencies and social workers. Currently lacking in most local foster care agencies is a clear definition of the role and responsibilities of foster parents. Pasztor and Wynne (1995) posited that role clarification is a crucial component of foster parent retention. Finally, foster parent training appeared to relate to success in foster care and, thus, retention (Lee & Holland, 1991). Pasztor & Wynne suggested that training must be ongoing and competency-based.

After reviewing numerous studies, Pasztor and Wynne (1995) made several recommendations for increasing the retention rates of foster parents. They suggested clarifying the foster parent's role; providing competency-based training; encouraging mutual selection; matching foster children and foster homes; incorporating foster parents into the professional team; providing liability insurance; supporting participation in foster parent
associations; establishing policies and practices for allegations of abuse; and conducting exit
interviews for foster parents leaving the foster care system. Furthermore, Pasztor and Wynne
(1995) suggested providing foster parents with supervision and support, respite care, child
day care, benefits, and opportunities for professional development. Recognition of foster
parents’ services and ongoing assessments of their strengths and needs also were deemed
important. Finally, they suggested that providing mental health services for foster children
would assist in the retention of foster parents.

Foster Parent Training

Many researchers agree that foster parent training is essential to the development of
foster parent skills and knowledge as well as foster parent retention (Guerney, 1977; Guernay
& Wolfgang, 1981; Hampson, 1985; Hampson, Schulte, & Ricks, 1983; Simon & Simon,
1982; Titterington, 1990). Foster parent training can be classified into one of two categories:
preservice training or in-service training. Preservice training is designed to introduce
prospective foster parents to the foster care system. During preservice training, prospective
foster parents are familiarized with the foster care system and are encouraged to evaluate
their ability to serve in the role of foster parent (Lee & Holland, 1991; Simon & Simon,
1982). In-service training is designed to provide support services to licensed foster parents
and enhance their parenting skills (Lee & Holland, 1991).

Preservice training. Two foster parent preservice training programs have been
adapted widely in the United States: 1) Nova Foster Parent Preservice Training and 2) Model
Approach to Partnership in Parenting (MAPP). The Nova Foster Parent Preservice Training
model was developed at the Nova University Behavioral Science Center in Fort Lauderdale, Florida and received funding from the National Institute of Mental Health and the Florida Department of Health and Rehabilitative Services (Pasztor, 1985). This 21-hour training program was designed simultaneously to train and screen prospective foster parents (Simon & Simon, 1982). The stated purposes of the Nova Foster Parent Preservice Training are education, mutual assessment, and group process (Nova Foster Parent Preservice Training, 1992). Prospective foster parents receive information about the foster care system, the reasons for the placement of a child into foster care, and the effects of foster care on foster children and foster families. During the education process, prospective foster parents are screened to determine their readiness for the role of foster parent. Likewise, prospective foster parents are encouraged to ascertain whether or not they are willing to accept the role of foster parent.

The validity of the Nova Foster Parent Preservice Training was tested in Florida (Lee & Holland, 1991), and the effectiveness of the program has been tested in at least three different states (Pasztor, 1985). Simon and Simon (1982) found the licensing rate of foster parents in Florida increased 21% after the implementation of the Nova Foster Parent Preservice Training. They also found that trained foster parents had twice the number of children placed in their homes during their first year of licensing vs. untrained foster parent. Trained foster parents provided care to significantly more children with previous foster care placements, indicating that trained foster parents were caring for children with more difficulties (Simon & Simon, 1982). Lastly, placements in untrained homes were twice as
likely to result in placement failure (e.g. inability to control foster child, abuse or neglect of foster child, disillusionment with foster care, lack of cooperation with foster care agency, negative effects on biological children).

The MAAP was developed by the Child Welfare Institute (1986), and much of its curriculum was based on the Nova Foster Parent Preservice Training (Lee & Holland, 1991). MAPP emphasizes the following: 1) the rights and obligations of foster care, 2) decision-making among foster parents, foster care agencies, and biological parents, and 3) mutual selection of foster parents and the foster care agency (Lee & Holland, 1991). This 10-week program discusses one of the following topics each session: foster parent role and responsibilities; permanency planning; foster children’s loss and attachment issues; behavioral management; foster children’s biological families; foster child’s return to home; impact of foster care on foster family; personal assessment of readiness for foster care (Child Welfare Institute, 1986). The emphasis on the reunification of the foster child with his/her biological family and the clarification of the role of the foster parent as caretaker and reunifier (Lee & Holland, 1991) differentiate MAPP from the Nova Foster Parent Preservice Training. Unlike Simon and Simon’s (1982) study of the effectiveness of the Nova training program, Lee and Holland’s (1991) study of the effectiveness of the MAPP program yielded no significant findings. These two studies used different criterion variables. Where Simon and Simon (1982) investigated differences in numbers and types of foster child placement in trained and untrained foster homes, Lee and Holland (1991) investigated the changes in
parenting attitudes of person who completed the MAPP training program and found no statistically significant differences between pre-training and post-training parenting attitudes.

In-service training. Wasson and Hess (1989) stressed the importance of in-service training by stating that “education must be regarded as a foster parent right” (p. 16). In-service training which is designed to assist foster parents in developing and improving parenting skills has been successful in assisting foster parents to decrease foster children’s problem behaviors, increase family functioning, increase the foster child’s self esteem and confidence, and increase the use of appropriate consequences (Hampson, 1985). Guemey (1977) found that after in-service training foster parents were more aware of foster children’s feeling, better able to respond to their feelings appropriately, and more able to reflect sensitively to their foster children’s needs. Guerney and Wolfgang (1981) found that their in-service training program, Foster Parent Skills Training Program, increased parents’ accepting attitudes toward children as well as their ability to provide responses to children consistent with promoting parent-child relationship development. Guerney and Wolfgang (1981) also found that participants were able to reduce the number and frequency of unconstructive responses to children’s behaviors.

Hampson, Schulte, and Ricks (1983) studied the effects of individual vs. group in-service foster parent training. Persons who received individual training in their homes reported greater improvement in child behaviors, felt more satisfied, and perceived better results than person who received training in a group setting. These effects remained 6 months following training. The researchers’ finding that persons who received training in a
group setting had better parenting attitudes led them to conclude that group discussions enhance parental values and attitudes. As a result, Hampson, Schulte, and Ricks (1983) suggested having an initial group training which is followed by ongoing individual consultation.

Another purpose of in-service training is to provide support and role clarification for foster parents (1985). Duclos (1987) stated that “more than anything, foster care is the handling of grief” (p. 41). Duclos proposed in-service training to assist and support foster parents as they care for children who have experienced loss and are going through the grieving process. Through supportive in-service grieve and loss training, foster parent could better empathize not only with foster children but also with their biological parents (Duclos, 1987).

Through foster parent preservice and in-service training, foster parents receive valuable information about the foster care system, the effects of foster care on foster children and foster families, available community and agency support services, parenting skills, and children’s social and emotional development. Regardless of its emphasis, foster parents tend to rate both preservice and in-service training as positive experiences (Guerney, 1977; Hampson, 1985; Slowik, 1988).

Future Directions for Foster Care

Since the passing of PL 96-272, the foster care system has undergone radical philosophical changes: attention to the foster children’s biological families, focus on reunification, and development of permanency plans. Unfortunately, practices in the foster
care system have not reflected this philosophical change (Pecora et al., 1992). The Adoption Assistance and Child Welfare Act of 1980 (PL 96-272) mandated an overhaul in foster care service delivery. The future directions of foster care must adhere to this mandate if PL 96-272 is to be viewed as anything more than a piece of legislative literature.

**Professionalization of Foster Parents**

Many authors have called for the professionalization of foster parents and the recognition of foster parents as a member of the foster child’s professional service team (Chamberlain et al., 1992; Downs, 1990; Fein, 1991; Hampson et al., 1983; Pasztor, 1985; Pasztor & Wynne, 1995; Pecora et al., 1992; Titterington, 1990; Twigg, 1994; Wasson & Hess, 1989; Woolf, 1990). There are abundant reasons for this change in status, including the needs of the children in foster care, the assurance of appropriate service delivery, and the recognition and compensation for job performance.

Foster parents are rearing children with increasingly difficult behavioral, emotional, and physical problems (GAO, 1989). This factor alone warrants the need to educate and train foster parents to the status of professional caretaker. Furthermore, the agency requirements and societal demands on foster parents to excel in childrearing under extreme scrutiny justifies the inclusion of foster parents in the professional service team. Foster parents are expected to provide guidance, understand loss and grief, teach independent livings skill, assess a foster child’s progress, advocate services for foster children, assist the child in relationship development, and help the foster child develop a positive self image.
(Lawhon et al., 1995). These job requirements far outreach the altruistic motivations and good-naturedness assumed to summon a person to provide foster care.

Persons who currently are considered to be professionals in the field of foster care service delivery seem unwilling to recognize foster parents as peers and members of the service delivery team (Titterington, 1990). Nonetheless, the recognition of foster parents' skills and contributions is essential for the implementation of the much-heralded team approach to foster care (Titterington, 1990).

Woolf (1990) asserts that foster care is poised to change from a custodial system to a treatment-oriented system. In fact, the passing of PL 96-272 requires such a shift, since the ease of a child's removal from his or her biological home has diminished greatly and foster care receives only the severest cases (Woolf, 1990). In Woolf's model of the ideal out-of-home placement continuum, the family foster home is the fifth level of service, following an assessment shelter and preceding therapeutic foster care. If family foster home is the fifth level of support service received by a child, more than basic parenting skills will be necessary to ensure stability of placement and quality of service.

Increased Stipends and Support Services

To assist foster parents in quality service delivery, adequate remuneration and support services must be allocated. Given Lawhon et al.'s (1995) job description for foster parents, the fact that anyone accepts the role is nothing less than amazing. With remuneration rates ranging from $258 to $358 per month for basic family foster care (Nova Foster Parent Preservice Training Curriculum, 1992), the 24-hour a day foster parent job pays 36 to 50
cents per hour. If there are two foster parents in a home, this rate decreases to 18 to 25 cents per hour! Clearly, higher reimbursement rates are needed not only for recognizing the professionalization of foster parents but also for recruiting and retaining foster parents (Downs, 1990; Pasztor & Wynne, 1995).

Since foster parents are subsidizing the foster care system by over 36 million dollars per year (Pasztor, 1985), the implementation of support services is crucial to the recruitment of quality foster parents and to the retention of current foster parents who are growing wary of the costs of foster care. Such support services include providing liability insurance, respite care, child day care, benefits, and access to appropriate health and mental health services (Pasztor & Wynne, 1995). If being a foster parent is to be recognized as a profession, foster parents must be reimbursed for all costs in providing foster care, must be provided benefits associated with any professional career, and must have appropriate salaries and a designated career ladder (Pasztor, 1985; Pasztor & Wynne, 1995).

**Foster Parent Training**

Foster parent training, both preservice and in-service, is essential for the professionalization of foster parents and the assurance of quality service delivery (Hampson et al., 1983; Lawhon et al., 1995; Pecora et al., 1992). Despite its importance, foster parent training is a field in its infancy (Hampson, 1985). Plumer (1992) states that foster parent training is a weakness in the foster care practice.

The future of foster parent training must be the grounding of training curriculum in solid theory (Lee & Holland, 1991). Lee and Holland (1991) posit that, currently, foster
parent training is based upon invalid assumptions about what “ought to be important” (p. 172) rather than knowledge, skills, and attitudes which have been thoroughly researched and are theoretically sound. Unfortunately, Plumer (1992) has found that current funding for foster parent training has been reduced at a time when such training is essential.

**Alternative Permanency Plan Options**

With the legislative requirement of permanency for all foster children, the future of foster care services involves creativity in permanency planning (Woolf, 1990). Currently, the focus of many permanency plans is reunification of the family at all costs or adoption. However, with the trend of the court’s reluctance to terminate parental rights, the difficulty in finding adoptive homes for children classified as having special needs, and the existence of family situations which prohibit reunification, alternative permanency planning is crucial. Woolf (1990) offers open adoption as an alternate permanency option. Long term foster care is another, and subsidized adoption for special needs children is another.

