

A Descriptive study of foster family functioning : a master's research project

by Donna K. Schreiner and Martha Finkelstein Young

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APPROVED:

Gail M. Houck

Gail M. Houck, R. N., Ph. D., Thesis Advisor
Assistant Professor of Nursing

Joanne E. Hall

Joanne E. Hall, R. N., Ph. D., First Reader
Professor of Nursing

Mary Catherine King

Mary Catherine King, R. N., Psy. D., Second Reader
Associate Professor of Nursing

Carol A. Lindeman

Carol A. Lindeman, R. N., Ph. D., F. A. A. N.
Dean, School of Nursing

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Chapter I

Introduction

There were 287,000 children in foster care in the United States in 1987 (Sullivan, 1988). There were approximately 3,500 children in foster care in Oregon at the end of 1988 (Bolstad, Johnson & Magnuson, 1989). Although there have always been problems with the foster care system, in recent times foster children seem to be plagued by more emotional and behavioral problems due to such factors as: a 212 per cent increase in child abuse cases since 1976, an increase in the number of drug addicted babies, and the more than 1,000 children with AIDS (Sullivan, 1988).

Statistics are similar in Oregon regarding the foster child's abusive family background. For example, the Morrison Center's Child and Family Mental Health Program recently completed a six-year study of their 2,500 outpatient clients. They found that 82% of their foster children clients had been abused prior to foster placement. More than half of these abused children had suffered multiple forms of abuse: physical, sexual and neglect (Bolstad et al., 1989). These findings suggest that foster children are more likely to have problems requiring specialized treatment both at school and home (Bolstad et al., 1989). Thus, foster families are expected to care for children who have potentially severe behavioral and emotional problems. However, there is little research regarding the characteristics of foster families that enable them to cope successfully with these children.

The difficulty in caring for foster children may be one cause of the high turnover rate of foster homes and the high number of placements per child. For example, in Oregon a foster child averages 2.8 placements during his stay in the Children's Services Division (C.S.D.) foster care system. In the tri-county area (Multnomah, Washington and Clackamas Counties) between March and August 1988, 100 CSD foster homes were opened and 44 closed. Ms. Holmes, C.S.D. Foster Parent Education Coordinator, commented (March 1989) that the number of C.S.D. certified foster homes seems to remain fairly constant at 675-725 homes. This means that C.S.D is recruiting as many new homes as the number of foster homes that have closed. However, if C.S.D could prevent foster homes from closing initially, they might not be facing the current foster home shortage, especially in Multnomah County which has the highest foster home turnover rate.

The stability of a foster placement is important for the child's social and emotional needs (Baring-Gould, Essick, Kleinkauf & Miller, 1983). Also, foster home breakdowns cause strain on human and economic resources of social service agencies (Kraus, 1971). It is important to understand why people leave foster parenting, in order to prevent rapid foster home turnover and multiple placements for foster children. The stability of foster placement may be a critical nursing intervention goal. However, more research is needed about foster family dynamics and their relationship to foster home stability.

The nursing and social work literature contain many anecdotal and demographic articles about foster families (Fanshel, 1966;

Petersen & Pierce, 1974; Rowe, 1976). However, there is a lack of empirical research which describes the foster family from a systems perspective. Both nursing and systems theory view man holistically as a dynamic system, capable of self-regulation, goal-seeking growth, development, and learning (Sills & Hall, 1985). Systems theory views relationships and networks as the basis of social support, which may be important for maintaining health and coping with stress (Sills & Hall, 1985). Therefore, the quality of foster family relationships and the strength of their networks may be important factors in adapting successfully to fostering. Foster family relationships is an area that has yet to be investigated.

From a systems perspective, foster children and foster families are nursing clients. Mental health and public health nurses encounter foster children and families in schools, clinics, agencies, and the community. Foster families and foster children could benefit from nursing interventions in which both are viewed as components of an integral system, not as separate individuals who live together. The purpose of this study was to describe foster family systems in order to identify those qualities that may differentiate foster families who continue to foster from those who leave foster parenting.

Conceptual Framework/Literature Review

General systems theory and family stress theory guided the conceptual framework, literature review, and design for this study. There were three assumptions central to the present study. The first assumption was that the family is a system. The second

assumption was that fostering is a stress on the family system. The third assumption was that the foster family's ability to cope with stress is related to how well it functions as a system.

The family is viewed as an open, adaptive, and evolving system of interacting members (Fawcett, 1975). It is a unified whole that is more than the sum of its parts. The dynamics of the family system cannot be predicted from what is known about its individual members. Further, the family does not exist in isolation, but is in constant interaction with other systems. For example, the foster family system interacts with the health care system, Children's Services Division (C.S.D.), and the foster child's natural family.

The family has semipermeable boundaries which serve to establish its identity. These boundaries regulate both internal interactions among members and interactions between family members and external systems (Sills & Hall, 1985). For the foster family, these semipermeable boundaries may be more open than for the traditional nuclear family. For example, the foster family must open itself to unrelated children, agency staff and the foster child's natural parents (Eastman, 1979). Eastman postulated that in order for the foster family to function successfully, it needs to be adaptable or flexible and members must balance between being separated and connected rather than distant or enmeshed.

Family stress theory evolved from Hill's family crisis model, and is explicated by the Double ABCX Model (McCubbin & Patterson, 1982) which describes how families adapt over time to a crisis. According to this model, a family's response to stress is a

product of a pile-up of stressful events, the family's coping resources, and the meaning the family ascribes to the stressful event (McCubbin & Paterson, 1982). In applying family stress theory to foster families, it was expected that fostering involves the pile-up of many stressors. Among others, these stressors were hypothesized to include the foster child's emotional and behavioral problems, the relationship with an outside agency (C.S.D.), uncertainties regarding the foster child's future, and the adjustment of the biological children to having a foster sibling.

McCubbin and Patterson (1983) cited Hill's classification of family stressors. One stress Hill defined was accession, which is the change in the family structure caused by the addition of another family member. In the case of foster families, the added member is the foster child or children. However, it was not within the scope of this study to consider the impact of the child nor to consider how specific developmental, emotional, and behavioral characteristics of the child may alter family functioning. Rather, it was important to recognize that the foster child is a significant variable that may alter family functioning. The intent of this study was to describe the functioning of the foster family system.

The third assumption in this study was that successful coping with stress is directly related to family functioning. The family's functioning is a dynamic process. It moves along a continuum from unhealthy to healthy functioning depending upon the stressors and the family's coping resources (McCubbin & Patterson,

1982). The family's coping resources more specifically include the family's internal resources and social support. Internal resources include family adaptability, family cohesion and the marital relationship. Adaptability and cohesion appear to be the most important resources in crises management (McCubbin & Patterson, 1982). Family communication is another resource affecting family functioning but was not assessed directly in this study. Communication facilitates family adaptability and cohesion and is a factor that is inherently addressed by the instruments used in this investigation.

Thus, foster families, as open and adaptive systems, must respond to the stressor of accession of the foster child. It was hypothesized that they cope with gaining a foster child and the resultant stressors according to their level of functioning and available coping strategies. Of interest to the current study was the nature of the foster family's functioning, and their internal resources which would help them respond to the stress of accession of the foster child. Specifically, the dimensions of family adaptability, family cohesion, and the marital relationship were examined as indices of family functioning. These dimensions, along with the family's coping strategies, were studied in those foster families currently fostering and those who had chosen to quit fostering.

Adaptability and Cohesion

Olson and McCubbin (1982) developed the Circumplex Model of Marital and Family Systems (Circumplex Model) to link family and marital research, theory and practice. The model unifies over 50

clinical and theoretical concepts that describe family functioning and provides a way of analyzing and classifying family systems. The model is curvilinear with two central dimensions, adaptability and cohesion (see Figure 1, p 21).

Family adaptability is defined as "the ability of a marital or family system to change its power structure, role relationships, and relationship rules in response to situational and developmental stress" (Olson & McCubbin, 1982, p. 51). This dimension concerns the family's ability to be flexible in response to change. There are four levels of adaptability ranging from low to high: rigid, structured, flexible and chaotic.

Family cohesion is defined as the emotional bonding or separation that exists between family members (Olson & McCubbin, 1982). This dimension concerns the family's ability to be emotionally close while simultaneously allowing the autonomy of individual members. There are four levels of cohesion ranging from low to high: disengaged, separated, connected and enmeshed (Olson, Portner & Lavee, 1989). Combining the four levels of the two dimensions together forms 16 possible ways of classifying a family. This complex classification can then be reduced to a general rating of balanced, mid-range or extreme family type (Olson et al., 1989). Balanced family types are balanced on both dimensions of cohesion and adaptability; mid-range are extreme on one dimension and balanced on the other; and extreme types are extreme on both dimensions.

A central hypothesis of the Circumplex Model is that balanced families function better than extreme families (Olson et al.,

1989). Olson cited several studies that classify dysfunctional family types using the Circumplex Model. Schizophrenic and alcoholic families and families of runaways and sex offenders all tend to fall within the extreme family type (Olson et al., 1989). There has been no research to date that uses the Circumplex Model to classify foster families. Also, there is limited foster family literature that indirectly addresses the concepts of adaptability and cohesion.

In a seminal descriptive study of 101 foster families in Pennsylvania, Fanshel (1966) characterized foster families as *Gemeinschaft*. In these families, the woman runs the household and the man's domain is his work. These families tend to be socially isolated and have few interests outside the home. If foster families are more *Gemeinschaft*, they may be more rigidly structured and have fewer external supports. Thus, they may be less adaptable under stress.

Anderson (1982) described a home study process for screening potential foster parents using Bowen's family systems theory. Bowen (1978) assumed that in a healthy family the members are more differentiated or separated from each other. Anderson did not describe how the level of differentiation affects family functioning or present any empirical data as to foster family success based on this screening process. However, a more differentiated (less enmeshed) foster family may be more adaptable and better able to cope with the stress of the foster child.

There is a body of descriptive and often speculative literature about the characteristics and roles of foster mothers

and fathers. These characteristics are then linked to a "successful" or "unsuccessful" placement, but the definitions of these terms are often vague and inconsistent (Stone & Stone, 1983; Jordan & Rodway, 1984). For the purpose of this research project the terms "successful" and "unsuccessful" referred to current and former foster families, respectively.

An early study by Fanshel (1961) found that the families rated as most successful by caseworkers were more democratically oriented, which would be considered flexible on the Circumplex Model. However, Fanshel (1966) later found that foster mothers were dominant and assumed primary caretaking responsibility for the children. Foster mothers also tended to be more authoritarian in their child rearing attitudes than a non-foster sample. The foster father was the breadwinner of the family and supported the wife's maternal role. Similarly, Hampson and Tavormina (1980) found that the majority of foster mothers were the main disciplinarian in the family. Only a small percentage of foster fathers were equally involved in the foster role and these were in families with higher income and educational levels. The above findings suggest that "successful" foster families may be classified as more rigid according to the Circumplex Model.

Wiehe (1982) studied personality types of foster parents using Holland's Vocational Preference Inventory. He found that foster mothers were social types, preferring involvement with people. In contrast, foster fathers were realistic types preferring activities with machines or tools. Wiehe concluded that these differences may create conflict between foster parents

in parenting the foster child. Viewed from the Circumplex Model, this conflict may manifest as chaotic organization or increased disengagement.

Kraus (1971) studied a sample of 157 foster homes with school-aged children. Of these, 79 placements lasted more than 24 months and were considered successful. The following family characteristics were highly associated with success: the foster mother was 46 years or older and there were two natural children and one or more foster children in the home. However, Aldridge and Cautley (1975) in their study of first-time foster parents of school-aged children, found that no single foster parent characteristic correlated with foster home stability.

