Attribution and Coping Styles

and the Foster Parent Outcomes:

Abuse Allegations, Satisfaction and Social Support

By

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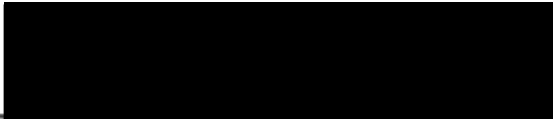the requirements for the degree of
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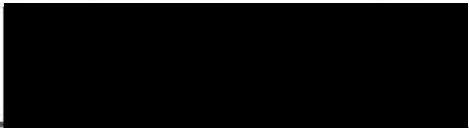
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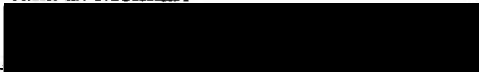
ABSTRACT

TITLE: Attribution and Coping Styles and the Foster Parent Outcomes: Abuse

Allegations, Satisfaction and Social Support

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As foster parents are asked to care for more children exhibiting difficult behaviors nurses struggle to support the efforts of families. This pilot descriptive study of 36 foster parents in a Northwest community used an integrated stress model (combining attribution and coping styles) to examine selected outcomes of foster parenting: abuse allegations, satisfaction with foster parenting and the agency, perceived social support and the use of social support. Those with the highest Problem-Focused scores (Ways of Coping Questionnaire) and the highest Composite Positive scores (Attributional Style Questionnaire) had the best outcomes: fewer abuse allegations, higher satisfaction ratings and more use of social support.

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The foster care system is overloaded and under supported and yet it continues as the main out-of-home placement alternative for children in the United States (Twigg, 1991). Foster parenting is a voluntary service that presents some of the greatest stressors known to families. Recruitment and retention of families is often difficult. Although much has been written about the needs of the children, little attention has been given the parents' challenges and perceptions. "Many of the problems in the present foster care system stem from a lack of understanding of the dynamics of the foster family" (Twigg, p.301,1994). The lack of information causes significant problems for nurses who must assess families, develop care plans, advise caseworkers and other providers and testify in court.

The stress of foster parenting comes in many forms. Difficulties with the children, the agency, the community and the biological family can overwhelm families (Pickney, 1994). Attrition levels are high. In Oregon less than 62 percent of new foster parents stay longer than one year and only 40 percent remain foster parents for two or more years (Druian, Copenhaver, Grimm, Jubitz, 1991. What is the difference between families that produce optimum outcomes (for themselves and their foster children) and families that find themselves accused of abuse, are dissatisfied, and become socially isolated from the foster parent community?

Verified abuse cases are the most common indicator of the success or failure of foster parents. This is an extreme indicator, associated with a very small percentage of foster parents. For example, there were 3,408 foster families in Oregon in April 1996. The incidence of documented foster children abused in foster care by their caretakers in 1995 was 0.36%. There were no statistics for foster parent abuse allegations. In fact, not many

statistics are available to describe foster families, according to the Director of Research and Statistics for the State Office of Services to Children and Families (G. Boyles, May, 1996). This lack of statistics was found in the state and national foster parents association as well as in the federal government agencies. Lack of satisfaction with the agency, career dissatisfaction and isolation from support systems may indicate early signs of stress. There are no data available in Oregon about foster parent satisfaction or the use of social support. It thus seems appropriate to begin to develop a better understanding of the dynamics of foster families by using the psychosocial theories of adaptation and coping.

Attribution theory concentrates on the cognitive appraisal portion of the stress adaptation process, suggesting that causal attributions determine what actions and affect are chosen to deal with the situation (Peterson & Seligman, 1984). The reasons people give for their thoughts and feelings are called causal attributions. People are thought to decide whether or not a circumstance is specific or global in its effect, whether it requires luck or skill to solve, and whether or not its consequences will be lasting or fleeting. The number of decisions made daily is thought to develop into a more or less automatic response, an attributional style. Attribution theory helps explain the individual differences found in the outcomes of coping strategies (Norman, Collins, Conner, Martin & Rance, 1995; Bruder-Mattson & Hovanitz, 1990).

The Lazarus model contends that coping defined as the seeking of equilibrium in the adaptation to stress process, takes place at three separate and partly independent levels of analysis: social, psychological and physiological (Lazarus & Folkman, 1984). He emphasizes that a person's cognitive appraisal of the situation is as important as the

stressor. Whether a person views the situation as harmful, threatening or a challenge depends upon individual perception.

Social support is defined as emotional sustenance and informational guidance. The use of social support is believed to be directly related to problem solving and coping in general. Social support has been linked with problem-focused coping as a direct and indirect mediator of stress (Schwarzer & Leppin, 1991) as well as an outcome of stress (Humphreys, Finney, & Moos,1994). The perception and use of social support is thought to provide a protective role in stress adaptation (Holahan, Holahan, Moos and Brennan, 1995). The literature suggests that involvement in self help organizations is predictive of more adaptive coping responses (Humphreys, Finney and Moos, 1994). Studies suggest that social support precedes and influences coping (Kessler, Kendler, Heath, Neale & Eaves, 1994). When individuals perceived social support was available, they used more instrumental coping methods (Schwarzer & Leppin, 1991). Support has been linked to perceptions of controllability which is an important concept to both coping and attribution theory (Pearlin, Liberman, Menaghan & Mullin, 1981). Coping methods, in turn, have been linked to attributions (Bruder-Mattson & Hovanitz, 1990).

A number of studies combine the study of attribution style (Peterson & Seligman, 1984) and coping methods (Lazarus & Folkman, 1984) to study stress mediation (Norman, Collins, Conner, Martin and Rance, 1995, Taylor, Lichtman, and Wood, 1984). Some researchers suggest that coping style may be dependent upon the attributional style (Bruder-Mattson and Hovanitz, 1990). If this is true, there should be similarities in the testing results of accepted tools, e.g. the high and low scores of each tool should correlate similarly with outcome measures.

Attribution and coping are elements in the Resiliency Model of Family Adjustment Occurrences and Adaptation (McCubbin, 1993). Change and hardship are considered normal. To prevent disruption and chaos, families develop strengths to overcome challenges. Health is described as family resiliency and the ability to overcome challenges and adapt over time. The model states that attribution and coping include the use of community resources and social support. A study of foster parents using the family resiliency model may provide information that will improve the selection, training and support of foster parents. A number of questions need to be asked. Do coping and attribution styles permit continuation of the foster parent lifestyle? Do positive foster care outcomes correlate with certain attribution styles and coping strategies?

Methods

The purpose of this study of foster parent outcomes was to provide information useful in the recruiting, retention, support and training of foster parents; the placement of foster children; and the creation of family care plans/treatment plans. A descriptive, quantitative design was used to explore the research question: does attribution and/or coping style correlate in the following foster parent outcomes: abuse allegations, satisfaction with foster parenting career, satisfaction with the foster care agency, and the seeking, perception of receipt and use of social support. An integrated stress theory model, developed for this study, (Figure 1) was used assuming that specific outcomes would be similar when comparing the results of commonly used measures of attribution and coping styles.

Procedures and Sample

Public records were used to identify 138 foster care parents representing 81 foster care families in a northwest community. Following study approval by the institutional review board for protection of human subjects, all foster care parents were mailed an invitation to participate in a survey of foster parent experiences. The cover letter described the purpose of the study, addressed protection of confidentiality through coding of responses and survey storage in a locked file, and offered $5 for participating in the survey. Thirty-six individuals representing 30 of the families agreed to participate and completed by mail or in person the 16-page survey. Both the length of the survey and the sensitive nature of several questions may have contributed to the low response rate (26% of individuals representing 37% of families to whom the invitation to participate was sent). Interestingly, the only other available regional report of foster parents also had a low response rate, 32% (Durian, 1991).

Measures

The survey was comprised of three sections; a questionnaire to describe demographics and outcomes assessing social support; the Attributional Style Questionnaire (Peterson, Semmel, Von Baeyer, Abramson, Metalsky, & Seligman, 1982), and the Ways of Coping Questionnaire (Folkman, & Lazarus, 1988).

Demographic and Social Support Questionnaire.

This investigator-designed instrument elicited information about foster parent characteristics, family composition, incidence of abuse allegations, satisfaction with foster parent career and the agency, as well as use of and satisfaction with sources of various

social support. Specific questions regarding family composition, placement and removal of foster children were asked. This is because the number of children in care, the frequency of placement, and the incidence of special needs children may be considered stress events. Visual analogue scales measured the outcomes satisfaction of one's career and satisfaction with the agency.

Likert-type scales measured the following outcomes: perceptions of support from group meetings, other foster parents and the helpfulness of trainings. The use of social support was indicated by the number of trainings and support groups attended during the last twelve months and during the whole career. All participants had access to two regularly scheduled Foster Parent Association monthly meetings, one for emotional support and one for training. While foster parents are required to engage in ten hours of training each year, they may use many sources for this training. They are not required to attend any support group sessions.

Respondents were asked to report numbers of abuse allegations during their foster parent careers. Abuse allegation refers to any violation of the State Administrative Rules and can result in an investigation that may end with education, suspension or revocation of the foster home certification.

Attributional Style Questionnaire.

The Attributional Style Questionnaire (ASQ) was used to measure causal attributions and produced three scales used in this study: the Composite Positive, the Composite Negative, and the difference between the two composite scores called the total Positive-Negative score. The tool seeks explanations for good and bad events in terms of internal/external, global/specific, and stable/unstable causes. Twelve different hypothetical

situations are given. Participants are requested to give a reason for the situation and then to rate the cause of the situation along the three dimensions described using a semantic differential scale (1-most negative, 7-most positive). The ASQ is scored so that a desirable score is as high as possible on the composite positive scale and as low as possible on the composite negative scale. These scores were determined by summing the variables pertaining to positive or negative events and then dividing by six (six events). The instrument has shown construct, criterion and content validity with coefficient alphas ranging from .72 to .75 for the composite scores (Peterson, Semmel, Baeyer, Abramson, Metalsky and Seligman, 1982). The alpha for this sample was .62.

Four foster parent specific events were added to the end of the questionnaire. One situation was developed for each of the four areas studied by the ASQ and using an identical format: good and bad affiliation and good and bad achievement (Peterson et al., 1982). These items are referred to as foster parent positive and foster parent negative scores. The alpha for these questions was .76. When combined with the ASQ, the total alpha was .70.

Ways of Coping Questionnaire.

This instrument contains 66 items that describe a broad range of cognitive and behavioral strategies. Participants were asked to consider a stressful event within the last month and then rate each item on a 4 point Likert scale (0=does not apply and/or not used to 3=used a great deal) as to whether or not it was used in the experience. The Ways of Coping Questionnaire provided four scales for use in this study: Escape/avoidance Coping, Confrontive Coping, Planful Problem-Solving and Seeks Social Support. Seeks Social Support was one measure of the outcome, social support. A fifth score, the

"Problem-Focused" score, was calculated as the mean of the sum of Seeks Social Support, Confrontive Coping and Planful Problem-Solving scales. The sample alpha coefficient was .92.

Analysis

The questionnaires were coded with a four digit number which allowed for family identification. Data were entered into the Statistical Package for the Social Sciences (SPSS) and verified for accuracy prior to running statistical tests.

Descriptive statistics were calculated for each variable. Associations among variables were described by Pearson product moment correlation. Scores were entered as dichotomies for analysis of differences using Chi square and for regression analysis of relationships among outcome variables and family characteristics and scores on measures of attribution and coping. For all but two variables, scores were classified as high or low in terms of the median score. For abuse allegations, the dichotomy was yes/no; years of foster parent experience was divided 0 to 5 years/ 6 or more years. Percentages were based on the total number of returned usable questionnaires from individuals (n=36). The alpha level of .05 was used for all statistical tests.

Incomplete data were returned on three questionnaires. Mean scores were substituted for the incomplete data. The ages of the children, foster parent occupation , ethnic background, and other family data were not analyzed in this study.

Results

Thirty-six foster parents provided information about themselves and their families and responded to two questionnaires. These data describe the sample and the conceptualized outcomes of foster parenting: abuse allegations, satisfaction with the

career and the agency, and social support measures. Bivariate relationships among the variables are also described. Because psychometric tools from both attribution and coping theories were used, analysis of the outcomes emphasized comparison of the higher scores.

Sample and Psychometric Tools

Participant and Family Characteristics

The participants were 29 years of age or older (range 29-61; mean 42.4 years). Twenty-eight were female; 8 male. Ninety-seven percent of the group had at least a high school education and the mean income was slightly above that of the county ($21,377 in 1994). Sixteen had less than five years experience as foster parents (six less than one year). Although the mean years of experience was 4.7 years, the median was 1.75 years. Ten participants had six or more years of experience.

