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**FOSTER PARENTS' EXPERIENCE OF LOSS  
AND THEIR COPING RESPONSE STYLE**

by

**Kathleen M. Kirby**

**A Dissertation  
Submitted to the  
Faculty of The Graduate College  
in partial fulfillment of the  
requirements for the  
Degree of Doctor of Education  
Department of Counselor Education  
and Counseling Psychology**

**Western Michigan University  
Kalamazoo, Michigan  
August 1992**

## **FOSTER PARENTS' EXPERIENCE OF LOSS AND THEIR COPING RESPONSE STYLE**

**Kathleen M. Kirby, Ed.D.**

**Western Michigan University, 1992**

The purpose of this study was to investigate the subjective experience of emotional and physical stress reported by foster parents that may be caused by serial placements of foster children. It also addressed the coping response mechanisms and style of foster parents that may promote successful endurance of serial losses. In addition, the relationship between specific coping responses of foster parents was investigated to determine if the circumstances of placement or characteristics of foster parents interact to exacerbate or remediate emotional/physical stress.

Demographics were tabulated for Michigan foster parents including age, family income, religious affiliation, racial/cultural identification, marital status, educational attainment and employment. Data collected that were directly related to fostering included agency affiliation, characteristics of children fostered, length of time as foster parents, total number of children fostered, hours and subjects of foster parent training, amount of notice given foster parents for the last foster child placed in their home, satisfaction with the role of foster parent, original impetus and

continuing motivation to foster, and a behavioral description of the last foster child to leave. To study coping responses a third category of data were collected. These included family of origin information as measured by the Family of Origin Scale (Hovestadt, Anderson, Piercy, Cochran, & Fine, 1985), the frequency of working with natural parents, emotions felt when foster children leave, social support for the experience of grief, current and anticipated coping mechanisms employed in response to stress, and coping responses to stress as measured by the Coping Responses Inventory (CRI) (Moos, 1986).

Subjects included 218 adults who responded to the survey sent in July 1991 to a random sample of 500 individuals licensed as foster parents by the State of Michigan. Means and standard deviations of the sample were obtained and contrasted with norms for the general population. Correlation,  $t$  tests for independent means and analysis of variance were employed for hypotheses testing.

No differences in coping response style were found on the CRI. Differences between the sample and the general population were found for birth order, religious preference and participation, family income, educational attainment, incidence of alcohol abuse in the family of origin, and mental health treatment of parents. Interactional effects were found for the degree of satisfaction with fostering, experience of sadness in reaction to the loss of a foster child, number of years and children fostered, and the description of the last foster child to leave the foster home.



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**Kirby, Kathleen Marie, Ed.D.**

**Western Michigan University, 1992**

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First and foremost, my overwhelming thanks go to the foster parents who, characteristic of their nature, spent time and effort completing and returning my very lengthy and demanding foster parent survey. My hope is that our combined efforts will result in more complete understanding of the task and demands of fostering, the many special qualities of foster parents and their contributions to the child welfare system, in particular, and our society, in general.

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**Finally, I dedicate this dissertation to all of the parents and children whose special needs are served by the Child Welfare System. May the information contained herein strengthen and support families and, thereby, add peace and joy to the lives of children, our most underrated, overlooked and precious resource!**

**Kathleen M. Kirby**



## TABLE OF CONTENTS

ACKNOWLEDGEMENTS .....	ii
LIST OF TABLES .....	xiii
CHAPTER	
I. INTRODUCTION .....	1
Statement of the Problem .....	6
Purpose of the Study .....	7
Definition of Terms .....	8
Research Variables .....	9
Assumptions and Delimitations of This Study .....	13
Organization of Remaining Chapters .....	14
II. REVIEW OF RELATED LITERATURE .....	16
Demographics .....	16
Motivation for Becoming Foster Parents .....	18
Role and Norms for Fostering .....	20
Attachment Theory .....	25
Separation and Loss .....	28

## Table of Contents--Continued

### CHAPTER

Foster Parent Satisfaction .....	39
Agency Satisfaction .....	41
Coping Responses .....	44
Coping Response Style .....	50
Sociodemographic Factors and Coping Response .....	52
Personality Dispositions and Coping Response .....	53
Stressful Life Events and Coping Response .....	55
Coping Response Strategies and Loss or Bereavement .....	56
Social Network Resources and Coping Response .....	58
The Coping Responses Inventory .....	59
Clinical Applications of Coping Response Measures .....	60
Research Applications and Current Limitations of Coping Response Style .....	64
Childhood Experiences and the Family of Origin .....	66
The Family of Origin Scale .....	68
The Current Study .....	69

## **Table of Contents--Continued**

<b>III. DESIGN AND METHODOLOGY .....</b>	<b>71</b>
<b>Design of the Study .....</b>	<b>71</b>
<b>Sample and Data Collection .....</b>	<b>71</b>
<b>Instrumentation .....</b>	<b>72</b>
<b>Approach Coping Indices .....</b>	<b>75</b>
<b>Avoidance Coping Indices .....</b>	<b>76</b>
<b>General Characteristics of the Coping Response Inventory .....</b>	<b>77</b>
<b>The Family of Origin Scale .....</b>	<b>78</b>
<b>Procedure .....</b>	<b>80</b>
<b>Data Analysis .....</b>	<b>81</b>
<b>IV. RESULTS. ....</b>	<b>84</b>
<b>All Survey Participants .....</b>	<b>85</b>
<b>Agencies Participating .....</b>	<b>85</b>
<b>Age and Racial/Cultural Identification .....</b>	<b>86</b>
<b>Marital Status .....</b>	<b>87</b>
<b>Religious Preference .....</b>	<b>88</b>
<b>Educational Attainment .....</b>	<b>90</b>

## Table of Contents--Continued

### CHAPTER

Occupation of Survey Respondent .....	91
Family Income .....	91
Characteristics of Children Fostered .....	94
Number of Foster Children for Whom the Home is Licensed .....	95
Length of Time Individuals Have Fostered and Total Number of Children Fostered .....	96
Hours and Subjects of Training .....	96
Amount of Notice Given to Foster Homes of the Last Foster Child's Leaving .....	100
Working With the Parents of Foster Children .....	101
Foster Parents' Report of Emotions Surrounding Foster Children Leaving Their Home .....	102
Satisfaction With Foster Parenting .....	104
Reported Reasons for Beginning and Continuing to Foster .....	104
Where Foster Parents Originally Learned About Fostering .....	107
Descriptions of the Family of Origin .....	107
Descriptions of Childhood .....	111

## Table of Contents--Continued

### CHAPTER

Descriptions of Adult Life .....	112
Coping Mechanisms Employed by Foster Parents .....	113
Anticipated Coping Responses .....	116
Social Support for Grief .....	117
Description of Last Foster Child .....	119
Foster Parent Response to the Family of Origin Scale and the Coping Responses Inventory .....	119
Differences Between Foster Mothers and Foster Fathers .....	120
Age and Marital Status .....	120
Educational Attainment .....	121
Childhood Experiences and Family of Origin .....	121
Emotions Felt in Response to Foster Children Leaving ..	124
Differences in the Responses for Individuals of Different Race .....	124
Differences Due to Age of the Foster Parent Population .....	127
Agency Affiliation of Foster Parents .....	128
Differences in Foster Parents by Description of the Last Foster Child to Leave Their Home .....	130

## **Table of Contents--Continued**

### **CHAPTER**

<b>Differences in Foster Parents Whose Last Placements Were Below and Above the Median Placement Length . . . . .</b>	<b>133</b>
<b>Foster Parents Who were Victims of Emotional Abuse as an Adult . . . . .</b>	<b>134</b>
<b>Foster Parents Who Have Experienced Domestic Violence as an Adult . . . . .</b>	<b>136</b>
<b>Foster Parents Who Have Experienced Rape as an Adult . . . . .</b>	<b>137</b>
<b>Foster Parents Whose Childhoods Were Happy and Not Happy . . . . .</b>	<b>137</b>
<b>Foster Parents Who Reported Experiencing Physical Abuse During Childhood . . . . .</b>	<b>138</b>
<b>Foster Parents Who Experienced Emotional Abuse During Their Childhood . . . . .</b>	<b>141</b>
<b>Foster Parents Who Have Experienced Sexual Abuse During Childhood . . . . .</b>	<b>142</b>
<b>Foster Parents Who Have Experienced Neglect During Childhood . . . . .</b>	<b>144</b>
<b>Satisfaction With the Role of Foster Parent . . . . .</b>	<b>145</b>
<b>Foster Parents' Coping Styles and Problems Listed . . . . .</b>	<b>148</b>
<b>Foster Parents and Reported Loss . . . . .</b>	<b>151</b>
<b>Acceptance or Rejection of Hypotheses . . . . .</b>	<b>152</b>

## Table of Contents--Continued

### CHAPTER

V. DISCUSSION AND RECOMMENDATIONS .....	167
Learning About, Starting, and Continuing to Foster .....	180
Special Childhood and Adult Experiences .....	182
The Family of Origin Scale .....	184
Coping Mechanisms Employed by Foster Parents .....	187
Problems Listed by Foster Parents on the Coping Responses Inventory .....	189
Foster Parents and Reported Loss .....	191
Reports by Foster Parents of Their Use of Coping Responses on the Coping Responses Inventory .....	192
Recommendations .....	194
REFERENCES.....	199
APPENDICES	
A. Information and Definitions of Coping Response Indices on the Coping Responses Inventory (Moos, 1988) .....	215
B. The Family of Origin Scale .....	220
C. The Demographic Survey .....	223
D. Survey Letter to Foster Parents .....	231

## Table of Contents--Continued

### APPENDICES

E. Problems Listed on the Coping Responses Inventory (Moos, 1988) .....	233
F. Coping Responses of A.C.O.A. Foster Parents and non-A.C.O.A. Foster Parents .....	248
G. Approval Letter From Human Subjects Committee .....	253
H. Copyright Permission Letter From Ruldoph H. Moos for the Coping Responses Inventory .....	255
I. Permission Letter From Alan J. Hovestadt for the Family of Origin Scale .....	257
BIBLIOGRAPHY .....	259



## LIST OF TABLES

1.	Characteristics of Foster Parents by Agency .....	73
2.	Estimates of Church Congregation Size .....	89
3.	Reported Occupations of Michigan Foster Parents .....	92
4.	Categories and Subjects of Training Reported by Foster Parents .....	97
5.	Frequency of Emotions Felt by Foster Parents When a Foster Child Leaves Their Home .....	103
6.	Reasons Foster Parents Originally Sought Licensure .....	106
7.	Reported Coping Responses of Foster Parents When a Foster Child Leaves Their Home .....	108
8.	Anticipated Coping Strategies of Foster Parents When a Foster Child Leaves Their Home .....	118

## CHAPTER I

### INTRODUCTION

Foster parents provide the backbone of the child welfare system in the State of Michigan. These adults, who take unrelated children in need of a stable home environment into the bosom of their families, provide the first and usually the only placement for children removed from their homes by the Child Welfare System. Institutional placement for children is now considered a radical decision, made only for children who cannot be contained in a less structured setting. Currently, Federal guidelines state that the best placement for a child parallels the child's family of origin as closely as possible.

Foster parents have a very difficult task. They are expected to care for children who have experienced--at minimum--a traumatic separation and loss(es), and are likely to have been the victim of physical, sexual and/or emotional abuse and neglect. Foster parents assume the responsibility to care for the physical and emotional needs of children placed in their home. They are expected to deal with the behavioral problems of foster children, to provide guidance and to improve the foster children's understanding of the ways of the world; all the while

recognizing that the placement is temporary. Foster parents may be required, on very short notice, to relinquish foster children in their care to another placement (parental home or relative) of which the foster parent may have little personal knowledge.

Foster parents are required to tolerate and even attempt to abolish the fears of foster children about their next placement. They are expected to make the transition as positive as possible even though both foster child and foster parents may have very mixed feelings about the new placement. Foster parents are asked to put aside their apprehensions about the future welfare of foster children in whom the foster parent may have made a major emotional investment.