The Wiehe (1982) and Kraus (1971) studies suggest that foster parent characteristics may not be predictive of foster family functioning. However, foster families who have more children may have learned through their experiences to be more adaptable in their foster parent role.

In summary, it is difficult to generalize from the literature about foster family adaptability and cohesion. Foster families may be more conservative or traditional in their roles, indicating potential rigidity with lower levels of adaptability.

Alternatively, some families may foster longer because they have higher levels of adaptability and cohesion, thus enabling them to integrate a foster child into their system more successfully.

Stress and Coping Behaviors

McCubbin and Patterson (1982) conceptualized stress as an event that produces a change in some aspect of the family system.

Family stress can be defined on two levels: internal problems among family members and those problems that arise external to the family boundaries. The impact of the stress is determined by both the meaning the family attributes to the event and the family's coping behaviors.

McCubbin and Patterson (1982) described family coping behaviors as internal and external. Internal coping behaviors include: the family's confidence in problem-solving, their ability to reframe their problems, and how they confront or avoid their problems. External coping behaviors include: use of church and community resources, extended family, and friends or neighbors. One assumption of stress and coping theory is that families who use more internal and external coping behaviors adapt more successfully to stressful situations (Olson et al., 1989). The stress and coping literature pertinent to foster families will be organized by examining the stresses they face, their coping behaviors, and the reasons they leave fostering.

By taking in a foster child, families are subjected to many stresses which necessitate change in the family system. Several studies describe these stresses, which include: disruption of the family equilibrium, high turnover of agency caseworkers, emotional and behavioral problems of the foster child, involvement of the child's natural parents, and foster parent role ambiguity (Littner, 1978; Pardeck, 1985; Wilkes, 1974).

Horner (1981) posed an interesting framework for viewing foster family stress. He perceived that the relationship between the family's parental expectations and the foster child's behavior

determines the amount of stress the child causes entering the system. A foster child with one type of behavior problem may be less stressful for a certain type of foster family than a child with a different behavior problem. For example, a family with a high need to nurture may find it stressful to have a foster child who is avoidant. Another factor is that the family's pattern of coping with stress may be in opposition to the foster child's coping pattern.

In an earlier paper, Mora (1962) presented ideas similar to Horner's. Mora discussed the needs of emotionally disturbed foster children and emphasized the importance of matching the child's psychodynamics with those of the foster family. He speculated that a "perfect" foster family may be ill-equipped to cope with the needs of a foster child whose family background is so foreign to that of the foster family. For example, foster parents who have not cared for sexually abused children may be shocked by a foster child who relates to them in a sexual manner. The ensuing foster parent-foster child interactions may be stressful to both the family and the child.

Matching the coping styles of foster child and foster family may not be practical or necessary, however. An understanding of family coping patterns that facilitate foster family functioning may be more relevant. The stresses that foster families face in accommodating a foster child are well documented in the literature. However, the strategies for coping that are associated with successful fostering are not as clearly defined.

Two research studies indirectly addressed foster family coping behaviors. First, Campbell and associates (1979-1980) found that socially isolated non-married women had the highest-risk, least successful foster placements. This study also raises the question of whether the foster child caused a foster family's dissolution, or if the roots of family dissolution were already present before the child entered the foster home (Campbell, Simon, Weithorn, Krikston & Connolly, Fall/Winter 1979-1980). Nonetheless, the findings suggest that external coping behaviors, such as social involvement, are important coping strategies. These findings may also suggest that the marital relationship is an important internal coping resource.

A second study that indirectly assessed family coping strategies examined the association between the effects of personal assertiveness and foster training on foster license retention (Boyd & Remy, 1979). The researchers found that those parents who had completed foster training and were more assertive and active in their community tended to retain their foster license longer than those without these qualities. This finding affirms that foster families who seek external support enhance their ability to foster.

Finally, several articles have addressed why foster homes close. An Alaskan study of state-and nonstate-agency supervised foster homes found a closure rate of 37% in one year. The researchers mailed questionnaires to all 230 foster homes which had closed during 1978. They found that the primary factors determining closure were major life events, stressful changes

within the foster family, and the lack of caseworker support (Baring-Gould, Essick, Kleinkauf & Miller, 1983). Although there were stressors both internal and external to the families, it is unclear whether the families had the necessary strategies for coping with them.

The relationship with the caseworker seems to be a critical factor in determining foster home stability or closure. Jones (1975), a British researcher, interviewed foster mothers and fathers in 90 former foster homes and found the factors significantly associated with closure were inadequate foster parent training, communication problems with the caseworker and lack of clarity of caseworker and foster parent roles. Similarly, Stone and Stone (1983) found in their review of case records for 64 foster children that the factors most strongly associated with placement success included the family's relationship with the caseworker and the energy expended by the caseworker. External coping behaviors, therefore, may enable the foster family to use the caseworker more successfully.

In summary, foster families are confronted with many internal and external stresses. There is a lack of research regarding the coping strategies of these families. From the literature, it appears that the caseworker is an important external resource for the foster family. It is not known, however, whether the nature of the family's coping strategies affects their ability to use external resources. Perhaps those families who stay in foster care use more internal strategies to resolve internal stress and more readily use strategies to acquire external supports.

Alternatively, they may be fortunate enough to have foster children with behaviors that are non-stressful to the family system.

Marital Adjustment

Spanier (1976) used the term "dyadic adjustment" to describe the quality of the marital relationship. He viewed marital adjustment as a process. Events and circumstances move the relationship back and forth along a continuum from good to poor adjustment. An assumption of this study is that the marital relationship significantly affects family functioning.

There is a lack of empirical evidence but much speculation in the literature regarding foster family marriages. Certainly, an unstable marriage has been found to put a foster placement at high risk for disruption (Campbell et al., Fall/Winter 1979-1980). However, the findings regarding marital cohesion and consensus are contradictory. Many studies base their assumptions on an early article by Babcock, a psychiatrist (1965). She reviewed case records and interviews of a sample of 25 foster families from Fanshel's original sample of 101 families (Fanshel, 1961). The couples had married early and had children quickly. As a result, marriage was equated with parenthood. Babcock perceived little intimacy in the marriages, and concluded that foster children protected the couple from an unwanted close relationship. This would suggest that a poorer marital adjustment, in terms of cohesion, may be adaptive for foster families.

However, the value of cohesion to foster parenting was found by Kinter and Otto (1964) who explored the marital relationship in

terms of family strengths. They developed a questionnaire to assess foster families' perceptions of their family strengths. They chose a sample of 39 couples who were either accepted or rejected as foster parents. Accepted foster couples listed love and cooperation as family strengths significantly more than rejected foster couples, and there was more response consensus among the accepted couples (Kinter & Otto, 1964). However, these couples were not fostering yet and being an accepted couple did not mean being a successful foster parent. Therefore, it is difficult to generalize these findings regarding the value of marital cohesion and consensus to current foster parents.

Jordan and Rodway (1984) additionally alluded to the value of marital cohesion in their study of the characteristics of effective foster parents. In their sample of 70 foster homes with school-age children that were rated as effective by case workers, Jordan and Rodway found that the parents' satisfaction with the caring expressed in the marriage was important. However, no tests of significance were performed.

In summary, the foster family literature lacks empirical research addressing foster family marriages and how they influence the adaptation of foster families or contribute to closure of foster homes. Couples may become foster parents to avoid marital intimacy; a less intimate marriage may work well for the foster family enabling them to give more attention to their natural and foster children. Alternatively, high marital adjustment may enhance the foster family's functioning. If the family's ability to foster is not affected by the quality of the marriage, then

what may be more relevant is how the family functions in terms of adaptability, cohesion, and coping behaviors.

Research Questions and Hypotheses

The research questions addressed by this study were:

1. What family types, as defined by the Circumplex Model, characterize current and former foster families?
2. How do current and former foster families differ in their coping behaviors?
3. How do current and former foster families differ in the quality of their marriages?

In order to facilitate data analysis directed at identifying factors differentiating current and former foster families, the following hypotheses were formulated:

1. There is an association between Circumplex Model family type (balanced, mid-range or extreme) and current versus former foster family status.
2. There is a difference in family coping between current versus former foster families.
3. There is a difference in the quality of marriages between current and former foster families.

These hypotheses were intended to facilitate identification of differences between current and former foster families; no causality was implied.

Chapter II

Methods

Design

A descriptive design was chosen for this study for two reasons: to provide general descriptive data on foster family systems which is lacking in the literature, and to describe possible relationships among the many variables. The grouping variable was the status of the foster family in the CSD system, either: (a) currently foster parenting for at least one year or more; or (b) not foster parenting, having voluntarily quit within the last year. The following descriptor variables were examined: (a) family cohesion, (b) family adaptability, (c) family coping behaviors, and (d) marital adjustment.

In order to describe as heterogeneous a sample of foster families as possible, no effort was made to match or control the two foster family groups for such variables as age, numbers of foster children or race. However, the sample for this study included only foster families from Multnomah County, which is an urban population sample. This county has the highest foster home turnover rate in the local three county area and CSD was interested in studying these particular foster families.

Subjects

Current foster families were defined in this study as those that met the following criteria: families headed by married parents living in Multnomah County, providing foster care under the supervision of CSD, and fostering for one year or more. The

foster parent literature is conflicting regarding the time period by which a foster placement is considered "successful" (Stone et al., 1983). However, one study indicated that 40% of new foster parents tended to quit within the first year (Jones, 1975). Therefore, foster parents who had fostered less than a year were excluded, with the assumption that the foster placement may still be tenuous.

Former foster families were defined in this study as those that met the following criteria: families with intact marriages that lived in Multnomah County at the time they fostered, were under CSD supervision, voluntarily quit fostering within the last year, and fostered less than one year. A sample of former foster parents who quit fostering relatively recently was chosen to increase the probability of accurate recall of their experiences.

Both groups excluded relatives of the foster children, medical foster parents, single foster parents, and those families forced to quit because they were inadequate or unsafe foster parents. The planned sample size was 40 foster families in each of the current and former groups.

Data Collection Methods

Three scales were employed in this study: the FACES III, the F-COPES and the Spanier Dyadic Adjustment Scale (Spanier). In addition, a family information questionnaire was used to gather descriptive demographic data on each foster family. Both spouses in the family were asked to complete the three scales and the questionnaire.

FACES III

The FACES III (Family Adaptability and Cohesion Evaluation Scales) was developed by Olson, Portner and Lavee (1989) to classify families according to the Circumplex Model. This scale can be used for clinical and research purposes. The FACES III is a 20-item Likert scale, with 10 cohesion and 10 adaptability items (see Appendix A). The respondent reads a statement and then decides how frequently the behavior occurs in his/her family. The responses range from 1 (almost never) to 5 (almost always).

The cohesion score is the sum of all of the odd items and the adaptability score is the sum of the even items (Olson et al., 1989). Families are then classified into four levels of cohesion and four levels of adaptability. On the cohesion scale, families with scores ranging from: 10-34 are classified as disengaged; 35-40 are separated; 41-45 are connected and; 46-50 are enmeshed. On the adaptability scale, families with scores ranging from: 10-19 are classified as rigid; 20-24 are structured; 25-28 are flexible and; 29-50 are chaotic (Olson et al., 1989). Both adaptability and cohesion scores are then plotted on a family type grid into one of 16 family types, ranging from chaotically disengaged to rigidly enmeshed. These 16 family types are then further classified as either "balanced," "mid-range" or "extreme" according to their location on the Circumplex Model (see Figure 1, p. 21).