Foster children were currently present in the homes of 32 of the 36 participants, twenty-two reported having more than one. Special needs children (those with physical, mental or behavioral needs) were in two-thirds of the homes. Half of the participants reported having four or more children placed with them in the past 12 months; and 92% percent of the participants experienced at least one foster child placement or departure during the previous year. Fifty-five of seventy-three children leaving these foster homes returned to their biological parents and seven were placed for adoption. Five children were moved by request of the foster parent, one at the request of the agency and four to other places (extended family or treatment homes); the one child moved by the agency was placed with siblings in preparation for adoption. Ten individuals reported having one or more abuse allegations.

Participants and the Psychometric Scores

Subjects scores on the ASQ and WCQ are shown in Table 1. Seven individuals were high Composite Positive (ASQ) and not Problem-focused (WCQ) while another seven were Problem-Focused (WCQ) and not high Composite Positive (ASQ). Two-thirds (12 of 18) of the high Composite Positive (ASQ) participants had high Problem-Focused (WCQ) scores. Only two foster parents used Escape-Avoidance (WCQ) coping and they were in the low Composite Positive (ASQ) group. The foster parent positive specific items designed for this study and presented with the ASQ correlated with Composite Positive (ASQ) score ($r=.39$; $p=.02$).

Outcomes

Correlations among scores for the ASQ and WCQ are presented in Table 2. Statistically significant correlations were found among the outcomes and various personal and family characteristics as well as among the outcomes themselves. Abuse allegations correlated with three scales on the WCQ (Table 3) As shown in Table 4, foster parents reported a high degree of satisfaction with their careers, a bit less satisfaction with the agency and varying use of social support modalities and perceptions of their value. Thirty-one percent of the sample had attended one support group in the last twelve months. Thirty-nine percent attended ten or more trainings during the last twelve months.

Abuse Allegations. Abuse allegations and the perception of support from the agency were significantly related ($r = .36$; $p = .04$). Foster parent age associated with abuse allegations ($r = .60$; $p = .00$). Allegations associated also with the number of foster

children in the home (r=.39; p = .02), the total number of trainings attended (r = .43; p=.01), and years of experience. (r= .56; p = .00). Seventy percent of those with abuse allegations were in the high trainings attended category.

Satisfaction. Both indicators of satisfaction, satisfaction with the foster parenting career and satisfaction with the agency, were associated with each other (r =.42; p = .01). Being female was associated with both satisfaction with the career (r = .43; p = .01) and satisfaction with the agency (r = .39; p = .01).   Satisfaction with the career related to years of experience (r = -.40; p =.02), the having foster children (r = .41; p = .01), perceived emotional support from other foster parents (r = .40; p =.02), having special needs children in the home (r = .33; p = .05), the number of trainings attended in the last twelve months (r = .37; p = .03) and satisfaction with the trainings (r = .44; p = .01). Satisfaction with the agency was significantly associated with perceived emotional support from other foster parents (r = .36; p =.04), perceived emotional support from the agency (r =.43; p = .01) and having foster children in the home (r= .53; p =.001).

Social Support. Seeks Social Support, perceived social support, and the use of social support were the three concepts explored. Positive correlations were found between the Seeks Social Support subscale (WCQ) and the absence of abuse allegations, total number of trainings attended in a career (r=.34; p =.05), and perceptions of receiving support from other foster parents.

Participants reported relatively more perceived emotional support from other foster parents than from the support meetings. Helpfulness of the trainings associated with satisfaction with the agency (r=.40; p = .02), being female (r =.35; p = .04) and the total

number of trainings attended during a career (r =.44; p = .01). Forty-seven percent of the

group expressed the desire to find trainings outside the foster parent organization.

Use of social support includes trainings and support group attendance. Use of

trainings were almost evenly split between high and low foster parenting satisfaction

ratings. Newer foster parents attended more support meetings than parents with more than

five years experience. Parents with more than five years experience attended more

trainings than support meetings. Those experienced parents who attended support

meetings reported perceived support from the meetings. The total number of trainings

attended during a career associated significantly with the number of foster children cared

for during the career (r = .41; p =.02). Other significant relationships for the use of

trainings include: the number of foster children in the home (r = .41; p = .02), years of

experience (r= .63; p = .00), and having special needs children in the home (r = .37;

p=.03). The number of support meetings attended in the last twelve months was

negatively associated with years of experience (r=.50; p= .002); perceived emotional

support from the agency associated positively with support group attendance (r= .47;

p=.01). Agency reported support group attendance was associated with having special

needs children in the home (r=.33;p =.05).

Attributional Style, Ways of Coping and Outcomes

The correlations of scores for the Attributional Style (ASQ) and Ways of Coping

(WCQ) questionnaires are shown in Table 2 and the correlations with the outcome scores

are presented in Table 3 and 4 respectively. Because of special interest in what are

potentially more positive attributional styles and ways of coping, a Chi-square analysis of

outcomes in relation to these is presented in Table 5. Seventy-five percent of the sample

were either high Composite Positive (ASQ) or Problem-Focused (WCQ) or both. Twenty-eight percent (10) of the foster parents studied were both Composite Positive (ASQ) and Problem-Focused (WCQ) and will be referred to as the "CPPF" group. Results of the CPPF grousp showed similar significant findings for abuse allegations, satisfaction with their careers, perceived emotional support from other foster parents, and support group attendance. Parenthetically, the CPPF group were similar with regard to income and years of experience.

Abuse Allegations. Even though two of the ten abuse allegations were to people with Composite Positive scores and seven of the ten parents reporting abuse allegations were those with the highest Composite Negative scores, the ASQ did not correlate with statistical significance with abuse allegations. There were no abuse allegations in the high Composite Positive group. Six of the ten reporting abuse allegations were found in the Problem-Focused (WCQ) group. Abuse allegations were associated with high scores for Seeks Social Support (WCQ) and Problem-Focused Coping (WCQ). A Chi-square analysis showed statistically significant differences between the absence of abuse allegations and being either high Composite Positive (ASQ) or high Problem-Focused (WCQ) or CPPF. Three of the five foster parent requests for removal of children prior to final placement came from parents in the CPPF group. The reasons given for moving the children were difficulty in dealing with the children due to behaviors or lack of knowledge about how to care for the child in the family context.

Satisfaction. The foster parents who were neither Problem-Focused (WCQ) nor High Composite Positive (ASQ) indicated the least satisfaction with the agency (5.5 in contrast to sample mean 6.9 and median 7.5). Satisfaction was higher for those classified

as either high Composite Positive (ASQ) (6.6) or Problem-Focused (WCQ) (7.2). The

highest satisfaction was found in the CPPF group (8.4). The same pattern held true for the

outcome satisfaction with the career. The group that was neither Composite Positive

(ASQ) or Problem-Focused (WCQ) were the least satisfied (7.3). The overall sample

mean for satisfaction with the career was 8.1 and the CPPF group mean was 9.

Social Support. Statistically significant relationships between the Seeks Social

Support subscale (WCQ) were found with the number of trainings attended in the last

twelve months (r= .34;p=.05). Seventy-nine percent of the high Seeks Social Support

(WCQ) group scored either high Planful Problem Solving (WCQ), high Composite

Positive (ASQ) or both (42%). The high Seeks Social Support group attended the most

trainings and support group meetings. Individuals with high Seeks Social Support (WCQ)

scores and either a high Composite Positive (ASQ) or high Planful Problem-Solving

(WCQ) scores attended more trainings than those who scored lower on the two scales.

Scoring in the CPPF group was predictive of perceiving emotional support from

other foster parents. The CPPF group attended more than double (mean 29) the trainings

in the last twelve months than the low Composite Positive (ASQ) group (mean 11). The

group that was either High Composite Positive (ASQ) or High Problem-focused (WCQ)

and scored high on Seeks Social Support had a mean of 22 meetings. Additional analysis

using chi-square showed statistically significant differences between scoring high Problem-

Focused (WCQ) and the number of trainings attended (5.36, DF=1, p =.02). The chi-

square analysis of the groups that were Composite Positive (ASQ) or Problem-Focused

(WCQ) or both (CPPF) also showed statistical significance with the use of training in the

last twelve months (8.13, DF=3, p = .04). The group that attended the fewest trainings was neither high Composite Positive (ASQ) or Problem-Focused (WCQ).

Discussion

Foster parent outcomes of abuse allegations, satisfaction and social support were the focus of this study. The 26% response to an extensive survey provided data from thirty-six foster parents in a rural Northwest county, characterized by an active foster parent association. Attributional styles and coping methods as elements of an integrated stress management model were described in relation to each other and the outcomes.

For this sample, alpha scores on the WCQ (.92) were similar to those reported by Folkman and Lazarus (1988), but the ASQ alpha score (.62) was lower than the .72-.75 reported by Person, Semmel, Baeyer, Abramson, Metalsky and Seligman (1982). The ASQ has been widely tested with various populations including parents and known child abusers. Several parents indicated their unease with the questions on the ASQ after completing the questionnaire. A foster parent specific tool is a possible future approach to this problem.

Limitations of this study include the location of the sample in an area where the Foster Parent Association was organized and supportive. It may be that the results would be different in a less organized location. The vulnerability of foster parents to abuse accusations may have influenced responses. The small number of respondents calls into question the generalizability of the findings.

Understanding the influence of attribution and coping styles on the outcomes of foster parenting is basic to the questions of selection, training, retention and support. Foster parents profoundly affect the lives of children in crisis. Society understands the

value of nurturing the children while in out-of-home placements. There is not enough understanding about the nature and nurture of the foster parents. The findings of the study provide evidence that both supports and refutes ideas relative to attribution styles, coping methods and foster parenting. Individuals with higher internal, stable and global scores for good events (Composite Positive-ASQ) used problem focused coping (Problem-Focused-WCQ) but not Escape-Avoidance coping. The Composite Negative (ASQ) individuals did not use Escape-Avoidance coping. A future study may uncover whether this is a characteristic of foster parents. Seeks Social Support (WCQ) and Problem-Focused (WCQ) coping styles were used by those with abuse allegations and not by those with Composite Positive (ASQ) attributions. Since some theorists believe that seeking social support is one manifestation of being problem-focused, the question arises as to whether or not positive attributions moderate problem-focused coping in foster parents.

Foster parents are often expected to "help" the child with mental health and behavior issues. The expectation of "healing" a child often causes frustration and family tension. Does being problem-focused increase family tension if the parent perceives little progress, no support, no solutions, or has negative attributions about the situation?

The integrated stress model of incorporating both attributions and copying styles into one study was supported by the similar scores of the Composite Positive and Problem-Focused (CPPF) group on a number of the outcomes measures. The CPPF group had fewer abuse allegations but requested moving foster children before final placement They were more satisfied with the foster parenting; were satisfied with the trainings and attended more of these trainings than their peers. The utility of the integrated stress model

is further supported by the negative correlation between Composite Positive (ASQ) scores and scores for the use of Escape-Avoidance (WCQ) strategies.

Abuse Allegations

It is unknown whether the high percentage of Composite Negative attributions among those with abuse allegations is due to experiencing an abuse allegation or a long term attributional style. Some theorists think attribution styles are learned. If this is the case then knowing then teaching positive attribution styles as they relate to foster parenting may be important. Foster parents with abuse allegations and a negative attributional style would need to be approached differently from those with positive styles. It is not understood what effects negative attribution styles have on foster parenting.

The positive correlation between abuse allegations and two scales on the WCQ prompt several questions. If individuals with Problem-Focused (WCQ) scores are associated with the use of trainings and social support groups, then why doesn't training helping parents avoid abuse allegations? Is the right type of training being offered? Did the abuse allegations occur before appropriate training? What kind of training is needed to avoid abuse allegations? Are parents with high Seek Social Support (WCQ) scores inclined to do so because that is their coping style or did they learn to seek support while experiencing the challenges of foster parenting?

Moving children from one foster home to another is avoided by agencies. The issues are complex and difficult. Movement of a child is often perceived as a failure of the foster family or agency. If CPPF scoring individuals request removal of children before frustrations build enough to cause abuse allegations, then agencies may protect both children and families with earlier interventions or a new placement for the child.

Satisfaction

Satisfaction appears to be related to the perception of received emotional support from other foster parents which in turn is associated with positive attributions and problem-focused coping. If this can be replicated in a larger study it has implications for the training and support of foster parents. Supporting but not leading foster parent groups may increase the satisfaction and retention of foster parents.

It was expected that the CPPF group would find more satisfaction with their careers and the agency. A general trend indicated this. CPPF parents reported the highest satisfaction rates. Lack of satisfaction with foster parenting may be an early indicator of stress but this was not shown in this study. Satisfaction with foster parenting and the agency did not relate to abuse allegations or the use of social support, but did relate to perceived emotional support. Agency may want to create opportunities for foster parents to support one another and thus increase foster parent satisfaction.