All parents experience loss as they encourage their children through normal developmental sequences. Most parents have memories of their children as they grew and developed that help mitigate the sense of loss and/or change as their children become more emancipated. For foster parents, loss is guaranteed and must be thought of as a part of their unique relational experience with foster children. There are no early comforting memories to abate the experience of loss, nor is there the predictability of the developmental sequence.

There are no societal rituals that honor the addition of foster children to

the home or that address their subsequent loss. Foster children may be replaced at any time, without regard to the best timing for the foster child (i.e., without considering school completion, involvement in social activities, future plans with peer group or the foster family, etc.). For the most part, foster parents have little input into the replacement decision.

What makes an individual wish to enter into a relationship that guarantees loss from the outset? How are foster parents able to attach and care for a child, let go and still volunteer for more fostering? What characteristics allow foster parents to attach, nurture and successfully separate from a child, and then, repeat this process over and over again? These are basically unanswered questions due to the lack of inquiry into the areas of attachment and separation between foster parent and foster child.

Society needs the help of individuals who share their family life with children who need homes. It is essential for the current existence of the child welfare system that there are families always available that are willing to accept the placement of foster children. These children may require very special nurturing and guidance and will eventually leave the foster home for another placement. Fostering obviously could be a highly stressful activity, yet little has been written from the foster parent's perspective about how they cope with the

experience of loss and the concomitant emotional stress.

Edelstein (1981) noted the lack of investigations of these issues of loss and guilt, which appear to be an inherent part of the experience of fostering, and stated that it is crucial to provide foster parents with the supports, tools and education to work through their own separations and losses--integral tasks of the foster parent experience--if we expect them to help foster children, who are some of the neediest, most deprived children, with these same issues. Simos (1979) also called for more investigation of the areas of loss, guilt and shame and noted the lack of understanding of these issues as part of the process of caring for and separating from foster children.

In addition, since the average foster child's length of stay in foster care has gradually been decreasing over the past ten years, foster parents are experiencing a greater number of attachments and separations from foster children than ever before. Renewed emphasis on family reunification and the Federal Goal of Permanency Planning within six months of placement (return home, relative placement, termination of parental rights, or adoption) are primarily responsible for this trend, which is seen as minimizing trauma to children in out-of-home placement.

Until recently, many studies of foster parenting defined a successful

placement as one having two or more years duration (Hampson & Tavormina, 1980; Kraus, 1971). However, Jenkins (1967) found that approximately half of all placements are under three months' duration while only 25 percent of the children's placements are of more than two years duration. Today, according to Michigan Department of Social Services records, only 10% of foster children are in care longer than one year. (Michigan Department of Social Services, 1992)

This means that the active foster parent will be asked to foster a wide variety and large number of children rather than a select few. The foster parent will be faced with many foster children leaving their care which frequently results in a sense of loss and grief. Jones (1975) found that forty percent of foster parents who ceased to foster during a five year study, did so with less than one year experience in fostering. Parker (1966) and Trasler (1955) had similar results. Horne (1987) postulates that a large reason for this drop out rate is the inability of the foster parent to tolerate loss. If this occurs, it is essential that the impact of separation, loss, grief and mourning be clarified so that individuals considering the role of foster parent will have available an accurate and complete description of the commitment that fostering will require. This will allow agencies to further understand and provide support and training in preparation for the emotional and physical demands of fostering.

Much time and effort is placed in the recruitment, training and monitoring of individuals who potentially may foster. Today the Child Welfare System is overloaded and overburdened; it is important to maximize the return of effort in the licensing process for foster parents. Foster parents are basically volunteers who are provided with nominal reimbursement for their child care expenditures. It is vital that individuals who volunteer to include a non-related child in their family on a temporary basis, accurately conceptualize the emotional and physical effort required in fostering.

The purpose of this study is to expand available information about the emotional impact of the task of fostering upon foster parents. Emphasis will be placed on the perception of the experience of separation, loss, grief and mourning experienced by the foster parent and, secondly, on their coping response style.

### Statement of the Problem

Since foster parents are an essential part of the child welfare system and they are entrusted with the physical and emotional well being of children with special needs, it is crucial that there be an understanding of the task of fostering. To be specific, it is imperative that the emotional or cognitive aspect of fostering--that is, the parts of the task that require expenditures of emotional

energies and thoughtful intervention--be examined.

Unfortunately, there is no in-depth understanding of the task of fostering and the motivation and cognitive organization that allow foster parents to cope with unusual family circumstances. Much needs to be learned about the basic qualities of foster parents, particularly those attributes that allow foster parents to perform their very difficult task of loving and letting go--a task which has been accelerated and increased due to recent trends in child welfare.

#### Purpose of the Study

Specifically, this study has emphasized the aspect of stress--both emotional and physical--that may be caused by serial placements of foster children. The study also addressed a number of questions concerning fostering including: "Do foster parents experience loss and grief at the separation from the foster children who have been in their care? If so, is there a psychological characteristic (coping response style) of foster parents that allows them to successfully endure serial losses?"

The study also attempted to ascertain the relationship between specific coping responses of foster parents and to determine if certain circumstances of placement or characteristics of foster parents interact to exacerbate or remediate



emotional and/or physical stress.

In addition, there are no established demographics for foster parents in the State of Michigan. This study provided them.

### Definition of Terms

**Agency Affiliation:** The agency which recruits, trains, recommends licensure as a foster parent to the State of Michigan, and enforces both agency policy and the State of Michigan licensing rules.

**Community Mental Health Agency:** An agency that is mandated to care for developmentally disabled individuals through the use of a foster care program and other special service programs.

**Department of Social Services:** The agency that administers the Child Welfare Programs of Children's Protective Services and Foster Care, processes licensure for parents to care for non-related children in their homes and provides direct services for children placed in foster homes through court order or (for short periods of time) by the consent of the child's legal parent.

**Foster Parent:** Individual licensed by the State of Michigan, Department of Licensing and Regulation, to provide twenty four hour care for non-related children. Normally, these individuals are reimbursed for their care by the State

of Michigan through the agency which processed their licensure or through private funds.

**Fostering:** The act of caring for a non-related child placed in the home of an individual who is licensed as a foster parent.

**Grief:** In the present study, grief is defined as the experience of one or more emotions resulting from the loss of or radical change in an attachment. This loss or alteration could occur with or without the consent or concurrence of the foster parent.

**Loss:** No longer having something that one once had. In this study, the concept of loss is applied to a change in relationship due, in large part, to either physical distance or change in the responsibility for or the custody of a foster child.

**Private Agency:** An incorporated 501 c(3) agency that recruits and processes licensure of individuals for foster parenting. These agencies place children in foster care through court order or parental request and accept the release of children placing them in adoptive homes.

### Research Variables

The following variables or descriptors formed the bases for this

investigation:

A. For descriptive purposes the following demographic and personal data and/or information were to be collected:

1. Number of years the family has fostered.
2. Age of foster parents.
3. Marital status of foster parents.
4. Income of foster parents.
5. Race of foster parents.
6. Employment of foster parents.
7. Formal education of foster parents.
8. Religious affiliation of foster parents.
9. Number of natural children or other children in the home.
10. Number of children the family has fostered.
11. Length of stay of last foster child placed in the home.
12. If foster parents are associated with public or private agencies.
13. Foster parents experience of loss of caretakers during their youth.
14. The number of foster parents who were parented by non-related individuals.
15. Length of marriage(s) for foster parents.

**B. Variables related to the purposes of the study and permitting the following comparisons:**

1. Reported incidence of alcoholism by caretakers of foster parents compared to that reported by the general population.
2. Reported incidence of mental health treatment in the foster parent's family of origin versus the general population.
3. The reported experience of domestic violence in the foster parent's family of origin versus the general population.
4. Determine foster parent's report of help seeking or coping responses reported versus the general population.

**C. Variables concerned with psychological characteristics of foster parents and permitting comparisons:**

1. Reported experiences of grief, loss, sadness, mourning or other emotions when foster children leave their home.
2. Reported methods of handling anticipatory loss or grief.
3. Reported experiences of anxiety or guilt regarding foster children.
4. Coping response style of foster parents.

Based on the above information the following research questions were formulated:

1. Reported loss or sadness when a foster child leaves the foster home does not differ due to the effects of (a) any external factors of the foster home, (b) the general environment, (c) psychological characteristics of the foster parents, or (d) the coping response style reported by foster parents.
2. There are no differences in the report of foster parents and the general population on all indices of the Coping Responses Inventory (Moos, 1988).
3. Foster parents are equally distributed as oldest, middle and youngest members of their family.
4. Demographic information for foster parents does not differ from the demographic information for family households regionally and nationally.
5. Reported incidence of alcoholism in the family of origin of foster parents does not differ significantly from the population in general.
6. Reported incidence of parental mental health treatment in the foster parent's family of origin does not differ from the population in general.
7. The reported experience of violence in the family of origin of foster parents does not differ that reported from the population in general.
8. The coping response style of foster parents is not related to: (a) the number of years fostered, or (b) the number of children fostered.
9. There is no relationship between the degree of satisfaction with

fostering and the reported coping response style reported by foster parents.

10. There is no relationship between the level of education and the coping response style reported by foster parents.

11. There is no significant difference between characteristics of foster parents who foster for private agencies and those who foster for public agencies.

12. There is no difference in Family of Origin Scale scores among subgroups of foster parents (Hovestadt, Anderson, Piercy, Cochran, & Fine, 1985).

#### **Assumptions and Delimitations of This Study**

It was assumed that the State of Michigan Department of Licensing and Regulation listing of individuals currently licensed as foster parents in the State of Michigan was a true representation of the population of foster parents. It was further assumed that the random sample of foster parents selected was an unbiased sample representative of the population of foster parents in the State of Michigan.

This study further assumed that instruments used provide valid measures of the constructs under consideration and that survey respondents reacted to the survey questions in a truthful manner.

Two delimitations of the study were (1) due to financial constraints the random sample of the subject population was limited to five percent of the total population, and (2) representation of select populations were limited due to the size of the survey sample.

### Organization of Remaining Chapters

Chapter 1 has presented the problem to be investigated, the research hypotheses, assumptions and delimitations and organization of the remaining chapters.

Chapter 2 presents a review of the related literature on the topics of research related to foster parents, coping response style and family of origin.

Chapter 3 presents the methods and procedures used in the study including: the sample, design, instrumentation, procedures, collection of data and data analysis.

Chapter 4 presents the results of the study including reliability estimates for the sample on the Coping Responses Inventory (Moos, 1988) and the Family of Origin Scale (Hovestadt et al., 1985). Demographic information in support of the hypotheses is presented as well as results referring to each hypothesis along with data appropriate to it.

**Chapter 5 presents the summary, findings, implications and conclusions from the study and recommendations for future research.**



## CHAPTER II

### REVIEW OF RELATED LITERATURE

#### Demographics

The earliest normative data about foster parents were established by David Fanshel in his 1966 study of Wisconsin foster parents. Fanshel determined that the average foster parent came from a large family, had a relatively small number of birth children, had married early, tended to live in rural areas and had a brief education. The next work of note was performed by Hampson and Tavormina in their 1980 study of normative data regarding foster parents in the State of Massachusetts. They found that the mean number of years of education was 10.03 years for foster mothers and 9.35 years for foster fathers. The mean age for foster mothers in their sample was 34 years with a range of 24 years to 64 years while foster fathers averaged 29 years of age with a range from 25 years to 62 years. The average length of stay for foster children in the care of foster parents who participated in their study was 3.33 years with a standard deviation of 2.19 years. This average length of stay for foster children appears to be in agreement with Kraus (1971) who had defined a successful

placement ten years earlier as enduring two years or longer.

The average foster family income in Hampson and Tavormina's study (1980) was \$11,508.00 per year with a range of family income reported from \$4,200.00 to \$22,800.00. Foster parents had an average of 2.27 birth children and 1.91 foster children in their home.