The two dimensions of adaptability and cohesion are curvilinear so that families who score very high or very low on both dimensions are viewed as dysfunctional whereas those families

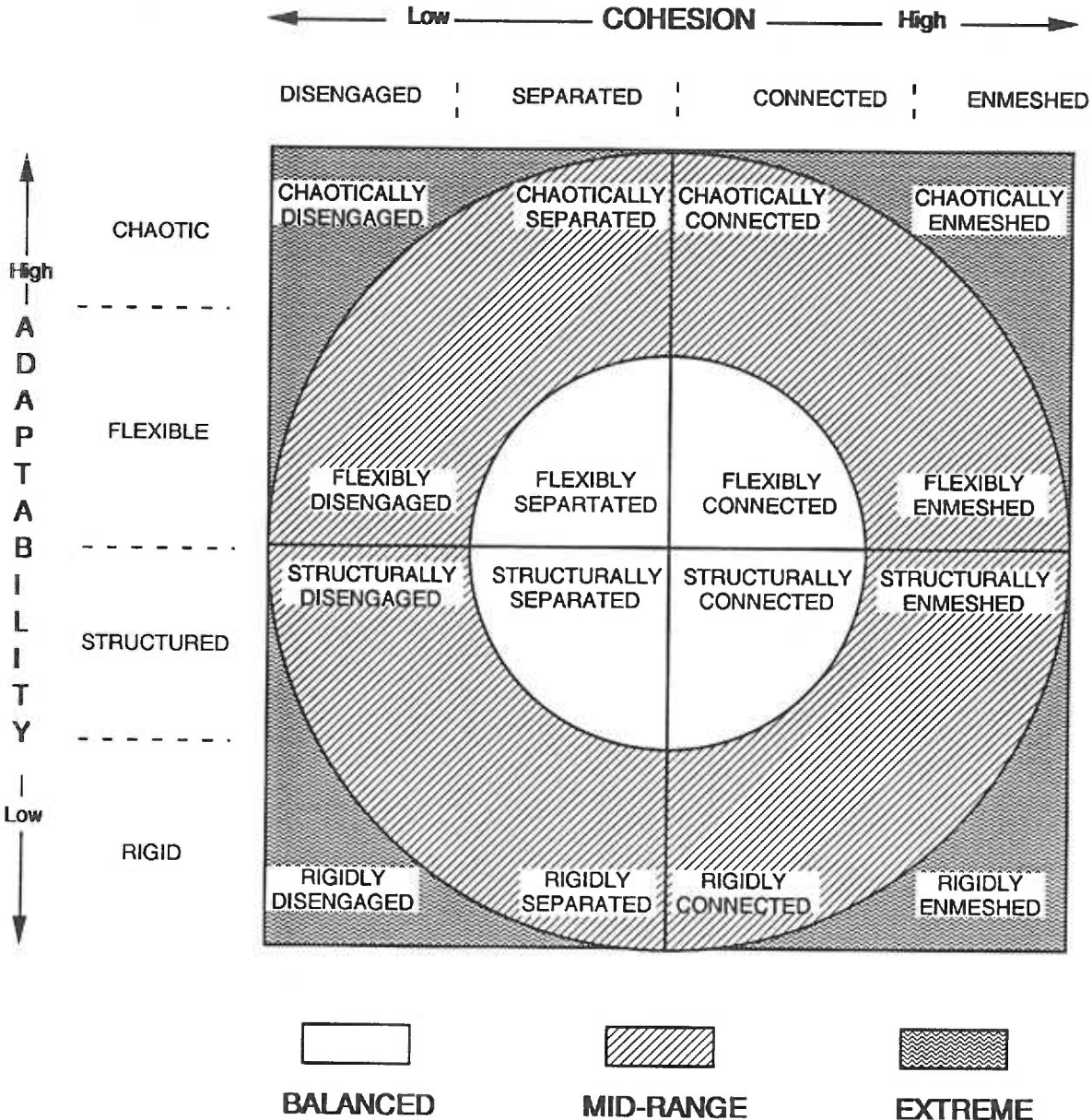


Figure 1. Circumplex Model. Adapted from D. Olson (1986), p. 339.

who score more central are considered more functional. Balanced family types are balanced on both dimensions of adaptability and cohesion; mid-range are balanced on one dimension and extreme on the other; and extreme types are extreme on both dimensions.

Reliability for the cohesion scale is .77 and reliability for the adaptability scale is .62. Total scale reliability is .68 (Olson et al., 1989). The construct validity between adaptability and cohesion is $r=.03$, verifying that the FACES III is actually measuring two separate constructs (Olson et al., 1989). Social desirability can reduce the validity of any self-report scale, because respondents may wish to present themselves in the most favorable light. For FACES III, the correlation between social desirability and adaptability is zero and the correlation between social desirability and cohesion is .35. Olson et al. stated that high cohesion is an embedded ideal in our culture and therefore it is not desirable to reduce the correlation to zero (Olson et al., 1989). However, this correlation may reduce the scale's validity.

F-COPES

The F-COPES (Family Crisis Oriented Personal Evaluation Scales) was developed by McCubbin, Olson and Larsen to identify problem solving behaviors adopted by families in difficult situations (Olson, Portner & Lavee, 1989). It is based on the Double ABCX Model which integrates meaning/perception, family resources and pile-up factors (McCubbin & Patterson, 1982). The scale identifies the family's internal coping strategies and their external coping strategies, or how they acquire resources outside of their boundaries (Olson et al., 1989).

F-COPES is a 30-item Likert scale with 5 subscales that measure internal and external family coping patterns (see Appendix A). The 5 subscales are: acquiring social support, reframing (whether the family views change as positive, negative or neutral), seeking spiritual support, mobilizing the family to acquire and accept help, and passive appraisal (inactive behaviors a family uses to cope, based on a belief in their inability to alter the outcome).

Respondents are asked to rate the many ways their family might respond to problems by agreeing or disagreeing with the options presented, such as seeking external support from friends or church, and believing in the family's ability to handle problems internally. The responses range from 1 (strongly disagree) to 5 (strongly agree) and the total possible scores range from 30 to 150. A higher score on the F-COPES indicates a higher level of coping ability and a lower score indicates a lower level of coping ability. The 5 subscales can also be individually scored, and like the total F-COPES score, a lower score indicates a lower coping ability in each of the 5 categories. The scale can be used for both clinical and research purposes. Reliability is .86 to .87 and the scale has been shown to have internal validity (Olson et al., 1989).

Spanier

The Spanier Dyadic Adjustment Scale (Spanier) was developed as a research tool to measure the quality of dyadic adjustment for both married and unmarried couples (Spanier, 1976). This scale provides an overall measure of the quality of the dyadic

adjustment and can be broken down into 4 subscales: dyadic consensus, satisfaction, cohesion and expression. It is a 32-item Likert scale, 10 items of which must be reverse scored. The possible scores range from 29 to 180, with a lower score indicating a better quality of marital adjustment (see Appendix A).

The Spanier can be used for both clinical and research purposes. Total scale reliability is .96. This scale has been shown to have content, construct and criterion-related validity (Spanier, 1976).

Procedures

The regional manager at C.S.D., Gerald Johnson, was contacted for approval of this study. His letter of approval (Appendix B) was submitted with this proposal to the Oregon Health Sciences University Human Subjects Committee, which approved the study with exempt status due to the survey mail method. Sarah Holmes at CSD provided a computerized list of both current and former foster families which met the sample criteria. Home certifiers then deleted those current families that were pending an agency-enforced termination and those former families that were forced to quit foster parenting involuntarily. Current foster families were selected randomly from the list provided. Due to the small number of former foster families that met the criteria, a convenience sample of the entire list of former families was used. A list of 121 foster families was obtained (82 current and 39 former) and each family was given a code number for tracking purposes.

A booklet (Appendix A) was constructed composed of the 3 scales and a family information questionnaire based on guidelines suggested by Dilman (1978). Booklets were mailed to 82 current and 39 former foster families. A cover letter was included explaining the study and the confidentiality of the subjects' responses (Appendix C and D). In the letter, each spouse was instructed to complete their booklet separately. Subjects were each reimbursed one dollar, included in the mailing, whether or not they participated. One week later a follow-up thank you/reminder post card was sent (Appendix E). Three weeks from the original mailing, booklets were mailed to 20 families who had not responded. To preserve confidentiality, the list of family names was destroyed 6 weeks from the first mailing. Thereafter, only code numbers identified participants.

Data Analysis

Statistical analysis was carried out using StatView SE + Graphics (Abacus Concepts, Berkeley, CA). Associations between current and former foster families, with regard to adaptability and cohesion on the FACES III, were made using chi-square statistics. Differences between current and former foster families, with regards to the F-COPES and Spanier scales, were analyzed using t-tests. All p values represent two-tailed tests for significance. A p value $<.05$ was considered significant. Unanswered items were given the respective current or former group mean for that item. The qualitative data from the family questionnaires were coded separately for current and former parents. Codes were collapsed into broader themes for discussion.

Chapter III

ResultsReturn Rates

A total of 121 packets containing 2 booklets (one each for the husband and wife) were mailed to both current and former foster families. Eighty-two packets containing 164 questionnaires were sent to the current foster family sample, and 39 packets containing 78 questionnaires were sent to the former foster family sample. Table 1 indicates the numbers of questionnaires returned, excluded and eligible for this study, and the return rate.

Table 1

Questionnaires Sent and Received

	Current			Former		
	mothers	fathers	total	mothers	fathers	total
Questionnaires sent	82	82	164	39	39	78
Questionnaires returned	46	41	87 (53%)	18	19	37 (47%)
Questionnaires excluded	14	11	25	5	5	10
Final sample	32	30	62 (38%)	13	14	27 (34%)

Numbers expressed as individual parents.

Twenty-five current foster parents were excluded from the final sample for the following reasons: 9 did not answer enough

questions for meaningful analysis; 6 were medical foster parents only; 2 questionnaires had responses indicating that the parents did not understand the questions; 2 parents had only one foster child for 17 years, considered equivalent to an adoption; 2 parents were participating in another study; 2 parents knew their foster child before placement; and 2 parents were fostering to adopt a specific foster child.

Ten former foster parents were excluded from this study for the following reasons: 2 returned blank questionnaires; 6 parents had fostered to adopt a specific foster child; and 2 former parents had a family tragedy and did not wish to be in the study. After these exclusions, the study sample consisted of 32 current foster mothers and 30 current foster fathers and 13 former foster mothers and 14 former foster fathers. This represented 62 current and 27 former foster families.

Foster Family Characteristics

Family composition was similar for the two groups (see Table 2). Current and former foster families did not differ with respect to the number of biological children ($t(81)=-.86$, $p<.39$). Current foster families averaged 2.0 biological children ($SD=1.6$) and former foster families had, on average, 1.7 biological children ($SD=1.3$). Similarly, there was no significant difference in the mean number of foster children between the two foster family groups ($t(84)=1.4$, $p<.16$). Current foster families had an average of 2.0 foster children ($SD=1.4$) and former foster families had a mean of 1.5 foster children ($SD=.78$). Additionally, current and former groups did not differ in terms of the total people in

the home ($t(85)=-.40$, $p<.69$). Current foster families had a mean of 5.9 total people in the home ($SD=5.9$) compared with a mean of 5.6 ($SD=2.5$) for former foster families. Finally, the two foster groups did not differ regarding the number of household pets ($t(85)=-.10$, $p<.98$), with foster families having a mean of 2.6 pets ($SD=2.6$; $SD=2.5$).