Foster placement workers, foster parents, human service agencies, court systems, and the biological parents must work in collaboration with each other to ensure that children achieve a sense of continuity in relationships so that the next generation of adults will be healthy, productive members of our society. As Howing et al. (1992) stated after a thorough review of research issues in child welfare, ensuring children are reared in nurturing and permanent homes “requires a deep commitment to children by policymakers, service providers, and the community at large” (p. 10).
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CHAPTER 2: FOSTER PARENT LICENSING: PERSONAL CHARACTERISTICS, PARENTING ATTITUDES AND TRAINING EXPERIENCES

A paper to be submitted to the Child Welfare journal

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Abstract

The purpose of this study was to examine the factors influencing foster parent licensing. Data collected on survey questionnaires and telephone interviews included personal characteristics, attitudes toward parenting, attitudes toward foster parenting, and perceptions of foster parent training. Participants included 113 foster parent trainees (77 [68%] females and 36 [32%] males). Logistic regressions indicated that attitudes toward parenting and perceptions of foster parent training objectives had significant (p < .05) effects on foster parent licensing. Persons with more education perceive foster parent training as less useful in meeting several training objectives. Women participants identified with the role of foster parent significantly more (p < .01) than did their male cohorts.

Introduction

The foster care system in the United States is at a crisis point (Chamberlain, Moreland, & Reid, 1992; Pecora, Whittaker, Maluccio, Barth, & Plotnick, 1992). This crisis
has arisen due to the combination of an increase in the number of children requiring foster care and a decrease in the number of homes willing to provide such care (Chamberlain et. al, 1992; Smith & Gutheil, 1988; Titterington, 1990; United States Government Accounting Office [GAO], 1989). The actual number of children in foster care is difficult to pinpoint, but estimates place the number of children currently residing outside their homes at well over half a million (Lawhon, Lawhon, & Jean, 1995; Pecora et al., 1992). The number of homes willing to provide foster care has declined sharply from 147,000 homes in 1987 to 100,000 homes in 1990 (Pasztor & Wynne, 1995). With these numbers, one can see that the situation has been further exacerbated by an unacceptable ratio of approximately six foster children to each foster home. The alarming 32% decrease in the number of foster homes in a three year period has sent the foster care system into a state of discomposure. In an attempt to rectify the crisis situation, much emphasis has been placed on recruiting and retaining suitable foster parents (Pasztor & Wynne, 1995).

The shortage of suitable foster homes has been ascribed to several factors: the upswing in the number of dual earner families; the increase in the number of single parent homes; the isolation of the nuclear family; the rise in the number of nontraditional lifestyles; the lack of support for foster parents; the poor public image of foster care; and the increasingly complex behavioral, emotional, and physical problems of foster children (Campbell & Downs, 1987; GAO, 1989; Woolf, 1990). The ever-changing face of our society is taking its toll on the foster care system. Traditionally, women have taken a key role in the success of foster care, but, with the upswing in the number of women entering and
remaining in the workforce, the amount of energy and resources available from these women to provide foster care has declined. Similarly, many women find themselves the head of a single-parent home. Emotional and financial resources of many of these homes already are taxed without the addition of foster children. As our society adjusts to the nontraditional lifestyles and homes, so does the foster care system. One adjustment the foster care system has made to the changing society is aggressive and creative foster parent recruitment (Downs, 1990; GAO, 1989; Pasztor & Wynne, 1995).

Foster home shortage problems also have arisen due to a 40-60% turnover rate in the providers of foster care. Factors such as low economic incentives, little respite care, inability to acquire liability insurance, and insufficient training have been cited as reasons for this high rate of turnover, burnout, and attrition (Campbell & Downs, 1987; GAO, 1989). Currently, foster homes often are subsidizing the child welfare system (Downs, 1990), with the cost of rearing foster children outweighing the financial reimbursement. Furthermore, the extent to which foster parents subsidize the foster care system negatively affects their willingness to provide foster care (Downs, 1990). Foster parents also receive inadequate support services. Foster parents often are faced with a lack of respite care and inaccessible and overworked case workers (GAO, 1989). These and the other factors mentioned above lead to difficulties in retaining the foster parents who were so tenaciously recruited.

In addition to the difficulties arising from inadequate supports, foster parents are caring for foster children who have increasingly difficult behavioral, emotional, and physical problems (GAO, 1989; Pasztor & Wynne, 1995; Pecora et al., 1992). Physical, emotional,
and sexual abuse are the most cited reasons for a child’s removal from his or her biological home (Howling, Kohn, Gaudin, Kurtz, & Wodarski, 1992). Children with histories of abuse often exhibit behavioral difficulties such as lying, stealing, bedwetting, and throwing temper tantrums (GAO, 1989; Nova Foster Parent Preservice Training, 1992). Obviously, these behavioral difficulties make foster parenting an even more arduous task. Furthermore, children who have been sexually abused may be sexually precocious (GAO, 1989). This behavior may be quite disruptive to the family for two reasons. First, if there are biological children in the foster home, they may be exposed prematurely to the sexual behaviors and other conduct deviations of the foster child. Second, foster parents caring for such traumatized children and adolescents may be vulnerable to false allegations of abuse (GAO, 1989).

Some attention has been given to the effects of foster care placement on the foster parents’ biological children (Poland & Groze, 1993; Twigg, 1994). Clearly, having foster children in the home affects the biological children. Twigg (1994) states that the biological children suffer great loss in having to share their parents, homes, and possessions with foster children. Poland and Groze (1993) suggest discussing with the biological children the implications of the impending changes in the family structure and routine once foster children are integrated into the family. One way to acclimate the biological children to the foster care system and prepare them for the becoming siblings with a foster child is through training specifically designed for them (Poland & Groze, 1993). Currently, conditioning participants for the effects of foster care on the biological children is an integral component
of some foster parent preservice training (Child Welfare Institute, 1986; Nova Foster Parent Preservice Training Curriculum, 1992); however, the foster parents’ biological children do not attend this training.

While the biological children must adjust to new family members, the foster children must adjust to new families. For the foster children, the foster home may lack a sense of permanency, stability, or commitment (Hegar, 1983). Some foster children may feel as if the foster parents are providing care only because they are paid to do so (Rice & McFadden, 1988).

The foster care struggle plainly is felt by all the members involved: the foster child, their biological parents, the foster parents, their biological children, and human service agency workers. The purpose of this study is to examine the factors influencing foster parent licensing. The factors under investigation include the personal characteristics of the foster parents (i.e. age, income, gender, race, marital status), their attitudes toward parenting, their attitudes toward foster parenting, and their perceptions of the usefulness of specific foster parent training objectives.

Foster parents, like all parents (Holden, 1995), have attitudes toward child rearing. Attitudes have been studied as predictors of behavior and determinants of outcomes (Holden, 1995). If attitudes represent a behavioral intention or a “willingness to act in harmony with one’s beliefs” (Holden, 1995, p. 366), it is prudent to examine which attitudes are related to foster parent licensing. As a result, this study will investigate the relationship between foster parent licensing and both parenting and foster parenting attitudes. It is predicted that persons
with more appropriate parenting attitudes and more realistic foster parenting attitudes are more likely to become licensed foster parents.

Foster parent preservice training has been shown to relate to an increase in foster parent licensing (Simon & Simon, 1982) and is said to be a key component of successful foster care (Lee & Holland, 1991). The purpose of preservice training is to educate potential foster parents about the foster care system, the needs of foster children, and the effects of foster care on the biological families of both the foster children and the foster parents (Nova Foster Parent Preservice Training Curriculum, 1992). This study will investigate participants' perceptions of the usefulness of these and other specific training objectives as they relate to foster parent licensing.

The United States Government Accounting Office's Select Congressional Studies report (GAO, 1989) recommends obtaining information concerning household characteristics of family foster homes, an individual's reasons for foster parenting, the impact of community characteristics on recruitment and retention, and the characteristics of foster parents and foster children that lead to successful recruitment and retention. This study addresses two of these recommendations: 1) to examine the characteristics of persons who choose to foster parent; and 2) to examine these characteristics as they relate to the successful recruitment of foster parents.

The shortage of suitable foster home and recruitment difficulties warrant an aggressive investigation into determining which persons are more likely to become foster parents. Through this investigation, target populations may be identified and recruited.
Furthermore, implications for future training will be identified. Becoming a licensed foster parent is assumed to be the indicator of successful recruitment. Enrollment in foster parent training is assumed to be an indication of interest in foster parenting.

Nova Foster Parent Preservice Training

The Nova Foster Parent Preservice Training Curriculum was developed at the Nova University Behavioral Science Center in Fort Lauderdale, Florida (Pasztor, 1985). This training program was purchased and implemented throughout Iowa by the Child Welfare Research and Training Project located at Iowa State University. The validity of the program was tested in Florida (Lee & Holland, 1991), and the effects of foster care training through the use of the Nova Foster Parent Preservice Training Curriculum on foster care delivery also was researched in Florida (Simon & Simon, 1988). Through the use of guided imagery, role play, and experiential exercises during training, this program is designed to promote group development and encourage a team approach to foster care (Simon & Simon, 1982). Simon and Simon (1982) found the licensing rate of foster parents increased 21% in Florida after the implementation of Nova foster parent preservice training.

The purposes of the preservice training are education, mutual assessment, and group process (Nova Foster Parent Preservice Training Curriculum, 1992). The aim of the education process in the foster parent training is to advise the participants of the temporary nature of foster care, to acquaint these persons with the foster care system, and to enlighten them of the effects of the circumstances which lead to placement as well as the effects foster care placement itself on both the foster children and their biological families. Mutual
assessment refers to the dual-sided evaluation by potential foster parents and the social service agency of the fit of these trainees in the role of foster parent; the physical and emotional safety of the foster children is the ultimate criteria. Lastly, group process is deemed meaningful in the training as both a method of learning and a model of interaction. Adults seem to learn better through a group process incorporating discussion, role play, group activities, and written exercises (Nova Foster Parent Preservice Training Curriculum, 1992); furthermore, this process lays the groundwork for the teamwork approach in the foster care system.

Though the original Nova training is 21 hours in length, the revised program implemented in Iowa is designed to be 12 hours in length and to be taken over a period of two, three, or four days (Nova Foster Parent Preservice Training Curriculum, 1992). The days may or may not be consecutive but are usually within a two-week period. The four three-hour modules are as follows:

1) Session I: Introduction to the Foster Care System. An overview of the foster care program, this session is designed to address both the myths and the realities of foster care. Although the focus of this session is on the children in care and their biological parents, the roles of the court, social workers, and foster parents are discussed (Nova Foster Parent Preservice Training Curriculum, 1992)

2) Session II: The Helping Half of the System. The teamwork approach between social workers and foster parents is emphasized during this session. Focus is placed on the responsibilities and roles of these persons in ensuring the welfare and plan for permanency,

3) Session III: Impact of Placement of the Child/Creating Continuity. The emotional, as well as psychological, effects on children placed in foster care is examined during this session. Particular attention is given to the grieving process, since these children most likely will experience a sense of loss. The importance of maintaining continuity in the child’s daily routine is stressed. Maintaining this continuity is the role of both the foster parents and social workers (Nova Foster Parent Preservice Training Curriculum, 1992).

4) Session IV: Impact of Placement on the Foster Family. This session examines the changes that inevitably take place in the foster family as it incorporates a new person into the family. Attention is given to methods for preparing the individual family members for this change (Nova Foster Parent Preservice Training Curriculum, 1992).

Research Objectives

The research objectives of this study are:

1) To determine if trainees who become licensed differ from trainees who do not become licensed with regard to attitudes toward parenting, attitudes toward foster parenting, perceptions of the usefulness of foster parent training objectives, and personal characteristics. Attitudes toward parenting and foster parenting were collected prior to training (Time 1). Perceptions of the usefulness of foster parent training objectives were collected 6 months following training (Time 3).
2) To examine the relationships among personal characteristics and attitudes toward parenting, attitudes toward foster parenting, and perceptions of foster parent training and training objectives. Perceptions of foster parent training were collected both immediately following training (Time 2) and 6 months following training (Time 3).

3) To investigate changes in perceptions of training six months following training (Time 2 and Time 3).

For the purposes of this study, successful recruitment of a foster parent is defined operationally as the person's becoming a licensed foster parent. The present study should be considered exploratory due to the paucity of literature and lack of standardized measures regarding foster parenting.