MacFadden, in his 1987 monograph on health, burnout and support dimensions for foster parents in the Region of Peel, Ontario, Canada, computed demographics for the Children's Aid Society's foster parents. The average age of foster mothers was 38.7 years with a standard deviation of 7.5. Foster fathers averaged 41.9 years with a standard deviation of 8.6. Fifty-two percent of foster mothers and forty-eight percent of foster fathers had completed high school while twenty percent of foster mothers and nineteen percent of foster fathers had some college education. Sixty-four percent of the Children's Aid Society's foster homes had the placement of one or more foster children. The average number of years that the agency foster homes had been licensed was 4.5 years.

Urquhart, who surveyed all of the open and closed foster parent families in New Mexico in 1989, found that 3% of open homes and 10% of closed home contained one foster parent who had been a foster child during their youth. Seven percent of open homes and five percent of closed homes had parents who

fostered and, thereby, these individuals had lived with foster children during their youth. Forty percent of open homes and 41% of closed homes had experienced the loss of someone important to them as children.

The limitations of the above studies are clear. MacFadden (1987) provided demographic data for one agency. Hampson and Tavormina (1980) interviewed only 34 foster parents. Fanshel (1966) interviewed a large number of foster parents and child welfare workers; nevertheless, his study is over 25 years old and his work has not been duplicated since in quality nor quantity. Urquhart (1989) appears to have done rigorous research but results are generalizable only to the state of New Mexico.

### Motivation for Becoming Foster Parents

As yet, we are uncertain why individuals choose to foster and, even more importantly, why individuals continue to foster. Some of the earliest research on foster parents was done by David Fanshel in 1966. Fanshel found that foster mothers were motivated in two different ways. Those who generally fostered infants derived great satisfaction from the act of mothering and those who generally took care of older foster children derived their satisfaction from what Fanshel termed "social gratification." This concept appears to be a euphemism

for providing something positive for someone else (p. 75).

Sprey-Wissing and Portez (1982) found that 72.8% of foster parents included the concept of helping a child in need with either Christian love or social obligation in responding to their inquiry regarding original motivation for fostering. Hampson and Tavormina (1980) found that love of children, the desire to help someone else and interest in children's well being were the prime motivator for their research sample of foster parents. They also found that longer placements for foster children correlated positively with the social motivation of their foster parent sample. Adding income to the home was cited by those foster parents who had sought to become licensed to provide specialized care for physical handicapped or emotionally disturbed foster children.

Forty percent of foster parents expected an increase in personal quality (defined in this study as a combination of personal maturity and effectiveness) and self-confidence as a benefit of fulfilling the role of foster parent, according to Sprey-Wissing and Portez (1982). Junker (1990) also found an overlapping of social motivation and self-fulfilling expectations in his study of youth reared primarily by foster parents. Hampson and Tavormina (1980) noted that foster parents expected the intrinsic benefits of fostering to include companionship and, also, the joy of accomplishment. Individuals' conscious or unconscious desire to

rework their personal experience in the process of parenting other children, continuing to integrate the loss of not being able to bear children, keeping the family at the life stage of focus on children and giving back to society in general are four motives for fostering that Burke and Dawson (1987) identified in their research.

### Role and Norms for Fostering

The concept of the role of foster parent and the accompanying norms have changed drastically over the years. Originally, the term foster parent appeared to be synonymous with the term foster mother. Babcock discovered in 1965 that foster mothers differentiated well what constituted a parental relationship to their own children and a foster relationship to foster children. Jones (1975) found that the majority of foster mothers he surveyed chose a description their relationship with the foster children in their charge which implied a blood relationship such as mother or aunt(ie).

Fanshel (1966) studied only foster mothers to find out about the care of children placed in surrogate homes. To date, foster fathers appear to have less contact with agency social workers--a fact noted by Eastman in 1982. She found that foster father satisfaction increased with more frequent contact from agency

social workers.

Downes (1982) referenced a redistribution of the role of foster parent from merely receiving financial payment for child care to becoming a support to foster children as they enter another placement. This, she noted, is especially important if that placement is institutionalization, independent living or other circumstances that do not reunite foster children with their natural family.

McCoy (1962) added that the role of foster parent includes caretaker, resource for foster children in care, extension of agency staff and member of the child care team. He felt that further clarification of the role of foster parents will be gained when they are recognized as individuals with specific needs rather than merely agency resources.

It appears that traditionally agency workers have primarily been concerned with evaluating potential foster parents' motives in wanting to care for a child, their attitude toward children and their capacity to give particular children the care they require, i.e., potential foster parents' capacity to be useful to the agency. Much less attention has been given to the effect that foster parenthood will have on individuals or the shifts in role behavior required when these individuals assume responsibility for a child other than their own (McCoy, 1962).

McCoy (1962) noted that the explicit differences between the role of parent and foster parent have never been properly identified, therefore, conflict is inherent due to role blurring. He theorized that if a foster parent overinvests in the foster child, the agency social worker and/or natural parent remind the foster parent of the violation of norms governing the foster parent's role. Learning about the norms which govern fostering consists, then, of overstepping boundaries and being corrected.

Society, it appears, generally views the role of foster parent as a temporary caregiver who disinvests easily, that is, an individual who cares but not too deeply. It appears that foster parents must fulfill many different role expectations of varying degrees of responsibility while caring for foster children in their home. As they discharge this duty, foster parents often experience strain and discomfort when the interests of role partners such as doctors, teachers, clergymen, natural parents, agency social workers, relatives or friends, are in open conflict with their own role concept (Eastman, 1982; McCoy, 1962).

In his work, A Sociology of Human Systems, Monane (1967) described families as being characterized by one of three types of boundaries: monolithic, multiple and vague. Eastman (1979) postulated that foster families exhibit the vague style of family system which has blurred, inadequate, ill-defined

boundaries. These boundaries are most aggravated, she believed, by the early stages of foster parenting when foster parents are asked to fulfill a role that not only is new but is ill-defined. The vague system identity of foster families adds to their stress and invites breakdown (Aldridge & Cautley, 1975; Levine, 1972).

Both agency and foster family have difficulty knowing what to include and what to exclude from the family. The family system experiences stress with each new placement and must reorganize. It easily can become overloaded (Eastman, 1979).

Wilkes (1974) felt that this vague and shifting role identity is often easily used by agency social workers to gain advantage. He called this process "Great Expectations" and defined it as a combination of agency need, unclear contract and foster parent grandiosity (p. 375). This cyclic pattern of placement, rejection and replacement starts with foster parents approached with the idea that only their family can provide what a specific foster child needs without disclosure of what exactly the child did not receive in prior placement. The foster family receives the child and, when unforeseen difficulties arise (most likely due to lack of information about the child's needs and prior experiences) reject the child forcing another placement. The replacement of the foster child is handled by the agency worker in a like manner thereby ensuring the cyclical nature of this exercise in



futility.

It appears that lack of role clarity contributes to unhealthy family functioning (Barnhill, 1978). In addition, Eastman (1982) believed that the indeterminate length of stay for foster children created a feeling of impermanence and temporariness within the foster family. She states that without specific expectations for the length of stay, the foster family does not know how to incorporate the foster child into their family system.

Parental authority for foster children is shared by the natural parents, agency, court and foster parents. Galaway (1972) hypothesized that sharing parental responsibilities is unconventional and leads to role strain for foster parents. The result, he contended, is ambiguous parenting. Littner (1978) recognized that pressures on foster parents due to role conflict are greater than those encountered by parents looking after their own children. These pressures, he argued, often contribute an overload to the general stress of fostering.

Foster families are expanding their norms with the help of various court rulings according to Eastman (1982). As foster parents define roles, norms and identities greater norm clarity is established. This will lead to more satisfaction for foster parents and their children, since children reared in homes of higher norm clarity are found to be happier and more successful in adapting to the norm

requirements of school and play (Monane, 1967).

### Attachment Theory

Rochlin, in 1961, recognized the importance of the constancy of a caretaker in the life of a child. He wrote that a child's maturation and life development depended upon the "constant object" which he defined as a single stable care provider (p. 41). Without such a person, he warned, a young child becomes tension-laden, does not grow and mature and, ultimately, does not survive.

Bowlby (1961b) felt that the source of a child's tie to his mother was the activation of a number of instinctual response systems which promote attachment and, thereby, ensure survival. Any disruption in this attachment calls forth instinctual responses aimed at re-establishing attachment. Lack of attachment results in failures in physical, intellectual and social development of the child. Such bonds, it could be postulated, are not necessarily activated through shared genetics but through physical care and emotional discharge from caretaker to child.

Interactional bonds that are reciprocal have been postulated by Turner (1970). There are two types of bonds: general contractual bonds, such as those

between spouses; and sacred bonds formed on kinship relations, such as those between parent and child. A characteristic of bonds is that they are mutual: if there is no response from the other within the bond, then the bond is weakened. A child who joins a family and does not share kinship would progressively move to a bond of identity and contract.

Part of how adults form a sense of competence is the ability to live up to sacred bonds, according to Goldberg (1979). Children need to help adults accomplish this task by being readable and giving adults clear signals of need, being predictable and responding in similar manners in similar situations and being responsive by reacting to external stimuli. If parents are not able to measure up to their internal drive to fulfill these sacred bonds, they feel a sense of failure and lack of self-esteem. According to Goldberg's theory, parents learn to relate to their children by reacting to specific behavior which is often somewhat instinctual and specifically learned through family tradition. Transferring the ability to relate to children from sacred to contractual bonds is difficult and normally a unique experience for parents.

Attachment behavior regulates and maintains a comfortable proximity between partners in interaction. In normal families, children and adults who have reliable attachment figures enjoy a wide range of intimacy and distance

between each other without discomfort or pain. Children with attachment figures that have proven unreliable may develop anxious attachments. This could result in behavior such as wanting individuals physically present at all times, not being able to sleep alone in a room, becoming anxious when left in the care of other than primary caretakers, and exhibiting acting out behavior such as destroying or marring a favored object of the caretaker when feelings of abandonment occur. This type of conduct is typical of many foster children. Often the anxiety of attachment and fear of losing attachment may precipitate leaving (usually running away or behaving in a manner where leaving is ensured) as a matter of distance regulation (Downes, 1982). Bowlby (1977) noted that separation and anger can be utilized to titrate or regulate emotional distance and that this can, in turn, strengthen a bond. Anger, which is used to coerce an attachment figure into closer proximity, can also become dysfunctional as it increases in intensity and, thereby, weakens the bond as the individual's actions cross the boundary from being deterrent to being revengeful. When these circumstances occur, foster parents often ask for removal of the foster child in order to keep the anger from escalating and preserve the attachment relationship. It should be noted that Festinger (1975) found that 41% of all placements of foster children are terminated before a child is ready to leave foster care.

## Separation and Loss

Freud (1917) recognized the existence of symbolic loss, that is, the loss of ideals and dreams as well as tangible objects. He wrote of mourning as a reaction to loss where individuals recognize that the loved object no longer exists and a gradual withdrawal of libido for the object allows investment in a new relationship.

In 1961, Pollock developed an equilibrium model in which he defined mourning as the process by which a previous adaptational equilibrium was undone and new relationships established. Bowlby appeared to draw on this concept in his 1977 work, The Making and Breaking of Affectional Bonds. He defined an affectional bond as two people who are strongly drawn to each other, feel positively toward one another and experience anxiety, grief and depression when separated from one another. The rupture of an affectional bond takes place, according to Bowlby, in three stages. First, the individual experiences disbelief and searching for the lost other. Second, the individual experiences depression, withdrawal and despair. Third, the individual feels acceptance and recovery.

Stoddard (1985) presented evidence that physiological changes also occur in response to loss of affectional bonds. He pointed to induced loss through

isolation in monkeys and the accompanying rise of certain hormone levels. These same elevated hormone levels were also seen in correlational studies with human beings who anticipated or had recently experienced loss. Stoddard noted that instinctual responses of attachment, separation and loss cross cultures with abandonment and/or isolation being the most heinous penalty invoked in nearly all cultures.