The duration of the fostering experience also did not differ for the two groups. A t-test revealed no significant difference between the number of years the families had been foster parenting in association with CSD ($t(87)=1.4$, $p<.17$); current families had fostered a mean of 5.1 years ($SD=5.5$) and former families had fostered, on average, 3.4 years ($SD=4.4$). Surprisingly, the foster family groups did differ with respect to the duration of marriage. There was a significant difference in years married ($t(85)= 2.5$, $p<.015$). Current foster parents were married, on average, 13.6 years ($SD= 6.4$) whereas former foster parents were married a mean of 9.3 years ($SD=9.0$).

There was no significant difference in age between current and former foster mothers ($t(43)=.093$, $p<.926$). Current foster mothers had a mean age of 39.0 years ($SD=6.7$) and former foster mothers had a mean age of 38.7 years ($SD=8.8$). There was no significant difference in age between current and former foster fathers ($t(40)=-.471$, $p<.64$). Current foster fathers had a mean age of 41.0 years ($SD=7.1$) and former foster fathers had a mean age of 42.3 years ($SD=10.1$).

Table 2

Foster Family Characteristics

	Current (n=62)	Former (n=27)	p value
Time Married (years)	13.6 ± 6.4	9.3 ± 9.0	.015
Biological Children	2.0 ± 1.6	1.6 ± 1.3	NS
Foster Children	2.0 ± 1.4	1.5 ± 0.8	NS
Total in Home	5.9 ± 2.4	5.6 ± 2.5	NS
Pets	2.6 ± 2.6	2.6 ± 2.5	NS
CSD years	5.1 ± 5.5	3.4 ± 4.4	NS

Where appropriate numbers represent mean ± 1 standard deviation.
p value calculated for unpaired t-test.

Income level was assessed from five categories of gross family income (see Table 3). A majority (62%) of former families were characterized by the highest income level, whereas the current families were largely distributed between \$20,001-\$30,000 and the highest category. A chi-square analysis was performed between foster status and income level ($\chi^2(2)=3.4$, $p<.18$), which did not reveal a significant association. A total of 17.2% of current families reported an income level of \$10,001-\$20,000 compared with 23.1% of former families. A total of 44.8% of current families reported an income level of \$20,001-\$30,000, compared with 15.4% of former families. A total of 38.0% of current families reported an income level of \$30,00 and above, versus 61.5% of former families.

Table 3

Income Levels by Percentages

Income Level (\$)	Current	Former
0-5,000	0	0
5,001-10,000	0	0
10,001-20,000	17.2	23.1
20,001-30,000	44.8	15.0
30,001 and above	38.0	62.0

Numbers expressed as percent.

Additionally, the foster parents were comparable in their educational background. A chi-square analysis was performed to determine an association between educational level and foster mother status with no association found ($\chi^2(5)=9.0$, $p<.10$). The percentage of foster mothers in each educational level can be found in Table 4. A chi-square analysis also revealed no association between educational level and foster status for fathers ($\chi^2(5)=2.7$, $p<.75$). The percentages for foster fathers in each educational level can also be found in Table 4.

Table 4

Educational Level of Foster Parents

Educational Level	Mothers		Fathers	
	Current	Former	Current	Former
Some High School	6.2	0	6.9	15.4
High School Graduate	28.1	46.1	20.7	30.7
Technical Training	12.5	38.5	13.8	15.4
Some College	28.1	7.7	34.5	15.4
College Graduate	18.8	0	20.7	23.1
Graduate School	6.2	7.7	3.4	0

Numbers expressed as percent.

Reasons for Quitting Foster Parenting

The family information sheet asked current and former foster parents to check potential or actual reasons, respectively, for quitting foster parenting. Five reasons were listed, with additional space provided for other reasons (Appendix A). Chi-square analysis was performed to determine an association between foster status and reasons for quitting foster parenting. No association was found between foster status and four of the reasons for quitting: not enough support from CSD caseworker ($\chi^2(1)=.02$, $p<.90$); foster child has/had too many CSD caseworkers ($\chi^2(1)=.60$, $p<.44$); not enough time ($\chi^2(1)=1.1$, $p<.30$); and foster child too difficult ($\chi^2(1)=.37$, $p<.54$). An association was found between foster status and financial hardship, with more current

than former foster parents checking this as a potential reason for quitting fostering ($\chi^2(1)=3.7$, $p<.0546$).

Qualitative Analysis

Approximately 75% of the subjects responded to the questions: "What other reasons would you give for quitting foster parenting?" and "What would make (have made) it easier for you to continue fostering?" Current and former foster parent responses were coded separately. However, both groups had similar responses to the two questions, so the qualitative findings will be presented together in this section.

Lack of resources and issues related to C.S.D. were the two main reasons current and former foster parents gave for quitting and for what would make fostering easier. The lack of resources included both internal and external resources. The internal resources cited by current families included "inadequate time" and "money." Only one former mother cited an internal resource as a reason for quitting, and this was the "lack of family support" for fostering. The external resources cited by current families included "lack of transportation" and "mental health counseling for both foster child and foster family." Several former subjects commented that "a larger house" would have made it easier. Both current and former parents mentioned the need for respite care to give them a break from fostering.

The issues concerning C.S.D. related to quitting and what would make fostering easier included: 1) practices and policies and 2) the caseworker. Current foster parents commented on the following C.S.D. practices and policies as being problematic: the

foster child being in foster care too long and in too many homes, problems with access to respite payment, and the mismatch between amount of care required for the foster child and the foster family's time and resources. Additionally, former foster subjects commented that C.S.D. expected the family's own children to babysit the foster children. Further, the comments of both former and current parents revealed issues about the ineffectiveness of such discipline standards as time-out, with children having severe behavioral problems like fire setting. Both groups mentioned the need for more education on discipline. They also shared in their comments the need for more background information on the foster child before placement.

Additionally, many subjects in both groups shared the perception that C.S.D. policy appeared to emphasize the rights of the biological parents over the rights of the foster child. Further, some of these subjects perceived that the legal system and C.S.D. were not working together in the foster child's behalf. One former family reported that they quit fostering because they lost trust in the system to act in the child's best interests.

Current and former parents both gave a wide range of concerns about the caseworker: the lack of caseworker availability and support; concerns about the caseworker's communication and relationship with the foster child; not feeling trusted or valued by their caseworker; feeling the caseworker misunderstood their relationship with the foster child; poor foster parent-caseworker communication regarding the foster child's future plans; and not having input with the caseworker regarding the foster child's

future. Additionally, former subjects expressed concern about high caseworker turnover and caseworker burnout.

Finally, the predominant reason for quitting given by both current and former foster parents was strain on the foster family, mainly on their children and their marriage. Marital strain was listed as a reason by more former than current foster parents. Both groups reported vulnerability and emotional strain as the consequences of the short-term relationship with their foster child. They also commented on the difficulty of accepting the child's return to the biological family and this potentially abusive environment. Additionally, former subjects commented that their lives had become too busy, or that it was the "wrong time" to foster (new marriage or new baby).

Descriptive Statistics for Study Measures

Family Type

Foster families were categorized by adaptability and cohesion from their scores on the FACES III. There was no association between adaptability classification and foster mother status, using chi-square analysis ($\chi^2(3) = 1.63, p < .652$). In terms of adaptability as reported by current mothers, 12.5% were categorized as rigid, 37.5% were structured, 15.6% were flexible, and 34.4% were chaotic. Former mother scores were categorized as: 7.7% rigid, 38.5% structured, 30.8% flexible and 23.1% chaotic. There was also no association found between adaptability classification and foster father status using chi-square analysis ($\chi^2(3) = 1.06, p < .79$). In terms of adaptability as reported by current fathers, 6.7% were categorized as rigid, 33.3% were

structured, 36.7% were flexible, and 23.3% were chaotic. Former father scores were categorized as: 0% rigid, 35.7% structured, 35.7% flexible, and 28.6% chaotic.

Foster parents were also classified on the FACES III cohesion scale. Foster mother status was not found to be associated with cohesion classification ($\chi^2(3)= 1.05, p<.79$). In terms of cohesion as reported by current mothers, 6.2% were disengaged, 37.5% were separated, 37.5% were connected, and 18.8% were enmeshed. In terms of cohesion as reported by former mothers, 0% were disengaged, 38.5% were separated, 46.2% were connected and 15.4% were enmeshed. Foster father status also was not found to be associated with cohesion classification ($\chi^2(3)=2.01, p<.57$). In terms of cohesion as reported by current fathers, 13.3% were disengaged, 33.3% were separated, 43.3% were connected, and 10.0% were enmeshed. In terms of cohesion as reported by former fathers, 7.1% were disengaged, 43.0% were separated, 28.6% were connected and 28.4% were enmeshed (see Tables 5 and 6).

Table 5

Distribution of Adaptability Classifications

Category	Mothers		Fathers	
	Current	Former	Current	Former
Rigid	12.5	7.7	6.7	0
Structured	37.5	38.5	33.3	35.7
Flexible	15.6	30.8	36.7	35.7
Chaotic	34.4	23.1	23.3	28.6

Numbers expressed as percent.

Table 6

Distribution of Cohesion Classifications

Category	Mothers		Fathers	
	Current	Former	Current	Former
Disengaged	6.2	0	13.3	7.1
Separated	37.5	38.5	33.3	43.0
Connected	37.5	46.2	43.3	28.6
Enmeshed	18.8	15.4	10.0	21.4

Numbers expressed as percent.

Family Coping

Current and former foster mother mean scale scores were compared with mean scores from a normative sample (Olson et al.,

1989). There were no differences in mean scores between current foster mothers and the normal sample on the following scales: total score ($t(31)=-.11$, $p<.91$); social support ($t(31)=-.37$, $p<.71$); reframing ($t(31)=.04$, $p<.97$); and passive ($t(31)=-.54$, $p<.60$). However, there was a significant difference between the two groups on the spiritual subscale ($t(31)=-2.5$, $p<.016$). Current mothers had a mean score of 14.6 compared with a mean score of 16.6 for the normal sample, suggesting a lower utilization of religious strategies. There was also a significant difference between current and normal group on the mobilizing subscale ($t(31)=3.713$, $p<.0008$). Current mothers had a mean score of 14.5 compared with a mean score of 12.7 for the normal sample, suggesting a higher use of mobilizing strategies by current foster mothers. There were no significant differences on any of the F-COPES scales between the former foster mothers and the normal sample (Table 7).

Current foster father mean F-COPES scale scores were also compared with those of the normative sample (see Table 7). There were no significant differences between mean scores on the following scales: total score ($t(29)= -.821$, $p<.42$); social support ($t(29)= -1.163$, $p<.25$); reframing ($t(29)= .693$, $p<.50$); and passive ($t(29)= -1.173$, $p<.25$). Again, there was a significant difference between the two groups on the spiritual subscale ($t(29)= -2.625$, $p<.014$). Current fathers had a mean score of 13.9 compared with the normative sample mean score of 16.0, again suggesting lower utilization of religious resources. There was also a significant difference between the two groups on

the mobilizing scale ($t(29) = 3.935$, $p < .0005$), with current fathers having a mean score of 14.1, compared to a normative mean score of 11.9. Current foster fathers, then, reported a higher use of mobilizing strategies in the family (Table 7).

Mean F-COPES scale scores of former foster fathers were compared with the normal sample also. There were no significant differences between mean scores on the following scales: total score ($t(13) = -.679$, $p < .51$); social support ($t(13) = -.726$, $p < .48$); reframing ($t(13) = 2.015$, $p < .065$); spiritual ($t(13) = -.089$, $p < .93$); and passive ($t(13) = -1.339$, $p < .20$). However, there was a significant difference between the two groups on the mobilizing scale ($t(13) = 2.118$, $p < .05$); former foster fathers had a mean score of 13.6 compared to the normative mean score of 11.9.