Social Support

The high number of abuse allegations found among those who attend trainings and social support meetings is probably attributable to the agency's requirement that families with problems attend the meetings. It is not known whether or not these people would have attended without the agency's urging.

Having positive attributions and using problem focused coping appear to influence the use of social support more than the seeking of social support as a coping method did. Although not statistically significant, those who used the Seeks Social Support way of coping seemed to be more satisfied with their careers and the agency than lower scoring peers. Another significant association was found between the number of trainings attended

and satisfaction with foster parenting suggesting that those who attended training found answers to problems that may be causing others frustration and thus dissatisfaction with their careers. A future study comparing first year foster parents' attribution and coping styles with those who have done the job for over five years would address questions about personal characteristics and learned behaviors.

The more years of experience and the more children cared for, the higher were ratings for satisfaction with foster parent trainings and emotional support meetings, and perceptions of support received from other foster parents. Is this due to a coping or attributional style prior to fostering children or foster parent experience? More information is needed.

Foster parents expressed more perceived support from other foster parents than from the agency. This finding would support the development of foster parent mentors and buddy systems. Involving foster parents more in the support of one another could lighten the counseling load for agency staff, increase the use of social support, increase satisfaction with foster parent careers, and increase the problem solving approach in new or troubled foster parents.

The small sample of most experienced foster parents indicated high satisfaction scores and the use of instrumental social support while caring for special needs children (considered the most difficult foster challenge). This information supports the Resiliency Model of Family Adjustment. It is assumed that there are differences between experienced foster parents and those that quit early in their careers. A larger study using the integrated stress model may indicate how attributions and coping styles affect foster family success.

Summary

Individuals scoring either Composite Positive (ASQ) or Problem-Focused (WCQ) associate more with the resilient outcomes (no abuse allegations, greater satisfaction, more perceived and used social support) than peers with lower scores. Foster Parents scoring in the CPPF group had the highest resilient outcome scores. More descriptive data are needed regarding foster parent characteristics. Are there optimal attributional and coping styles for foster parents?

Conclusion

The study of 36 foster parents provides a glimpse at an interesting population about which little is known. The results are similar to past studies that found individuals who use social support have positive attributions as measured by the ASQ and are problem focused as measured by the WCQ. Since coping and attributional styles are considered acquired skills, there are practice implications for nurses and social workers. Training in problem solving techniques and the development of positive attributions might improve foster parent performance. Nursing care plans for families can be improved using a family systems approach including social support and problem solving strategies.

A creative approach to gathering data is needed. The similarities between the outcomes on both the WCQ and ASQ and the fact that the best outcomes occurred in participants that scored high on both tools are encouraging to those who believe there is a relationship between the attribution style and coping method. A combination qualitative and quantitative study may give more in depth picture to the attribution and coping styles of this population. If attribution and coping styles are learned then the experience of foster

parenting may influence responses. A longitudinal approach in future studies may provide

a information on when and how styles change. More information about this population

could impact the study of stress and caregiving.

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Figure 1
Integrated Stress Model

Stimulus

1° Appraisal

2° Appraisal & Coping Choice

+ or - Acceptance

Review Past Experience

Affirmation of Causal Scheme

Expectancy Decision

Evaluation

Adaptation Strategy

Action

Evaluation

Outcome

External Circle represents the Cognitive Phenomenological Theory
Internal Circle represents Attributional Theory
Arrows show direction of thought between the theories

Table 1

Attributional Style and Ways of Coping: Means, Medians, Range

Scale	Mean	Median	Range
Attributional Style Questionnaire			
Composite Positive	15.5	15.2	12-19.8
Composite Negative	11.9	12.2	7.2-14.5
Total Positive-Negative	3.6	3.5	.5-9.33
Foster Parent specific questions added to the ASQ			
Foster Parent Positive	14.6	14.5	10-20.5
Foster Parent Negative	11.7	12	5.5-17
Ways of Coping Questionnaire			
Seeks Social Support	1.4	1.5	0-3
Planful Problem Solving	1.7	1.7	.33-2.83
Confrontive Coping	0.98	0.91	0-2
Escape-Avoidance	0.5	0.5	0-1.88
Problem Focused	1.4	1.5	.28-2.1

Note. a. potential range 0-3
b. potential range 3-21 for composite scores
c. potential range 2-19

Table 2

Correlation Matrix: Psychometric Scales

Ways of Coping	Attributional Style				
	Composite	Composite	Total	F.Parent	F. Parent
	Positive	Negative	Pos.-Neg.	Positive	Negative
Seeks Social Support	0.03	-0.1	0.09	0.24	0.07
Planful Problem Solving	0.2	0.05	0.11	0.27	-0.02
Escape-Avoidance	-0.04 *	0.11	-0.38 *	-0.24	0.1
Problem-Focused	0.01	0.001	0.01	0.27	0.09

Note: * P=≥.05

Table 3

Correlation Matrix: Outcome Variables by Ways of Coping

Outcome Variables	Seeks Social Support		Planful Problem Solving		Escape/ Avoidance	Problem Focused	
Abuse allegations	0.4	*	0.11		0.13	0.33	*
Satisfaction with career	0.08		0.14		-0.27	0.12	
Satisfaction with agency	0.12		0.07		-0.1	0.19	
Seeks Social Support	1		0.46	*	0.14	0.83	*
Perceived social support from support meetings	0.25		0.27		-0.07	0.3	
from other foster parents	0.39	*	0.42	*	-0.11	0.51	*
helpfulness of trainings	0.17		0.31		-0.22	0.3	
Use of social support # trainings in 12 months	0.34	*	0.31		-0.03	0.35	*
# support meetings in 12 mo.	0.13		0.09		0.3	0.17	

Note.* P=$\geq$ .05

Table 4

Correlation Matrix: Outcome Variables and Attributional Style

Outcome Variables	Composite Positive	Composite Negative	Total Pos/Neg	F.Parent Positive	F.Parent Negative
Abuse allegations	-0.25	-0.05	-0.27	-0.06	0.09
Satisfaction with career	0.43 *	-0.09	0.39 *	0.23	-0.25
Satisfaction with agency	0.002	-0.06	0.16	-0.01	0.01
Seeks Social Support	0.031	-0.1	0.01	0.24	0.07
Perceived social support					
from support meetings	-0.14	-0.25	0.07	0.04	0.21
from other foster parents	0.05	-0.3	0.25	0.07	-0.11
helpfulness of trainings	0.05	-0.01	0.05	0.14	0.13
Use of social support					
# trainings in 12 months	0.05	-0.01	0.38 *	0.25	-0.15
# support meetings in 12 mo.	-0.17	0.02	-0.14	0.17	-0.05

Note. * P=$\geq$ .05

Table 5

Satisfaction and Social Support N=36

Variable Description	Median	Mean	S.D	Range
Satisfaction				
with foster parent career	8.8	8.1	1.9	4.2-10
with agency	7.5	7	2.32	5-10
found trainings helpful	4	3.7	0.9	1-5
want other sources of training	3	2.7		1-5
Perceived emotional support				
from other foster parents	4	4	1	1-5
from support meetings	3	3.3	1.2	1-5
Use of support				
trainings attended in last 12 months	6	8.5	9	0-48
total trainings in career	15	40.1	45.6	0-152
support groups attended in 12 months	2	7.3	11.2	0-60

Table 6

Percentage of Foster Parents With Higher Scores (more favorable) on Outcomes and on

Selected Sub-scales of ASQ and WCQ:Chi-Square Analysis

Outcomes	Composite Positive (ASQ)			Problem-Focused (WCQ)			CPPF***		
	%	Chi Square	P	%	Chi Square	P	%	Chi Square	P
Abuse allegations-none	44	4.98	.03 *	31	4.12	0.04 *	28	15.44	.001 *
Satisfaction- high:									
with the career	33	1.02	0.31	39	3.9	.05 *	25	3.93	0.27
with the agency	31	1	0.32	36	3.95	.05 *	25	4.73	0.19
Perceived social support									
from other foster parents	36	0.5	0.5	39	0.89	0.35	27	2.27	0.52
from the agency	31	1	0.32	36	3.95	.05 *	25	4.73	0.19
helpfulness of training	31	0.45	0.5	33	0.94	0.33	22	1.2	0.75
Seeks Social Support**	36	2.86	0.09	39	3.9	.05 *	25	3.64	0.3

Table 6
Continued

Outcomes	Composite Positive (ASQ)			Problem-Focused (WCQ)			CPPF***	
	%	Chi Square	P	%	Chi Square	P	Chi Square	P
Use of social support in last 12 months								
trainings attended	25	0.45	0.5	0.39	5.36	0.02 *	0.22 8.13	.04 *
support groups attended	27	0	1	0.36	2.7	0.1	0.22 3.5	0.32

Note. Degrees Freedom for all analyses = 1
* Statistically significant alpha + .05 or less
** Seeks Social Support (WCQ) component of the Problem-Focused (WCQ) subscale, scores for subscale Problem Solving (WCQ) substituted
***Both Composite Positive and Problem-Focused

Running Head: Attributions, Coping Styles and Social Support

MEDIATING THE STRESS
OF FOSTER PARENTING:
THE ROLE OF ATTRIBUTIONS,
COPING STYLES
AND SOCIAL SUPPORT

By

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"Many of the problems in the present foster care system stem from a lack of understanding of the dynamics of the foster family" (Twigg, 1994, 301). How families cope with the stress of fostering children may impact the quality, type and amount of care they can give to family members. The stress of fostering children is often a reason for moving children from one home to another and for abuse accusations. The need for foster care grows each year as the number of children neglected, abandoned and abused increases. The number of children needing care in Oregon increases by 27 each month of the year (Children Services Division, 1994). During November 1994, in Oregon there were 4257 children in non-relative foster care and 1385 in relative foster care according to an unpublished third quarter report of the Children's Service Division (Children's Services Division, 1994). The need to recruit and maintain good foster families increases proportionately. The system is greatly overloaded. Too many children, to few support systems and the inherent stressors of fostering is thought to have caused families to resign (Erskin, 1995).

The population of special needs children in Oregon (those with a mental or physical health diagnosis) requires nurse assessments, interventions and care plans. The personal care nurse cannot assess a family and child's needs without appropriate knowledge of the dynamics involved. Therapeutic and preventive interventions can "benefit from a deeper understanding of human coping behavior" (Elliott & Eisdorfer,1982, p xxi). Understanding why some foster caregivers escape damage to their well-being while others succumb is important in an agency's plans for recruiting, retention and training of foster caregivers. Nurses are called upon to help both children and families

adjust to the stress of foster care. An understanding of foster parent stressors, attributions, coping styles and outcomes would be helpful in order to provide quality care.

Problem Statement

Research has shown the positive relationship between certain attributional and coping styles, social support groups and decreased stress levels. Research has not been done to demonstrate the effects of attributions, coping styles and social support on the stress levels of foster parents. There is not enough information available to adequately assess foster parent stress levels, their methods of mediating the stress of foster parenting or the effectiveness of their support groups in reducing their stress. Most research on stress has been done with populations unable to avoid stressors. Foster parenting is a volunteer activity. Those individuals experiencing too much stress may simply quit. A great many homes are licensed each year but the retention rate is poor, "in some areas fewer than 50% remain licensed for a year or more" (McFadden & Ryan, 1991). What variables enable successful foster parents to withstand the stressors of their chosen careers? Another possible alternative for handling overwhelming stress is child abuse. Ryan and McFadden found that in sample states the substantiated allegations of abuse and neglect against foster parents ranged from two to twenty-eight per thousand licensed homes (1991). Many agency resources are spent to avoid abuse with insufficient research studies to guide the spending. Individuals in charge of the selection, training, retention and assisting of foster parents would benefit from understanding the stress and how they are best mediated.

Family systems nursing is a focus on the family as a whole and how it relates to the individual with a health problem (Wright, L M. & Leahey, M., 1990,149). In order to

address the family as the unit of care there needs to be an understanding of the family dynamics. There is a need to understand the foster family in order to help the foster child reach potential capabilities. The purpose of this study of foster parent attributions, coping styles and the use of social support is to provide information useful in the recruiting, retention, support and training of foster parents as well as the optimal placement of foster children and the creation of care plans for families.