In his landmark study twenty five years ago, Fanshel (1966) reported foster parent reactions to separation from their foster children. Two thirds of foster parents indicated that helping children go to an adoptive home as one of the most difficult problems with which they had to cope. One third of his foster parent study participants found the departure of a foster child to be a decidedly painful experience. Hampson and Tavormina (1980), on the other hand, found the issue of foster children leaving the foster home was designated as a problem in only five percent of their foster parent participants. However, over ninety percent of their research population had fostered on a long term basis and experienced foster children leaving their home only infrequently.

Ryan (1985) studied former foster homes that were no longer licensed. In this closed home study, he found that only 2.4% of foster parent survey respondents indicated that it was emotionally hard when foster children leave as

the main reason for dropping out of the foster parenting program. Jones (1975) found that 40% of foster parents in his study ceased to foster after one year, and Eastman (1982) reported that 30% of foster parents withdrew from the fostering program after having fostered less than one year. Both postulated that separation and loss issues contributed to this statistic. McCoy (1962) recognized that the first separation from a foster child either "makes or breaks" a foster mother as a foster parent (p. 254).

Burke and Dawson (1987) noted that foster parents who exclusively care for newborn infants experienced separation and loss more often than foster parents who care for other foster care populations. Many of these foster parents, they found, appear to use experiences of loss in a therapeutic fashion as substitutes for other losses that the foster parent has experienced. One such example could be foster parents who are infertile and, even though they are adoptive parents, have never experienced care of newborn infants. Another example might be foster parents who are beyond their child bearing years and who measure self-worth in terms of fertility. These individuals might use foster parenting as a method of maintaining function and clinging to youth.

Issues of grief which occurs when foster parents separate from foster children have long been noted. Babcock, in 1965, stated that it was crucial to

supply foster parents with the necessary resources to work through separation and loss from foster children so that they can deal with this integral task of foster care. This was especially important, according to Babcock, because foster parents are expected to help foster children with these same issues.

It is important to work with foster parents to recognize and understand the separation and loss experiences in their own lives such as those which occur within parenting, job, divorce, etc, according to Burke and Dawson (1987). Since grief ordinarily needs to be shared with another person in order to be resolved, it is important for agency social workers and other foster parents to be available to the foster parents who experience the loss of foster children.

Shanin (1982) found that natural children of foster parents stated that they felt loss or grief at the separation from foster children. Nearly half of her sample noted that they felt this experience did not generalize to other situations in their now adult life nor did it prepare them to handle other circumstances of loss or grief.

Burke and Dawson (1987) also noted that for some families, the loss is so painful that they refuse to allow time for grieving. One manner in which this is accomplished is to demand placement of another foster children immediately upon departure of a foster child from the foster parents home, or, perhaps even



sooner. This becomes a practice problem because such a placement will short circuit a foster parent's grief and result in the incomplete working through of grief (Burke & Dawson, 1987; Green & Solnet, 1964).

According to Edelstein (1981), there are four reasons why foster parents may find it difficult to grieve: (1) they may have an ambivalent relationship with the lost foster child, (2) the demanding role of the foster parent doesn't permit time for grief, (3) social expectations don't allow showing emotions attached to foster children particularly those emotions equated with grief such as sadness and depression, and (4) an individual foster parent's personality issues prevent grieving.

Berman (1986) highlighted the importance of preparing the foster parent for separation since, she noted, agency social workers view the job of foster parents as not getting too attached to foster children. She stated that outsiders often view foster parent's grief as a neurotic misunderstanding of their roles. Societal expectation is for the foster parent to cope without visible sadness and to appear unaffected. Evans (1986) agreed that outsiders often suppose that foster parents endure the grief of partings by hardening their hearts to such events and becoming careful not to get overly attached to foster children in their care. The true explanation, according to Evans, was that foster parents can love foster

children with infinite depth even though they never quite recover from the foster children's leave taking.

Berman (1986) noted that social workers who do not understand the natural grieving process of foster parents in regard to foster children who are about to leave their home, could make serious mistakes and interpret typical reactions of foster parents as sabotage rather than manifestations of their natural grief process. The social worker may then fail to continue to further prepare the foster parent for the process of separation. This would fairly well insure a difficult and complicated ending for foster parents and foster children.

In 1966, Fanshel called for a reexamination of the policy that discourages foster parent contact with foster children once they left the foster home. Over 81% of foster parents that he surveyed approved of continuing contact in most or all situations. Policies permitting contact have been enacted in many agencies, however, in a 1983 study of reasons why foster homes close, Baring-Gould, Essick, Kleinkauf and Miller found that 45% stated that they had never received any agency services that prepared them for the removal of foster children in their care. Sixty nine percent stated that they had never been informed as to how their former foster children were doing in their new placement and 74% were not helped in any manner to stay in touch with foster children once they were

removed from the foster parent's home. It appears that policy change and practice are not identical.

Urquhart (1989) found that 35% of open foster homes and 19% of closed foster homes had been taught coping skills dealing with the removal of foster children. Fifty five percent of open homes and 46% of closed homes stated that they were given realistic pictures of what separation from their foster children would involve. She noted that actual research on the issues of separation and loss for foster parents is scarce and offers conflicting results. Urquhart further stated that she found foster parents felt that separation and loss was often the most difficult experience for them and their families to face among the many different challenges of fostering.

Many foster families attested to particular losses years after the fact, according to Urquhart (1989). Some foster parents faced with a loss or separation which they determined to be beyond their tolerance, decided to adopt a particular child or children. Separation from very small children seemed to be most difficult for many. Urquhart received numerous comments indicating considerably more pain and grief was experienced when the child's case was felt to be bungled or mismanaged. Many foster parents stated that they could always cope with the leave taking of a foster child if they felt good about the next step in

the foster child's life.

Foster parents reported in Urquhart's 1989 study that they usually found separation to be painful, usually felt sad upon the foster child's leaving, seldom felt anger, sometimes felt grief and/or guilt, usually their children and spouse were sad when foster children leave their home and that they were satisfied with the foster child's new placement less than half of the time. Furthermore, foster parents told Urquhart that family and friends offered a moderate amount of support and that there was a need for mutual support among foster parents.

Urquhart (1989) highlighted the fact that foster parents who are unprepared or unsupported for the experience of separation or loss should be considered foster parents at risk. She further noted that the majority of adverse factors surrounding the removal of foster children appear to be system-induced and include inadequate training in the area of separation and loss and insufficient social work services and support for the separation experiences of foster parents. This sentiment is echoed by a number of other authors who also agree that issues of separation and loss impact negatively upon the overall satisfaction and performance of those fostering (Boyd & Remy, 1978; Ryan, 1985; Stone & Stone, 1983).

Littner (1978) recognized that loss is an inherent part of fostering. He

noted that no matter how much love and protection foster parents give, no matter how responsive foster children are to their foster parents, foster care is still not a permanent relationship. Poulen (1985) found that foster children tend to have a primary attachment to one family, either the foster family or the natural family. The length of time in care was not associated with which family the foster child aligned. Foster children experience loyalty conflict when one family or the other does not respect the child's choice. Littner noted that fear on the part of the foster parent that their relationship with the foster child may be interrupted or terminated at any time can lead to ambivalence within the foster parent-foster child relationship especially if unresolved separation feelings from other placements intrude.

Maslash (1976) noted that burn out rates are lower for those professionals who actively express, analyze and share their personal feelings with their colleagues. Burnett-Bealieu (1982) estimated the significant loss of practicing occupational therapists in Los Angeles at one third of all entry level therapists each year. She traced this phenomena to an escape from loss and grief on the part of the therapist and postulated that working with severely disabled individuals whose recovery would always be less than their premorbid functioning contributed to the therapist's loss of the fantasy image of making

everyone better.

Hofer (1984) found that mourning was not a single experience but a multiple process dealing with the internalized image and emotional representations of the person lost. The more emotional meanings tied to the object lost, the more difficult the grief process. Rosenblatt, Walsh and Jackson (1976) studied eighty different cultures and found, without exception, that crying was a necessary part of the mourning process.

The results of a study by Parkes and Weiss (1983) suggested that unexpected loss gave rise to a distinctive unexpected grief syndrome which lead to difficulty in psychological and social adjustment. Clayton and Halikas (1973) and Gerber, Rusalem, Hannon, Batten and Arken (1975) found no difference in adjustment to expected and unexpected loss for an older elderly population. Although these finding conflict, the Parkes and Weiss study was composed of a much younger population.

A number of authors postulated that the presence of grief before loss balances the grief experience after loss (Kubler-Ross, 1972; Kutscher, 1973; Lifton 1967; Parkes, 1975; Vashon, 1976). Others, such as Aldrich (1974), Volkan (1981), and Bourke (1984) believed that there is a tendency to postpone grief and defend against the threat of conflicts by the unconscious use of

defenses. They theorized that it is a rare occurrence when a grieving person is able to acknowledge the full extent or range of their feelings. Lifton noted the discovery of psychic numbing as a reaction to loss.

In a study of post bereavement health functioning, Maddison and Walker (1967) found the strongest single factor that predicted a poor health outcome for the bereaved was the perception of their family as unhelpful or lacking understanding. Parks, Benjamin and Fitzgerald (1969) and Weissman and Klerman (1977) found that bereaved men complained of fewer symptoms and reported less affective stress than did bereaved women. Stroebe and Stroebe (1983) pointed out the methodological obstacles to interpretation of research which measure differences in behavior according to sex. The former studies were used as examples of research methods confounding the interpretation of results.

Wilkes (1974) called for determining the length of stay before or as soon as possible after a foster child is placed in a foster home. He proposed that such information could maximize successful coping with stress on the part of the foster parents. Berman (1986) echoed this sentiment and notes that conflicting roles and unrealistic expectations can inhibit the foster parent's full expression and resolution of grief. Downs (1982) concurred and noted that where a placement ends rapidly or in a unplanned way, foster parents are often left feeling guilty and

depressed with a sense of having failed.

Downs (1982) called for social workers to play an important part after the placement of foster children ends by reassuring foster parents of their value and encouraging them to take the initiative to invite ongoing contact. Urquhart (1989) found that a significant difference can be made in the adjustment of foster parents to the loss of foster children through agency impact rather than by relying solely on extra-agency support. The support group for foster parents needs to exist in addition to a supportive and understanding agency which exhibits these qualities through their social work contact.

### Foster Parent Satisfaction

As noted above, foster parents satisfaction appears to be significantly related to difficulty in separation (Hunter, Kelsey, & McCabe, 1977). It appears that foster parents who receive inadequate follow up information may cope with greater degrees of separation anxiety due to more abrupt and final terminations. This may carry over into each successive placement. Eastman (1978) found that those who had ceased to foster had received less follow up information regarding foster children who had exited their home than those who continue to foster. Urquhart (1989) noted that issues of separation and loss impact negatively on the



overall satisfaction and performance of those fostering.

Hunter et al. (1977) found that foster parents could not be differentiated in satisfaction by whether they had long or short term placements. They also found that there was no significant difference in overall satisfaction between foster parents affiliated with private agencies and those affiliated with state agencies. Hampson and Tavormina (1980), conversely, found that foster parents who were affiliated with private agencies had more contact and expressed higher satisfaction with their role as a foster parent than foster parents who were affiliated with public agencies. This was especially true in early stages of placement. Aldridge and Cautley (1975) noted that more contact was necessary between foster parent and public or private agencies.

According to Trasler (1960) the key to foster parent satisfaction includes both foster mother and foster father establishing a relationship with the foster child as soon as possible. Simonds' (1973) findings disagreed, in part, with this concept. He found that a positive relationship between foster mother and foster child was the key that determined successful placement and increased foster parent satisfaction. Cautley and Aldridge's research (1973) positively correlated greater involvement between foster father and foster child with greater satisfaction on the part of both foster mother and foster father.