Table 7

F-COPES Mean Scores Compared with Population Normals

Scale	---Mothers---			---Fathers---		
	Current	Former	Normal	Current	Former	Normal
Total	94.0	95.4	95.6	91.6	94.5	93.1
Support	28.2	26.6	27.8	25.6	25.3	26.5
Reframing	30.4	30.4	30.4	30.9	32.8	30.4
Spiritual	14.6**	15.2	16.6	13.8**	15.9	16.0
Mobilizing	14.9†	14.1	12.7	14.1†	13.6*	11.9
Passive	8.0	8.4	8.2	7.9	7.8	8.5

* $p < .05$.

** $p < .02$.

† $p < .001$.

Marital Adjustment

Current foster mothers had a mean score of 62.6 (SD=14.5) on the Spanier Dyadic Adjustment Scale. Former foster mothers had a mean score of 62.4 (SD=13.4). Current foster fathers had an average of 62.9 (SD=11.6) and former foster fathers had a mean score of 60.0 (SD=13.5).

Analysis of Hypotheses

The first hypothesis that there would be an association between Circumplex Model family type (balanced, mid-range or extreme) and current versus former foster family status was not supported. Chi-square was performed to determine the association of foster status and family type based on the Circumplex Model. Percentages for current and former foster mothers and fathers are given in Table 8.

Table 8

Circumplex Model Family Types

Family Type	Mothers		Fathers	
	Current	Former	Current	Former
Balanced	37.5	53.8	53.3	57.1
Mid-range	53.1	46.2	40.0	28.6
Extreme	9.4	0	6.7	14.3

Numbers expressed as percent.

Mothers: $\chi^2(2) = 1.9$, $p < .39$.

Fathers: $\chi^2(2) = .98$, $p < .61$.

The second hypothesis was that there would be a difference in family coping between current and former foster families. To assess this hypothesis, t-tests were carried out to compare the mean scores of current and former foster mothers and current and former foster fathers on the F-COPES scales. The mean scores are listed in Tables 9 and 10. There were no significant differences between groups for mothers or fathers with respect to coping strategies employed on the total scale or the 5 subscales. The second hypothesis was therefore not supported.

Table 9

F-COPES Total and Subscale Scores for Foster Mothers

Scale	Current	Former	unpaired t	p
Total	95.4 ± 11.3	94.0 ± 10.4	.378	NS
Social Support	28.2 ± 5.2	26.6 ± 5.7	.874	NS
Reframing	30.4 ± 3.8	30.4 ± 5.3	.041	NS
Spiritual	14.6 ± 4.4	15.2 ± 3.0	-.419	NS
Mobilizing	14.9 ± 3.5	14.0 ± 3.1	.786	NS
Passive	8.0 ± 2.4	8.4 ± 2.8	-.468	NS

Numbers expressed as mean ± 1 standard deviation. df=43.

Table 10

F-COPES Total and Subscale Scores for Foster Fathers

Scale	Current	Former	unpaired t	p
Total	91.6 ± 9.9	94.5 ± 7.4	-.950	NS
Social Support	25.6 ± 4.1	25.2 ± 6.3	.218	NS
Reframing	30.8 ± 3.6	32.8 ± 4.4	-1.529	NS
Spiritual	13.8 ± 4.4	15.9 ± 2.7	-1.596	NS
Mobilizing	14.1 ± 3.2	13.6 ± 3.1	.556	NS
Passive	7.9 ± 2.6	7.8 ± 1.9	.162	NS

Numbers expressed as mean ± 1 standard deviation. df=42.

The third hypothesis was that there would be a difference in the quality of marriage between the current and former foster parents. T-tests revealed no difference between current and former foster mothers ($t(43)=-.058$, $p<.95$) and no difference between current and former foster fathers ($t(42)=.822$, $p<.42$). Thus, this hypothesis was not supported.

Chapter IV

Discussion

The purpose of this research was twofold: 1) to describe foster family systems, and 2) to identify differences in family functioning between current and former foster families by examining their adaptability and cohesion, coping behaviors and marital relationship. This section discusses the findings in relation to the sample, qualitative data, and the research hypotheses.

The Sample

The current and former foster parents were similar in most demographic characteristics including age, educational level, income, total number living in the home while fostering, number of pets, and length of time fostering. The sample therefore appeared to be a homogeneous group. The sample of current parents could be characterized as married an average of 13 years with an average family income of \$25,000. Mothers were, on average, 39 years of age and fathers were 41. Both had some college or were college graduates. These families included 2 biological children, 2 foster children, 3 pets, and a total of 6 people in the home. Current families had been fostering an average of 5 years.

The sample of former foster parents could be characterized somewhat similarly. They were married an average of 9 years with an average income of \$30,000 or above. Mothers were an average age of 39 years; fathers, 42 years. Former foster fathers had more college education than former mothers. Former mothers had

more technical education than former fathers. Both former mothers and fathers had more technical training than current parents. Former foster families had an average of 1-2 biological and 1-2 foster children, 3 pets, and a total of 5-6 people living in the home. Former foster families had fostered about 3.5 years.

The literature has pointed to the number of biological and foster children as predictors of success in fostering (Kraus, 1971). Specifically, having 2 biological and 1 or more foster children has been linked to success in fostering 2 years. However, in the current study, both current and former foster samples were characterized by this constellation of natural and foster children. Therefore, specific numbers of biological and foster children may not be predictors of success with fostering as implied by Kraus.

Kraus (1971) additionally reported that successful foster mothers were 46 years or older and suggested that their age optimized foster parenting. However, in the current investigation, current foster mothers were younger with an average age of 39 years. Further, given that these current families had been fostering an average of 5 years, many current foster mothers began fostering at an even younger age of 34 years. This finding calls into question Kraus' implied causal relation between maternal age and successful foster mothering.

Marital stability may be a potential predictor for successful fostering. The only significantly different demographic variable between current and former groups was the duration of marriage with the current sample having been married longer. It is hard to

speculate about the significance of this finding, but it might suggest that foster parents who have been married longer may have a more stable relationship. Such stability may contribute to family functioning that is more resilient to the stress and strain of fostering. Being married longer may also mean that foster parents married younger and, if so, may have older children. Having school-age or older children may be less stressful than having infants and toddlers, while fostering children potentially of all ages and developmental levels. An attempt was made in the questionnaire to ask ages of biological and foster children but, due to an error in wording the question for the former group, the responses were not clear. Thus, no data is available to assess the hypothesis about the stress of mixed developmental levels among biological and foster children.

Qualitative Data

Several significant themes emerged from the narrative responses of both groups to the family information questions concerning reasons for quitting and what would make it easier to foster. First, foster parents in both groups recognized the work overload for caseworkers and appreciated that the caseworkers' tasks may extend beyond what is humanly possible. However, foster parents experienced the caseworkers' overload primarily through their lack of availability for visits and inability to return phone calls in a timely manner. Some foster parents perceived that this delay in returning calls meant that the caseworker viewed foster parent needs as being less important or not urgent. Loneliness and isolation as a foster parent and the need for

caseworker support and availability were recurrent themes in both current and former subjects' responses.

This concern regarding caseworker availability and support is critical given that a lack of caseworker support has been documented in the literature as one of the primary reasons that foster homes close (Baring-Gould, Essick, Kleinkauf, & Miller, 1983). That foster parents want to have phone calls returned promptly and to have more contact with the caseworker, including home visits, is consistent with previous research. Aldridge and Cautley (1975) documented that the success of a foster placement depends significantly on the availability of the worker during the placement. The findings of the present study add to a growing body of research that suggests children's services agencies may need to address the issues of caseworker caseloads and caseworker availability to foster parents.

Another predominant theme expressed by both current and former subjects pertained to the foster family's perception of isolation from the C.S.D. team. A typical concern reported by foster parents was that their input was not valued or trusted by the caseworker or C.S.D., and hence, was not considered in decision-making.

Isolation from the team was also experienced in terms of inadequate background information on the foster child before placement. In addition, foster parents would have liked more feedback from the caseworker about his/her perceptions of the child's progress in placement. Foster families also wanted to be

kept informed about plans for the child's future, such as adoption or returning to the natural parents. In particular, foster parents were concerned that they and their caseworker often were not giving the child a consistent message about the child's future placement.

Some foster parents perceived that caseworkers viewed them as inadequate for asking questions about the foster child's care or about discipline. Foster parents expressed frustration with recommendations of time out and grounding. They found these techniques to be ineffective for managing such severe behavioral problems as stealing or sexual exposure. Foster parents reported that their concerns about discipline problems were not acknowledged nor were alternatives sufficiently provided.

Another significant theme concerned foster families' perception that they were at odds with the goals of C.S.D. Many foster parents perceived that C.S.D. placed greater emphasis on parental rights than foster children's rights. The foster parents, however, perceived themselves to be more concerned with the rights of the foster child. These parents described frustration with foster children being kept in care longer in order to give the biological parents additional time to meet the court's requirements. Additionally, they expressed concern that, in some instances, caseworkers gave foster children false hope about returning home. This frustration with the perceived neglect of child rights and the desire to have a longer term impact on the child's future frequently were given by both groups as reasons for quitting.

Finally, the emotional strain of foster parenting, including personal stress, as well as stress on the marriage and the children, was frequently cited by both groups as a reason for quitting. Respite services that would provide a break from fostering was viewed by foster parents as an important unmet need. Such services may serve to relieve the family emotional strain inherent to fostering. Foster parents tended to perceive caseworkers as unresponsive to their needs in this regard. If foster parents were not able to resolve their needs or problems by working with the caseworker, they perceived no avenue for addressing these concerns with C.S.D. Such relational and communication problems with the caseworker have been linked to foster family instability in previous research (Jones, 1975; Stone & Stone, 1985). Resolution of these issues is critical to the stability of fostering. Foster parents clearly expressed a desire to work collaboratively with C.S.D. and become a valued part of the team with all members working toward serving the best interests of the child.

However, there may be impediments to such a collaborative team effort between foster families and C.S.D. Given that the guiding philosophical goal of C.S.D.'s Mission Statement is to reunite families (Appendix F), the findings of this study suggest that those families who choose to foster may share a different ethical view than C.S.D. The question of how children are best served may in fact be answered differently by C.S.D. and by foster families. Foster parents perhaps are entering the system with the hope that they can make a difference in the child's life and the

child's future. Comments from the study sample suggest that many foster parents believe that foster children would be better served through adoption or other long-term placement plans, rather than returning to their abusive or problematic homes. C.S.D., on the other hand, may view the foster family as a brief respite for the child from their troubled family until the parents receive sufficient treatment and the whole family may be reunited (Appendix F). Thus, people trying to collaborate in the care of foster children may hold entirely different goals.

In summary, the qualitative data revealed a range of stressors experienced by both current and former foster families. The primary stressors included a lack of resources (counseling and respite care), a (sometimes) problematic relationship with the caseworker, the lack of caseworker availability, the perceived emphasis of parental rights over the child's rights, the lack of input into decision-making, and the emotional stress of fostering. These stressors are consistent with previous research (Wilkes, 1974). How foster families function and cope with these stressors may ultimately determine foster family stability.

Hypotheses

The hypothesis that stated that there would be an association between Circumplex Model family type and foster status was rejected. Both current and former families were balanced to mid-range on the Circumplex Model. Therefore, based on Olson's conceptualization of family functioning, the study sample of current and former foster families was fairly well-functioning. However, the generalizability of this finding is questionable due

to the small number of respondents and the fact that they may not be representative of the larger sample. Nonetheless, it does appear that C.S.D. has been successful in recruiting some fairly healthy families for fostering.