REVIEW OF RELATED LITERATURE

Foster Families

Foster care has been the main out of home care solution in the United States for the last sixty years. The number of children in foster care "skyrocketed, growing an estimated 23% from 1985 to 1989, with predictions of up to 840,000 children in care by 1995 (Twigg, 1994, 298). There are many kinds of foster families and they are used for various populations including: children removed from their homes by protective services; the mentally ill; the physically disabled; and court mandated due to behavior problems. Studies of the demographics of foster families have contradicted each other according to Twigg (1992). Ray and Horner so that it is unknown whether successful foster families are similar in characteristics such as age, economic status, household numbers, motivations, personality characteristics, training, use of social support, parenting styles etc. (1991)

Twigg listed many of the stressors he observed foster families experience (1992). There may be great numbers of children moving in and out of the home leaving family members unsure of their roles and relationships (Eastman, 1979). The termination of care brings grief and stress which often is not given a chance to be expressed much less processed before the next strain, or child is added to the family. The child is expected to

become a member of the family while maintaining bonds with a biological family. The family is expected to abide by the mandates of the foster agency which may be contrary to their own methods of parenting (Twigg, 1994). The system is child-centered and often ignores the needs of the families. The family must always abide by state rules on all issues including discipline, money, clothing, toys, and visits. The foster family rules on these topics are not considered. Foster parents are expected to work with biological parents to promote parenting skills and child understanding. These parents are well aware of the child's history before placement and may not agree with the state's opinion on returning the child to the biological home, or the foster parents may find parenting the child difficult and feel unable to be of assistance to the biological family. Guilt, jealousy, communication problems, dysfunctional habits of relating all contribute to make helping the biological family difficult. Many foster parents are required to keep logs, journals, financial records and medical records. They perform at a professional level and yet the payment for foster care rarely covers the expense of having the child in the home. A lack of training and support for the foster family complicates the process. Social worker turnover, overload, lack of training and inexperience does not help children or foster parents cope (Twigg, 1994).

McFadden and Ryan (1991) identify chronic grief evidenced by feelings of fatigue and depression as one characteristic that puts foster parents at risk of abusing the children in their care. However, during 1994 Oregon Children Services Division received a total of 26,436 referrals of possible child abuse or neglect. Only twenty-eight of those referrals were a result of abuse and/or neglect by a foster care provider (Children's Services Division, 1995). This means that only .3 percent of Oregon children in foster care were

victims of abuse by their caregiver (Children's Services Division, 1995). According to these figures, caregiver abuse does not seem to be a large problem in Oregon. The number of Oregon foster children moved from one home to another because of stress was not available. Eastman states that the national number of children who are moved from a foster home before they are ready to go home is at 41% (1979). "An effective way to assess the coping capacity of a foster family and its ability to tolerate stress is needed," said Eastman.

Ray and Horner (1990) studied the personality characteristics (extroversion, anxiety, tough poise and independence) of successful foster parents but did not address coping. The measure of success was caseworker judgments and length of foster placement in the home. Touliatos and Lindholm used the same measures of success in their study of 472 foster families(1981). Caseworkers were asked to evaluate two foster families. Their form measures health, employment, income, time opportunities for cultural and intellectual development, opportunities for religious and spiritual development marriage, ability and motivation for foster parenthood, flexibility and working with the agency and the child's parents. This observation type of approach could yield very different results than a foster parent survey of the same tool. Wiehe (1983) found personality and parenting differences between mothers over and under age forty. The question of experience differences was not addressed. So it is not known whether experience makes a difference in foster parenting and coping. Morrissette (1994) proposed that foster parents go through developmental stages. Parent responses to parenting and their view of their role in the care team alters with experience. The theory was not based upon research but the author's experience.

Foster Children

The following literature synopsis is given so that the reader will understand the types of stress with which the foster system and parents must cope. The children placed in care suffer from both physical and mental illness, struggle with the grief of separation, and experience cultural shock as they move from one set of family expectations to another.

"The kids who are coming into the system over the last ten years are very damaged children," said Dr. Mark Simms, associate professor of pediatrics at the University of Connecticut School of Medicine. "Foster care reflects society, and in the mid-1980s we had an epidemic of homelessness, poverty, drug addiction and HIV infection." (Pickney, 1994, 15). In addition the threshold for removing children from abusive, neglectful homes may have risen as overburdened agencies assumed charge of only the most traumatized children...," said Dr. Edward Schor, chair of the American Academy of Pediatrics early childhood committee (Pickney, 1994, 17).

Nationally, eighty percent of children in foster care have been physically and sexually abused and emotionally and physically neglected, according to Martin, Altemeier, Hickson, Davis and Glascoe (1992). These experiences and separation from families often create behaviors that are difficult for foster families (McFadden & Ryan, 1991). Foster children are "the unhealthiest subset of American children that can be identified by any social parameter," said David Chadwick, MD, director of the Center for Child Protection at Children's Hospital in San Diego. "They are sicker than poor children, homeless children and children living in the poorest sections of the inner-cities--unhealthier than any group you compare them to" (Pinkney, 1994,16). Several studies indicate these children receive inadequate medical care due to fragmented and inefficient services, fewer

providers accepting medicaid, poor design of the foster care system and fewer available community resources (Takayama, Bergman, 1994 and Pinkney, 1994).

In Oregon a November 1994 report indicated only 16.8 percent of the foster children in care exhibited no problem on placement (Children's Services Division, 1994). The rest had behavioral, mental, physical or a combination of problems. Behavioral conditions were diagnosed in 53.9% of the children in care. These included runaways, criminal activity, drug and alcohol problems, aggression, sexual acting out, drug affected infants, destructive, hyperactive/attention deficit, sexual offenders, teen parents/pregnant, fire setting, and fetal alcohol syndrome. Only 9.2% of the children were diagnosed with a physical abnormality (e.g. neurological, congenital defect, hearing, vision, etc.) while 40.8% had a mental problem, (e.g. post traumatic stress syndrome, depression, conduct disorder, etc.)

Coping and Attribution Research

Lazarus and colleagues proposed the cognitive-phenomenological model of stress as a method of studying the stressors, mediators and outcomes of the process (Lazarus & Folkman, 1984). Lazarus suggested that coping efforts are mediators of stress and affect response (De Maio-Esteves, 1990). Lazarus and colleagues state that individuals confronted with an impediment engage in a cognitive process to determine the level of threat; this is called primary appraisal (Lazarus & Folkman, 1984) Determining if individual resources are sufficient to handle the situation is the function of secondary appraisal. Lazarus states that people then choose a coping strategy-either to deal with the stressor itself which is called problem-focused coping, or to deal with the emotional responses to the threat which is called emotion-focused coping. Cognitive appraisal and

coping are the critical mediators in this model.   Applying attribution theory to the appraisal process helps explain the individual differences in outcomes of the coping strategies. Attribution theory has its basis in the expectancy-value work by Lewin (Graham & Folkes, 1990, 13). The strength of motivation to perform an action is determined by the reinforcement value individuals expect to receive upon achievement of a goal and the expectancy of attaining that goal. Julian Rotter and Weiner attempted to describe the cause of success and failure of individual action by postulating that people view the world as consisting of events that are caused either internally of externally to the individual and involve skill or chance opportunities (Peterson, et al., 1985). The attributional theory includes all of these theories has been further refined to include global and situational concepts (Weiner, 1991). In other words, theorists believe that individuals undertake an examination of a situation as it occurs and decide several things based upon their experience with similar situations from their past. Individuals decide whether or not to expect a good reward for a particular potential solution and whether or not the effort is worth the reward (expectancy theory). Other analytical tasks include deciding whether or not the situation is localized or pertains to other areas of life, whether the problem is due to one's self or to one's environment, and whether the solution will require skill or luck to resolve. All these preliminary decisions are combined into a strategy for situation solution. It is thought that the weight of thousands of daily decisions provides individuals with a generalized or global outlook which is then categorized into an attributional style described by Ickes and Layden as a consistent way of ascribing the causes of positive and negative events (Peterson, et al.,1982). The theory provides a rich framework for the causes, motivations and outcomes of actions.

Attribution theory proves useful in predicting achievement behavior. The theory was generalized into the learned helplessness model of depression (Abramson, 1978) which postulates that individuals learn to solve or not to problems based upon their causal explanations. The model suggests that people ask themselves why a situation has occurred in order to adapt to it. The literature suggests that the internal, stable and global causal explanations for negative events are found to correlate positively with depression (Bruder-Mattson & Hovanitz,1990, Graham & Folkes, 1990, Peterson et al. 1982). It is suggested that if one attributes bad things happening to one's characteristics (internal), and one thinks that the event is persistent over time (stable) and considers the situation to have pervasive values (global) then one is likely to be depressed or soon to be depressed.

Although attribution theory and cognitive-phenomenological stress theory are completely different lines of research, one expects there to be a relationship between the two styles and an interaction between them. Some researchers suggest that the coping style may be dependent upon the attributional style (Bruder-Mattson and Hovanitz, 1990). A number of studies combine the study of attribution style and coping methods to study stress mediation (Norman, Collins, Conner, Martin and Rance, 1995, Taylor, Lichtman, and Wood, 1984).

Attribution theory differs from cognitive-phenomenological stress theory as it suggests individuals are not seeking to control the occurrence of stress or the future outcome; individuals review their perceived control over past outcomes in similar situations to predict the stressor's impact. While most stress studies focus on controllability, attribution theory dictates that locus of control is only one dimension of the decision making process. Locus dictates the affective value of an event, perceived stability

of an event dictates expectancies for a future successful outcome and perceived

controllability is said to dictate the intensity and persistence of that behavior. The

perceived cause of a previous success or failure in dealing with a stressor is expected to

influence future coping efforts. "Perceived causes of previous successes or failures in

dealing with a stressor are expected to influence future coping efforts and affective

experiences in that stressful situation" (Amerikan, 1990).Thus the combination of both

attribution and cognitive-phenomenological stress theories gives a more comprehensive

view of the stress process and in turn enables a researcher to study the process more

comprehensively as suggested by Pearlin and associates (1981). Researchers can study

causal explanations, locus of control and coping style in one study and gain a different

picture than studies that focus on only one concept.

Rosenbaum and Palmon found that general or dispositional and specific situation

or domain specific perceptions of control can yield completely opposite results (Weiner,

1990). Rotter proposed that domain-specific control would have greater influence than

generalized control on the perception of stress (Felsten, 1991). Weiner encourages

researchers to incorporate situation-specific measures of control, even if this entails using

nonstandardized items. In order to study the situation specific attributions and their

relation to dispositional attributions, the investigator devised foster parent specific

questions built on the style of the Attributional Style Questionnaire (ASQ) and placed

them at the end of the ASQ.

Pearlin and associates view social stress as combining three conceptual domains:

sources of stress, mediators of stress and manifestations of stress. They developed a

model that shows stress as a process with mediators both directly and indirectly affecting

the outcome of the employed solution. The subconcepts and elements are assumed to be dynamically interrelated. Pearlin and associates found, for example, that job losers with social supports were protected from a diminished view of themselves in contrast to job losers without social support.(Pearlin, Lieberman, Menaghan and Mullan, 1981) They recommended studying a number of variables with associated outcomes in order to create a more complete picture of the stress process using different events, role strains, aspects of self, indices of mediators and outcomes.

SOCIAL SUPPORT

The literature suggests that involvement in self help organizations is predictive of more adaptive coping responses (Humphreys, Finney and Moos, 1994). It has been suggested that involvement in such an organization can reduce depression and increase self-esteem as was found in a longitudinal study of Alcoholic Anonymous members in California. In particular, it was found that the social support provided by the group mediated the stress of adaptation and chronic illness.

Social support defined as the perception of emotional sustenance, informational guidance and tangible assistance (Holahan, Moos, Holahan, & Brennan, 1995) is considered a resource in buffering stress. Schwarzer and Leppin (1991) suggest subdividing social support into perceived and behavioral support. They defined perceived support to be a personality construct as it was a stable individual difference based on the sense of acceptance by others. Behavioral support is the actual receipt of helpful transactions and is considered to reflect the social integration of the individual and specific patterns of social exchange. These can be environmentally and situationally based .

Social support has been linked with problem-focused coping as a direct and indirect mediator of stress (Schwarzer & Leppin, 1991). Mediators are those actions and resources that have the capacity to blunt the impact of stress on individuals. Some theorists suggest that seeking social support (seeking human contact in time of crisis) is a third coping method and should be added to the problem and emotion-focused strategies for study Amirkhan (1990). Several studies suggest that it precedes and influences coping. It has been linked to perceptions of controllability of the stressor. When individuals perceived social support was available, they used more instrumental coping methods (Schwarzer & Leppin, 1991). Whether or not one considers social support a coping strategy, increased social support seeking has been found linked to problem-focused coping. In turn, coping methods have been linked to attributions (Amirkhan, 1990).