Eastman (1982) concluded from her research that successful foster parents who are capable of tolerating difference, have the ability to disclose and are child-focused. She believed that foster parent success led to foster parent satisfaction. Eastman also noted that foster parents who hold authoritarian attitudes, are extremely devout in religious practice, and are hostile toward the foster child's natural parents seem to fare less well.

In addition, Eastman (1982) stated that the foster parenting task has been made more difficult and thereby less satisfying in the social climate of the 1980's where women find childbearing and childrearing less attractive than in the past. She called for increased pay and upgrading the status of foster parents to that of professional member of the child care team. Eastman recognized the value of the information that foster parents provide as well as their ability to be the most reliable predictors of success and barriers to success in the next placement of the foster child.

### Agency Satisfaction

Agencies utilize a large part of their resources in recruiting and training foster parents. Even so, there is a paucity of research on the selection of foster parents and/or the prediction of success in foster parenting. Parker, in 1966,

found that older foster mothers were more successful than younger foster parents in caring for foster children and that childless couples were best at fostering.

Kraus, in 1973, found that placements of foster children were more successful if the foster mother was forty six years of age or older and if the foster parent family was comprised of two or three birth children. In direct contrast, Rowe (1976) found that there was no relationship between number of birth children and foster parent success nor did the age of the foster mother correlate with successful foster parenting. MacFadden (1987) found that as the number of foster children increased in the foster home, so did the frequency of negative perceptions toward foster children; and, conversely, as the number of natural children in the home increased, the negative perceptions toward foster children decreased.

The socio-economic background of foster parents is also the subject of conflicting research. Rowe (1976) found that socio-economic class was unrelated to the quality of care given by foster parents. Parker (1966) found that the lower socio-economic class was more successful at fostering. Cautley and Aldridge (1973) found the opposite.

Attempting to place traits within socio-economic level and relate these to fostering, Mandell (1973) favored the lower socio-economic class because of their

greater tolerance. Fanshel and Shinn (1978) expressed concern regarding the childrearing attitudes of the lower socio-economic class. Delgado (1978) found that matching foster parent and foster child socio-economic background correlated positively with successful placement.

Lloyd (1989) found that foster fathers benefitted more from training than foster mothers because they functioned lower than foster mothers in self-assurance and parenting skills during initial training sessions. Levant and Slattery (1982) found, during their pilot designed to train lower socioeconomic class foster parents that many foster mothers were experiencing tremendous life stresses. These needed to be addressed in the training session before any structured training could be accomplished.

The concept of agency satisfaction appeared to be the driving force behind the work of Touliatos and Lindholm (1981). They developed a survey which produced scales that purported to predict "potential" for foster parenthood (p. 255). This instrument was normed solely using criteria established by Child Welfare League officials and ratings by agency caseworkers. Toulinatos and Lindholm did not survey foster parents to determine what that population felt contributed to their success or failure and seem to have developed a checklist for foster home licensing workers which contains many items that remain open to

each individual's interpretation.

Eastman (1982) called emphatically for the relationship between research, theory and practice to be examined. She decried the fact that little research was tied to a theoretical base and called for knowledge to be translated into a practitioners language.

### Coping Responses

The coping response process is a central aspect of contemporary theories of stress. Coping is viewed as a stabilizing factor that may help individuals maintain psychosocial adaptation during stressful periods (Lazarus & Folkman, 1984; Moos & Billings, 1982). On a generic level, coping has been defined broadly as "any efforts at stress management" (Cohen & Lazarus, 1979, p. 220), "things that people do to avoid being harmed by life-strains" (Pearlin & Schooler, 1978, p.2), and "overt and covert behaviors that are taken to reduce or eliminate psychological distress or stressful conditions" (Fleishman, 1984, p. 229).

Although coping resources play a central role in contemporary theories of stress, little is known about the specific coping processes that individuals rely upon in adapting to or coping with stressful life situations. Freud (1917) believed that ego processes serve to resolve conflicts between an individual's impulses and

the constraints of external reality. Their function, to reduce tension by enabling the individual to express sexual and aggressive impulses indirectly, is accomplished without the individual recognizing their true intent. These ego processes are defined as cognitive mechanisms which often have behavioral expression whose main functions are defensive, or reality distorting, and emotion focused, that is, oriented toward tension reduction.

Ego psychology joined analytic theory in formulating developmental perspectives that focused on the gradual accumulation of personal coping strategies over an individual's life time. Erikson (1963) described eight life stages, each of which represents a new challenge or crisis that must be negotiated successfully in order for the individual to cope appropriately with the next stage. Personal coping resources, including the development of trust and autonomy during the adolescent years, are integrated into the self-concept and influence the process of coping in later years. Each stage assumes the adequate resolution of crises and its ego integration.

Kegan's model of development (1982) notes that individuals are constantly resolving stressful life situations throughout the life cycle. As individuals begin to change within themselves and in relation to others, there is a constant reassessment of relationship and realignment of the definition of self and other.

This accommodation to and of others continues throughout the different aspects or eras of the life cycle of development.

The above models lend themselves to defining coping as various measures of self-esteem, ego identity, competence motivation, novelty needs, and stimulus seeking behavior. Even though many facets of an individual can be seen as coping resources, such constructs as self-efficacy, internal control, sense of mastery and ego maturity have received the most attention (Moos & Billings, 1982).

Darwin's evolutionary perspective on adaptation provided the basis for a behaviorally oriented counterpoint to psychoanalytic reliance upon intrapsychic and cognitive factors (1871/1963). This orientation led to an emphasis on behavioral problem-solving activities that contribute to individual and species survival. Originally, behaviorists emphasized functional aspects of problem-solving behavior; recently, clinical treatment procedures have included cognitively oriented interventions (Bandura, 1982).

Cognitive behaviorism is concerned both with problem-solving skills and with an individual's cognitive appraisal of the meaning of an event.

Investigations in this area have focused on the importance of a sense of self-efficacy as a coping resource. Bandura (1977) noted that individuals must believe

that they can successfully master a task in order for them to engage in active efforts to accomplish the task. Successful coping increased future expectations of self-efficacy, which, in turn, leads to more vigorous and persistent efforts to master threatening tasks and situations. Normally, when coping strategies involved in handling specific tasks or situations are measured, there is little generalization to a coping style (Platt, 1976; Tyler, 1978).

The evolutionary approach also focused on the relationship between organisms or groups of organisms and the environment. Adaptation to the conditions of the physical and cultural environment is facilitated by the cooperative efforts of the human community, which, it is thought, is continually adapting to the environment. Environmental coping resources are thought of as providing culturally mandated coping resolutions and methods of teaching skills necessary to attain such resolutions, as well as, social networks which provide interpersonal resources such as emotional understanding, cognitive guidance and tangible support. These environmental resources can affect the evaluation of a threat implied by an event, as well as the choice, sequence and relative effectiveness of coping responses.

Although there are many ways to classify coping responses (Moos & Billings, 1982) most approaches distinguish between strategies that are active in



nature and oriented toward confronting the problem and strategies that entail an effort to reduce tension by avoiding dealing with the problem. Lazarus and Folkman (1984) proposed a topology of coping processes that distinguishes between problem-focused strategies (efforts to modify the source of stress) and emotion-focused ones (attempts to regulate the emotional distress caused by the stressor). Although emotion-focused strategies can be active, such as constructive efforts to manage affective responses to a stressor, such coping is often oriented toward the avoidance of dealing with the source of stress.

Pearlin and Schooler (1978) also differentiated between efforts to alter a situation and attempts to control distress, as well as responses that modify the cognitive appraisal of stress. Billings and Moos (1981) suggested a related approach consisting of active-behavioral strategies (overt behavioral attempts to deal directly with the problem), active cognitive strategies (efforts to manage the appraisal of stressfulness of the event), and avoidance strategies (attempts to avoid confronting the problem or to indirectly reduce tension by specific behaviors such as more frequent eating or smoking).

Research on the influence of coping responses on adjustment notes that active, problem-oriented coping strategies have been found to mitigate the detrimental influence of negative life events on psychological functioning

(Billings & Moos, 1981, 1992; Pearlin & Schooler, 1978). The proportion of problem-focused coping relative to total coping efforts also has been associated with reduced depression (Mitchell, Cronkite, & Moos, 1983).

Coping strategies involving negotiation and optimistic comparisons have been linked to reductions in concurrent stress, as well as to a lessening of future role problems, even when initial distress is controlled (Menaghan, 1982).

Shiffman (1985) found that ex-smokers who failed to use coping strategies when they were tempted to resume smoking were more than four times as prone to relapse into smoking as those who used either cognitive or behavioral coping responses.

Studies of the health consequences of coping strategies have found that avoidance coping has shown a positive association with psychological distress (Billings & Moos, 1981). Among lawyers who experience life stress, Kobasca (1982a) found that those who used more avoidance coping strategies showed increased symptoms of psychological and physical strain. A coping strategy of selective ignoring may exacerbate stress in the areas of marriage and parenting (Pearlin & Schooler, 1978). Menaghan (1982) explained that efforts to manage unpleasant feelings by resignation and withdrawal actually increase distress and thus amplify future problems. Holahan and Moos (1985, 1986) found that

individuals who adapted to stress with minimal physical or psychological strain relied less on avoidance coping than did individuals who showed psychological dysfunction under stress.

Because active and avoidance coping strategies have been linked to psychological functioning, they offer a potential point for therapeutic intervention. Holohan and Moos (1987a) studied this problem and found that three sets of variables (sociodemographic factors, personal dispositions and contextual factors) have a clear effect on the experience of stress and resulting individual coping strategies engaged.

### Coping Response Style

A common characteristic of many coping styles is the distinction between the more active or approach coping strategies, which include behavioral efforts to deal with the challenge and cognitive attempt to manage one's appraisal of the threat, and strategies that rely essentially on avoidance of the problem (Billings & Moos, 1981; Folkman & Lazarus, 1980; Pearlin & Schooler, 1978). There is evidence that approach coping strategies, such as logical analysis, information seeking and problem solving action, are positively related to adaptation (Moos & Billings, 1982). Pearlin and Schooler (1978) found that self-reliance and

controlled reflectiveness reduced the statistical effect of life strains on psychological distress. In addition, for college students living in a stressful high-density dormitory, a coping style involving the structuring or ranking by priority of social events, when compared with an indiscriminate response to social inputs, was found to temper the negative social psychological effects of high density (Baum, Calsnick, David, & Gatchel, 1982).

A number of studies have produced evidence that suggests a particularly strong negative association between avoidance coping and psychological adjustment (Vaillant, 1967). Kobasca (1982) found that among lawyers experiencing life stress, those who used fewer avoidance coping strategies (attempts to deny, minimize or get away from the stressful situation) showed fewer symptoms of psychological and physical strain than did lawyers who utilized avoidance coping. In the same vein, Pearlin and Schooler (1978) found that coping strategies involving selective ignoring exacerbated rather than reduced stress in the areas of marriage and parenting.

Moos (1988) divided coping responses into approach and avoidance coping and established four subscales for each in his Coping Response Inventory (Moos, 1988), which purports to measure coping response style. Category definitions are contained in Appendix A.

It appears that an individual's coping response style, particularly an individual's preference for reliance on approach and avoidance coping, remains fairly constant over time. In studies with one to three year reassessment, Holahan and Moos (1987b) found that positive reappraisal, seeking guidance and support, and cognitive avoidance were somewhat more consistently selected than acceptance/resignation and emotional discharge. Avoidance coping, in general, was the most stable, particularly for individuals who were exposed to a variety of stressful life circumstances.

### **Sociodemographic Factors and Coping Response**

Several studies have examined the association between socioeconomic status and reliance on certain coping styles. Haan (1977) found that individuals of higher socioeconomic status are more likely to use more adaptive forms of coping which are characterized by flexibility, logical choice and adherence to consensual reality. These individuals appeared less likely to use defensive strategies such as rigidity and irrationality as responses to ongoing stressors. Pearlin and Schooler (1978) reported that individuals who were more highly educated and more affluent were less likely to use selective ignoring in dealing with occupational or marital problems. Billings and Moos (1981) found that

respondents with higher education were more likely to rely on problem-focused coping strategies and were less likely to use avoidance coping strategies.