Balanced families, according to Olson's hypothesis, are healthy because they are flexible, able to change and can tolerate closeness as well as separation in their relationships. Mid-range family types are balanced on one dimension of adaptability or cohesion but extreme on the other. Both current and former foster parents in this study were fairly equally distributed among balanced and mid-range family types. The specific adaptability and cohesion scores of the mid-range parents yielded some interesting findings.

The extreme scores on the adaptability scale for both current and former foster mothers tended toward the "chaotic" rather than the "rigid" extreme. This also was true for both current and former foster fathers. Perhaps the "chaotic" extreme is adaptive for foster families in that it allows families to integrate the foster child into the system, and tolerate the concomitant stressors (Appendix G).

What may be more of a factor differentiating family functioning of current from former foster parents is their cohesiveness. It is interesting to note that the extreme scores on the cohesion scale differed for current and former parents. The extreme scores for both current and former foster mothers tended toward the "enmeshed" extreme rather than the "disengaged" extreme. However, the extreme scores for current and former

fathers differed. Those current foster fathers extreme in cohesion were fairly equally distributed between "disengaged" and "enmeshed." However, former foster fathers were more often "enmeshed" than "disengaged." These findings suggest that families may function well as foster parents as long as only one parent tends toward the enmeshed extreme. Families with both parents tending toward enmeshed relationships may have difficulty separating from the foster child, and therefore, be more vulnerable to this emotional stress of fostering. Alternatively, enmeshment may impede accession of the foster child into the family system. Enmeshment in family relationships warrants further study as it may be maladaptive for fostering (Appendix H).

The research is unclear about whether being extreme on only one dimension means that the family is more likely to experience problems in functioning. A question may be raised about where mid-range foster families would tend to move under stress or in a crisis. It may be that being extreme on one dimension is adaptive for these foster families who must care for children from problem families. It is expected that foster children come from families that are more extreme in the dimensions of adaptability and cohesion. Therefore, the foster child may have a better "fit" in a foster family that functions on the extreme for either adaptability or cohesion. This hypothesis is consistent with the ideas presented by Mora (1962) who suggested that a "perfect" foster family may be ill-equipped to cope with the foster child whose family background is so foreign from that of the foster family. Further, Mora suggested that matching the child's

psychodynamics (symptoms) with those of the family may be an important consideration in foster care.

The second hypothesis stated that there would be a difference in family coping between current and former foster families. This hypothesis was not supported by statistical analysis. However, when the sample scores were compared to normative data for the F-COPES, there were some interesting findings. Current fathers, current mothers, and former fathers scored higher than the normative sample on the mobilizing subscale. Former mothers, on the other hand, had a mean score comparable to that of the normative sample. These findings may be clinically significant in several respects.

First, these findings suggest that former foster mothers may not have the ability to mobilize the support they need. Secondly, it may be that the combination of above average mobilizing abilities by both spouses is necessary for the family to gather needed support. Perhaps the ability of both foster parents to mobilize support, in addition to having a supportive caseworker, helps the family to cope effectively with the stressors of fostering. Alternatively, if both spouses mobilize support effectively, they may be better able to enlist caseworker support than can families who are less able to mobilize support.

This finding may also point to the foster mother as an important figure in the foster family. Fanshel (1966) described the dominant role of the foster mother for parenting the foster child. It may be extrapolated from this that the foster mother may be the most likely person to seek help for the needs of the

child or family. Additionally, Wiehe (1983) found that foster mothers who were 40 and younger (ages consistent with the current study) were more independent and more assertive than mothers over 40. Thus, the age of the mother may also affect their ability to mobilize support.

Additionally, there was no difference in marital quality between current and former foster families. Essentially, both groups scored above the normative mean on the Spanier scale. This suggests that both current and former foster parents in this study have marriages that are better than the average whether reported by wives or husbands. Marital satisfaction has previously been found associated with effective foster parenting (Jordan & Rodway, 1984) as has effective marital communication (Kinter & Otto, 1964). The current findings certainly support this previous work. However, positive marital adjustment was equally evident in the group of former foster families whether considered from the mothers' or the fathers' perspectives. Given that former foster families in this study had fostered an average of 3.5 years, the difference between this study's findings and those reported in the literature may rest with the shorter duration of fostering used in other investigations to determine success or failure in fostering. Alternatively, since current foster families had a significantly longer duration of marriage than did former foster families, perhaps it is the combination of marital quality and stability (duration) that predicts fostering beyond 3.5 years.

Limitations

There are several limitations to this study. First, the sampling criteria and methods may have limited the generalizability of the findings. For example, the foster parents that responded were self-selected, and possibly more motivated, than the parents who did not respond. Also, one sampling criterion was that the foster families have two parents. There were fewer former foster families headed by two parents. Perhaps lack of marital support may be one factor influencing why foster parents leave fostering.

Secondly, there were several limitations with the study's methods. Several questionnaires had comments from parents indicating their confusion regarding instrument questions. Also, former foster parents questioned whether they should answer instrument questions based on their current family situation or when they fostered. Responses, as well as family functioning, may have been very different for these former families when they fostered. Thus findings for former families in this study may represent family functioning only after a period of adaptation.

Finally, the Circumplex Model has a cultural bias, and may not be appropriate for all foster parents in this study. The model considers normal families as those whose members do things together as a family and are also encouraged to be independent. However, this may not apply to more traditional or ethnic families having different expectations for family members (Olson & McCubbin, 1982).

Recommendations

Further study on foster family systems is needed.

Recommendations for further study include:

1) A longitudinal study of foster families; following families before the foster child enters the foster home and during the child's stay. This would include conducting face to face interviews with foster families using the same instruments used in this study, with the addition of the Clinical Rating Scale (Olson, 1985).

2) Research using a larger study sample to further understand where foster families fall on the adaptability and cohesion scales of the FACES III instrument.

3) Research regarding the relationships between the foster family and the caseworker, and the foster family and C.S.D.

4) Research to further understand the relationship between marital quality and stability and the duration of fostering.

5) The study of single foster parents, using family adaptability, family cohesion, and coping to understand if lack of marital support contributes to foster home closure.

Implications for Nursing

Nurses may encounter foster children and foster parents in a variety of settings, including outpatient clinics, schools and private offices. The findings of this study may be useful in several ways. First, the data support and add to what is already known about the stresses affecting foster families. Nurses may be able to apply these findings to nursing assessments of foster children and their families. For example, nurses might inquire

about discipline problems with the foster child or assess how the foster family is coping. The nurse may provide counseling or help the family obtain mental health care. Also, the nurse may give the foster mother extra support, as she may be a primary motivator in the foster family. Finally, the nurse may act as a liaison and advocate with other systems, like C.S.D., in obtaining services for foster families.

Chapter V

Summary

The population of children needing foster care in this country is growing. Along with this, the acuity of their emotional and behavioral problems is also higher. Thus foster families are expected to care for children with potentially severe problems. However, there is little research regarding the characteristics of foster families which would enable them to cope with these problem children.

The purpose of this study was to describe foster family systems in order to determine those qualities differentiating foster families who continue fostering from those who leave fostering. The central assumption of this study was that the foster family's ability to continue fostering is directly related to its functioning as a system.

This study measured family functioning in terms of four concepts: family adaptability, family cohesion, coping strategies and quality of the marital relationship. These four concepts were chosen based on family systems theory and family stress theory.

To facilitate data analysis, the following hypotheses were formulated:

- 1) There is an association between Circumplex model family type (balanced, mid-range and extreme) and foster family status.
- 2) There is a difference in family coping between current versus former foster families.

3) There is a difference in the quality of marriages between current and former foster families.

The study sample consisted of 27 former and 62 current foster parents. Data collection was conducted by a mail-out survey. The study instruments included: the FACES III, which measures family adaptability and cohesion; the F-COPES, which measures the family's internal and external coping strategies; and the Spanier Dyadic Adjustment Scale, which measures the quality of the marriage. A family information questionnaire was also used to survey demographic family characteristics and reasons for leaving fostering.

The results revealed no association between foster status and family type; no differences between foster status and coping strategies; and no difference between foster status and quality of marriage. The results suggest that, in terms of all of the variables studied, current and former foster parents were actually quite similar. However, the two groups did differ in terms of marital stability, with current foster families having been married longer. The sample of married former foster parents was smaller than the current group, suggesting that single foster parents may leave fostering in greater numbers than married foster parents. The relationship between marital stability and fostering is an issue requiring further research. Finally, the qualitative data revealed that the relationship with the caseworker is an area of critical concern to foster families and whether they continue fostering.

The generalizability of the results are limited due to the small sample size. Further exploration of foster family systems is recommended.

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APPENDIX A

Booklet of Study Instruments:

FACES III

F-COPES

Spanier Dyadic Adjustment Scale

Family Information Questionnaire

Form C: Current booklet

Form F: Former booklet

FACES III

HOW WOULD YOU DESCRIBE YOUR FAMILY NOW?
 (Please check one response for each statement.)

	Almost never	Once in a while	Some times	Fre- quently	Almost always
• Family members ask each other for help.	_____	_____	_____	_____	_____
• In solving problems, the children's suggestions are followed.	_____	_____	_____	_____	_____
• We approve of each other's friends.	_____	_____	_____	_____	_____
• Children have a say in their discipline.	_____	_____	_____	_____	_____

• We like to do things with just our immediate family.	_____	_____	_____	_____	_____
• Different persons act as leaders in our family.	_____	_____	_____	_____	_____
• Family members feel closer to other family members than to people outside the family.	_____	_____	_____	_____	_____
• Our family changes its way of handling tasks.	_____	_____	_____	_____	_____

• Family members like to spend free time with each other.	_____	_____	_____	_____	_____
3. Parent(s) and children discuss punishment together.	_____	_____	_____	_____	_____
1. Family members feel very close to each other.	_____	_____	_____	_____	_____
2. The children make the decisions in our family.	_____	_____	_____	_____	_____

Almost
never

Once
in a
while

Some
times

Fre-
quently

Almost
always

13. When our family gets together for activities, everybody is present.

14. Rules change in our family.

15. We can easily think of things to do together as a family.

16. We shift household responsibilities from person to person.

17. Family members consult other family members on their decisions.

18. It is hard to identify the leader(s) in our family.

19. Family togetherness is very important.

20. It is hard to tell who does which household chores.

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F-COPES

In the past year, when we faced the most important challenge or problem in our family we responded by: (please check one response for each statement.)