Methodology

Participants

The participants for this study consisted of foster parent trainees in Iowa who attended a 12-hour training program based on the Nova Foster Parent Preservice Training Curriculum developed at the Nova University Behavioral Science Center (Pasztor, 1985). Participants were selected from nine training sites reflecting urban and rural settings throughout Iowa. Foster parent trainees (N=491) from these nine sites were mailed surveys to complete; approximately 64% of those trainees responded, for an original sample size of 313. Of the respondents, 194 (62%) were females, and 119 (38%) were males. The present study was part of a larger study of foster parent trainees, and participants were paid $15 after completion of the post test. Six months following training, persons were contacted by
telephone. Perceptions of training and progression toward licensing were assessed. Of the original 313 persons, 182 completed the six month telephone interview, 116 (64%) females and 66 (36%) males.

In the larger study, each member of a household who participated in the foster parent preservice training received a survey and was encouraged to participate. As a result, many spouses and partners participated in the larger study; however, these couples were asked to respond to the surveys independently. If more than one member of a household participated in the study, one member from each household was randomly selected to ensure independence of response for the purpose of analyses. Thus the sample size for this study is 113, with 77 (68%) females and 36 (32%) males. T-tests were performed to ensure that this random sample did not differ significantly from the larger sample with regard to personal characteristics (i.e. gender, age, income, education, race, and marital status).

The participants of the random sample had a mean age of 39 years, with a range of 21 to 73 years. The mean family income of the sample was $36,579, with a range from approximately $5,000 to $160,000. The mean number of hours worked outside of the home was 35, with a range from 0 to 80. Of those sampled, 66% were married. Although only 28% of the total sample were college graduates, 90% of all participants had at least a high school diploma or its equivalent. The range in education was from elementary (n=1) to graduate/professional school (n=15). Of the total sample, 86 (76%) were white and 23 (20.5%) were nonwhite; the remaining (3.5%) did not indicate race. The majority of the participants (45%) resided in urban areas, according to the U. S. Census definition of
metropolitan statistical area (more than 50,000 persons). The remaining participants resided in rural (21%) and town (28%) settings. A small percentage of the participants (5%) did not indicate the size of their communities.

**Procedures**

At least 10 days prior to the first training day, community college enrollment coordinators mailed surveys to each person who enrolled in a 12-hour foster parent pre-service training course at their colleges. Before attending the first session, participants were asked to complete and return a written pretraining survey to the university research office; the survey included measures assessing attitudes toward parenting and attitudes toward foster parenting as well as questions on background variables (Lekies, Yates, Stockdale, & Crase, 1994). To ensure that surveys had been completed prior to training, post marks were checked against beginning training dates. If surveys were postmarked after the first day of training, only personal characteristics data (e.g. gender, age, race, income, education, marital status) were recorded at Time 1. Other measures contained in the pretraining survey questionnaire, but not analyzed in this study, were motivations for foster parenting, knowledge of the foster care system, and perceived personal experiences with individuals, children, and families.

Within one week following training, participants were mailed a second survey to assess attitudes toward parenting and attitudes toward foster parenting following training. Participants were asked to return their surveys within 10 days of receipt. After approximately 2 weeks, post cards were sent to remind participants to return their surveys. Of the original 313 persons returning the initial survey, 264 returned their second surveys.
(post-tests at Time 2). Those persons returning their post-tests were paid $15 for their participation in the larger study.

Telephone interviews were conducted with the participants \((n = 183)\) 6 months following their completion of the Nova Foster Parent Preservice Training Program. The status of the participants' foster parent licensing was assessed. Overall perceptions of the foster parent training as well as perceptions of specific training objectives were addressed. The participants evaluated the training as it related to having prepared them for the role of foster parent.

**Instruments**

**Foster Parent Preservice Training Inventory**

The Foster Parent Preservice Training Inventory (Lekies et al., 1994) contains two of the instruments used in the present study: Adult Adolescent Parenting Inventory (Bavolek, 1984) and Attitudes Toward Foster Parenting (Lekies et al., 1994), as well as other previously identified instruments not used in the present study. The Attitudes Toward Foster Parenting instrument is found in Part V of the pre-test and Part I of the post-test. The Adult Adolescent Inventory is found in Part VII of the Foster Parent Preservice Training Inventory pre-test and Part IV of the post-test.

**Adult-Adolescent Parenting Inventory (AAPI).** Attitudes toward parenting were assessed using the Adult-Adolescent Parenting Inventory (Bavolek, 1984). The Adult-Adolescent Parenting Inventory (AAPI) has four subscales (Bavolek, 1984): Inappropriate Expectations (inappropriate parental expectation of the child), Empathy (inability of the
parent to be empathetic to and aware of the child’s needs), Corporal Punishment (strong parental belief in the value of physical punishment), and Role Reversal (parental support and belief in parent-child role reversal). These variables are designed to measure “parenting and child-rearing attitudes that are high risk for child abuse and neglect (Bavolek, 1990; p. 1). Using a 5-point Likert scale, respondents indicate their level or agreement with parenting attitude statements. With 1 being strongly disagree and 5 being strongly agree, higher scores on the AAPI indicate stronger levels of agreement with negative parenting attitudes.

The internal reliability of the four constructs is equal to or greater than .70, and the test-retest reliability is .76 (Bavolek, 1990). The AAPI, a 32-item inventory, is designed to assess high risk parenting and child rearing attitudes (Bavolek, 1984). Validated on over 3,500 adults, some of whom were known child abusers, the AAPI has undergone several years of research and development (Bavolek, 1990). One of the suggested uses of the AAPI is as a pretest and post-test of treatment effects in screening potential foster parents (Bavolek, 1990; Lee & Holland, 1991).

**Foster Parenting Attitudes.** Attitudes toward foster parenting were measured using a 26-item scale developed by the foster parent preservice training project research personnel after a thorough review of foster parenting literature (Lekies et al., 1994). This instrument was factor analyzed on both the total sample and the random sample using a least squares analysis and varimax rotation. Four factors relating to attitudes toward foster parenting were identified: 1) Identity with Foster Parent Role; 2) Foster Parenting Expectations; 3) Value of Foster Child’s Well-being; and 4) Foster Child’s Guidance Needs. Reliability of the scales
on the random sample range from .51 to .81, with an overall instrument reliability of .60.

Identity with Foster Parent Role assesses attitudes toward the role of foster parenting and the foster care system. Foster Parenting Expectations measures attitudes regarding the provision of care to a child other than one's own. Value of foster Child's Well-being evaluates attitudes toward the foster child’s needs. Lastly, Foster Child’s Guidance Needs assesses attitudes toward behavior of foster children. The Attitudes Toward Foster Parenting instrument also uses a 5-point Likert scale, with 1 being strongly disagree and 5 being strongly agree. Unlike the AAPI, higher scores on the Attitudes Toward Foster Parenting scale indicates having more realistic and positive attitudes toward foster parenting.

Perceptions of Training

Perceptions of training were measured using a 7-item scale developed by the Foster Parent Preservice Training Project research personnel (Lekies et al., 1994). The items represent training objectives as outlined by the Nova Curriculum. These objectives include education, mutual selection, and group process (teamwork). The instrument has a reliability of .86. The seven items assess the usefulness of training in (1) helping the participant decide whether to become a foster parent (mutual selection), (2) helping the participant understand the foster care system (teamwork, Nova Foster Parent Preservice Training Curriculum Session II), (3) preparing the participant for foster children (education, Nova Foster Parent Preservice Training Curriculum Sessions I and III), (4) helping the participant understand the needs of foster children (education, Nova Foster Parent Preservice Training Curriculum Session I), (6) preparing the participant to work with social workers (teamwork, Nova Foster
Parent Preservice Training Curriculum Session II), and (7) helping the participant prepare his/her own family for foster children (education, Nova Foster Parent Preservice Training Curriculum Session IV). Respondents rated each item on a scale of 1 to 5, with 1 being “not at all useful” and 5 being “very useful.” A summed score was also utilized to assess overall usefulness of training. Higher scores are an indication of greater perceived usefulness of training.

Results

Foster Parent Licensing

Logistic regressions were run to determine if parenting attitudes, foster parenting attitudes, perceptions of training objectives, and personal characteristics were significant predictors of foster parent licensing. The parenting attitudes were entered as a single variable. Of the four foster parenting attitudes, Foster Parenting Expectations and Understanding Child’s Guidance Needs were included in the logistic regression; however, Foster Parent Expectations and Value of Child’s Well-being were not included due to low internal reliability. All seven training objectives variables were entered, as well as the personal characteristic variables of age, gender, race, income, and marital status.

Parenting attitudes (Bavolek, 1984) and the perceived usefulness of the training objectives of “preparing for the role of foster parent” and “understanding the foster care system” were significant predictors of foster parent licensing. As Table 1 indicates, the model $\chi^2$ (df = 15) indicated that the model was significant at the $p < .01$ level. With an overall correct prediction rate of 78.57%, the model correctly predicted 90.63% of licensed
Table 1

Logistic Regression Coefficients for Estimated Effects of Parenting and Foster Parenting Attitudes, Perceptions of Training, and Personal Characteristics on Foster Parent Licensing

(n = 98)

<table>
<thead>
<tr>
<th>Personal Characteristics</th>
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<th>S. E.</th>
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<td>Age</td>
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<td>.02</td>
<td>.26</td>
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<tr>
<td>Gender</td>
<td>1.11</td>
<td>.62</td>
<td>3.16</td>
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<tr>
<td>Income</td>
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<td>.00</td>
<td>.48</td>
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<tr>
<td>Marital Status</td>
<td>1.04</td>
<td>.73</td>
<td>2.03</td>
</tr>
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<td>Race</td>
<td>-.21</td>
<td>.69</td>
<td>.09</td>
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<td>Parenting Attitudes</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Foster Parent Role Identity</td>
<td>.40</td>
<td>.80</td>
<td>.25</td>
</tr>
<tr>
<td>Understanding Guidance Needs</td>
<td>.15</td>
<td>.34</td>
<td>.20</td>
</tr>
<tr>
<td>Training Objectives</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Understanding Biological Families</td>
<td>.55</td>
<td>.41</td>
<td>1.79</td>
</tr>
<tr>
<td>Deciding to Become Licensed</td>
<td>-.06</td>
<td>.25</td>
<td>.06</td>
</tr>
<tr>
<td>Needs of Foster Children</td>
<td>-.27</td>
<td>.49</td>
<td>.30</td>
</tr>
<tr>
<td>Preparing to Foster Parent</td>
<td>.85</td>
<td>.40</td>
<td>4.41*</td>
</tr>
<tr>
<td>Working with Social Workers</td>
<td>.50</td>
<td>.34</td>
<td>2.21</td>
</tr>
<tr>
<td>Understanding the Foster Care System</td>
<td>-.88</td>
<td>.37</td>
<td>5.70*</td>
</tr>
<tr>
<td>Preparing Own Family</td>
<td>-.33</td>
<td>.32</td>
<td>1.10</td>
</tr>
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</table>

Note. Intercept = 10.69; Model $\chi^2 = 29.72$**; Degrees of freedom = 16; $-2 \text{ Log Likelihood } \chi^2 = 126.52$; Pseudo $R^2 = .23$; Percent Correct Classifications: Licensed Foster Parent = 90.63, Unlicensed Foster Parents = 55.88, Overall = 78.57

* $p < .01$ ** $p < .01$ *** $p < .001$
foster parents and 55.88% of unlicensed foster parents. The pseudo $R^2$ (computed by dividing the model $\chi^2$ by the model -2 log likelihood $\chi^2$) indicates that 23% of the variance is being explained by the model.

Different permutations were performed to ascertain whether the results obtained in the full model were artifactual. Logistic regressions were computed using the enter method with all possible combinations of the following sets of variables: 1) personal characteristics (P), 2) parenting and foster parenting attitudes (A), and 3) perceptions of training objectives (T). A total of six permutations were computed, with the same full model for each. Table 2 summarizes the results of these computations.