Holohan and Moos (1987a) reported that normal and depressed persons of higher socioeconomic status are more likely to report using active-behavioral strategies and less prone to rely on avoidance coping. It appeared that coping was tied more closely to ongoing current circumstances than earlier stable background factors.

### Personality Dispositions and Coping Response

Dispositional variables such as hardiness, personal mastery, internal locus of control, self-confidence and self-esteem appear to be linked to the coping process. Kobasa, Maddi and Kahn (1982) postulated that personality dispositions of commitment, control and challenge, which were collectively designated as hardiness, act as a psychological buffer during stressful life circumstances by interacting with adaptive forms of coping. Fleishman (1984) and Cronkite and Moos (1984) found that self-efficacious persons are less likely to selectively ignore parental, marital and occupational stressors. Holohan and Moos (1987b) found that more self-confident persons are more likely to report active coping strategies and less likely to report avoidance coping.

Parkes (1984) reported that in situations where change is possible, persons with an internal locus of control use more direct coping efforts and fewer attempts at suppression, whereas externally focused individuals show the opposite pattern. Tanck and Robbins (1979) also found that an internal locus of control was associated with more effective coping strategies in dealing with a wide range of stressors, including repetitive everyday problems. Anderson (1977) noted that such was the case for occupational demands. Bulman and Wortman (1977) and Lefcourt (1980) studied individual with serious, accident-related injuries and found that individuals with internal locus of control utilized more proactive, effective coping strategies.

Holohan and Moos (1986) studied the stress resistance factor for individuals who reported possessing an easygoing disposition. Such a self-report was associated with psychological health and physical well being concurrently and one year later. It was found that persons who were easygoing were more inclined to rely on active coping strategies and less likely to utilize avoidance coping. Holohan and Moos speculated that an easygoing dispositional style might provide a personal resource that made the use of avoidance coping under stress less necessary.

Background research for personality dispositions includes the antidotal

observations of individuals who appeared to remain healthy under stress by Hinkle (1974) as well as the research on Type A-Type B behavior patterns by Mathews (1982).

### **Stressful Life Events and Coping Response**

Many researchers have attempted to establish a link between stressful life events and psychological or physical morbidity (Barrett, 1979; Dohrenwend & Dohrenwend, 1969; Rabkin, 1980). Only a few have investigated the possible relationship between stressful events and coping. Lazarus and Folkman have argued that environmental factors, including the stressful demands of a situation, play an important role in shaping the coping strategies chosen (Folkman & Lazarus, 1980; Lazarus & Folkman, 1984). Fleishman (1984) reported that coping was affected more by the presence of stressful conditions than by any person-based or personality variables. He noted that an active strategy involving advice seeking was positively related to stressors in the marital and occupational areas of the individual. McCrae (1984) found that the type of stressor significantly affects the choice of coping responses, with the most significant coping differences between challenging life events that are usually positive and negative events involving loss or threat.



Holohan and Moos (1987a) reported that both active and avoidance coping efforts are elicited by stressful conditions for normal and depressed individuals. New negative life events appeared to increase the reported use of both active and avoidance coping beyond the individuals's initial tendency to employ them. Active coping strategies appeared to be strongly related to positive as well as negative life events; however, avoidance coping was associated with negative events but not with positive ones. It appeared that avoidance coping was employed by the individual as a response to threatening situations when personal and contextual resources were not readily available.

#### **Coping Response Strategies and Loss or Bereavement**

Twenty coping strategies were tested by Schwab (1990) through use of interviews and survey instruments on a population of parents who had lost a child. The four highest scoring items for the entire group of parents were: (1) keeping busy, (2) helping others, (3) relying on religious beliefs, and (4) crying.

Some differences were found between fathers and mothers in their response to the items on Schwab's instrument (1990). The five highest mean scores obtained by the bereaved fathers were: keeping busy, relying on nonreligious beliefs, talking about the loss, relying on religious beliefs and

helping others. Bereaved mothers reported: crying, keeping busy, talking about the loss, helping others and reading on loss and bereavement. Most of the mean scores for the mothers were higher than those for the fathers, indicating that coping responses appeared to be utilized more often or to a greater extent by females than males in this study.

There was a highly significant difference on certain coping strategies with mothers scoring much higher than fathers in crying, writing about loss and grief, and reading on loss and bereavement. There was also a highly significant difference between the two populations with mothers reporting helping others and attending a support group more often than fathers.

Schwab (1990) noted that about half of the parents surveyed used a cognitive framework to understand and deal with the experience of loss. She states that this category included activities that sought to cognitively control emotions and master stressful situations as well as cognitive restructuring or reframing personal thoughts. This strategy appeared to be functional, however, only after the overwhelming emotional turmoil which surrounded the loss had subsided. For some, this was a few months; for others it was much longer.

Reinvesting in a new object of love seemed to be used by a small number of younger parents. Such objects included: a new child of their own, a child

gained through adoption or new pets. A more common response was to withdraw from social interaction outside of the nuclear family for several months. It appeared that often this response was protective of the individual's right to feel and outwardly express sadness. The limitations of Schwab's study include the lack of a randomized sample and small sample size (Schwab, 1990).

### Social Network Resources and Coping Response

Social resources may be positively associated with physical and mental health because they provide emotional support, tangible assistance and informational guidance (Heller, 1982; Moos & Mitchell, 1982). It appears that individuals with more social resources are less likely to use avoidance coping strategies. Women who lack family support were found to engage in avoidance coping more often, according to Cronkite and Moos (1984). Also, individuals in supportive families engage in more problem-focused coping and less avoidance coping than individual in less supportive families. (Billings & Moos, 1985) Holohan and Moos (1987b) believe that the availability of social resources would promote adaptive coping efforts and discourage avoidance strategies.

### **The Coping Responses Inventory**

Contemporary theories emphasize the multidimensional aspects of appraisal and coping processes. Researchers have established two primary approaches used to classify coping responses, orientation or focus of coping, such as problem focus or emotion focus, and the method of coping, such as cognitive or behavioral (Billings & Moos, 1981, 1984; Folkman & Lazarus, 1986; Lazarus & Folkman, 1984; Roth & Cohen, 1986).

The Coping Responses Inventory (Moos, 1988) attempts to combine these two approaches. Its assessment of eight types of coping responses reflects both method and focus of coping. In general, it appears that approach coping is problem focused, reflecting cognitive and behavioral efforts to master or resolve life stressors. Conversely, avoidance coping seems to be almost exclusively emotion focused: it reflects cognitive and behavioral attempts to avoid thinking about a stressor and its implications or to manage the affect associated with it.

There are a number of other instruments which can be used to determine coping response. Checklists, including the Ways of Coping Checklist by Vitaliano, Russo, Carr, Maiuro, and Becker (1985) and Loevinger's Sentence Completion Test of Ego Development (Loevinger, 1970) are also useful in

measuring coping response. These instruments have been standardized on a smaller sample at present and appear to be less reliable measures.

### **Clinical Applications of Coping Response Measures**

Noting that psychological stress occurs when an individual appraises a situation as threatening and perceives their resources for coping with this current situation as inadequate, it appears that avoidance coping occurs when primary appraisal leads to perception of a threat and secondary appraisal results in perception of insufficient personal and environmental resources. Clinical intervention could attempt to intervene with person-based interventions oriented toward enhancing dispositional tendencies and promoting adaptive coping strategies that can operate as psychological buffers of high stress. At the same time, understanding the link between background factors and coping can help clinicians identify groups that are at risk. Exploring the role of personality in coping can broaden person-centered change efforts to encompass simultaneous growth in personal resources and the development of more effective coping strategies. Recognizing the relationship between family support and coping underscores the value of family-oriented interventions as a central component of programs oriented toward strengthening adaptive coping responses.

Those clinicians who work with children should be sensitive to the fact that parents create the environment for the child, and, as such, provide environmental stressors and supports. Current research notes that children who experience parents with severe alcohol problems are able to perform equal to normal children once the parent's alcohol problem is successfully resolved. Children of depressed parents still, however, showed a high level of distress even after their parents' depression remitted (Holohan & Moos, 1987a). Certainly additional intervention with these children, other than environmental manipulation, would be indicated.

Conversely, it is possible that life stressors can lead to greater personal maturity and enhanced effectiveness. When researchers inquired about the impact of life crisis, over half of respondents stated that they had experienced some positive outcomes (Cleveland, 1980; Yarom, 1983). Moos and Schaefer, (1984) noted that survivors of serious illness often show more concern for and sense of community with others, change focus from work pressures to family relationships and have reported a heightened awareness of religious and humanitarian values.

Wortman and Lehman (1985) point out that an overly supportive environment that lacks stimulation and challenge can lead to boredom and,

possibly, physical and mental decline. This has specific application in the area of parent skills training. Friends who discourage open expression of feelings or minimize attempts at problem solving during crisis may--through their good intentions--complicate an individual's ability adapt to loss or crisis, slow recovery and return to adaptive coping. As such, recognition of appropriate crisis and confrontation skills is an important area of therapeutic inquiry and modeling.

A stress and coping perspective can help clinicians predict remission and relapse and examine why conceptually different interventions seem to be equally effective in alleviating psychiatric problems. It can also help foster care program workers and administrators recognize possible points of intervention to remediate stress.

It is likely that individuals occupy multiple environments that influence each other. Since there appear to be close links between these personal spheres, changes in a domain targeted by a specific treatment procedure may impact other domains. For example, cognitive treatment for depression is oriented toward modifying maladaptive cognitive attributions, but it may also alter individuals' appraisal and coping responses and help them improve social resources. Also, an intervention designed to strengthen problem-solving skills may also enable foster parents to increase their social resources and resolve some stressful life

circumstances. Evaluation researchers need to include measures of these life context and coping factors in program evaluations.

Moos (1987a) called for the identification of the interconnections between school, work and family environments. Billings and Moos (1981) found that family support had a stronger positive influence on adaptation among married women who were homemakers than among those who were employed outside of the home. They also found that high work stressors in a married woman's job were associated with her husband's report of less family cohesion and more physical symptoms. Similar results were found with spouses of alcoholics. It appears that salient aspects of different settings may amplify or moderate each other and that people can be affected indirectly by settings in which they do not participate. Cronkite and Moos (1984) noted that there was consistently a decrease in the use of avoidance coping for individuals encountering severe stress when families were conceptualized as supportive.

In addition, attention to the socioeconomic and environmental factors of individuals may help the clinician recognize and tailor multiple interventions aimed at providing support, cognitive restructuring and insight.

Those mental health professionals that are interested in primary prevention may find that the stress-resistance paradigm offers a conceptual



framework and an array of intervention strategies. Preventative strategies can be aimed either at the individual, such as strategies that target reducing avoidance coping, or at the environment with programs directed at augmenting social support. Success could be enhanced by aiming the specific resource to the needs of a specific target group that is experiencing specific stressors. Kobasca (1982b) noted that training oriented toward reducing avoidance coping may be especially helpful to men dealing with job-related stressors, whereas, developing an expanded support network could be more helpful to women facing relationship problems. It appears, however, that foster mothers and foster fathers would benefit in all spheres.

#### Research Applications and Current Limitations of Coping Response Style

There are many issues for which further inquiry is particularly necessary. The establishment of an expanded number of coping indexes that are capable of tapping a wider variety of coping strategies is needed, especially for such cognitive strategies as allocation of attention, logical analysis and positive comparison. Research is also needed to examine the course and effects of various coping strategies over time. Holohan and Moos (1987b) noted that an interim periods of cognitive avoidance (denial) may be helpful in providing time to

garner personal or environmental resources in the initial phases of coping with an overwhelming and unexpected life crisis. When an individual, however, continues to rely on avoidance coping, the crisis or its consequences cannot be confronted directly and psychological dysfunction results.