DEPRESSION

Depression is considered a well suited outcome measure of coping as it is known to vary according to the desirability of experiences. The coping literature identifies certain coping styles as relating positively to depression, escape/avoidance focused coping in particular (Bruder-Mattson & Hovanitz, 1990) The literature identifies problem-focused coping as negatively correlating to depression (Lazarus & Folkman, 1984).The presence or absence of depression is a way of measuring individual social and emotional functioning.

According to the learned helplessness theory depression is predicted by causal attributions about negative events (Peterson & Seligman, 1984, Bruder-Mattson, & Hovanitz, 1990). The theory states that internal, stable and global attributions styles for

negative events are found to correlate positively with depression, while the same styles for positive events are found to correlate negatively . Studies have shown findings are the same for both males and females, even though there are distinct gender differences in the frequency of depression.

A study by Bruder-Mattson and Hovanitz found escape/avoidance coping and internal, stable and global attributions for negative events were positively correlated for males and females, but found differences for the attributions and coping of positive events. Their results indicate only internal attributions for good events and a negative correlation with escape/avoidance coping were the same for both sexes (1990).

The reformulated learned helplessness (RLH) model (Abramson, Seligman, & Teasdale, 1978) has been called the diathesis-stress model of depression. The RLH model states that individuals who attribute negative events to internal, stable and global causes have motivational as well as affective deficits. This means that subjects who have depressogenic attributions perceive that their actions will have no effect on future outcomes so they fail to engage in behaviors that would result in more positive results. At the other end of the ASQ scale are the individuals who attribute good events to internal, stable and global causes. Seligman calls these individuals optimistic. The literature suggests optimistic individuals are motivated to adapt and more cheerful about their circumstances. These individuals (college students, athletes, CEOs, salesmen) have been found time and again to be more successful in their adaptations than their more negative counterparts (Seligman, 1991).

Summary

There is a need to study attribution, coping and use of social support as mediators of the assumed stress of foster parenting as there is little information found in the literature; nurses, administrators and social workers need to understand family dynamics in order to write policies, provide the needed programs and interventions to preserve families and protect children. Applying dispositional attribution styles to the study of coping styles can help illuminate stress mediation and help explain individual outcomes of adaptation choices. Some researchers believe that stress will not be understood until a number of variables are studied together in order to understand the influence one has on another. Seeking social support is considered by some to be not only a mediator of stress but a coping mechanism on the same level of decision making as problem-focused and emotional-focused coping. Depression is thought to be closely related to certain attributional and coping styles. The seeking of social support, problem-focused coping and internal, stable and global attributions for good events are all thought to correlate negatively with depression.

Conceptual Framework

According the conceptual model of stress by Elliott and Eisdorfer (1982) stress should be studied with an eye to potential activators, mediators, reactions, and consequences. This fits nicely with Pearlin, and associates (1981) view that stress study needs to incorporate a number of variables, mediators and outcomes. The activators to be studied are some identified in the literature on foster parenting including: amount of training, number of children in the home, number of children placed or moved in the last year, and the number of special needs children in the home.. The mediators will be attributions, coping style, and use of social support. The consequences considered are

years of experience, abuse allegations, number of children moved from the home before

final placement, satisfaction with fostering, depression, self -esteem, and satisfaction with

fostering . A number of important background and contextual factors play an important

part in the process and should be considered. These include: age, occupational status,

income, and ethnicity. The Reactions are the transient actions of discipline and emotional

response and will not be addressed in this study.

This study is limited due to the number of people studied and the places from

which they are chosen. The Coos County is poorer than most in Oregon and there is a

high percentage of drug affected children placed in these homes according to Robin

Erskin, foster parent certifier at the Coos Branch of the State Office for Services to

Children and Families. This may alter findings due to the greater number of stressors

found in these populations.

Conceptual Model

Mediators
Attributional Style
Coping Style
Use of Support Group

Reactions
Transient Actions
i.e., discipline actions
emotional responses

Potential Activator
Number of Children
in the home, moves etc.

Consequences
Parenting Satisfaction level
Depression
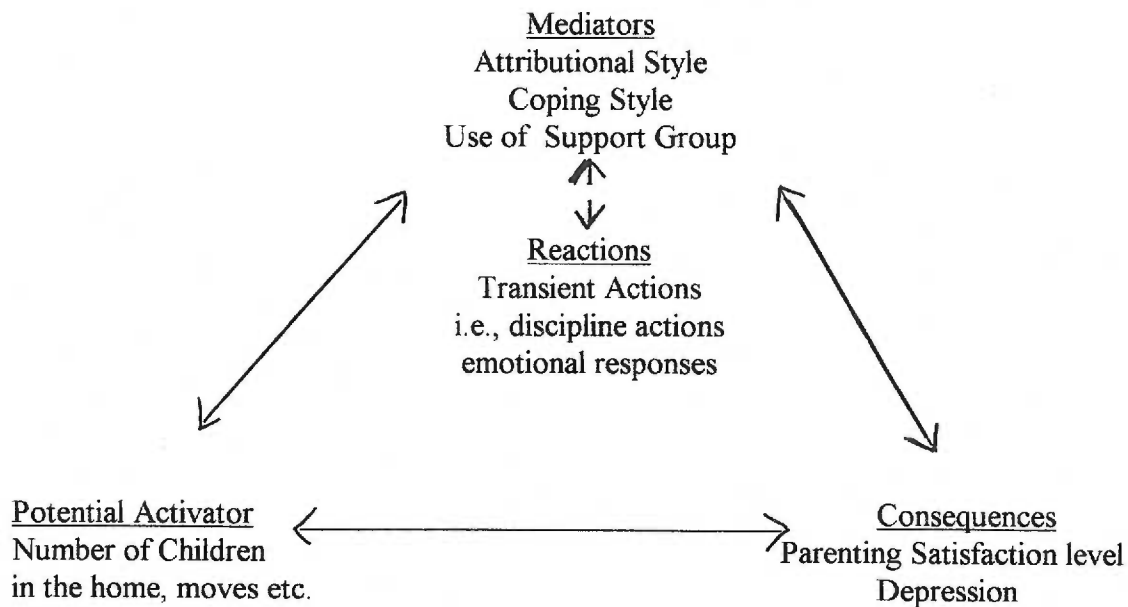
Parenting Decisions

Hypotheses

Six hypotheses have been formed to guide the pilot study of the mediation of stress in foster parenting.

1. A higher proportion of foster parents with higher internal, stable and global attributions for good events (optimistic) scores on the ASQ will report:

a. Fewer problems with the agency measured by abuse allegations and

b. Fewer children removed from the home prior to final placement than those with lower optimistic scores.

2. A higher percentage of individuals scoring higher internal, stable and global scores for negative events (depressenogenic scores) on the ASQ will use escape/avoidance coping as measured by the Ways of Coping Questionnaire (WCQ) than will individuals scoring optimistic on the ASQ.

3. A higher proportion of individuals with higher internal, stable and global scores for good events (optimistic) on the ASQ will use problem-focused coping as measured by the Ways of Coping Questionnaire.

4. A higher proportion of individuals with higher optimistic scores on the ASQ and higher problem-focused coping scores will:

A. Seek out social support as measured by higher seeking social support scores on the WCQ

B. Use instrumental support found in the foster parent support group than

will those with lower optimistic scores on the ASQ and higher escape/avoidance coping

scores on the WCQ.

5. A higher proportion of foster parents with optimistic scores on the ASQ will:

A. Report higher satisfaction with foster parenting

B. Report higher satisfaction with the agency than will their peers with

depressenogenic scores.

METHODS

In order to study the mediating processes of foster parenting, a descriptive pilot

study is proposed using a convenience sample of foster parents in Coos County, Oregon.

The study will take a look at known stress mediators (attributional and coping styles) of

foster parents and outcome measures. Social support use, and the problems the agency

has had with them, as in the removal of children before permanent placement and abuse

allegations will be investigated by using the records of the agency. Other outcome such as

satisfaction levels with their careers and the agency their self-esteem and depression levels

will be measured by self report . A pilot study is proposed in order to ascertain if there is

a study of the subject on a statewide basis should be done by the investigator. A number of

exploratory hypotheses have been made in order explore the data and to generate

hypotheses for a larger study to follow later.

Subjects

The Coos County Branch of the State Office for Services to Children and Families

will mail letters requesting participation in the study to approximately 80 foster parents

who are certified in Coos County. Those returning an affirmative answer will be

administered the questionnaires either in a group situation or have it mailed to them. Group sessions will be held for those interested in filling out the forms. Babysitting will be provided those participants indicating a need for it on their return postcard. A payment of five dollars will be given for completed and returned questionnaires. The investigator will send follow-up postcards one week later to those participants who were mailed the questionnaire. Telephone calls may also be used to remind participants to return the questionnaire.

The questionnaires will be coded by the investigator using a two digit number code for family and gender identification. This gives a combined four didgit identifier. The investigator will be the coder and receiver of all questionnaires. Couples data is not expected to be studied at this time but will be available for a later time. Privacy will be maintained by analyzing all data in the aggreagate so that no one family can be identified by their demographic information. These will be kept locked at the investigator's home and destroyed when data analysis is finished. If the response is too small to analyze, the questionnaire and instructions will be sent to all the foster parents.

Data Gathering

The questionnaire will include demographic and contextual items (Appendix A). The frequency of foster parent support group use and the number of trainings participated in the last year and during a career will be reviewed for an outcome measure as will the perceptions of informational and emotional support received from the support group. About half of the licensed foster parents make use of the support group in Coos County which generally holds two meetings a month, one for training and the other for emotional support. Analogue items to measure satisfaction with foster parenting and the agency

relationships will be included in the demographic section. The records of abuse allegations and requests for the moving of a child before permanent placement will be supplied by the Coos Branch of the State Office for Services to Children and Families. Other tools used in the questionnaire include the Attributional Style Questionnaire (Appendix B), with foster parenting specific items have been added to by the investigator. The Revised Ways of Coping Questionnaire (Appendix C), sections on depression and self-esteem from a questionnaire used by Pearlin and associates (Appendix D) complete the packet.

Tools

The Ways of Coping Questionnaire (WCQ) (Folkman & Lazarus, 1988) contains 66 items that describe a broad range of cognitive and behavioral strategies. Respondents are asked to consider a stressful event within the last month and then the rate each item on a 4 point likert scale as to whether or not it was used in the experience. The purpose is to measure different types of coping-distancing, self-control, social support seeking, acceptance of responsibility, escape-avoidance, planful problem-solving, positive reappraisal and confrontive. This instrument has shown considerable construct validity and is widely used by stress researchers. The tool has been found reliable with undergraduates, patients with chronic ailments, middle-aged community dwellers. The alpha coefficients for the eight scales range from .61 for distancing to .79 for positive reappraisal. This is "higher than the alphas reported for most other measures of coping processes" (Folkman & Lazarus, 1988, p. 16). The face validity of the items is being studied across languages and no results were given. Construct validity was found with the results being consistent with theoretical predictions such as coping efforts vary according to situational appraisals of changability and what was at risk and coping varies as the

encounter unfolds. The findings of several studies found the questionnaire captures both problem-focused and emotion-focused coping functions and changes in coping across different encounters and within a particular encounter. The questionnaire is not standardized due to the many different uses and measuring methods done by various researchers. McCrae found after controlling for type of stress (challenge, loss, or threat) that subjects of all ages generally coped in similar ways. The manual summarizes that the Ways of Coping Questionnaire can be used to address many different kinds of questions in a variety of settings and with a diversity of respondents. Only three of the eight scales will be used in this study: Problem-focused, escape/avoidance and seeking social support scales.

The Attributional Style Questionnaire (Peterson & Seligman, 1984) seeks for explanations for good and bad events in terms of internal/external, global/specific, and stable/unstable causes. Twelve different hypothetical situations are given. Respondents are requested to give a reason for the situation and then to rate the cause of the situation along the three dimensions described. Scores are summed and given in six subscales, three for positive and three for negative events. The composite scores for good and bad events will be used along with the globality rating as suggested by Seligman. The instrument has shown considerable construct, criterion and content validity with coefficient alphas ranging from .72 to .75 for the composite scores. In test-retest studies with college students, it proved reliable over a time period of five weeks. Its reliability is satisfactory and has proven predictive reliability for depression with inpatients (Peterson, et al, 1982). The validity was shown in a variety of studies. Peterson and associates correlated locus of control strongly with the relevant scales on the ASQ from .19 (p<.10) to .41 (<.001) and

with the Beck Depression Inventory. Using criterion groups, Eaves and Rush in 1984 found depressed female psychiatric patients provided more Internal, stable and global explanations for bad events than did controls. Weinberger and Cash found it predictive in undergraduate females and a potential dating partner. It has also been used to test the learned helplessness model using undergraduates and depression after receiving lower grades than expected on an exam. The results showed that those who attribute internal, stable and global causations were more depressed about the grades than their counterparts thus providing support for the model and construct validity of the ASQ (Peterson, et al., 1985). Geriatric and other populations had similar results. Several tests have shown that the composite scores for good and bad events and globality rating are more reliable than the individual measures. Tennan and Herzberger found strong relations between some ASQ scales and self-esteem. It was found to identify child abusers who had more internal, stable and global attributions for negative events than did the control group

Pearlin and associates used a tool that included self-esteem and depression models as they studied different aspects of an individual undergoing the stress of unemployment and job loss. The depression model was built on Derogatis depression scale (1981). The self-esteem scale was built by Morris Rosenburg. Both scales were part of the Hopkins Checklist according to Dr. Pearlin and were taken from there for use in his studies. Dr. Pearlin was asked permission to use the scales (1996) and stated that both scales were public domain and had been widely used in studies due to their reliability across time and populations of young and old participants. "The alpha coefficient for the self-esteem scale is .80 and .85 for the depression scale" according to Pearlin (1996). A measure of self-esteem is needed to indicate whether foster parents are damaged by their stress

experience. Since depression is expected to be indicated by the ASQ scores the inclusion of a separate depression measure is to indicate a consequence of stress that might be experienced if the ASQ scores indicate an optimistic score.