As can be seen in Table 2, the significant effects of parenting attitudes and the training objectives of “preparing for foster parenting” and “understanding the foster care system” found in the full model are not artifactual. These effects remain throughout the permutations. In examining the summary table, other interesting findings are worth noting. First, the only personal characteristic which achieved significance was gender. However, gender achieved significance only when considered with training objectives, as can be seen in Model II and Model IV. This result suggests a relationship between gender and training. Second, the two training objectives which achieved significance with regard to foster parent licensing did so when the effects of parenting attitudes were considered.
Table 2

**Summary of Logistic Regression Permutations Examining the Effects of Parenting and Foster Parenting Attitudes, Perceptions of Training, and Personal Characteristics on Foster Parent Licensing**

<table>
<thead>
<tr>
<th>Model</th>
<th>( \chi^2 )</th>
<th>Pseudo R(^2 )</th>
<th>Significant Variables</th>
<th>Percent of Correct Predictions</th>
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<td>step 1: P</td>
<td>5.99</td>
<td>.05</td>
<td>1. none</td>
<td>1. Licensed: 95.31%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Unlicensed: 11.76</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Overall: 66.33</td>
</tr>
<tr>
<td>step 2: A</td>
<td>9.06*</td>
<td>.07</td>
<td>2. parenting attitudes</td>
<td>2. Licensed: 85.94</td>
</tr>
<tr>
<td></td>
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<td>Unlicensed: 32.35</td>
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<td></td>
<td></td>
<td>Overall: 67.35</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>prepare for foster parenting</td>
<td>Unlicensed: 55.88</td>
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<td></td>
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<td></td>
<td>understand foster care system</td>
<td>Overall: 78.57</td>
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<tr>
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<td>.05</td>
<td>1. none</td>
<td>1. Licensed: 95.31%</td>
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<td></td>
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<td>Overall: 66.33</td>
</tr>
<tr>
<td>step 2: T</td>
<td>13.54</td>
<td>.11</td>
<td>2. gender understand foster care system</td>
<td>2. Licensed: 84.38</td>
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<tr>
<td></td>
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<td>Unlicensed: 38.24</td>
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<td></td>
<td></td>
<td>Overall: 68.37</td>
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<tr>
<td>step 3: A</td>
<td>10.12*</td>
<td>.08</td>
<td>3. prepare for foster parenting understand foster care system parenting attitudes</td>
<td>3. Licensed: 90.63</td>
</tr>
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<td>Overall: 66.33</td>
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* \( p < .05 \)

(continued)
Table 2. (continued)

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<th>Pseudo $R^2$</th>
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<th>Percent of Correct Predictions</th>
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</table>

Note. P = Personal Characteristics; A = Parenting and Foster Parenting Attitudes; T = Training Objectives
* $p < .05$ ** $p < .01$

Relationships Among Parenting and Foster Parenting Attitudes, Perception of Training Objectives, and Personal Characteristics

Correlational analyses were performed to determine if relationships existed between the personal characteristics of age, income, education, and community size and 1) attitudes toward foster parenting, 2) attitudes toward parenting, 3) perceived usefulness of training objectives, and 4) overall ratings of foster parenting training both immediately and 6 months following training.

As Table 3 indicates, the strongest relationships between attitudes toward parenting were with income and education. Income was negatively correlated with all four parenting attitudes: inappropriate expectations of children ($r = -.31$, $p < .0001$), lack of empathy toward
children’s needs ($r = -0.26, p < 0.01$), value of physical punishment ($r = -0.26, p < 0.01$), and support of parent-child role reversal ($r = -0.32, p < 0.001$). Education also was negatively correlated with three of the four parenting attitudes: Inappropriate Expectations of Children ($r = -0.19, p < 0.05$), Lack of Empathy Toward Children’s Needs ($r = -0.32, p < 0.001$), and Support of Parent-Child Role Reversal ($r = -0.32, p < 0.001$). More positive attitudes toward parenting are represented by lower scores on the AAPI subscales. In general, persons with higher incomes and education had more appropriate attitudes toward parenting. No significant correlation existed between the parenting attitudes and either the trainees’ ages or community sizes.

Table 3

Correlations of Background Variables of Foster Parent Trainees with Parenting Attitudes.

<table>
<thead>
<tr>
<th>Parenting Attitude</th>
<th>Age</th>
<th>Income</th>
<th>Education</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inappropriate Expectations of Children</td>
<td>.05</td>
<td>-.31***</td>
<td>-.19*</td>
<td>-.02</td>
</tr>
<tr>
<td>Lack of Empathy Toward Children’s Needs</td>
<td>.17</td>
<td>-.26**</td>
<td>-.32***</td>
<td>-.03</td>
</tr>
<tr>
<td>Value of Physical Punishment</td>
<td>-.03</td>
<td>-.27**</td>
<td>-.15</td>
<td>.04</td>
</tr>
<tr>
<td>Support of Parent-Child Role Reversal</td>
<td>-.02</td>
<td>-.33***</td>
<td>-.32***</td>
<td>-.07</td>
</tr>
</tbody>
</table>

Note. N ranges from 101 to 113.

*p < 0.05  **p < 0.01  ***p < 0.001.
Table 4 presents results from t-tests performed to determine the relationships between the parenting attitudes and personal characteristics of race, gender, and marital status. Significant (p < .01) differences between whites and nonwhites were found on all four parenting attitudes (Table 4). White trainees had more appropriate expectations of children than their nonwhite cohorts. White trainees expressed more empathy for children’s needs and valued the use of physical punishment less than nonwhite trainees. Finally, nonwhite trainees were more supportive of parent-child role reversal.

Females had more appropriate parenting attitudes than did their male cohorts on 3 of the 4 subscales: Lack of Empathy Toward Children’s Needs, Value of Physical Punishment, and Support of Parent-Child Role Reversal. As Table 4 shows, there were no significant between group differences in married and unmarried trainees with regard to parenting attitudes.

Table 5 depicts the relationships among personal characteristic variables and the foster parenting attitudes. There was a significant (p < .001) positive relationship between education and expectation of the role of foster parent (r = .29), indicating that persons with higher education had more realistic expectations of the foster parent role. A weaker positive correlation (p < .05) existed between income and valuing the child’s well-being (r = .22) and child’s guidance needs (r = .23). As with parenting attitudes, no significant correlations were found between foster parent attitudes and either the trainees’ ages or community size.
### Table 4

**Race, Gender, and Marital Status’ Relationships with Pretraining Parenting Attitudes**

<table>
<thead>
<tr>
<th>Parenting Attitude</th>
<th>Race* (df)</th>
<th>Gender* (df)</th>
<th>Marital Status* (df)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n = 103</td>
<td>n = 107</td>
<td>n = 107</td>
</tr>
<tr>
<td>Inappropriate Expectations of Children</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lack of Empathy Toward Children’s Needs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Value of Physical Punishment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support of Parent-Child Role Reversal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Whites = 1; nonwhites = 2.  
*Females = 1; males = 2.  
*Married = 1; unmarried persons = 2.  
*p < .05  **p < .01  ***p < .001.

### Table 5

**Correlations of Background Variables of Foster Parent Trainees with Pretraining Foster Parenting Attitudes.**

<table>
<thead>
<tr>
<th>Foster Parent Attitude</th>
<th>Age</th>
<th>Income</th>
<th>Education</th>
<th>Community</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foster Parent Role Identity</td>
<td>-.06</td>
<td>-.02</td>
<td>-.13</td>
<td>.10</td>
</tr>
<tr>
<td>Foster Parenting Expectations</td>
<td>-.05</td>
<td>.15</td>
<td>.33***</td>
<td>-.07</td>
</tr>
<tr>
<td>Value of Child’s well-being</td>
<td>-.07</td>
<td>.22*</td>
<td>.15</td>
<td>.14</td>
</tr>
<tr>
<td>Understanding Guidance Needs</td>
<td>.08</td>
<td>.23*</td>
<td>.18</td>
<td>-.05</td>
</tr>
</tbody>
</table>

*Note.  
N ranges from 101 to 113.  
*p < .05  **p < .01  ***p < .001
\textit{T}-tests indicated that females ($p < .001$) and unmarried persons ($p < .02$) identified themselves with the role of foster parent more than their male and married cohorts. As Table 6 shows, white trainees had more realistic expectations of foster parenting than their nonwhite cohorts.

Correlational analyses were performed to determine if relationships exist between perceived usefulness of both individual and overall training objectives and the personal characteristic variables of age, income, and education and the demographic variable of community size. As shown in Table 7, education was negatively correlated ($p < .05$) with 3 of the 7 training objectives: 1) understanding the biological families of foster children ($r = -.22$), 2) deciding to become a foster parent ($r = -.25$), and 3) working with social workers ($r = -.21$). Furthermore, education had a significant negative relationship ($p < .001$) with overall perceived usefulness of the training objectives. Persons with higher education were less likely to perceive training as useful overall. Furthermore, persons with higher education were less likely to perceive the following training objectives as useful: "helping to understand the biological families of foster children," "working with social workers," and "deciding to become a foster parent."

Age was positively correlated ($p < .05$) with one training objective: understanding the foster care system. Older persons were more likely to perceive training as useful in helping them understand the foster care system. Table 7 delineates the seven training objects and include the overall perceived usefulness of the training objectives collectively.
Table 6

Gender and Marital Status’ Relationships with Pretraining Parenting Attitudes

<table>
<thead>
<tr>
<th>Foster Parent Attitude</th>
<th>Race (df)</th>
<th>Gender (df)</th>
<th>Marital Status (df)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n = 101</td>
<td>n = 107</td>
<td>n = 107</td>
</tr>
<tr>
<td>Foster Parent Role Identity</td>
<td>-.87 (101)</td>
<td>2.47** (105)</td>
<td>-2.47* (105)</td>
</tr>
<tr>
<td>Foster Parenting Expectations</td>
<td>2.98** (101)</td>
<td>.44 (105)</td>
<td>1.40 (105)</td>
</tr>
<tr>
<td>Value of Child’s well-being</td>
<td>-.58 (101)</td>
<td>-.43 (105)</td>
<td>.43 (105)</td>
</tr>
<tr>
<td>Understanding Guidance Needs</td>
<td>1.46 (101)</td>
<td>1.74 (105)</td>
<td>1.32 (105)</td>
</tr>
</tbody>
</table>

*P <.05  **P <.01.

**Perceptions of Training**

Analyses of the data gathered at six months following foster parent preservice training indicated that 114 persons out of the total sample became licensed during that first 6 month period. This represents 63% of the participants in the larger study. Of the remaining 68 persons, 40 (59%) were planning on becoming licensed, 10 (15%) were unsure, and 18 (26%) were not planning on becoming licensed foster parents. Due to attrition at Times 2 and 3, it is impossible to calculate how many of the original 313 participants in the larger study became licensed within the first six months after training. Of the 114 persons who were
Table 7

Correlations of Demographic Variables and Training Objectives (individual and overall)

<table>
<thead>
<tr>
<th>Training Objective</th>
<th>Age</th>
<th>Income</th>
<th>Education</th>
<th>Gender</th>
<th>Community</th>
<th>Marital Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Understand Biological Family</td>
<td>.09</td>
<td>.04</td>
<td>-.22*</td>
<td>.01</td>
<td>.07</td>
<td>.03</td>
</tr>
<tr>
<td>Decide to License</td>
<td>.08</td>
<td>-.14</td>
<td>-.25**</td>
<td>-.01</td>
<td>.05</td>
<td>.10</td>
</tr>
<tr>
<td>Needs of Foster Child</td>
<td>.15</td>
<td>-.01</td>
<td>-.08</td>
<td>-.05</td>
<td>.01</td>
<td>.04</td>
</tr>
<tr>
<td>Prepare to Foster</td>
<td>.06</td>
<td>.04</td>
<td>-.04</td>
<td>-.08</td>
<td>.15</td>
<td>.11</td>
</tr>
<tr>
<td>Work with Social Worker</td>
<td>.13</td>
<td>-.05</td>
<td>-.21*</td>
<td>-.03</td>
<td>.01</td>
<td>.06</td>
</tr>
<tr>
<td>Understand System</td>
<td>.22*</td>
<td>-.05</td>
<td>-.18</td>
<td>-.01</td>
<td>.03</td>
<td>.09</td>
</tr>
<tr>
<td>Preparing Own Family</td>
<td>.08</td>
<td>-.07</td>
<td>-.18</td>
<td>.14</td>
<td>.01</td>
<td>.02</td>
</tr>
<tr>
<td>Overall Training Objectives</td>
<td>.15</td>
<td>-.05</td>
<td>-.23***</td>
<td>-.06</td>
<td>.06</td>
<td>.12</td>
</tr>
</tbody>
</table>

Note. N ranges from 101 to 113
*p<.05  **p<.01.
licensed within six months following training, 31 (27%) persons were training to become foster parents to a child, or children, whom they personally knew.