Exploration of coping responses as mediating links between predictive factors such as social and family support and health-related outcomes would be extremely valuable. Matthews (1982) has suggested that the link between Type A behavior pattern and heart disease is anticipated by a tendency toward denial of physical symptoms in such individuals.

Future research might examine the influence of coping on types of predictive factors such as environmental contexts, family support, work stress, etc. Although it is unlikely that coping responses would affect sociodemographic or personality factors, it is likely that contextual issues may be affected. There is a possibility that coping may have an effect on social resources, particularly in areas where depression and loneliness are factors. It is possible that loneliness is the result of the breakdown in social resources which may result from poor social skills and interpersonal problem solving (Holohan & Moos, 1987b; Horowitz, French, & Anderson, 1982; Jones, 1982),

Identification of psychological mechanisms through which personality

characteristics affect coping is a continuing area of inquiry for many researchers. Recently, cognitively based theories of adjustment suggest potential mediating constructs (including commitments, beliefs and perceived self-efficacy) that could conceptually link personality and coping. Lazarus and Folkman (1984) have discussed an individual's commitments and beliefs as person-based characteristics that influence appraisal and subsequent coping behavior. Bandura (1977, 1982) has proposed that an individual's sense of self-efficacy determines if coping behavior will be initiated and continued, as well as how much effort will be extended in the general area of coping response.

### Childhood Experiences and the Family of Origin

The importance of early learning is highlighted in Swink and Leveille's 1986 article, "From Victim to Survivor: A New Look at the Issues and Recovery Process for Adult Incest Survivors." They note the impact of childhood experience on basic skills as well as emotional maturation. In particular, Swink and Leveille emphasized the effect of experiences of incest upon decision making, parenting skills, communication skills and general ability to care for oneself and others. Jacob (1987) reviewed over 50 studies conducted within the preceding twenty years and found that the common elements of family patterns consisted of

dominance, conflict resolution, expression of affect within the family and communication patterns within the family.

Bowen (1978), Framo (1976), Boszormenyi-Nagy and Spark (1973) and Whitaker and Keith (1981) have developed strategies for family intervention which emphasize intergenerational influences. Williamson (1978) believed that relatively few individuals are aware of how they continue to be influenced and their behavior unconsciously controlled by the unachieved goals and unresolved problems of the generations of ancestors that have preceded them. Parents and grandparents form the nucleus of the family of origin according to Bowen (1978). He warned family practitioners to continually assess the deep and pervasive influence of the family of origin upon current family functioning. Bowen noted that patterns of interaction of the family of origin are often reflected and sustained by in other relationships especially those between marital partners.

A number of authors have discussed the importance for closeness and separation between parent and child and, also, self and other (Bowen, 1978; Erikson, 1963; Framo, 1976; Hamilton, 1990; Kegan, 1982; Kohut, 1983; Satir, 1976). Erikson's theory of development lists developmental tasks in the order of trust, autonomy, identity and intimacy. Gilligan (1982) and Jordan, Kaplan, Miller, Stiver, and Surrey (1991) focus on women's growth in connection and

note that autonomy is not necessary nor appropriate in order for trust, identity or intimacy to take place within the emotional growth cycle American women share. All the aforementioned authors agree, however, that healthy boundaries (which may or may not include areas of connection) are necessary for the development of effective patterns of communication, conflict resolution, decoding and encoding affect and mutual interaction within the sphere of influence of the individual.

### The Family of Origin Scale

A scale which measures the perceived level of health of an individual's family of origin was developed by Hovestadt et al. (1985). This forty item questionnaire was based upon the work of Lewis, Beavers, Gossett, and Phillips (1976) who studied healthy functioning families and theorized five aspects of family life were essential for the development of capable, adaptable individuals who, in turn, create healthy family functioning. These areas are: power structure, family individuation, acceptance of separation and loss, perception of reality, and affect.

The Family of Origin Scale (Hovestadt et al., 1985) differentiates scores into three ranges of high, medium-range and low scores. These have been

thought to parallel healthy, mid-range and dysfunctional family patterns within the family of origin. Although the Family of Origin Scale appears to be a reliable instrument, since the information regarding the family of origin is gleaned from self-report, it is subject to the possibility of participant distortion of perception and denial which may take place over the lifetime. It is, however, the only instrument which explicitly addresses areas of emotion, individuation, reality testing, power balance, and most important to this study, issues of loss and separation (Hovestadt et al., 1985).

### The Current Study

It appears that in some way the ability to cope with loss and grief is an integral part of the psychological profile of the foster parent and bears investigation.

Little research has been done on the foster experience from the perspective of physical or emotional stress placed on the parents and natural children of foster families. Serial losses and grieving appear to be an integral part of fostering for both successful and unsuccessful placements of foster children.

In light of the above information, it appears that investigation of the characteristics of foster parents, especially those that pertain to the emotional or

psychological demands of fostering, is needed. This study has attempted to address these issues.

## **CHAPTER III**

### **DESIGN AND METHODOLOGY**

#### **Design of the Study**

##### **Sample and Data Collection**

Survey questionnaires were mailed to a random sample of 500 currently licensed foster parents whose name appeared on the July 1991 updated listing of licensed foster homes which were currently in open or valid licensing status from the State of Michigan Department of Licensing and Regulation. This listing of foster parents was chosen because it contained all public and private agency homes which hold a currently valid license as foster parents from the State of Michigan. Two hundred and eighteen survey questionnaires were returned.

Two hundred and eight questionnaires (95% of the responses) designated specific agency affiliation, that is, the agency which processed their licensure as foster parents and placed children in their home. Those licensed through a Department of Social Services Agency comprised 48% of the responses or 101 questionnaires. Those licensed through private agencies constituted the next



largest category of 38.1% of the responses or 83 questionnaires (Table 1).

Community Mental Health agency foster parents comprised 6.3% of the sample or 13 questionnaires. Those licensed through the Juvenile or Probate Courts of the State of Michigan represented the smallest number of respondents, 5% of the sample or 11 questionnaires. Of the 218 respondents, 73.4% were foster mothers, 22.5% were foster fathers and 4.2% did not indicate gender.

Table 1 summarizes demographic data for respondents.

### **Instrumentation**

The instrumentation used in this study to test hypotheses one, two, nine, ten and eleven consisted of self-report ratings on the Coping Responses Inventory (CRI) (Moos, 1988). This inventory instrument consists of a questionnaire which asks the individual to think about the most important problem or stressful situation they have experienced during the last twelve months. Examples, such as having troubles with a relative or friend, experiencing the illness or death of a relative or friend, having an accident or illness, having financial or work problems, are provided. The inventory then asks the respondent to describe the problem in a three line space provided. If the individual completing the survey has not experienced a major problem within the

**Table 1**  
**Characteristics of Foster Parents by Agency**

Reported Characteristics				
Agency	Sex	No. of Cases	Median Age	Median Income
Dept. of Social Services	F	76	41	\$26,000-29,000
	M	20	45	\$26,000-29,000
	Total	<u>96</u>	44	\$21,000-25,000
Community Mental Health	F	8	44	\$40,000 and over
	M	3	62.5	\$9,000-12,000
	Total	<u>11</u>	50	\$26,000-29,999
Private Agencies	F	63	43	\$26,000-29,999
	M	3	30	\$23,000-27,000
	Total	<u>66</u>	43	\$26,000-29,000
Juvenile & Probate Court	F	7	41	\$26,000-29,000
	M	--	--	-----
	Total	<u>7</u>	41	\$28,000.

Table 1 (continued)

Reported Characteristics				
Agency	Sex	No. of Cases	Median Age	Median Income
Did not report agency	F	8	47	\$35,000 and over
	M	2	44	\$35,000 and over
	Total	10	47	\$35,000 and over
Total Population	F	161	43	\$30,000-39,999
	M	49	46	\$26,000-29,999
	?	8		
	Total	218	44.5	\$26,000-29,999

past year, instructions request that a minor problem which occurred during that time is listed (Moos, 1988). The CRI (Moos, 1988) continues by asking ten questions about the problem itself and forty-eight questions about the manner in which the individual handled the problem.

The CRI (Moos, 1988) is composed of eight dimensions, each of which is measured by six items. Respondents select a recent stressor (as illustrated above) and rate their reliance on each of the 48 coping items on four-point scales from "not at all" (0) to "fairly often" (3). Results are scored and placed into standardized scales which denote four positive coping responses: logical analysis, positive reappraisal without cognitive distortion, seeking guidance and support from others, and taking problem-solving action; and, four negative coping responses: cognitive avoidance, acceptance resignation, seeking alternative rewards, and emotional discharge. The first two subscales in each domain reflect cognitive coping strategies; the second two subscales in each domain reflect behavioral coping strategies. The eight subscales show internal consistencies that range from .61 to .74 and are moderately positively intercorrelated (average  $r=.29$ ). These two domains and eight dimensions represent common types of coping and are organized in a way that integrates both the focus and the method of coping (See Appendix A).

### Approach Coping Indices

Logical Analysis ( $\alpha=.64$ ) measures cognitive attempts to understand a stressor and its consequences, for example: "I tried to anticipate how things

might turn out"© (Moos, 1988, page A4). Positive Reappraisal ( $\alpha=.74$ ) assesses cognitive attempts to construe and restructure a problem in a positive way: "I reminded myself how much worse things could be"© (Moos, 1988, page A3). Seeking Guidance/Support ( $\alpha=.62$ ) measures behavioral attempts to seek information, guidance or support: "I talked with a friend about the problem"© (Moos, 1988, page A3). Taking Problem Solving Action ( $\alpha=.66$ ) measures behavioral attempts to take action to deal directly with the problem: "I made a plan of action and followed it"© (Moos, 1988, page A3).

### Avoidance Coping Indices

Cognitive Avoidance ( $\alpha=.72$ ) assesses cognitive attempts to avoid thinking realistically about a problem: "I tried to forget the whole thing"© (Moos 1988, page A3). Resigned Acceptance ( $\alpha=.62$ ) assesses cognitive attempts to react to the problem by accepting it: "I accepted it; nothing could be done"© (Moos, 1988, page A4). Alternative Rewards ( $\alpha=.71$ ) measures behavioral attempts to get involved in substitute activities and create new sources of gratification: "I turned to work or other activity to help me manage things"© (Moos, 1988, page A5). Emotional Discharge ( $\alpha=.61$ ) measures behavioral attempts to reduce tension by expressing negative feelings: "I yelled or shouted to let off steam"©

(Moos, 1988, page A4).

### General Characteristics of the Coping Responses Inventory

The CRI (Moos, 1988) has been standardized on a large segment of population and used to study family stress among specialized populations such as families where one spouse is depressed, families where one spouse is alcoholic, and coping and functioning among community groups (Billings & Moos, 1981, 1984; Holahan & Moos, 1986, 1987b; Moos, Brennan, Fondacaro, & Moos, 1990).

Results of the above studies show that greater reliance on avoidance coping was associated with more depression, anxiety and physical symptoms among both men and women. Among women, cognitive approach coping was associated with better outcome on all other positive coping indices. A higher proportional reliance on problem-focused rather than emotion-focused coping for one spouse was related to less frequent depression among both members of a marital dyad. Avoidance coping was determined to be a risk factor for nonremission of depression (Mitchell et al., 1983).

It was also determined that avoidance coping may be more situationally determined among women but reflect poor functioning among men (Cronkite &

Moos, 1984).

### The Family of Origin Scale

Hypotheses eleven was tested using The Family of Origin Scale (FOS) (Hovestadt et al., 1985). This instrument is a forty item questionnaire with a five-point Likert-type scale which asks the individual to respond to statements regarding the individual's family of origin. Directions include:

The family of origin is the family with which you spent most or all of your childhood years. This scale is designed to help you recall how your family of origin functioned.

Each family is unique and has its own ways of doing things. Thus, there are no right or wrong choices in this scale. What is important is that you respond as honestly as you can.