Basic demographic information, foster parent frequencies and experiences, and preferences for emotional or informational support will be asked in a questionnaire written by the investigator. The last four situations with four questions each were added to the Attributional Style Questionnaire as they are specific to foster parenting. One situation for each of the four areas studied by the ASQ (Peterson, et al., 1982) was added. One each for good and bad affiliation and good and bad achievement. The purpose is to see if global and specific attributions are the same for individuals in this population. These questions are added in accordance with Weirner's suggestions that global attributions must be compared to specific attributions as they may be different and specific attributions are thought to be more powerful than global attributions.

The records of The Coos County State Office for Services to Children and Families will be sought for attendance at informational and emotional support meetings. The support group holds two meetings a month-one is a training and the other is for a group discussion of foster parenting issues. Likert like items asking for a rating of emotional and instrumental support preferences are included

Analysis

Data will be statistically analyzed in the aggregate using the SPSS program and setting $p < .05$ as the level of significance. Missing data will be either assigned the mean of available responses or will be left missing where the program and analyses allow for missing data. Depending on the level of data both demographic and questionnaire scores,

and the number of sub-groups into which the subjects may be divided by demographic information, either Chi-square (for nominal or ordinal data) or analysis of variance (ANOVA, for interval level data) will be used to test differences among the subjects, ANOVA becoming a t-test where only two groups are compared. To test assoication between /among various measures, either the Phi coefficient, Pearson correlation or multiple regression analysis will be used, depending on the levels of the data in any given analysis.

In order to determine whether hypothesis number one can be supported, the ASQ will be used. The scores are summed for the three scales for each of the "good" and "bad" events. This gives scores for each of three dimensions-internality, stability and globality. This makes six scores total. Two more regarding hope are summed, making a total of eight scores. These scores are then averaged within dimension and across events. The individual is put into one of two groups termed "optimistic" or "depressionistic". Composite scores that sum across the three dimensions have proven the most valid and reliable in the prediction of depression. The composite scores are the sum of the composite positive minus composite negative score, the composite negative score and the composite positive score.   The number of abuse allegations and the numbers of children removed from the home will be compared with the two groups on the ASQ.

To ascertain data findings for hypotheses number two and three, "depressionistic" and "optimistic" scores will be compared with the styles of coping scores from the Ways of Coping Questionnaire. The scores for the three scales are summed individually. Those with higher scores in the scale are said to use that method of coping more frequently than

other methods. The scores from the scales will be examined in two ways-using raw scores and averages.

In order to study hypothesis number four, optimistic scores and the group using problem-focused coping will be studied for their results on the use of emotional and instrumental support. This will include the number of trainings and support group meetings attended and their satisfaction with the foster parent support group. The number of social support meetings attended will be divided into types of support-emotional and instrumental. Comparisons will be done on each and the total number of support groups attended in the last year. If time allows a number of modifiers will also be studied using similar techniques. Since experience can affect the number of trainings attended, years of experience and the number of foster children will also be looked at. Age will be considered as it was shown to make a difference in foster parents in a study by Ray and Horner (1990).

For hypothesis number five the analogue scale used for determining satisfaction with foster parenting will be averaged and compared with the ASQ groups.

A plan will be developed for the communication of the analysis of results. Publication of the significant results will be sought in a professional journal. The timeline for this project is as follows: February-data collection and management, begin data analysis in March, with April-May-project communication and defense.

Permission for the study has been obtained from the Coos County Branch of SCF. Permission for the use of the ASQ and WCQ is in the investigator's file. Other tools are in the public domain. Permission to do the study will be sought from the Oregon Health

Science Committee on Human Research upon approval of the investigator's research committee.

The letter to foster parents notifying them of the study and requesting their participation is attached. See appendix E. The consent form is attached as appendix F. Privacy will be assured each participant as only the investigator will have access to completed surveys and analytical materials. All results will be reported in the aggregate. All questionnaires will be coded and contain no names.

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Foster Parent Questionnaire

You will find a number of questions on several pages and in several sections. Read the instructions before each section. Please respond to every question. The first section asks questions pertaining to your life experience. All answers are confidential. Some are very personal and may feel uncomfortable. They are asked in order to better understand your experience as a foster parent. Please fill in the blanks.

1)Identification Number_____

2)Sex:M____ F____   3) Age_____   4)Years of Foster Parent Experience___

5)Ethnic background_____   6)Race:black__white__oriental__Am. Indian__Other__

7)Occupation if you also work outside the home_____

8)Number of biological/adopted children_____

9)Number of biological/adopted children presently in the home_____

10)The ages of bilogical/adopted children presently in the home_____

11)Number of foster children presently in the home_____

12)Their ages_____

13)Number of special needs (on a personal care plan) children presently in your home_____

14)Number of children placed in your home during the last 12 months_____

15)Number of children moved from your home during the last 12 months and their reasons for moving:
      The number of children return to biological family_____
      The number of children placed for adoption_____
      The number of children placed in another foster home by your request_____
      The number of children placed in another foster home by SCF's request_____
      The number of children placed for other reasons___
      Please explain:_____

16) Total number of foster children you have cared for during your career_____

17)Number of trainings you attended in the last 12 months to improve your parenting skills_____

18)Total number of trainings you have attended during your foster parenting career_____

19)Number of support group meetings you attended in the last 12 months_____

Go on to the next page

20)Number of abuse allegations you have received during your career_____

21)Years of education you have completed:
0-8_____   9-12_____   13-14_____   15-16_____   17 or more_____

22)Family income during the last twelve months from all sources:
under 12,000_____   12-18,999_____   19-24,999 _____   25-35,999_____
36-50,999_____   51,000-75,000_____   over 75,000_____

23)**How much do you agree with the following statement? Place a vertical mark across the line that best indicates your agreement. 0 means strongly disagree. The center would mean I agree. 10 means I strongly agree.**

"I am satisfied with being a foster parent."
             0_____10

24) **How much do you agree with the following statement? Place a vertical mark across the line that best indicates your agreement. 0 means strongly disagree. The center would mean I agree. 10 means I strongly agree.**

"I am satisfied with the agency and their dealings with me?"

             0_____10

Circle the number that best indicates your agreement with the following statements:
1=strongly disagree   5=strongly agree

25)I receive a great deal of emotional support from the foster parent support meetings.

                    1   2   3   4   5
Strongly disagree   Strongly agree

26)I receive a great deal of emotional support from other foster parents

                    1   2   3   4   5
Strongly disagree   Strongly agree

27)I find the trainings I receive from the foster parent support group very helpful.

                    1   2   3   4   5
Strongly disagree   Strongly agree

28)I would rather have training from sources other than the foster parent support group
                    1   2   3   4   5
Strongly disagree   Strongly agree

DIRECTIONS

1) Read each situation and **vividly** imagine it happening to you.
2) Decide what you believe would be the **one** major cause of the situation if it happened to you.
3) Write this cause in the blank provided.
4) Answer three questions about the cause by circling **one number** per question. **Do not** circle the words.
5) Go on to the next situation.

SITUATIONS

YOU MEET A FRIEND WHO COMPLIMENTS YOU ON YOUR APPEARANCE.

1) Write down the ONE major
cause:_____

2) Is the cause of your friend's compliment due to something about you or something about other people or circumstances?

Totally due to other   1 2 3 4 5 6 7   Totally due to me
people or circumstances

3) In the future when you are with your friend, will this cause again be present?

Will never again   1 2 3 4 5 6 7   Will always be present
be present

4) Is the cause something that just affects interacting with friends, or does it also influence other areas of your life?

Influences just this   1 2 3 4 5 6 7   Influences all
particular situation   situations in my life

YOU HAVE BEEN LOOKING FOR A JOB UNSUCCESSFULLY FOR SOME TIME.

5) Write down the ONE major
cause:_____

6) Is the cause of your unsuccessful job search due to something about you or something about other people or circumstances?

Totally due to other   1 2 3 4 5 6 7   Totally due to me
people and circumstances

7) In the future when you look for a job, will this cause again be present?

Will never again   1 2 3 4 5 6 7   Will always be present
be present

8) Is the cause something that just influences looking for a job, or does it also influence other areas of your life?

Influences just this   1 2 3 4 5 6 7   Influences all
particular situation   situations in my life

YOU BECOME VERY RICH.

9) Write down the ONE major
cause:_____

_____

10) Is the cause of your becoming rich due to something about you or something about other people or
circumstances?

        Totally due to other   1 2 3 4 5 6 7 Totally due to me
        people or circumstances

11) In your financial future, will this cause again be present?

        Will never again   1 2 3 4 5 6 7 Will always be present
        be present

12) Is the cause something that just affects obtaining money, or does it also influence other areas of your
life?

        Influences just this   1 2 3 4 5 6 7 Influences all situations in my life
        particular situation

A FRIEND COMES TO YOU WITH A PROBLEM AND YOU DON'T TRY TO HELP HIM/HER.

13) Write down the ONE major
cause:_____

_____

14) Is the cause of your not helping your friend due to something about you or something about other
people or circumstances?

        Totally due to other   1 2 3 4 5 6 7 Totally due to me
        people or circumstances

15) In the future when a friend comes to you with a problem, will this cause again be present?

        Will never again   1 2 3 4 5 6 7 Will always be present
        be present

16) Is the cause something that just affects what happens when a friend come to you with a problem, or
does it also influence other areas of your life?

        Influences just this   1 2 3 4 5 6 7 Influences all
        particular situation   situations in my life

YOU GIVE AN IMPORTANT TALK IN FRONT OF A GROUP AND THE AUDIENCE REACTS NEGATIVELY.

17) Write down the ONE major
cause:_____

_____

18) Is the cause of the audience's negative reaction due to something about you or something about other people or circumstances?

        Totally due to other   1 2 3 4 5 6 7 Totally due to me
        people or circumstances

19) In the future when you give talks, will this cause again be present?

        Will never again   1 2 3 4 5 6 7 Will always be present
        be present

20) Is the cause something that just influences giving talks, or does it also influence other areas of your life?

        Influences just this   1 2 3 4 5 6 7 Influences all
        particular situation   situations in my life

YOU DO A PROJECT WHICH IS HIGHLY PRAISED

21) Write down the ONE major
cause_____

_____

22) Is the cause of your being praised due to something about you or something about other people or circumstances?

        Totally due to other   1 2 3 4 5 6 7 Totally due to me
        people or circumstances

23) In the future when you do a project, will this cause again be present?

        Will never again   1 2 3 4 5 6 7 Will always be present
        be present

24) Is the cause something that just affects doing projects, or does it also influence other areas of your life?

        Influences just this   1 2 3 4 5 6 7 Influences all
        particular situation   situations in my life

YOU MEET A FRIEND WHO ACTS HOSTILELY TOWARDS YOU.

25. Write down the ONE major
cause_____

_____

26) Is the cause of your friend acting hostile due to something about you or something about other people or circumstances?

Totally due to other   1 2 3 4 5 6 7   Totally due to me
people or circumstances

27) In the future when interacting with friends, will this cause again be present?

Will never again   1 2 3 4 5 6 7 Will always be present
be present

28) Is the cause something that just influences interacting with friends, or does it also influence other areas of your life?

Influences just this   1 2 3 4 5 6 7   Influences all
particular situation   situations in my life

YOU CAN'T GET ALL THE WORK DONE THAT OTHERS EXPECT OF YOU

29) Write down the ONE major
cause:_____

_____

30) Is the cause of your not getting the work done due to something about you or something about other people or circumstances?