T-tests performed on the random sample indicated a significant difference in perceived usefulness of the training objectives between participants who became licensed within the first six months after training and those who did not. As illustrated in Table 8, persons who did not become licensed rated training more useful in 3 of 7 training objectives: 1) understanding the foster child’s biological family, 2) preparing for the role of foster parent, and 3) preparing to work with social workers.

Examining the means for licensed foster parents in Table 8, it appears persons who were licensed within 6 months rated training as most useful in “understanding the needs of foster children” and least useful in “working with social workers.” Persons who were not licensed within 6 months following training also rated training as most useful in “understanding the needs of foster children;” however, these cohorts rated training as least useful in “preparing one’s own family for foster children.”

A paired t-test indicated that there was no significant difference in the overall perception of the usefulness of training from immediately after training to six months following training. Using a Likert scale, with 1 being “not useful” and 5 being “very useful,” the mean rating for training immediately following was 3.28. At six months following training, the mean rating was 3.27. As a result, the passing of time did not influence the overall perception of the usefulness of the foster parent preservice training.
Table 8

**Perceptions of Training among Licensed and Unlicensed Participants**

<table>
<thead>
<tr>
<th>Training Objective</th>
<th>Licensed Mean (SD)</th>
<th>Unlicensed Mean (SD)</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n = 76</td>
<td>n = 37</td>
<td></td>
</tr>
<tr>
<td>Understanding Foster Child's Biological Family</td>
<td>3.65 (1.14)</td>
<td>4.05 (.87)</td>
<td>-2.10*</td>
</tr>
<tr>
<td>Deciding to Become a Foster Parent</td>
<td>3.51 (1.31)</td>
<td>3.82 (1.28)</td>
<td>-1.18</td>
</tr>
<tr>
<td>Understand the Needs of Foster Children</td>
<td>4.13 (.84)</td>
<td>4.31 (.81)</td>
<td>-1.08</td>
</tr>
<tr>
<td>Preparing for the Role of Foster Parent</td>
<td>3.67 (1.02)</td>
<td>4.07 (.83)</td>
<td>-2.23*</td>
</tr>
<tr>
<td>Working with Social Workers</td>
<td>3.29 (1.23)</td>
<td>3.78 (.93)</td>
<td>-2.32*</td>
</tr>
<tr>
<td>Understanding the Foster Care System</td>
<td>3.92 (1.13)</td>
<td>3.94 (.94)</td>
<td>-.10</td>
</tr>
<tr>
<td>Preparing One's Own Family for Foster Children</td>
<td>3.34 (1.32)</td>
<td>3.54 (1.02)</td>
<td>-.83</td>
</tr>
</tbody>
</table>

*p<.05

*tests also were conducted to determine if differences in the overall perception of usefulness of training from immediately to six months following were found within the following groups: licensed foster parents, unlicensed foster parents, foster parents who received placements in the first six months, males and females. No significant differences
were found. In other words, one’s overall perceptions of the usefulness of training remained consistent over time regardless of licensing status, placement, or gender.

Discussion

The most salient factor affecting foster parent licensing is parental attitudes, as represented by the summed score of the Adult-Adolescent Parenting Inventory (Bavolek, 1984). Persons having overall more appropriate attitudes toward parenting were more likely to become licensed within six months following training. Though the mean scores indicated that participants did have appropriate parenting attitudes, those who become licensed had significantly lower scores than their unlicensed cohorts. (Lower scores indicate more appropriate parenting attitudes). This finding suggests that the use of instruments examining parenting attitudes may be a resource for foster parent licensing. Also, the finding suggests that the mutual selection process of the Nova Foster Parent Preservice Training Curriculum (1992) is accomplishing its goal. In other words, either persons who have less appropriate parenting attitudes are rejecting the foster parent role or the licensing agents are accurately screening potential foster parents. Finally, this finding that parenting attitudes are predictive of foster parent licensing supports the research concerning attitudes being predictive of behavior (Holden, 1995). It stands to reason that persons with appropriate parenting attitudes would find themselves appropriate for the role of foster parent. It was expected that persons with more realistic attitudes toward foster parenting would be more likely to become licensed foster parents. However, foster parenting attitudes were not significant predictors of foster parent licensing.
In examining the logistic regression permutations, it appears that the effects of the two training objectives, “preparing for the role of foster parent” and “understanding the foster care system,” are significant when parenting attitudes are considered. This result becomes difficult to interpret when the group means are considered. Licensed foster parents rated the training as less useful than did unlicensed trainees in preparing them for foster parenting and in helping them understand the foster care system. Since the usefulness of these training objectives was measured six months following training (Time 3), rather than directly following training (Time 2), it might be speculated that those persons who completed the licensing process had different experiences than their unlicensed cohorts during the six months following training. Furthermore, many of the licensed participants had received foster children. Perhaps through their experiences in becoming licensed and in receiving foster children, the licensed participants perceived training as less useful in preparing them for their roles as foster parents and in helping them understand the foster care system. Lacking this experience, unlicensed participants may have more favorable impressions of the usefulness of training. Finally, it might be speculated that persons who became licensed had decided to do so prior to training; thus, their perceptions of training had little influence on their decision to become foster parents.

This study did not find race, marital status, or any other personal characteristic to be predictive of foster parent licensing. A person’s gender proved significant in two of the logistic regression permutations, but only when the effects of the training objectives were
considered. This finding implies that males and females may respond differently to foster parent training. As a result, foster parent training must be sensitive to gender issues.

If training is a key to successful foster parenting (Lee & Holland, 1991), then the present study has many implications for successful training. Personal characteristics of the foster parent trainees must be taken into account by trainers and developers of training curriculum. Persons with more education are less likely to view the training as useful to them overall. Therefore, attention must be given to presenting the important material in a manner which engages persons from all educational levels. For instance, persons with higher education have more realistic expectations of the role of foster parents. Information must be presented during training that accurately reflects the roles and responsibilities of foster parents both within the foster home and within the foster care system. This accurate reflection of the role of foster parent also may bridge the gap between the male and female participants. Females were found to identified with the role of foster parent significantly more than their male cohorts. Training can assist with not only the identification of the foster parent role but also clarification of the rights and responsibilities associated with this role.

Significant differences with regard to race have implications for foster parent training. While both whites and nonwhites held appropriate parenting attitudes, white participants had significantly lower scores on each of the four Adult-Adolescent Parenting Inventory subscales (Bavolek, 1984). Lower scores represent more appropriate parenting attitudes. Furthermore, white participants had more realistic expectations of the role of foster parent. Training materials, lectures, and exercises not only must present accurate
representations of expectations of foster children and foster parenting but also must be culturally sensitive. If cultural sensitivity is necessary for developing appropriate recruitment campaigns (Pasztor & Wynne, 1995), it is even more imperative that this sensitivity be present in foster parent training. Finally, the significant differences may indicate that needs for training are different for parents of diverse backgrounds.

At six months following training, the majority of the persons in this study (67%) had received their foster parent licenses. Nonetheless, it is impossible to determine the number of persons from the larger study, or from the population, who became licensed foster parents within that time frame. Since the number of suitable foster homes does not meet the current need (GAO, 1989; Pasztor & Wynne, 1995; Pecora et al., 1992), it would be prudent to gather information to determine what percentage of persons who train actually become foster parents. By investigating this ratio, human service agencies could get a better picture of the number of persons needed to be recruited into training in order to license adequate numbers of foster homes. Furthermore, these results indicate that human service agencies may need to follow-up with foster parent trainees more vigorously in order to either keep them engaged in the licensing process or determine why they are not continuing. It must be noted that a person's failure to become licensed does not indicate a failure in foster parent training. The foster parent training must be designed to inform persons of the roles and responsibilities of foster parents. As a result, if a person decides not to foster due to information obtained during training, training has been successful in assisting participants in the self-selection (mutual assessment) process. Nonetheless, human services agencies must monitor the
licensing process to determine reasons for discontinuing. Perhaps careful monitoring may encourage persons to continue seeking foster parent licensing.

Persons who were licensed within the first six months following training felt that training was overall less useful than their unlicensed cohorts. This finding may be interpreted several ways. Persons who become licensed may have had stronger convictions about becoming foster parents than their unlicensed cohorts, and these convictions may transcend training. As a result, the impact of training may not have been as strong for the participants who became licensed. Also, many of the licensed participants had children placed with them during the six months following training. With the placement of a foster child in their homes, these participants could have realized that much more training, or more information, was needed to prepare them. During the six-month telephone interview, a foster parent joked that no amount of training actually could prepare someone for foster parenting. Nonetheless, both licensed and unlicensed participants indicated that training was the most useful in helping them understand the needs of foster children. As indicated by lower mean scores, an area in need of improvement in training is helping the foster parent to work with social workers. Perhaps this need arises due to the lack of clarification of the role of the foster parent within the foster care system. It is unclear whether foster parents and social workers are team members, and thus peers, or whether foster parents are agency employees, and thus subordinates, who report directly to social workers. This lack of clarification can lead to difficulties in defining the relationship with social workers. Furthermore, the social workers often are the first contact for the foster parent when difficulties arise. Both foster
parents and social workers need to be educated on methods to develop and improve their working relationships.

With regard to race, marital status, and income, the personal characteristics of persons in this study agree with other studies (Kriener & Kazmerzak, 1994; Rodwell & Biggerstaff, 1993). These studies found parents tended to be white, married, and have incomes less than $40,000. There are several implications for this finding. One is that since this is the population that is providing foster care, recruitment efforts and resources which appeal to this population may result in an increase in the number of foster parent inquiries. A second implication is the underrepresentation of minorities and unmarried persons as foster parents. There is a large population of African-American children in foster care (National Black Child Development Institute, 1989). Foster parents must be given the training to provide care to children of different ethnic and cultural backgrounds. For example, foster parents can be given information to assist them in rearing children to identify with and have pride in their cultural heritage.

The underrepresentation of single parent foster homes suggests that either single parent homes do not have the resources to care for foster children or that these homes are not recruited for foster parenting. Pasztor and Wynne (1995) suggest the development of target campaigns for specific populations of foster parents. For example, Moore et al. (1988) found that mass media were effective in recruiting African-American foster parents. Diversity in foster parents is warranted given the diversity of foster children.
Limitations and Recommendations for Future Studies

One statistical limitation of this study is the unequal cell sizes for licensed and unlicensed participants. The overrepresentation of licensed participants favors the correct classification of these persons over their unlicensed cohorts.

The Foster Parent Attitude Scale was created by the Foster Parent Preservice Training Evaluation research team (Lekies et al., 1994), after a review of possible instruments found no appropriate measure for foster parent attitudes. As a result, the instrument has not been refined. A limitation of the use of this instrument is the lower reliability of two of its subscales: Foster Parenting Expectations ($\alpha = .56$) and Value of Child’s Well-being ($\alpha = .56$). For this reason, these variables were not included in the logistic regression. However, the foster parenting attitudes of Identity with Foster Parent Role and Foster Child’s Guidance Needs had relatively strong reliability, .71 and .81 respectively.

This study examined the participant-related factors and their effects on foster parent licensing. Future studies must investigate the system-related factors which influence foster parent licensing. The inaccessibility, fatigue, and overload of social workers has been acknowledged by other researchers (GAO, 1989; Simms & Bolden, 1991). Perhaps foster parent licensing is delayed due to overworked social workers and other system-related factors rather than participant-related factors. Future studies must investigate the needs of the agency as they relate to foster parenting licensing.
Summary

The present study has identified two variables that have an effect on foster parent licensing: parenting attitudes and perceived usefulness of training. As expected, persons with more appropriate parenting attitudes were more likely to become licensed foster parents; however, foster parenting attitudes were not found to be significant predictors of foster parent licensing. Permutations indicated that these results were not artifactual.

Significant differences were found between males and females on the foster parenting attitude of Identity with the Foster Parent Role, with females more likely to identify with the role of foster parents. Furthermore, significant differences were found between white and nonwhite trainees with regard to parenting and foster parenting attitudes, with white participants having more appropriate parenting attitudes. Lastly, persons with higher education and persons who became licensed foster parents were less likely to perceive training as useful to them overall. As a result, foster parent preservice training must take into account the various needs of trainees from diverse backgrounds.