	Never	Seldom	Some times	Frequently	Almost always
1. Sharing our difficulties with relatives.	_____	_____	_____	_____	_____
2. Seeking encouragement and support from friends.	_____	_____	_____	_____	_____
3. Knowing we have the power to solve major problems.	_____	_____	_____	_____	_____
4. Seeking information and advice from persons in other families who have faced the same or similar problems.	_____	_____	_____	_____	_____
<hr/>					
5. Seeking advice from relatives (grandparents, etc.).	_____	_____	_____	_____	_____
6. Seeking assistance from community agencies and programs designed to help families in our situation.	_____	_____	_____	_____	_____
7. Knowing that we have the strength within our own family to solve our problems.	_____	_____	_____	_____	_____
8. Receiving gifts and favors from neighbors (e.g. food, taking in mail, etc.).	_____	_____	_____	_____	_____
<hr/>					
9. Seeking information and advice from the family doctor.	_____	_____	_____	_____	_____
10. Asking neighbors for favors and assistance.	_____	_____	_____	_____	_____
11. Facing the problems "head-on" and trying to get solutions right away.	_____	_____	_____	_____	_____
<hr/>					
12. Watching television.	_____	_____	_____	_____	_____
13. Showing that we are strong.	_____	_____	_____	_____	_____
14. Attending church services.	_____	_____	_____	_____	_____
15. Accepting stressful events as a fact of life.	_____	_____	_____	_____	_____
<hr/>					
16. Sharing concerns with close friends.	_____	_____	_____	_____	_____
17. Knowing luck plays a big part in how well we are able to solve family problems.	_____	_____	_____	_____	_____
18. Exercising with friends to stay fit and reduce tension.	_____	_____	_____	_____	_____
19. Accepting that difficulties occur unexpectedly.	_____	_____	_____	_____	_____
<hr/>					
20. Doing things with relatives (get-togethers, dinners, etc.)	_____	_____	_____	_____	_____
21. Seeking professional counseling and help for family difficulties.	_____	_____	_____	_____	_____
22. Believing we can handle our own problems.	_____	_____	_____	_____	_____
23. Participating in church activities.	_____	_____	_____	_____	_____
<hr/>					
24. Defining the family problem in a more positive way so that we do not become too discouraged.	_____	_____	_____	_____	_____
25. Asking relatives how they feel about problems they face.	_____	_____	_____	_____	_____

	Never	Seldom	Some times	Frequently	Almost always
26. Feeling that no matter what we do to prepare, we will have difficulty handling problems.	_____	_____	_____	_____	_____
27. Seeking advice from a minister.	_____	_____	_____	_____	_____
28. Believing if we wait long enough, the problem will go away.	_____	_____	_____	_____	_____
29. Sharing problems with neighbors.	_____	_____	_____	_____	_____
30. Having faith in God.	_____	_____	_____	_____	_____

- 26. Feeling that no matter what we do to prepare, we will have difficulty handling problems.
- 27. Seeking advice from a minister.
- 28. Believing if we wait long enough, the problem will go away.
- 29. Sharing problems with neighbors.
- 30. Having faith in God.

SPANIER DYADIC ADJUSTMENT SCALE

Most persons have disagreements in their relationships. Please indicate below the approximate extent of agreement or disagreement between you and your partner for each item on the following list. (Please circle the number that best describes your answer.)

	Always Agree	Almost Always Agree	Occasionally Disagree	Frequently Disagree	Almost Always Disagree	
1. Handling family finances.	1	2	3	4	5	6
2. Matters of recreation.	1	2	3	4	5	6
3. Religious matters.	1	2	3	4	5	6
4. Demonstrations of affection.	1	2	3	4	5	6
5. Friends.	1	2	3	4	5	6
6. Sex relations.	1	2	3	4	5	6
7. Conventionality (correct or proper behavior).	1	2	3	4	5	6
8. Philosophy of life.	1	2	3	4	5	6
9. Ways of dealing with parents or in-laws.	1	2	3	4	5	6
10. Aims, goals, and things believed important.	1	2	3	4	5	6
11. Amount of time spent together.	1	2	3	4	5	6
12. Making major decisions.	1	2	3	4	5	6
13. Household tasks.	1	2	3	4	5	6

	All the time	Most of the time	More often than not	Occasionally	Rarely	Never
14. Leisure time interests and activities.	1	2	3	4	5	6
15. Career decisions.	1	2	3	4	5	6
16. How often do you discuss or have you considered divorce, separation, or terminating your relationship?	1	2	3	4	5	6
17. How often do you or your mate leave the house after a fight?	1	2	3	4	5	6
18. In general, how often do you think that things between you and your partner are going well?	1	2	3	4	5	6
19. Do you confide in your mate?	1	2	3	4	5	6
20. Do you ever regret that you married? (or live together).	1	2	3	4	5	6
21. How often do you and your partner quarrel?	1	2	3	4	5	6
22. How often do you and your mate "get on each other's nerves?"	1	2	3	4	5	6
23. Do you kiss your mate?	Every day 1	Almost every day 2	Occasionally 3	Rarely 4	Never 5	6

32. Which of the following statements best describes how you feel about the future of your relationship? (Check one.)

- I want desperately for my relationship to succeed, and would go to almost any length to see that it does.
- I want very much for my relationship to succeed, and will do all I can to see that it does.
- I want very much for my relationship to succeed, and will do my fair share to see that it does.
- It would be nice if my relationship succeeded, but I can't do much more than I am doing now to help it succeed.
- It would be nice if it succeeded, but I refuse to do any more than I am doing now to keep the relationship going.
- My relationship can never succeed, and there is no more that I can do to keep the relationship going.

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24. Do you and your mate engage in outside interests together? _____

All of them	Most of them	Some of them	Very few of them	None of them
1	2	3	4	5

How often would you say the following events occur between you and your mate?

25. Have a stimulating exchange of ideas.

Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often
1	2	3	4	5	6

26. Laugh together.

Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often
1	2	3	4	5	6

How often would you say the following events occur between you and your mate?

27. Calmly discuss something.

Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often
1	2	3	4	5	6

28. Work together on a project.

Never	Less than once a month	Once or twice a month	Once or twice a week	Once a day	More often
1	2	3	4	5	6

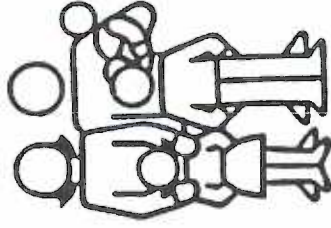
These are some things about which couples sometimes agree and sometimes disagree. Indicate if either item below caused differences of opinions or were problems in your relationship during the past few weeks. (Circle YES or NO.)

- 29. YES NO Being too tired for sex.
- 30. YES NO Not showing love.

31. The numbers on the following line represent different degrees of happiness in your relationship. The middle point, "happy," represents the degree of happiness of most relationships. Please circle the number which best describes the degree of happiness, all things considered, of your relationship.

0	1	2	3	4	5	6
Extremely Unhappy	Fairly Unhappy	A Little Unhappy	Happy	Very Happy	Extremely Happy	Perfect

FAMILY QUESTIONNAIRE
form c



Martha Young, R.N. and Donna Schreiner, R.N.
Oregon Health Sciences University
Graduate School of Nursing
279-7827

FAMILY INFORMATION

Your Age? _____ Sex: Female _____ Male _____

How many years have you been married or living together? _____

What kind of work do you do? _____

Circle the highest level of education you have completed.

grade school: 1 2 3 4 5 6 7 8 high school: 9 10 11 12

technical/vocational school: 1 2 3 4

college: 1 2 3 4

graduate school: highest degree: _____

other: _____

Please check the line that represents your gross (before taxes) family income last year (do not include your foster income):

- _____ \$0-\$5,000
- _____ \$5,001-\$10,000
- _____ \$10,001-\$20,000
- _____ \$20,001-\$30,000
- _____ \$30,001 and above

Have you had any financial problems while foster parenting? Yes _____ No _____

Check any of the following that describe the problems of the foster children that have been in your home in the past year:

- _____ Emotionally disturbed
- _____ Physically or sexually abused
- _____ Hitting behavior
- _____ Destructive behavior
- _____ Developmental delays
- _____ Mentally retarded
- _____ Withdrawn
- _____ Poor school performance
- _____ Others (please add anything you think would better describe your former foster children.)

How long have you been a foster parent with CSD? _____

What are the ages of your own children that are living with you? _____

What are the ages of the foster children that are living with you? _____

What is the total number of people living in your home? _____

How many pets do you have in your family? _____

Check any of the following reasons you might give for quitting foster parenting:

- _____ Not enough support from CSD caseworker
- _____ Foster child has too many CSD caseworkers
- _____ Not enough time
- _____ Financial hardship
- _____ Foster child too difficult
- _____ Other reasons (we are interested to hear any of your thoughts on this subject. Please feel free to write more here.)

PLEASE TURN TO THE NEXT PAGE

What would make it easier for you to continue fostering?

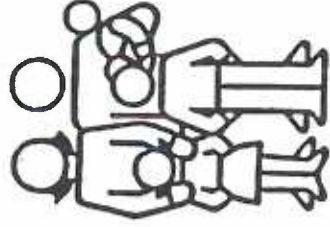
Thank you for your time in filling out our Family Questionnaire!


Martha Young, R.N.


Donna Schreiner, R.N.

FAMILY QUESTIONNAIRE

form f



Martha Young, R.N. and Donna Schreiner, R.N.
Oregon Health Sciences University
Graduate School of Nursing
279-7827

FAMILY INFORMATION

Your Age? _____ Sex: Female _____ Male _____

How many years were you married or living together when you foster parented? _____

What kind of work did you do when you foster parented? _____

Circle the highest level of education you have completed.
grade school: 1 2 3 4 5 6 7 8 _____ high school: 9 10 11 12 _____
technical/vocational school: 1 2 3 _____
college: 1 2 3 4 _____
graduate school: highest degree: _____
other: _____

Please check the line that represents your gross (before taxes) family income last year (do not include your foster income):
_____ \$0-\$5,000
_____ \$5,001-\$10,000
_____ \$10,001-\$20,000
_____ \$20,001-\$30,000
_____ \$30,001 and above

Did you have any financial problems when you foster parented? Yes _____ No _____

Check any of the following that describe the problems of the foster children that were in your home:

- _____ Emotionally disturbed
- _____ Physically or sexually abused
- _____ Hitting behavior
- _____ Destructive behavior
- _____ Developmental delays
- _____ Mentally retarded
- _____ Withdrawn
- _____ Poor school performance
- _____ Others (please add anything you think would better describe your former foster children.)

How long were you a foster parent with CSD? _____

What were the ages of your own children that were living with you when you foster parented? _____

What were the ages of the foster children that were living with you? _____

What was the total number of people living in your home when you foster parented? _____

How many pets did you have in your family when you foster parented? _____

Check any of the following reasons you had for quitting foster parenting:

- _____ Not enough support from CSD caseworker
- _____ Foster child had too many CSD caseworkers
- _____ Not enough time
- _____ Financial hardship
- _____ Foster child too difficult
- _____ Other reasons (we are interested to hear any of your thoughts on this subject. Please feel free to write more here.)

PLEASE TURN TO THE NEXT PAGE

What would have made it possible (or easier) for you to have continued fostering?

Thank you for your time in filling out our Family Questionnaire!


Martha Young, R.N.


Donna Schreiner, R.N.

APPENDIX B

Agreement Letter from Children's Services Division



Department of Human Resources
CHILDREN'S SERVICES DIVISION
MULTNOMAH BRANCH

815 NE DAVIS, PORTLAND, OREGON 97232-2964

April 21, 1989

Donna Schreiner, R.N.
Martha Young, R.N.
4124 SW Tunnelwood
Portland, OR 97221

Dear Ms. Schreiner and Ms. Young:

Thank you for your April 18, 1989 letter requesting a letter from me indicating the Division's intent to collaborate with you on your Master's Research Proposal. I have, by the way, read your proposal and found it to be very interesting. I believe the outcomes of your study could be useful to the Children's Services Division. We will be happy to work with you on this project.

In order for you both as "volunteers" access to our records, I will need to have you authorize the enclosed criminal record check forms which are required for all new employees and volunteers.

I would also advise you that our foster care program is being studied for re-design at this time. You may want to contact Monty McLaren at 378-4153 or 198 Commercial St. S.E., Salem, OR 97310, for information about the foster care re-design. I have sent him a copy of your proposal.

I am looking forward to meeting you. Thank you for your interest in Oregon's foster care program. If you have any questions please do not hesitate to contact me at 238-3685.