Totally due to other   1 2 3 4 5 6 7   Totally due to me
people or circumstances

31) In the future when doing work that others expect, will this cause again be present?

Will never again   1 2 3 4 5 6 7 Will always be present
be present

32) Is the cause something that just affects doing work that others expect of you, or does it also influence other areas of your life?

Influences just this   1 2 3 4 5 6 7   Influences all
particular situation   situations in my life

YOUR SPOUSE (BOYFRIEND/GIRLFRIEND) HAS BEEN TREATING YOU MORE LOVINGLY.

33) Write down the ONE major
cause_____
_____

34) Is the cause of your spouse (boyfriend/girlfriend) treating you more lovingly due to something about you or something about other people or circumstances?

Totally due to other   1 2 3 4 5 6 7 Totally due to me
people or circumstances

35) In future interactions with your spouse (boyfriend/girlfriend), will this cause gain be present?

Will never again   1 2 3 4 5 6 7 Will always be present
be present

36) Is the cause something that just affects how your spouse (boyfriend/girlfriend) treats you, or does it also influence other areas of your life?

Influences just this   1 2 3 4 5 6 7 Influences all
particular situation   situations in my life

YOU APPLY FOR A POSITION THAT YOU WANT VERY BADLY (E.G., IMPORTANT JOB, GRADUATE SCHOOL ADMISSION, ETC.) AND YOU GET IT.

37) Write down the ONE major
cause_____
_____

38) Is the cause of your getting the position due to something about you or something about other people or circumstances?

Totally due to other   1 2 3 4 5 6 7 Totally due to me
people or circumstances

39) In the future when you apply for a position, will this cause again be present?

Will never again   1 2 3 4 5 6 7 Will always be present
be present

40) Is the cause something that just influences applying for a position, or does it also influence other areas of your life?

Influences just this   1 2 3 4 5 6 7 Influences all
particular situation   situations in my life

YOU GO OUT ON A DATE AND IT GOES BADLY.

41) Write down the ONE major
cause:_____

_____

42) Is the cause of the date going badly due to something about you or something about other people or circumstances?

       Totally due to other   1 2 3 4 5 6 7 Totally due to me
       people or circumstances

43) In the future when you are dating, will this cause again be present?

       Will never again   1 2 3 4 5 6 7 Will always be present
       be present

44) Is the cause something that just influences dating, or does it also influence other areas of your life?

       Influences just this   1 2 3 4 5 6 7 Influences all
       particular situation   situations in my life

YOU GET A RAISE.

45) Write down the ONE major cause:

_____

_____

46) Is the cause of your getting a raise due to something about you or something about other people or circumstances?

       Totally due to other   1 2 3 4 5 6 7 Totally due to me
       people or circumstances

47) In the future on your job, will this cause again be present?

       Will never again   1 2 3 4 5 6 7 Will always be present
       be present

48) Is this cause something that just affects getting a raise, or does it also influence other areas of your life?

       Influences just this   1 2 3 4 5 6 7 Influences all
       particular situation   situations in my life

A CASEWORKER PRAISES YOU FOR THE WORK YOU HAVE DONE WITH YOUR FOSTER CHILDREN

49) Write down the ONE major
cause:_____

_____

50) Is the cause of the caseworker' praise due to something about you or something about other people or circumstances?

Totally due to other   1 2 3 4 5 6 7 Totally due to me
people or circumstances

51) In the future when you are with the caseworker, will this cause again be present?

Will never again   1 2 3 4 5 6 7 Will always be present
be present

52) Is the cause something that just affects interacting with the caseworker, or does it also influence other areas of your life?

Influences just this   1 2 3 4 5 6 7 Influences all
particular situation   situations in my life

YOUR FOSTER CHILD SCREAMS AT YOU, "YOU'RE MEAN!" IN A VERY PUBLIC PLACE

53) Write down ONE major
cause:_____

_____

54) Is the cause of your child's screaming, "You're mean", due to something about you or something about other people or circumstances?

Totally due to other   1 2 3 4 5 6 7 Totally due to me
people or circumstances

55) In the future when you are again in public with your child, will this cause again be present?

Will never again   1 2 3 4 5 6 7 Will always be present
be present

56) Is the cause something that just affects being in public with your child, or does it also influence other areas of your life?

Influences just this   1 2 3 4 5 6 7 Influences all
particular situation   situations in my life

YOU HAVEN'T BEEN ABLE TO STOP YOUR FOSTER CHILD FROM HURTING OTHERS OR THINGS WHEN ANGRY

57) Write down the ONE major
cause:_____
_____

58) Is the cause of your foster child/s hurting others or things when angry due to something about you or something about other people or circumstances?

        Totally due to other   1 2 3 4 5 6 7 Totally due to me
        people or circumstances

59) In the future when your foster child is hurting others or things will this cause again be present?

        Will never again   1 2 3 4 5 6 7 Will always be present
        be present

60) Is the cause something that just influences interacting with your child when angry, or does it also influence other areas of your life?

        Influences just this   1 2 3 4 5 6 7 Influences all
        particular situation   situations in my life

YOUR FOSTER CHILD DOES VERY WELL ON FINAL EXAMS AT SCHOOL

61) Write down the ONE major
cause:_____
_____

62) Is the cause of your child doing well on final exams at school due to something about you or something about other people or circumstances?

        Totally due to other   1 2 3 4 5 6 7 Totally due to me
        people or circumstances

63) In the future when your child takes exams, will this cause again be present?

        Will never again   1 2 3 4 5 6 7 Will always be present
        be present

64) Is the cause of your child doing well on final exams at school something that just influences your child, or does it also influence other areas of your life?

        Influences just this   1 2 3 4 5 6 7 Influences all
        particular situation   situations in my life

Instructions

To respond to the statements in this questionnaire, you must have a specific stressful situation in mind. Take a few moments and think about the most stressful situation that you have experienced in the past week.

By "stressful" we mean a situation that was difficult or troubling for you, either because you felt distressed about what happened, or because you had to use considerable effort to deal with the situation. The situation may have involved your family, your job, your friends, or something else important to you. Before responding to the statements, think about the details of this stressful situation, such as where it happened, who was involved, how you acted, and why it was important to you. While you may still be involved in the situation, or it could have already happened, it should be the most stressful situation that you experienced during the week.

Write the situation down on the scratch paper provided and refer to it as needed. The scratch paper will be discarded after you complete the questionnaire.

As you respond to each of the statements, please keep this stressful situation in mind. Read each statement carefully and indicate, by circling 0,1,2 or 3, to what extent you used it in the situation.

KEY: 0=Does not apply or not used   1=Used somewhat
        2=Used quite a bit   3=Used a great deal

Please try to respond to every question.

0=Does not apply or not used   1=Used somewhat 2=Used quite a bit 3=Used a great deal

1. I just concentrate on what I have to do next--the next step..............	0		1	2	3
2. I tried to analyze the problem in order to understand it better.........	0		1	2	3
3. I turned to work or substitute activity to take my mind off things.	0		1	2	3
4. I felt that time will make a difference--the only thing to do is to wait..	0		1	2	3
5. I bargained or compromised to get something positive from the situation	0		1	2	3
6. I did something which I didn't think will work, but at least I was doing something........................	0		1	2	3
7. I tried to get the person responsible to change his or her mind...............	0		1	2	3
8. I talked to someone to find out more about the situation..........................	0		1	2	3
9. I criticized or lectured myself.............	0		1	2	3
10. I tried not to burn my bridges but leave things open somewhat..........	0		1	2	3
11. I hoped a miracle will happen..........	0		1	2	3
12. I went along with fate; sometimes I just have bad luck........................	0		1	2	3
13. I went on as if nothing is happening...	0		1	2	3
14. I try to keep my feelings to myself.	0		1	2	3
15 I looked for the silver lining, so to speak; I tried to look on the bright side of things..............................	0		1	2	3
16. I slept more than usual..................	0		1	2	3
17. I expressed anger to the person (s) who caused the problem...............	0		1	2	3
18. I accepted sympathy and understanding from someone...............................	0		1	2	3
19. I told myself things that help me feel better..	0		1	2	3
20. I was inspired to do something creative..	0		1	2	3
21. I tried to forget the whole thing........	0		1	2	3
22. I got professional help. ...		0	1	2	3
23. I changed or grew as a person		0	1	2	3
24. I waited to see what will happen before doing anything.	0		1	2	3
25. I apologized or did something to make up....................................	0		1	2	3

Go on to next page

26. I made a plan of action and followed it..................................			0		1	2	3
27. I accepted the next best thing to what I wanted...............................	0		1	2	3	
28. I let my feelings out somehow.....	0		1	2	3	
29. I realized I brought the problem on myself.....................................	0		1	2	3	
30. I came out of the experience better than when I went in.........			0		1	2	3
31. I talked to someone who can do something concrete about the problem....	0		1	2	3	
32. I tried to get away from it for a while by resting or taking a vacation...............	0		1	2	3	
33. I tried to make myself feel better by eating, drinking, smoking, using drugs or medication, etc..............	0		1	2	3	
34. I took a big chance or did something risky..	0		1	2	3	
35. I tried not to act too hastily or follow my first hunch................			0		1	2	3
36. I found new faith......................	0		1	2	3	
37. I maintained my pride and kept a stiff upper lip.....................................			0		1	2	3
38. I rediscovered what is important in life...	0		1	2	3	
39. I change something so things would turn out all right..........................	0		1	2	3	
40. I generally avoided being with people	0		1	2	3	
41. I didn't let it get to me. I refused to think too much about it..................	0		1	2	3	
42. I ask advice from a relative or friend I respect.......................................	0		1	2	3	
43. I kept others from knowing how bad things were......................................	0		1	2	3	
44. I made light of the situation; I refused to get too serious about it.........	0		1	2	3	
45. I talked to someone about how I was feeling..	0		1	2	3	
46. I stood my ground and fought for what I wanted..	0		1	2	3	
47. I took it out on other people.............	0		1	2	3	
48. I drew on my past experiences; I was in a similar situation before..............	0		1	2	3	
49. I knew what had to be done, so I doubled my efforts to make things work...	0		1	2	3	
50. I refused to believe it would happen.....	0		1	2	3	

Go on to the next page

51. Make a promise to myself that things will be different next time...	0		1	2	3

52. I came up with a couple of different
solutions to the problem.............   0   1   2   3
53. I accepted it, since nothing could
be done... 0   1   2   3
54. I tried to keep my feeling from
interfering with other things
too much....................................   0   1   2   3
55. I wished that I could change what was
happening or how I felt........... 0   1   2   3
56. I changed something about myself.... 0   1   2   3
57. I daydreamed or imagined a better
time or place than the one I was in. 0   1   2   3
58. I wished that the situation would go
away or somehow be over with.... 0   1   2   3
59. I had fantasies or wishes about
how things might turn out......... 0   1   2   3
60. I prayed...................................... 0   1   2   3
61. I prepared myself for the worst.... 0   1   2   3
62. I went over in my mind what I
would say or do..........................   0   1   2   3
63. I thought about how a person I
admire would handle this situa-
tion and used that as a model.....   0   1   2   3
64. I tried to see things from the
other person's point of view. 0   1   2   3
65. I reminded myself how much worse
things could be........................ 0   1   2   3
66. I jogged or exercised.   0   1   2   3

How strongly do you agree or disagree with these statements about yourself?
1. I feel that I'm a person of worth, at least on an equal with others.
Strongly   1   2   3   4   5   Strongly
Disagree   Agree

2. I feel that I have a number of good qualities.
Strongly   1   2   3   4   5   Strongly
Disagree   Agree

3. All in all, I am inclined to feel that I'm a failure.
Strongly   1   2   3   4   5   Strongly
Disagree   Agree

4. I am able to do things as well as most other people.
Strongly   1   2   3   4   5   Strongly
Disagree   Agree

5. I feel I do not have much to be proud of.
Strongly   1   2   3   4   5   Strongly
Disagree   Agree

6. I take a positive attitude toward myself.
Strongly   1   2   3   4   5   Strongly
Disagree   Agree

7. On the whole, I am satisfied with myself.
Strongly   1   2   3   4   5   Strongly
Disagree   Agree

8. I certainly feel useless at times.
Strongly   1   2   3   4   5   Strongly
Disagree   Agree

9. I wish I could have more respect for myself.
Strongly   1   2   3   4   5   Strongly
Disagree   Agree

10. At times I think I am no good at all.
Strongly   1   2   3   4   5   Strongly
Disagree   Agree

Please circle the appropriate number grouping for each question.