References


GENERAL CONCLUSIONS

Wasson and Hess (1989) state that “few roles have as little clarity, educational support, or economic recognition” (p. 18) as foster parents. In addition to these problems, foster parents are rearing children with emotional, behavioral, and physical difficulties far more extreme than in previous decades (Pecora, Whittaker, Maluccio, Barth, & Plotnick; United State Government Accounting Office, 1989). With abuse cited as the most common reason for a child’s removal from the biological home (Howing, Kohn, Gaudin, Kurtz, & Wodarski, 1992), foster parents are challenged to integrate emotionally wounded children into their homes. Nonetheless, many foster parents continue to subsidize the foster care system with their personal and economic resources (Pasztor & Wynne, 1995).

Though many persons are willing to devote their time and talents to America’s foster children, the pool of family foster homes decreased 32% from 1987 to 1990 (Pasztor & Wynne, 1995). Meanwhile, the number of children requiring out of home care has reached half a million (Lawhon, Lawhon, & Jean, 1995; Pecora et al. 1992). As a result, the foster care system in the United States is at a crisis point (Chamberlain, Moreland, & Reid, 1992; Pecora et al., 1992).

To combat this crisis researchers in the field of foster care have investigated recruitment and retention strategies (Pasztor & Wynne, 1995). Results have indicated that both mass marketing campaigns and one-on-one recruitment strategies by current foster parents have been effective in increasing the number of persons interested in foster care (Moore, Grandpre, & Scoll, 1988; Smith & Gutheil, 1988). Increased stipends and in-service
training have been shown to aid in retention of current family foster homes (Chamberlain et al., 1992). Finally, preservice foster parent training has been shown to increase the number of licensed family foster homes (Simon & Simon, 1982).

The present study addresses a void in the current research and asks the following question: "What are the differences between foster parent trainees who become licensed foster parents and those who do not become licensed?" By examining the personal characteristics of foster parent trainees, their parenting and foster parenting attitudes, and their perceptions of the usefulness of foster parent training, the model to predict licensing explains 23% of the total variance. Neither personal characteristics (i.e. age, gender, income, marital status, and race) nor attitudes toward foster parenting were found to be related to foster parent licensing. Two training objectives (preparing for the role of foster parent and understanding the foster care system) were found to affect foster parent licensing. Still, the most salient variable affecting foster parent licensing was parenting attitudes. Persons with more appropriate parenting attitudes were more likely to become licensed foster parents.

Relationships were found to exist between personal characteristics and perceptions of training, with persons with more education rating perceiving training as less useful. Female participants identified with the role of foster parent more than their male cohorts. Lastly, differences were noted between white and nonwhite participants. White participants held more appropriate expectations of children and had more realistic expectations of the role of foster parent than their nonwhite cohorts.
The present study examines the participant-related variables (personal characteristics, parenting and foster parenting attitudes, and perceptions of the usefulness of training) affecting foster parenting licensing. It is suggested that agency and system-related variables be examined in future studies. Such variables might include needs of the foster children and caseloads of the social workers.

Implications for Marriage and Family Therapists

Given the behavioral and emotional difficulties facing foster children, the alliance between marriage and family therapists and the foster care system is inevitable. Furthermore, the passing of the Adoption Assistance and Child Welfare Act of 1980 (PL 96-272) mandates that reasonable efforts be made to maintain children in their biological homes, expedite reunification with their biological parents, or support their transition into adoptive homes. To follow through with this mandate, support services often are given to families at risk of disintegration. Marriage and family therapists have the expertise to provide therapeutic support services. Marriage and family therapist have the training to form systemic hypotheses, design therapeutic interventions, and provide the atmosphere for therapeutic change (Hoffman, 1981). What sets marriage and family therapists apart from other therapeutic service providers is their ability to treat the family unit (Iowa Association for Marriage and Family Therapy [IAMFT], 1996). Since the philosophical change in the foster care system has placed the family at the focal point, the focus for therapy also must be the family.
Since marriage and family therapists understand the person within the context of the family as well as the environment, they are appropriate providers of individual services (IAMFT, 1996), such as to the foster child. Marcus (1991) states that "earmarking resources for psychotherapy is necessary for the child’s personal welfare as well as for the prevention the failure of placement" (p. 392). Marriage and family therapists can meet both of these goals: assisting with the child’s personal welfare and working with the foster family and foster child to prevent the failure of placement. Furthermore, marriage and family therapists are appropriate group facilitators for therapy and support groups for foster children, biological parents, and foster parents.

Marriage and family therapists not only can provide direct services to foster children, their biological parents, and their foster families but also can educate foster parents on topics such as grief and loss, behavior management, and family dynamics. If foster parents should receive training in psychological helping skills (Guerney, 1977), persons with special skills and advanced training in psychological helping skills, such as marriage and family therapist, should be the educators.

References


APPENDIX A: FOSTER PARENT PRESERVICE TRAINING EVALUATION INVENTORY (PRETEST)
Dear Foster Parent Trainee:

We are pleased that you have enrolled in the foster parent preservice (Nova) training. In order to see how well the training is meeting the needs of potential foster parents, an evaluation of this training program is being conducted by the Child Welfare Research and Training Project at Iowa State University. We want to invite you to participate in this evaluation. Your responses are very important to us.

The evaluation will consist of the following: a survey to complete before you attend any of the training sessions, a survey to complete after you finish training, and brief telephone interviews 6 and 12 months after you complete training. Upon return of the second survey, you will receive $15 for your participation.

Participation in this evaluation is entirely voluntary and should not influence your decision to attend the training. All responses are strictly confidential. The code number on your form will be used to identify data. No questionnaire will be identified with a name. Only Iowa State personnel working on the project will see the returned forms.

We have enclosed the first part of the evaluation. It will take approximately 45 minutes to complete. After completing the survey, please return it to us in the prepaid envelope before you attend the first training session. If another person in the household is involved in the training, please complete the surveys independently. Feel free to share your responses after completing the surveys.

We believe you will find participating in this project to be a very interesting experience. If you have any questions, please call us at (515) 294-8258. Thank you so very much for your help with this project.

Sincerely,

Dahlia F. Stockdale, Ph.D.
Professor

Sedahllia Jasper Crase, Ph.D.
Professor

Kristi S. Lekies, MS
Graduate Assistant

Amy Moeller Yates, MA
Graduate Assistant
We are interested in learning more about the people who choose to consider foster parenting. Specifically, we are interested in perceptions of foster parent training and the general impact of training on participants. Your responses will help identify the beneficial aspects of training as well as areas in need of improvement. Remember that your responses will be confidential. Your name will not be associated with any results.

Parts I and II have questions that give us some background information about you and will be helpful in describing the general characteristics of foster parent trainees. Additional sections of the inventory address your beliefs, values, and knowledge about foster parenting and training. In these sections, we are asking for your understanding and feelings. Please answer the questions carefully and thoughtfully; your first reaction is probably the best choice. If another person in the household is filling out the inventory, please complete your responses independently. We are interested in each individual's ideas!

We realize that the questionnaire will take some time, but we do appreciate your efforts to give us information that will be helpful to future training. Thank you very much!
Select that which best describes you. If a question does not apply to you, continue to the next question.

1. Gender: 
   ___ Female
   ___ Male

2. Race: 
   ___ African-American
   ___ Hispanic
   ___ Asian
   ___ Native American
   ___ Caucasian
   ___ Other (specify) ________________

3. Current Age: 
   ___ 24 or younger
   ___ 25-34
   ___ 35-44
   ___ 45-54
   ___ 55-64
   ___ 65 or older

4. Marital Status: 
   ___ Married
   ___ Separated
   ___ Divorced
   ___ Never Married
   ___ Widowed

5. If married, length (in years) of current marriage: 
   ___ less than 2
   ___ 2-5
   ___ 6-9
   ___ 10-14
   ___ 15-19
   ___ 20-24
   ___ 25-29
   ___ 30 or more

6. Number of previous marriages: 
   ___ 0
   ___ 1
   ___ 2
   ___ 3
   ___ 4
   ___ more than 4

7. If not currently married, do you: 
   ___ have a partner with whom you live
   ___ have a partner with whom you do not live
   ___ not currently have a partner

8. If you have a child or children, please list the age of each child, circle the relationship of the child to you, and indicate whether or not the child resides with you for the majority of the year (more than six months out of the year):

<table>
<thead>
<tr>
<th>AGE</th>
<th>RELATIONSHIP OF CHILD TO YOU</th>
<th>RESIDING WITH YOU</th>
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<tbody>
<tr>
<td>________</td>
<td>biological, adopted, stepchild</td>
<td>Y N</td>
</tr>
<tr>
<td>________</td>
<td>biological, adopted, stepchild</td>
<td>Y N</td>
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<td>________</td>
<td>biological, adopted, stepchild</td>
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<td>biological, adopted, stepchild</td>
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<td>biological, adopted, stepchild</td>
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<tr>
<td>________</td>
<td>biological, adopted, stepchild</td>
<td>Y N</td>
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</tbody>
</table>
Please list the age of any additional children, who currently reside with you and circle the relationship of that child to you.

<table>
<thead>
<tr>
<th>AGE</th>
<th>RELATIONSHIP OF CHILD TO YOU</th>
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<tbody>
<tr>
<td></td>
<td>foster, grandchild, niece/nephew, other</td>
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<td></td>
<td>foster, grandchild, niece/nephew, other</td>
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<tr>
<td></td>
<td>foster, grandchild, niece/nephew, other</td>
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9. In addition to a spouse/partner and/or child(ren) listed earlier, how many of the following currently live in your home with you? (Put a number in the blank.)

   ___ your parent(s)  ___ friend(s)
   ___ spouse's/partner's parent(s)  ___ renter(s)
   ___ other relative(s)  ___ other (specify) ______________
   (specify) ______________

10. Do you presently:

    ___ own your home/townhouse/condominium
    ___ rent your home/apartment
    ___ live in a relative's/friend's home
    ___ other (specify) ______________

11. The household's annual income from ALL sources (wages, alimony, child support, interest, etc.) is between:

    ___ 0-9,999
    ___ 10,000-14,999
    ___ 15,000-19,999
    ___ 20,000-29,999
    ___ 30,000-39,999
    ___ 40,000-49,999
    ___ 50,000-59,999
    ___ 60,000-69,999
    ___ 70,000-79,999
    ___ 80,000-89,999
    ___ 90,000-99,999
    ___ 100,000-over

12. Highest level of education you have obtained is:

    ___ elementary (grade school)
    ___ junior high (up to 8th grade)
    ___ some high school
    ___ high school diploma
    ___ GED
    ___ some college or technical school
    ___ college graduate
    ___ graduate or professional degree

13a. What is your job title?

b. Describe what you do.

c. How may hours per week do you work for paid employment?
14a. What would best describe the community in which you currently reside?

___ Rural, less than 2,500 persons  
___ Town, 2,501-50,000 persons  
___ City, more than 50,000 persons

b. How long have you resided in this community?

___ less than 2 years  
___ 2-5 years  
___ 5-9 years  
___ 10-14 years  
___ 15-20 years  
___ more than 20 years

15. Are you affiliated with an organized religion?  

Y  N

If yes:  
___ Protestant  
___ Catholic  
___ Jehovah’s Witness  
___ Mormon  
___ Nondenominational Christian  
___ Unitarian  
___ Jewish  
___ Other (specify) ____________________________

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PART II

Select that which best describes you. If a question does not apply, continue to the next question.