Sincerely,

Gerald G. Johnson, Ph.D.
Assistant Regional Administrator
Children's Services Division

GGJ/kt/nurses

Enclosures

cc: Monty McLaren
Sarah Holmes

APPENDIX C

Letter to Current Foster Parents



THE OREGON
HEALTH SCIENCES UNIVERSITY

3181 S.W. Sam Jackson Park Road, Portland, Oregon 97201, (503) 279-7827

*School of Nursing
Department of Mental Health Nursing*

July 31, 1989

Dear

Our names are Martha Young and Donna Schreiner. We are Registered Nurses (RNs) in the graduate mental health nursing program at Oregon Health Sciences University (OHSU). We have worked with foster children and families in the community and are impressed with the amount of work and caring that you do as foster parents!

We have wondered what it is that makes foster families so special, and are studying this question for our Master's Research Project. We feel that it is very important to hear directly from foster parents about their experiences. Your participation in our study may help Children's Services Division (CSD) better understand foster parents, improve their foster parent training or help them prevent foster parent burnout.

We know we can't fully compensate you for your time, but please accept the attached token of our gratitude for helping us with our study!

We obtained your name from CSD and would like you and your spouse to participate in our study. There is one questionnaire booklet for each of you. The booklets are the same so it doesn't matter which one you and your spouse choose to complete. It will take about 30 minutes of your time (you don't have to do it all at once).

Please answer each question on each page in your own booklet, and your spouse will fill out each question in their own booklet. Of course, if there are any questions that make you feel uncomfortable, you don't have to answer them. We would like to know how each of you feels about being a foster parent, so please complete your booklet before discussing your answers with each other.

*Schools:
Schools of Dentistry, Medicine, Nursing*

*Clinical Facilities:
University Hospital
Doernbecher Memorial Hospital for Children
Crippled Children's Division
Outpatient Clinics*

*Special Research Division:
Vollum Institute for
Advanced Biomedical Research*

Your names and answers will be kept confidential. There is a family code number at the top of each booklet. Once all of the questionnaires are returned, we will destroy the list of your names and only keep code numbers. Your answers will not be associated with your name! We will share the results of our study (but not your names) with CSD and might also publish the results.

You do not have to participate in our study. It will not cost you anything other than 30 minutes of your time. You can also change your mind about participating even after you have mailed us your questionnaires. Just call us and we will destroy your questionnaires.

When you mail back your completed questionnaires that means that you agree to be in our study. We do appreciate your time and effort in filling out these questionnaires! If you are interested in reading our completed study or have any questions, please feel free to contact us at the School of Nursing (279-7827).

When you have finished both questionnaires, please mail them back in the stamped envelope. We would appreciate receiving them by August 15, 1989.

Thanks again for your time.

Sincerely,

Martha Young, RN

Donna Schreiner, RN

Because this study is being done through OHSU we need to include the following paragraph: The Oregon Health Sciences University, as an agency of the State, is covered by the State Liability Fund. If you suffer any injury from the 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 any further questions, please call Dr. Michael Baird at (503-279-8014).



THE OREGON
HEALTH SCIENCES UNIVERSITY

3181 S.W. Sam Jackson Park Road, Portland, Oregon 97201, (503) 279-7827

*School of Nursing
Department of Mental Health Nursing*

July 31, 1989

Dear

Our names are Martha Young and Donna Schreiner. We are Registered Nurses (RNs) in the graduate mental health nursing program at Oregon Health Sciences University (OHSU). We have worked with foster children and families in the community and are impressed with the amount of work and caring that foster parents do!

We have wondered what it is that makes foster families so special, and are studying this question for our Master's Research Project. We feel that it is very important to hear directly from former foster parents about their experiences. Your participation in our study may help Children's Services Division (CSD) better understand foster parents, improve their foster parent training or help them prevent foster parent burnout.

We know we can't fully compensate you for your time, but please accept the attached token of our gratitude for helping us with our study!

We obtained your name from CSD and would like you and your spouse to participate in our study. There is one questionnaire booklet for each of you. The booklets are the same so it doesn't matter which one you and your spouse choose to complete. It will take about 30 minutes of your time (you don't have to do it all at once).

Please answer each question on each page in your own booklet, and your spouse will fill out each question in their own booklet. Of course, if there are any questions that make you feel uncomfortable, you don't have to answer them. We would like to know how each of you felt about being a foster parent, so please complete your booklet before discussing your answers with each other.

*Schools:
Schools of Dentistry, Medicine, Nursing*

*Clinical Facilities:
University Hospital
Doernbecher Memorial Hospital for Children
Crippled Children's Division
Outpatient Clinics*

*Special Research Division:
Vollum Institute for
Advanced Biomedical Research*

APPENDIX E

Follow-up Postcard

✧ Thank you very much for filling out our ✧
family questionnaire! We appreciate
your participation in our study.

If you have not already returned your
questionnaires we would appreciate your
doing so as soon as possible.

• THANK YOU! •

Martha Young, R.N.
Donna Schreiner, R.N.



APPENDIX F

Children's Services Division
Mission Statement

CHILDREN'S SERVICES DIVISION
PHILOSOPHY
FOSTER CARE SERVICES

"The family is the most humane, the most powerful, and by far the most economical system known for making and keeping human beings human."

Uri Bronfenbrenner

The Children's Services Division will make every reasonable effort to keep families together by providing needed services. We will separate children from their families only after services have proven ineffective and the risks of placement are less than the risks to the child's safety and well-being of remaining at home. If we must place a child we will look first to the extended family. Only if the extended family is not available or not safe will we place a child in foster care.

The goal of foster care is to provide a safe, stable and nurturing family to a child temporarily until the child can return home or to another permanent family. Children and families coming to foster care fit many profiles and have a variety of needs. Children and families will receive comprehensive assessment, service planning to meet their needs and a teamwork approach to reunifying their family which includes a partnership of family, child, foster family, CSD staff and community. Parents will remain involved with their child(ren) during placement through frequent visitation and participation in the decisions and events of the child's life.

Every child is entitled to have at least one person totally committed to that child's well-being for a lifetime. When children cannot return to their own families, Children's Services Division will create new lifetime families for them through adoption, guardianship, or permanent foster care.

Children's Services Division will:

- Provide services with the first goal to prevent placement, but if placement is necessary then, to reunify the child and family.
- Value the child's family and heritage. Look first to the extended family for placement options.
- Recognize and strengthen the pivotal role of parents by encouraging frequent visit and involvement in their child's life while in foster care.
- Assess foster families thoroughly to ensure that the basic care and nurturance needs of the child are met while in foster care and that any identified special needs are addressed. Value the foster home for its family setting.
- Match children and foster parents with care, respecting the special needs of the child and the abilities and preferences of the foster parents.
- Treat foster parents as members of the team providing services to children and families: as treatment specialist for the children in their care, as role models for their families.
- Provide foster parents with the tools they need to be team members in providing services to children and families, including available pertinent information about the child, appropriate training and agency support.
- Actively recruit foster homes to ensure enough certified foster homes are available for children who need placement.
- Promote children's quick return home. If return home is not possible, progress with the creation of an alternative family for the child.
- Enlist the participation of the community to help solve problems that bring families to foster care.
- Develop staff's ability to assist and support the child's own family and the foster family through provision of applicable education and training.
- Administer foster care services effectively and creatively through research of foster care issues and evaluation of the foster care program.

APPENDIX G

Adaptability Classification Chart

APPENDIX H

Cohesion Classification Chart

Family Cohesion Dimension: Clinical and Research Indicators

	DISENGAGED (Very Low)	SEPARATED (Low to Moderate)	CONNECTED (Moderate to High)	ENRICHED (Very High)
Emotional Bonding	Very Low	Low to Moderate	Moderate to High	Very High
Independence	High independence of family members.	Moderate independence of family members.	Moderate dependence of family members.	High dependence of family members.
Family Boundaries	Open external boundaries. Closed internal boundaries. Rigid generational boundaries.	Semi-open external and internal boundaries. Clear generational boundaries.	Semi-open external boundaries. Open internal boundaries. Clear generational boundaries.	Closed external boundaries. Blurred internal boundaries. Blurred generational boundaries.
Coalitions	Weak coalitions, usually a family scapegoat.	Marital coalition clear.	Marital coalition strong.	Parent-child coalitions.
Time	Time spent from family maximized (physically and/or emotionally).	Time alone and together is important.	Time together is important. Time alone permitted for approved reasons.	Time together maximized. Little time alone permitted.
Space	Separate space both physically and emotionally is maximized.	Private space maintained; some family space.	Family space maximized. Private space minimized.	Little or no private space at home.
Friends	Mainly individual friends seen alone. Few family friends.	Some individual friends. Some family friends.	Some individual friends. Scheduled activities with couple and family friends.	Limited individual friends. Mainly couple or family friends seen together.
Decision Making	Primarily individual decisions.	Most decisions are individually based, able to make joint decisions on family issues.	Individual decisions are shared. Most decisions made with family in mind.	All decisions, both personal and relationship, must be made by family.
Interests and Recreation	Primarily individual activities done without family. Family not involved.	Some spontaneous family activities. Individual activities supported.	Some scheduled family activities. Family involved in individual interests.	Most or all activities and interests must be shared with family.

Note. From "Circumplex model of marital and family systems V: Application to family stress and crisis intervention. In H. I. McCubbin, A. E. Cauble, & J. M. Patterson (Eds.), Family stress, coping and social support (p. 50). Springfield: C. C. Thomas.

ABSTRACT

Title: A Descriptive Study of Foster Family Functioning

Authors: Donna K. Schreiner, R. N.
Martha Finkelstein Young, R.N.

Approved: Gail M. Houck
Gail M. Houck, R. N., Ph.D., Thesis Advisor

The purpose of this study was to describe foster family systems in order to differentiate foster parents who quit fostering ("former"), from those who continue ("current"). Family functioning was measured by four concepts, using three different research instruments: "family adaptability" and "family cohesion" were measured on the FACES III (Circumplex model); "family coping strategies" were measured on the F-COPES; "quality of the marital relationship" was measured on the Spanier Dyadic Adjustment Scale.

The research design was a mail-out self-report survey. Eighty-two current and 39 former foster families were sent booklets containing the three instruments and a family information demographic questionnaire. The final sample was comprised of 62 current (32 mothers and 30 fathers) and 27 former (13 mothers and 14 fathers) foster parents. Demographic characteristics of the two groups were similar except that current parents were married significantly longer than former parents ($p < .015$).

The first hypothesis, postulating an association between Circumplex Model family type and foster status, was not supported. However, a majority of families classified as midrange on the

Circumplex Model tended toward the "chaotic" extreme on the adaptability scale. Both current and former mothers and former fathers tended toward the "enmeshed" end of the cohesion scale, whereas current fathers were equally distributed between "enmeshed" and "disengaged". These findings suggest that when both foster parents have enmeshed tendencies, foster home closure may be more likely. The second hypothesis, that there would be a difference in family coping between the two groups, was also not supported by the data. Current mothers and fathers, and former fathers but not mothers, scored significantly higher than a normative sample on the "mobilizing" subscale. This suggests that the foster mother must be able to mobilize resources in order for the family to continue fostering. The third hypothesis, that there would be a difference between current and former parents in the quality of their marriages, was not supported.

Additional findings included the importance of caseworker availability, foster parent perceptions of being isolated from the Children's Services Division (C.S.D.) team, and conflicting goals of foster parents and C.S.D. Longitudinal studies, using additional instruments, are needed to further assess factors that impact foster parenting.