During the past month, how often did you:

1. Lack enthusiasm for doing anything?

0-2   3-5   6-8   9 or more times

2. Have a poor appetite?

0-2   3-5   6-8   9 or more times

3. Feel lonely?

0-2   3-5   6-8   9 or more times

4. Feel bored or have little interest in doing things?

0-2   3-5   6-8   9 or more times

5. Lose sexual interest or pleasure?

0-2   3-5   6-8   9 or more times

6. Have trouble getting to sleep or staying asleep?

0-2   3-5   6-8   9 or more times

7. Cry easily or feel like crying?

0-2   3-5   6-8   9 or more times

8. Feel downhearted or blue?

0-2   3-5   6-8   9 or more times

9. Feel low in energy or slowed down?

0-2   3-5   6-8   9 or more times

10. Feel hopeless about the future?

0-2   3-5   6-8   9 or more

Dear Foster Parent:

I am a graduate nursing student in Community Health Care Systems at Oregon Health Sciences University. I am conducting a research study on the ways foster parents deal with the stress of their care giving and am requesting your participation in a survey. The research literature on foster parenting is scarce and contradictory. No one seems to have asked foster parents what it feels like to be a caregiver. The purpose of the study is to describe the effectiveness of social support and other coping mechanisms used by foster parents . The answers to the questionnaires may help support groups, foster parents and those who recruit and train foster parents.

The study consists of a questionnaire with several sections. A $5.00 payment will be offered for totally completed and returned questionnaires. The results need both foster moms and dads input. This means that a family can receive a total of ten dollars. Hopefully this will be enough for a movie or dinner respite. The questionnaires will be available to interested participants at several group meetings in March. See the dates attached. If none of the dates are suitable, arrangements can be made to mail the questionnaire to you. Your response is very important.

All questionnaires will be confidential and only the investigators will have access to them. All results will be reported as group data. No names will be attached to questionnaires. No individual response will be reported. The State Office for Services to Children and Families will NOT have access to the completed questionnaires, but the office is interested in the final report..

If you are willing to participate, return the enclosed self addressed and stamped postcard with your preference of meeting times. Baby-sitting will be made available for those sending in their post card and indicating the number and ages of children needing care. You may also call me at 541-269-7200 to indicate your interest and need for child care.

Thank you in advance for your time and effort on behalf of this study.

Sincerely,

Deana L. Molinari

OREGON HEALTH SCIENCES UNIVERSITY

CONSENT FORM
MEDIATING THE STRESS OF FOSTER PARENTING:
THE ROLE OF ATTRIBUTIONS, COPING STYLE
AND SOCIAL SUPPORT

PRINCIPAL INVESTIGATOR: Deana L. Molinari- graduate student 541-269-7200.
Research Project Advisors: Julianna Cartwright 1-800-482-7672, Caroline White 503-494-3816 and
Margaret Vondreele- 503-293-7819.

PURPOSE:
You have been invited to participate in this research study because you are a foster parent. The purpose of
the study is to describe how people deal with the stress of foster parenting. The study is being conducted
as part of the requirements for a masters of science degree in nursing.

PROCEDURES:
You will be asked to fill out a questionnaire that asks for demographic information, your opinions about
the Coos Branch of the State Office for Services to Children and Families and the foster parent support
group, the ways you prefer to solve problems, and the stress of foster parenting. This will take thirty
minutes to one hour to complete. The questionnaire will be completed in a group meeting scheduled for
this purpose or other arrangements will be made to meet your expressed need. Some of the questions are
uncomfortable such as past allegations of abuse. No individual responses will be identifiable in the report.
The State Office for Services to Children and Families will NOT have access to the completed
questionnaires, but the office is interested in the final report.

RISKS AND DISCOMFORTS:
There are no more risks and discomforts expected for participating in this study than there are expected
from filling out forms. Some of the questions may feel uncomfortable. These are being asked because
uncomfortable things can occur in foster parenting. The study is trying to describe a total picture of
foster parenting-comfortable and uncomfortable parts included.

BENEFITS:
Participants in the study will not benefit directly from their participation. However, by serving as a
subject, you may contribute new information which may benefit foster care givers and agencies with
responsibility for out of home care of children in the future.

CONFIDENTIALITY:
Data will be identified only by a code number. There will not be any identifying names on any
questionnaire. The data will be analyzed only for the group as a whole. No individual data will be in the
report. Deana Molinari will be the recipient of all the questionnaires. The results will be tabulated and
available for review after the study is finalized. No agency will be   given individual response results.

Neither your name nor your identity will be used for publication or publicity purposes.

According to Oregon law, suspected child or elder abuse must be reported to appropriate authorities.

COSTS:
There are no costs for participation in this study. Child care will be made available with prior notification
upon request. A five dollar payment will be offered for totally completed and returned questionnaires.
This is not a benefit but a nominal payment for the time spent completing the forms.

LIABILITY:

The Oregon Health Sciences University, as a public institution, is subject to the Oregon Tort Claims Act, and is self-insured for liability claims. If you suffer any injury from this research project, compensation would be available to you only if you establish that the injury occurred through the fault of the University, its officers, or employees. If you have further questions, please call the Medical Services Director at (503) 494-8014.

PARTICIPATION:

Deana L. Molinari, 541-269-7200, has offered to answer any other questions you may have about this study. If you have any questions regarding your rights as a research subject, you may contact the Oregon Health Sciences University Institutional Review Board at 503-494-7887. Your participation is voluntary. You may refuse to participate, or you may withdraw from this study at any time without affect your relationship with or treatment at the Oregon Health Sciences University. The investigator reserves the right to remove any participant from the study prior to conclusion. You will receive a copy of the consent form.

Your signature below indicates that you have read the foregoing and agree to participate in this study.

_____   _____

Participant Signature   Date

_____   _____

Witness   Date

_____   _____

Investigator   Date

Appendix B-2

Depression Correlations with Psycometric Scales

ASQ	Depression
Composite Positive	-0.2285
	0.18
Composite Negative	0.2488
	0.143
Total Positive-Negative	-0.3437
	.04 *
Hopelessness	0.2889
	0.088
Foster Parent Positve	0.0118
	0.946
Foster Parent Negative	0.3287
	.05 *
WCQ	
Seeks Social Support	0.1584
	0.356
Planful Problem Solving	0.2
	0.24
Escape Avoidance	0.3852
	.020 *
Problem Focused	0.29
	0.09

Correlation Matrix: ASQ & WCQ and Family Characteristics

Attribution Style Subscales	Age	Number of Children	Special Needs Children	Years of Experience	Education	#Children leaving in 12 mo.	Income
Composite Positive	0.07	-0.11	0.24	0.01	0.14	-0.12	-0.13
	P= 0.69	0.52	0.15	0.94	0.42	0.48	0.47
Composite Negative	-0.003	0.003	-0.13	0.2	0.11	-0.08	0.1
	P= 0.99	0.52	0.2	0.11	0.54	0.03	
Total Positive/Negative	0.06	-0.09	0.27	-0.15	0.03	-0.04	-0.16
	P= 0.76	0.62	0.47	0.27	0.85	0.63	0.59
Foster Parent Positive	0.06	-0.04	0.34	0.09	0.02	0.08	0.1
	P= 0.72	0.82	.05 *	0.4	0.85	0.84	0.36
Foster Parent Negative	0.04	0.17	-0.03	0.23	0.03	-0.03	0.09
	P= 0.85	0.23	0.87	0.19	0.88	0.87	0.6

Ways of Coping Subscales	Age	Number of Children	Special Needs Children	Years of Experience	Education	#Children leaving in 12 mo.	Income
Seeks Social Support	0.15	0.24	-0.19	0.29	0.16	0.32	0.02
	P= 0.4	0.16	0.28	0.1	0.36	0.06	0.91
Planful Problem Solving	0.19	0.11	0.26	0.09	0.25	0.15	-0.25
	P= 0.28	0.54	0.13	0.62	0.15	0.15	
Escape Avoidance	0.02	0.03	-0.23	0.07	-0.02	0.29	0.44
	P= 0.9	0.88	0.19	0.71	0.89	0.08	0.13
Problem Focused	0.27	0.16	-0.03	0.21	0.16	-0.09	0.62
	P= 0.16	0.35	0.88	0.24	0.35	0.62	

Note. * Significance equals or is less than .05

Appendix Table B-4

Correlation Matrix: Outcomes Variables and Family Characteristics

Outcome Variables	Age	Number of Children	Special Needs Children	Years of Experience	Education	# Children leaving in 12 mo.	Income
Abuse allegations	0.35	0.21	0.13	0.6	-0.2	0.14	0.1
	P= .04 *	0.21	0.45	.000 *	0.26	0.43	0.57
Satisfaction with career	-0.07	0.14	0.33	0.2	-0.04	0.08	-0.03
	P= 0.71	0.42	0.05	0.25	0.83	0.63	0.86
Satisfaction with agency	0.13	0.16	0.004	0.04	-0.28	0.21	-0.05
	P= 0.48	0.35	0.98	0.83	0.11	0.21	0.77
Seeks Social Support	0.15	0.24	-0.19	0.29	0.16	0.32	0.02
	P= 0.4	0.16	0.29	0.1	0.36	0.02	0.91
Perceived social support from support meetings	0.29	0.14	0.33	0.36	-0.19	-0.16	-0.1
	P= 0.11	0.45	0.06	0.04	0.29	0.38	0.6
from other foster parents	0.08	0.21	0.15	0.19	-0.35	0.29	0.08
	P= 0.65	24	0.4	0.29	.04 *	0.64	0.08
helpfulness of trainings	0.12	0.02	0.32	0.33	-0.31	-0.17	0.02
	P= 0.53	0.91	0.06	0.07	0.08	0.34	0.89
Use of social support in last 12 months # trainings	0.14	0.09	0.29	0.34	-0.19	-0.04	0.18
	P= 0.42	0.61	0.09	0.05	0.27	0.82	0.31
# support meetings	0.35	0.34	0.15	0.22	-0.02	-0.16	-0.18
	P= .04 *	.04 *	0.37	0.2	0.92	0.35	0.31

Note. * P=< .05

Appendix Table B-5
Subscales of ASQ and WCQ

Subscales of Psychometrics	Mean	SD	Median
Attributional Style Questionnaire Subscales			
Composite Positive	15.5	1.7	15.17
Composite Negative	11.9	1.6	12.26
Total Composite Positive-Negative Score**	3.6	2.3	3.5
Ways of Coping Questionnaire Subscales			
Confrontive	0.98	0.45	0.92
Escape/Avoidance	0.54	0.46	0.5
Seek Social Support	1.5	0.72	1.5
Problem Solving	1.7	0.67	1.7
Problem Focused *	1.4	0.44	1.5

Notes. * Three scales comprise problem-focused coping: confrontive, problem-solving and seeks social support.
**The total composite positive-negative score was found by subtracting the negative from the positive

Appendix Table B-6

<u>Summary of Linear Regression Analysis for Variables Predicting Perceived</u>
<u>Emotional Support From Other Foster Parents (N=36)</u>

Variable	R Square	Adjusted R	F Statistic	p	Beta	Student T	p
	0.17	0.12	3.56	0.05			
High Positive (ASQ)- Problem-Focused (WCQ)					0.36	2.21	0.034
Years of Experience					-0.18	-1.11	0.27

<u>Multiple Regression Analysis of Foster Parent Positive and Negative Variables</u>

<u>Foster Parent Positive as the dependent variable</u>

Independent Variables	R Square	Significant F	Significant T
	0.31	0.002	
High Positive & Problem Focused			0.004
Number of Special Needs Children in Home			0.02

<u>Foster Parent Negative Scores as the Dependent Variable</u>

Independent Variables	R Square	Significant F	Significant T
	0.25	0.008	
Hopelessness			0.99
High Composite Negative			0.04

Appendix Table B-7

Correlation Matrix:Outcome Variables, Ways of Coping,
 Family Characteristics and Hopelessness (ASQ)

Outcome Variables	Hoplessness	Ways of Coping	Hoplessness
Abuse	0.03	Seeks Social Support	-0.02
	0.87		0.93
Satisfaction with career	-0.14	Planful Problem Solving	0.15
	0.43		0.39
Satisfaction with agency	-0.07	Escape/Avoidance	0.11
	0.68		0.53
Seeks Social Support	-0.02	Problem-Focused	0.13
	0.93		0.44
Perceived social support		Family Characteristics	
from support meetings	-0.27		
	0.13		
from other foster parents	-0.4	Number of Children	-0.08
	.02*		0.66
helpfulness of trainings	0.03	Special Needs children	-0.07
	0.87		0.7
Use of social support			
# trainings in 12 months	-0.15	Years of Experience	0.07
	0.39		0.69
# support meetings in 12 mo.	0.02	Education	0.2
	0.88		0.26
Hopelessness mean	7.8	Children leaving	-0.11
			0.53
Hopelessness range	4.3-10	Income	-0.06
			0.73