1. Where did you learn about foster care? (Check any that apply)

Personal experiences:
___ I was a foster child myself  
___ My spouse/partner was a foster child  
___ My relative or friend was a foster child  
___ My parents are/were foster parents  
___ My relatives are/were foster parents  
___ My friends or neighbors are/were foster parents  
___ My own child was placed in a foster home  
___ Other (specify) ____________________________

Media:
___ TV or radio  
___ Posters  
___ Newspaper advertisements  
___ Brochures  
___ Billboards  
___ Other (specify) ____________________________

Community agencies and organizations:
___ Public or private human services agency (Children and Families of Iowa, Iowa Dept. of Human Services, etc.)  
___ County Social/Human Services Office  
___ Church or synagogue  
___ Local Extension office  
___ Jaycees  
___ United Way  ___ Other community agency or group (specify) ____________________________
Other:
___ Through employment
___ Through volunteer work
___ In a class (university, community college, or community education)
___ County or state fair display
___ Other (specify) ________________________________

2. Of the items checked in #1 above, which one has been the most influential in your decision to become a foster parent? ________________________________

3. How long have you thought about becoming a foster parent?
___ less than 6 months  ___ 2-5 years
___ 6 months-1 year  ___ 5-10 years
___ 1-2 years  ___ over 10 years

4. If you plan to become licensed, how long do you see yourself providing foster care?
___ less than 1 year  ___ 5-10 years
___ 1-2 years  ___ over 10 years
___ 3-5 years  ___ uncertain

5. Have you been licensed before as a foster parent?
___ yes  ___ no (If no, skip to Question 6)

If yes, for how long?
___ Less than 1 year
___ 1-2 years
___ 3-5 years
___ 6-10 years
___ Over 10 years

Type of foster care you provided:
___ short-term (emergency, shelter, or respite)
___ regular
___ therapeutic (treatment)
___ other (specify) ________________________________

6. Do you currently hold a temporary license?
___ yes  ___ no

If yes, number of children in care: ______

7. What type of foster care are you interested in providing:
___ short-term (respite or emergency)  ___ other
___ regular
___ therapeutic (treatment)
___ care for a specific child (friend, relative, or other child known to you)
8. Number of foster children desired at the same time:
   ___ 1   ___ 2   ___ 3 or more

9. Age(s) of children desired: (check all that apply)
   ___ age does not matter   ___ 10-12 years
   ___ infant (less than 1 year)   ___ 13-15 years
   ___ 1-3 years   ___ 16-18 years
   ___ 4-5 years   ___ over 18 years
   ___ 6-9 years

10. If you have children, have you discussed your interest in foster care with them?
   ___ yes, I have discussed foster care with them
   ___ no, I have not discussed foster care with them

11. Where did you learn about the foster parent (Nova) training? (Check all that apply)
    ___ human/social services agency
    ___ community college class schedule
    ___ TV or radio
    ___ newspaper ad
    ___ foster parent newsletter
    ___ friend or relative
    ___ poster
    ___ other

12. Where will you be attending training? (Give location)

13. Dates attending ____________________________

14. Will anyone be attending the training with you?
    ___ yes   ___ no
    If yes, please indicate:
    ___ spouse/partner
    ___ friend
    ___ relative (specify relationship) _______________________
    ___ other (specify relationship) _______________________

15. List any questions you now have about foster care. (use reverse side of page if needed).
Foster children come from a variety of backgrounds. Sometimes there is a need to place a child with special needs. The natural parents of foster children may also be having difficulty in their lives. Please answer the following three questions by choosing a number from 1 to 5.

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<th>4</th>
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<tbody>
<tr>
<td>no experience</td>
<td>a little experience</td>
<td>moderate experience</td>
<td>quite a bit of experience</td>
<td>a great deal of experience</td>
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1. How much experience have you had with children or adults with any of the following special needs:
   - medical
   - emotional
   - physical
   - mental
   - educational

2. How much experience have you had:
   - working directly with children in paid employment?
   - working directly with children in volunteer work? (church, school, 4-H, scouts, etc.)
   - taking classes in school dealing with children and families?
   - caring for children other than your own? (baby-sitting, daycare)
   - caring for children while you were growing up?

3. How much experience have you had with families having difficulty with any of the following:
   - family conflict
   - inability to discipline children
   - alcohol and/or drugs
   - legal problems
   - domestic abuse
   - financial problems
   - separation and divorce
   - death of a close family member or friend
   - mental illness
   - sexual abuse
   - child abuse and neglect
   - other ____________________________
There are many reasons people decide to become foster parents. Considering your reason(s) for becoming a foster parent, please indicate by use of this numbered scale whether you:

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<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>Strongly Disagree</td>
<td>Somewhat Disagree</td>
<td>Neither Disagree</td>
<td>Somewhat Agree</td>
<td>Strongly Agree</td>
</tr>
</tbody>
</table>

With the following statements:

1. ___  "I don't think I'll ever understand people who abuse or neglect their kids. I want to be a foster parent so I can help. Since these children's parents can not take care of them properly, I feel someone like me should raise them."

2. ___  "I've heard that a foster parent can earn extra income. I think I would enjoy helping children while being paid for my work."

3. ___  "I always pictured being the parent of a large family. Being a foster parent is a good way to increase our family without the extra financial burden."

4. ___  "You read so much in the papers nowadays about kids getting into trouble and about troubled families, too. I can't help wondering if there isn't some relationship there. I'd like to do something to help a troubled child and my community, too. Somebody has to take care of children in need. I hope I could turn things around for a troubled child."

5. ___  "I know there's a need to foster children with special needs or disabilities. I believe I can help a child that others perhaps would not be able to handle as well."

6. ___  "Often I think how nice it would be to share my time, talents, and/or hobbies with a foster child."

7. ___  "One way I feel I could express my spirituality/religion is to be a foster parent to God's children."

Please answer #8 only if you have experienced the death of a child of your own.

8. ___  "A child of mine has died, and I am now ready to give another child a healthy home."
Please answer #9 and #10 only if you have a child (or children) or a stepchild ((or stepchildren). If you do not have a child or a stepchild, please proceed to #11.

9. ____  "Now that my child(ren) is/are grown and no longer live with me, I realize the joys, challenges, and importance of raising children. I'd like to be a foster parent to a needy child."

10. ____  "I have a child(ren) who I feel would benefit from sharing attentions and material goods with a foster child."

Please answer #11 only if you do not have a biological child or are unable, for one reason or another, to have more biological children.

11. ____  "I have been unable to have a child (or more children) of my own. I know I would make a good parent. Perhaps by becoming a foster parent I may become eligible to adopt a foster child."

12a. Of the above 11 statements, which if any, BEST describes you primary reason for considering becoming a foster parent? (Place the number of the statement in the blank.) ____________
<table>
<thead>
<tr>
<th></th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Unsure</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
</table>
| 1 | Usually, it is best for foster children to return to their own families.  
   | 2 | There are some behavior problems a foster child may have that I know I will be unable to handle.  
   | 3 | Foster children will appreciate what I do to help them.  
   | 4 | I enjoyed meeting others with similar interests in foster parenting at the preservice training.  
   | 5 | If a foster child can't return to his or her own family, an adoptive family should be found as soon as possible.  
   | 6 | Foster children have more emotional, personal, and behavior problems than children not in foster care.  
   | 7 | Most people do not know what to expect when they decide to become foster parents.  
   | 8 | I expect to be working very closely with my foster child's social worker.  
   | 9 | The foster parent preservice training has helped me decide whether to become licensed as a foster parent.  
   | 10 | Foster children need more guidance than children not in foster care.  
   | 11 | The foster parent preservice training has prepared me for foster children that will be placed in my care.  
   | 12 | In general, foster children have feelings of sadness and loss when they enter foster care.  
   | 13 | I think I will have difficulty accepting a foster child's biological parents.  
   | 14 | Foster parents get paid well for providing foster care.  
   | 15 | Foster parents' own children benefit from the experience of sharing their home with foster children.  
   | 16 | My family and friends would be very supportive if I were to become a foster parent.  

Please respond to the following statements about foster care using the scale given below. Although each foster child's situation is unique, please give the response that best represents how you feel about each statement. There are no right or wrong answers.
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<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Strongly Disagree</td>
<td>Disagree</td>
<td>Unsure</td>
<td>Agree</td>
<td>Strongly Agree</td>
</tr>
</tbody>
</table>

17. Anyone who has the desire should become a foster parent.
18. Saying good-bye to a foster child when he or she returns home will be very difficult for me.
19. Foster care is a service not only to the foster child, but also to the child's entire family.
20. I will have a major impact on the lives of my foster children.
21. After a foster child has been placed in my home, I will be disappointed if this placement doesn't work out and the child needs to be placed elsewhere.
22. It is better for foster children not to see their biological families.
23. It is important for licensed foster parents to continue to receive training.
24. Foster parenting is a difficult job.
25. The normal routine of a foster family is likely to be greatly disrupted after the placement of a foster child.
One of the goals of the preservice (Nova) training is to provide information about the foster care system. To help us understand what potential foster parents already know, we ask that you answer the following questions. Don't worry if you don't know the answers—the information will be covered in the training sessions. Just answer the best you can.

Multiple choice. Please circle the answer you feel is best.

1. The idea that each child deserves a permanent home and family is known as:
   a) substitute care
   b) permanency planning
   c) family preservation
   d) family-based services

2. If a child is in need of a placement away from his or her home, the first choice would be:
   a) emergency shelter care
   b) foster care
   c) care by relatives
   d) group home

3. The main difference between foster care and adoption is:
   a) the legal rights and obligations of parents
   b) involvement of a human services agency or attorney
   c) degree of problems the children have
   d) age of children

4. The basic monthly rate for one foster child is approximately:
   a) $175-249
   b) $250-374
   c) $375-449
   d) $450-600

5. Children are likely to be removed from their homes for the following reason:
   a) children are not fed well and the house is dirty
   b) the parents are alcoholic
   c) legal criteria of Iowa Child Welfare Law are met
   d) parents fight and argue frequently

6. The person who has primary responsibility for developing foster child's case plan is the:
   a) juvenile court judge or referee
   b) child's counselor
   c) social worker
   d) foster parent
7. Case plans are required by law to be reviewed:
   a) monthly
   b) every 6 months
   c) every year
   d) every two years

8. Foster children's medical needs are covered by:
   a) biological parents' insurance and/or Medicaid
   b) foster parents' insurance
   c) special insurance policy held by Dept. of Human Services
   d) Medicare

9. A foster child often goes through a grieving process when first placed in foster care. These stages of grieving are:
   a) confusion, fear, anger, sadness
   b) shock, anger, despair, acceptance
   c) anger, denial, withdrawal, understanding
   d) confusion, sadness, anger, acceptance

10. A special payment may be given to foster parents in addition to the basic rate to pay for a foster child's:
    a) prescription medications
    b) eyeglasses
    c) counseling
    d) clothing

11. Foster parents in Iowa receive their licenses from:
    a) the Iowa Department of Human Services
    b) the county human services agency where the foster parent lives
    c) a private human services agency
    d) the Iowa Foster Parent Association

12. The phase many foster children go through when first placed in foster care is:
    a) withdrawal
    b) acting out
    c) panic attack
    d) honeymoon

13. An attorney who represents the best interests of the child in court is known as:
    a) guardian-ad litem
    b) district attorney
    c) corporation counsel
    d) child advocate
14. The primary goal of foster care is:
   a) ensure children's emotional and physical safety
   b) help children realize they can be sent away if they misbehave
   c) help parents realize their children can be taken away if they abuse or neglect them
   d) give parents a break from parenting difficult children

True/False. Please circle the answer you feel is best.

15. true false Foster parents have legal guardianship of the foster children in their care.
16. true false Biological parents lose all parental rights while their children are in foster care.
17. true false Most foster care placements must be approved by the juvenile court.
18. true false Even though foster parents are licensed by the State, allegations of abuse and neglect can still be made against them.
19. true false Because of confidentiality rules, foster parents are not allowed to discuss foster children's problems with close friends or neighbors.
20. true false Foster parents are included in the group of persons required by law to report child abuse and neglect.
21. true false In general, foster parents are able to sign for a foster child's elective medical treatment.
22. true false In some cases, foster parents may arrange foster care placements for children on their own.
23. true false Most children placed in foster care do not return home to their biological parents.
24. true false Foster parents are required to attend training after they are licensed.
Please Note

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UMI
APPENDIX B: FOSTER PARENT PRESERVICE TRAINING EVALUATION

INSTRUMENT (POST-TEST)
May 9, 1994

«FirstName» «LastName»
«Address I»
«City» , «State» «PostalCode»

Dear «Title» «LastName»:

Thank you for your interest in the foster parent preservice (Nova) training and your willingness to participate in the evaluation of this training. Your opinions and feelings are very important to this evaluation. We appreciate the time you have taken to become involved.

Enclosed you will find Part II of this evaluation. It consists of a survey similar to Part I that you completed prior to the training. It will take approximately 30 minutes of your time. Please complete the survey and mail it to us in the prepaid envelope within the next 10 days. Shortly after the return of this survey, you will receive $15 for your participation. Also, you will be contacted for additional follow-up approximately six months from now.

Please be assured that all responses will be kept confidential and not associated in any way with your name. Only Iowa State University personnel working on the project will see the returned surveys.

If another person in the household was involved with the preservice training, please complete the surveys independently. You may share your responses with each other after completing the surveys.

Although participation is voluntary, we hope you will continue to be a part of this evaluation. If you have any questions, please feel free to contact us at (515) 294-8258. Thank you very much for your time.

Sincerely,

Dahlia F. Stockdale, Ph.D.
Professor

Sedahlia Jasper Crase, Ph.D.
Professor

Kristi S. Lekies, MS
Graduate Assistant

Amy Moeller Yates, MA
Graduate Assistant
We are interested in learning more about the people who choose to consider foster parenting. Specifically, we are interested in perceptions of foster parent training and the general impact of training on participants. Your responses will help identify the beneficial aspects of training as well as areas in need of improvement. Remember that your responses will be confidential. Your name will not be associated with any results.

The sections of the inventory address your beliefs, values, and knowledge about foster parenting and training. Please answer the questions carefully and thoughtfully; your first reaction is probably the best choice. If another person in the household is filling out the inventory, please complete your responses independently. We are interested in each individual’s ideas!

We realize that the questionnaire will take some time, but we do appreciate your efforts to give us information that will be helpful in planning for future training. Thank you very much!
Please respond to the following statements about foster care using the scale given below. Although each foster child's situation is unique, please give the response that best represents how you feel about each statement. There are no right or wrong answers.

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<td>Disagree</td>
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</tr>
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1. Usually, it is best for foster children to return to their own families.
2. There are some behavior problems a foster child may have that I know I will be unable to handle.
3. Foster children will appreciate what I do to help them.
4. I enjoyed meeting others with similar interests in foster parenting at the preservice training.
5. If a foster child can't return to his or her own family, an adoptive family should be found as soon as possible.
6. Foster children have more emotional, personal, and behavior problems than children not in foster care.
7. Most people do not know what to expect when they decide to become foster parents.
8. I expect to be working very closely with my foster child’s social worker.
9. The foster parent preservice training has helped me decide whether to become licensed as a foster parent.
10. Foster children need more guidance than children not in foster care.
11. The foster parent preservice training has prepared me for foster children that will be placed in my care.
12. In general, foster children have feelings of sadness and loss when they enter foster care.
13. I think I will have difficulty accepting a foster child's biological parents.
14. Foster parents get paid well for providing foster care.
15. Foster parents' own children benefit from the experience of sharing their home with foster children.
16. My family and friends would be very supportive if I were to become a foster parent.
17. Anyone who has the desire should become a foster parent.
18. Saying good-bye to a foster child when he or she returns home will be very difficult for me.

19. Foster care is a service not only to the foster child, but also to the child's entire family.

20. I will have a major impact on the lives of my foster children.

21. After a foster child has been placed in my home, I will be disappointed if this placement doesn't work out and the child needs to be placed elsewhere.

22. It is better for foster children not to see their biological families.

23. It is important for licensed foster parents to continue to receive training.

24. Foster parenting is a difficult job.

25. The normal routine of a foster family is likely to be greatly disrupted after the placement of a foster child.

**PART II**

One of the goals of the preservice training is to provide information about the foster care system. To help us understand what was covered in training, please answer the following questions. Answer the best you can.

**Multiple choice. For each statement, please circle the one response you feel is best.**

1. If a child is in need of a placement away from his or her home, the first choice would be:
   a) emergency shelter care
   b) foster care
   c) care by relatives
   d) group home

2. The main difference between foster care and adoption is:
   a) the legal rights and obligations of parents
   b) involvement of a human services agency or attorney
   c) degree of problems the children have
   d) age of children

3. The basic monthly rate for one foster child is approximately:
   a) $175-249
   b) $250-374
   c) $375-449
   d) $450-600
4. Foster children's medical needs are covered by:
   a) biological parents' insurance and/or Medicaid
   b) foster parents' insurance
   c) special insurance policy held by Department of Human Services
   d) Medicare

5. In addition to the basic rate, a special payment may be given to foster parents to pay for a foster child's:
   a) prescription medications
   b) eyeglasses
   c) counseling
   d) clothing

6. Foster parents in Iowa receive their licenses from:
   a) the Iowa Department of Human Services
   b) their local county human services agency
   c) a private human services agency
   d) the Iowa Foster Parent Association

7. The phase many foster children go through when first placed in foster care is:
   a) withdrawal
   b) acting out
   c) panic attack
   d) honeymoon

8. The main goal of foster care is:
   a) ensure children's emotional and physical safety
   b) help children realize they can be sent away if they misbehave
   c) help parents realize their children can be taken away if they abuse or neglect them
   d) give parents a break from parenting difficult children
True/False. Please circle the response you believe is most correct.

9. true false Foster parents have legal guardianship of the foster children in their care.

10. true false Although foster parents are licensed by the State, allegations of abuse and neglect can still be made against them.

11. true false Because of confidentiality rules, foster parents are not allowed to discuss foster children's problems with close friends or neighbors.

12. true false In general, foster parents are able to sign for a foster child's elective medical treatment such as knee surgery, tonsillectomy, etc.

13. true false Most children placed in foster care do not return home to their biological parents.

14. true false Foster parents are required to attend training after they are licensed.

PART III

We are interested in your thoughts and feelings about the preservice training you attended. Please answer the following questions as best you can.

Use the following scale to answer questions 1 - 4. Please indicate how helpful each session of the foster parent preservice training was to you.

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<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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<tbody>
<tr>
<td>Very Unhelpful</td>
<td>Unhelpful</td>
<td>Unsure</td>
<td>Helpful</td>
<td>Very Helpful</td>
</tr>
</tbody>
</table>

_1. Session I, Introduction to the Foster Care System

_2. Session II, The Helping Half of the System

_3. Session III, The Impact of Placement on the Child

_4. Session IV, The Impact of Placement on the Foster Family
5a. Of the four sessions, which did you like best? ______________
Why? ____________________________________________

b. Which did you like least? ___________________________
Why? ____________________________________________

6a. What one activity did you find to be the most helpful in training you to become a foster parent?
_________________________________________________

b. What one activity did you find to be the least helpful in training you to become a foster parent?
_________________________________________________

7. What things do you think should have been included that were not? _____________________________

8. What, if anything, was not particularly helpful in training you to become a foster parent?
_________________________________________________

9a. How well do you feel you currently understand the licensing process?
___ I do not understand the licensing process at all.
___ I somewhat understand the licensing process.
___ I fully understand the licensing process

b. Have you begun the licensing process? Yes No
If yes, what have you done? ______________________________

10. Based on your personal experience of the foster parent preservice training, how would you rate
the training overall? EXCELLENT GOOD FAIR POOR

Please feel free to use the remaining space to make additional comments.
Please Note

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APPENDIX C: TELEPHONE INTERVIEW (6 MONTH)
INTRODUCTION

Hello, may I please speak to ________? This is ________ from the Foster Parent Preservice Training Project at Iowa State University. I'm one of the people who's been sending you surveys over the past six months regarding foster parenting and training. Do you remember filling out those surveys? I really appreciate you taking the time to do them. I'd like to talk with you more about your experiences with the NOVA training you attended at ___ (Location)___ in (month). I've got about 25 questions to ask you. Is this a good time for you?

(If not, "Let's go ahead and schedule another time.")

CLOSING

I'd like to thank you for your time and your comments. Your input will be very helpful as we look at how well training meets the needs of foster parents. We will contact you again in about six months so that we can look at how people feel a year after training. Thanks again for your help with this project.
1. Are you currently licensed as a foster parent?
   ____ yes
   ____ no

   If no, are you planning to become licensed?
   ____ yes
   ____ no
   ____ maybe

2. With what agency do you have your foster parent license?

3. How many foster children have you had placed with you since you finished NOVA training?
   3a. How old are they?
   3b. How much time over the past six months have you had a child in your care?

4. How many foster children are currently placed with you?
   4a. How old are they?

5. Do you think you will take more foster children in the future?
   ____ yes
   ____ no
   ____ not sure

6. What is the one thing you like the most about foster parenting? Why?

7. What is the one thing you like the least about foster parenting? Why?
Now I'm going to ask you a few questions about the NOVA training you attended. Really think about how the training helped you with the following things. Please answer with a number from 1 to 5 with 1 being "not at all useful" and 5 being "very useful."

How useful was training in:

8. Helping you decide whether to become a foster parent? Answer with a number from 1 to 5 with 1 being "not at all useful" and 5 being "very useful."

9. Preparing you for foster children? Answer with a number from 1 to 5 with 1 being "not at all useful" and 5 being "very useful."

10. Helping you understand the way the foster care system works? Answer with a number from 1 to 5 with 1 being "not at all useful" and 5 being "very useful."

11. Helping you understand the needs of foster children? Answer with a number from 1 to 5 with 1 being "not at all useful" and 5 being "very useful."

12. Helping you understand the biological families of foster children? Answer with a number from 1 to 5 with 1 being "not at all useful" and 5 being "very useful."

13. Helping prepare you to work with social workers? Answer with a number from 1 to 5 with 1 being "not at all useful" and 5 being "very useful."

14. Helping you prepare your family to foster children? Answer with a number from 1 to 5 with 1 being "not at all useful" and 5 being "very useful."
APPENDIX D: FOSTER PARENT ATTITUDES FACTOR ANALYSIS
Table 9

Factor Loadings and Subscale Reliabilities for the Foster Parent Attitudes Instrument with One Randomly Selected Person from Each Household

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<tr>
<th>Foster Parenting Attitude</th>
<th>Reliability</th>
<th>Factor Loading</th>
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<tr>
<td><strong>IDENTITY</strong> (Attitudes toward the role of foster parenting and the foster care system)</td>
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<tr>
<td>Item 4: Meeting other foster parents</td>
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<td>Item 8: Working with social workers</td>
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<td>Item 9: Training as helpful in decision to foster</td>
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<td>Item 11: Training as preparation for foster parenting</td>
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<td>Item 12: Sadness and loss experienced by child</td>
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<td>Item 15: Benefit of fostering for biological children</td>
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<tr>
<td>Item 16: Support from friends and family to foster</td>
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<td>Item 19: Serving foster child’s family</td>
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<td>Item 20: Having and impact on foster children</td>
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<td>Item 23: Importance of continuation of training</td>
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<td>Item 26: Training as requirement for foster parenting</td>
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<td><strong>FOSTER PARENTING EXPECTATIONS</strong> (Attitudes regarding the provision of care to a child other than one’s own)</td>
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<td>Item 3: Foster child’s appreciation of foster parent</td>
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<td>Item 7: Expectations of becoming foster parent</td>
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<td>Item 17: Qualifications of foster parenting</td>
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<td>Item 24: Difficulty of foster parenting</td>
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<td>Item 25: Disruption of family routine</td>
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<td><strong>CHILD’S WELL-BEING</strong> (Attitudes toward the foster child’s needs and well-being)</td>
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<td>Item 1: Return of foster child to own family</td>
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<td>Item 13: Accepting foster child’s biological parents</td>
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<td>Item 18: Saying good-bye to foster child</td>
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<td>Item 21: Failure of placement</td>
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<td>Item 22: Foster child’s visitation with biological parents</td>
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<td><strong>GUIDANCE NEEDS</strong> (Attitudes toward behaviors of foster children)</td>
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<td>Item 6: Emotional, personal, and behavioral needs</td>
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<td>Item 10: Additional guidance needs</td>
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APPENDIX E: CODING MAP
### PRE-TEST CODING SHEET
(For variables presented in this study)

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POST TEST CODING SHEET
(For variables presented in this study)

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SIX-MONTH INTERVIEW CODING SHEET

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<td></td>
<td>2=FAIR</td>
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<td>3=GOOD</td>
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<td>4=EXCELLENT</td>
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ACKNOWLEDGMENTS

I would like to thank the following persons for their assistance with this dissertation and/or their support during the pursuit of my doctorate:

The 313 foster parent trainees in Iowa who participated in the Foster Parent Preservice Training Evaluation from 1994 to 1995. The contribution of their time, opinions, and ideas have contributed to the body of knowledge concerning foster parent education and licensing. Many of these persons continue to give the most invaluable contribution of all: their presence in the lives of Iowa’s foster children.

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