In reading the following statements, apply them to you family of origin as you remember it. Using the following scale, place an X in the appropriate box for each question. Please respond to each statement. (Hovestadt et al., 1985, p. 290)

The FOS key directs the individual to place an X in one of five boxes which are directly beneath the following descriptions: "Strongly Agree," "Agree," "Neutral," "Disagree," and "Strongly Disagree." Statements are phrased in both a positive and negative manner. Total scores on the Family of Origin Scale range from 40 to 200 with the higher score denoting the more functional, independent or positive manner in which individual respondents perceived the functioning of

their family-of-origin.

Items for the FOS were developed on ten constructs of family health based on the work of Lewis et al. (1976). Hovestadt et al. (1985) obtained a test-retest reliability coefficient of .97 ( $p < .001$ ) for a two week interval testing graduate students and a Cronbach's (1951) alpha of .75 and a Standardized Item alpha of .97 were obtained in a independent study of undergraduate students.

Lee, Gordon, and O'Dell (1989) criticized the ten constructs of the FOS noting that the measures of family health were not unique and proposed that there was overlap and strong correlation between all constructs. They postulated that the FOS measured one meaningful construct which was obtained by summing all responses, or scales. Gavin and Wamboldt (1992) tested Lee's et al. theory using factor analysis and correlation. Comparing The Family Environment Scale (Moos & Moos, 1986); the Interaction Index: Associational Solidarity Between Parents and Children (Bengston & Schrader, 1982); the Positive Affect Index: Subjective Solidarity Between Parents and Children (Bengston & Schrader, 1982); and, The Dyadic Adjustment Scale (Spanier, 1976) with the FOS, Gavin and Wamboldt found that the one construct captured by the FOS was a valuable measure of one facet of relational experience--that of the individual's satisfaction with and their general affective comfort toward their



families-of-origin.

Gavin and Wamboldt (1992) derived a shorter version of the FOS which measured this construct with a Cronbach's alpha of .91. They note that both the full FOS and their shortened version demonstrate excellent internal consistency and thus are reliable measures. Gavin and Wamboldt noted that the FOS correlates highly with other past and current measures of individuals and their family-of-origin interconnectedness and social bonds between parents and their adult-children. The FOS also correlated quite weakly with measures of satisfaction with current premarital relationship and/or amount of organization in the family-of-origin.

The summary score for all items on the FOS, producing one robust construct, was used in this study.

### Procedure

A survey packet was prepared which included a demographics questionnaire, inquiries regarding aspects of loss and grief, the Family of Origin Scale (Hovestadt et al., 1985), and the CRI (Moos, 1988). The packet was sent to 500 individuals chosen at random from the State of Michigan listing of foster parents who held currently valid licenses. Response was asked from one

caretaker adult in the household in whose name the foster parent license is listed.

A letter stating the general purpose of this study (to discover more about foster parents) and acknowledging the anonymous nature of this survey was included with the survey. Voluntary participation in this study was sought. A stamped pre-addressed envelope was provided to facilitate survey response.

Five hundred survey questionnaires were mailed in July 1991. Two hundred and eighteen responses were received in a three month period. Four categories of agency affiliation were determined from the survey responses although many of the results were combined for all agencies other than the Department of Social Services, since there were often too few cases to satisfy the criteria for certain statistical analysis. No subsequent contact was made with the original survey sample.

Three months from initial mailing date of the questionnaire, survey results were tabulated and analyzed.

### Data Analysis

Several procedures were used to analyze the data. First, descriptive statistics (e.g., frequency counts, percentages, means, and medians as appropriate to the response format) were calculated for each survey item, the appropriately

summed and weighted scales of the CRI (Moos, 1988) and the summed value of the Family of Origin Scale. Then, chi-square analyses (as appropriate for the response format) were conducted to explore differences within the various subgroups. These analysis were often completed with groups of low frequency, such as community mental health and juvenile/probate court agencies, collapsed due to cells of no data and "other" responses dropped. An experimentwise alpha level of .05 was set for each series of chi-square analyses. Where indicated, a Pearson product-moment correlation coefficient, one and two-tailed *t*-tests of significance for independent samples of the mean, and one or two-way analysis of variance were utilized with Tukey's HSD used for follow-up multiple comparisons. An experimentwise error of  $p < .05$  was set.

Some survey respondents did not answer each item. When this occurred, specific weighting procedures were used for the CRI (Moos, 1988) according to standard practice as described in the Coping Responses Inventory Manual (Moos, 1988). The Family of Origin Scale was scored only if each item was completed. For other survey categories, all remaining information was included in survey categories. There seemed to be no reason to eliminate data from surveys which were not totally complete. Most incomplete items consisted of lack of response to the standardized instruments rather than the demographic

**survey questions.**

## CHAPTER IV

### RESULTS

The results section is organized into sections which reflect the demographic and informational nature of this survey of foster parents. Sections are subdivided in order to explicate the subject at hand.

First of all, the total survey sample characteristics are described. Secondly, any significant subpopulations are described and information regarding interactions is reported. When appropriate, comparisons are made between survey results and the general population using national and regional statistical information when available. Subheadings are provided for the demographic data in order to promote understanding and integration of the quantity of information reported. The table of contents contains all first, second and third degree headings.

Inferential statistics are provided for all areas of hypothesis testing and, also, are referenced in sections describing the demography of this foster parent sample. While quite unusual, this statistical information is provided for the utility of those concerned with foster parenting since this is the first demographic

data available on foster parents in the State of Michigan.

### All Survey Participants

#### Agencies Participating

Five hundred survey questionnaires were mailed in July 1991. Two hundred and eighteen responses were received in a three month period. Four agency categories were determined from the responses although many of the results were combined for all agencies other than the Department of Social Services, since there were often too few cases to conduct certain statistical analysis.

Two hundred and eight questionnaires (95% of the responses) designated specific agencies which processed their licensure as foster parents and placed children in their home. Those licensed through a Department of Social Services Agency comprised 48% of the responses or 101 questionnaires. Those licensed through private agencies constituted the next largest category of 38.1% of the responses or 83 questionnaires (Table 1). Community Mental Health agency foster parents comprised 6.3% of the sample or 13 questionnaires. Those licensed through the Juvenile or Probate Courts of the State of Michigan represented the smallest number of respondents, 5% of the sample or 11 questionnaires.

Of the 218 respondents, 73.4% were foster mothers, 22.5% were foster fathers and 4.2% did not indicate gender. This compares to United States 1990 Census Data which reports that the Midwest is composed of 52% female and 48% male distribution of adults. The 1990 Census also states that in the United States 67.4% of the households are headed by males and 32.6% of households are headed by females.

#### Age and Racial/Cultural Identification

Only 41.7% of survey respondents reported their ages, which ranged from 25 to 78 with the average age and the most reported age (mean and median) falling at 44.4 years. Race or cultural identification was specified by survey respondents: 74.8% or 163 of the respondents indicated that they were White; 16.5% or 36 of the respondents stated that they were Black; 3.2% or 7 respondents declared that they were Native American; 0.5% or 1 respondent identified themselves as Hispanic; 0.5% or 1 survey respondent stated that they were Oriental/ American; 0.9% or 2 respondents declared "other" as their racial or cultural identification. Those individuals both specified "American." Respondents who did not report racial or cultural identification comprised 3.7% of the survey respondents.

According to Bennett (1991), African Americans (also known as Blacks) comprise 22% of the population in the Midwest, 8% of the Midwest population is of Hispanic origin and 24% is of Native American ancestry. In addition, 19.6% of the households (at minimum one parent and one child) in the Midwest are Black and 7.3% Hispanic.

### Marital Status

The sample consisted of 20% single foster parents, 5% of whom had never been married, 5% of whom were divorced, 5% of whom were widowed, 3% of whom were separated from their spouse and 3% of whom were "other" including same sex householders. Married couples comprised 76.6% of the sample. The marital history of survey respondents included: 65.6% married once; 20.6% married twice; 3.7% married three times; 0.9% or 2 individuals reported being married 5 times; 0.5% or one individual reported being married 6 times and 0.9% or 2 individuals reported being married 8 times.

In 1989, according Saluter (1990), 14.9% of householders (individuals who care for one or more children in their home) in the United States were single, never married individuals; 56.1% of all householders were married individuals; 12.7% of all householders were widowed and 11.8% of all householders were



divorced.

### **Religious Preference**

Religious preference was calculated as Catholic 17%, Protestant 60.1%, Other 14.7% (Suni--an Islamic sect, Islamic, Jehovah Witness, and New Age were specified for 5% of the "other" category), none 3.7% with 4.7% of the population not reporting. A category for Jewish was provided; no responses were received.

It should be noted that 24% of individuals who denoted the religious affiliation of Catholic also stated that they did not attend church. Fourteen percent of foster parents who stated that they were Protestant also responded that they did not attend church. Ten percent of individuals who denoted that they are affiliated with "other" religions also stated that they did not attend church.

The United States Bureau of the Census (1991c, table no. 77) reported in 1989, that 59% of adults in the United States claimed church membership. Of those individuals, 38% reported affiliation with the Catholic Church, 55% reported membership in a Protestant Church, 4% reported that they were members of Jewish Synagogues and 3% stated other religious or church memberships.

Table 2  
Estimates of Church Congregation Size

Denomination	Church Congregation Size				
	less than 50	51-100	101-150	151+	do not attend
Catholic	--	--	3	24	9
Protestant	13	21	16	62	16
Other	1	2	10	11	3
Do not attend	--	1	--	--	6
Total	14	24	29	97	33

Foster parents were also asked to estimate their church congregation size (Table 2). In general, the bulk of church goers belonged to churches whose congregation ranged from 151 members upward. None of the individuals who identified themselves as Catholic belonged to congregations under the size of 100. Twenty six percent of Protestants, however, stated that they regularly worshiped

at or, similarly, belonged to congregations under the size of 100.

### **Educational Attainment**

With 96.7% of the survey participants giving information about their educational achievement, the average number of years of education completed was 13.43. It was 13.31 for those designating themselves as Black and 13.7 for those designating themselves as White. Ten percent of the total number of survey respondents had not completed high school, 26.1% stated that they had received a high school diploma, 41.3% had completed between 1 and 3 years of college, 8.7% had received bachelor degrees while 10.6% reported between 1 and 6 years of graduate work (Table 1).

In 1989, 28.4% of the adult population in the Midwest had not completed high school according to the U. S. Bureau of the Census (Kominski, 1991). In the entire United States, that figure was placed at 23.1% for the same year [1989] and, in addition, 17.5% of White adults had completed 1 to 3 years of college while 16.3% of Black adults had also done so. Of White adults, 17.8% had completed 4 or more years of college while 9.7% of Black adults had achieved a Bachelors Degree and/or graduate school. The percent of total population in the Midwest that has completed four years of college is 17.3 (United States Bureau of

the Census, 1991a, tables no. 226-227).

### Occupation of Survey Respondent

Nearly thirteen percent of survey respondents did not report their occupation or stated "none" in reply to a question which asked them to describe their current job or type of employment. Homemaker and foster mother was the largest category of response and accounted for 32% of the survey sample. Professions, such as engineer, psychologist, minister, accountant, magazine publisher and administrator accounted for 28% of the survey respondents. The helping professions which included all levels of nursing, social work, and teaching accounted for over 10% of the survey respondents. The next largest category were service professions such as secretary/clerk, waitress, or restaurant worker. Five percent of the survey respondents were retired while two percent reported that they were disabled. Only one percent reported that they were solely engaged in farming or agriculture while 0.1% reported being employed in a factory (See Table 3).

### Family Income

The average income level for the 91.74% of survey participants who

Table 3

## Reported Occupations for Michigan Foster Parents

Category	Occupation	Percent of Reported Occupations
<b>HOMEMAKER/ FOSTER MOTHER</b>	Homemaker	22%
	Foster Mother	10%
<b>PROFESSIONAL/ MANAGERIAL</b>	Administrator	12%
	Engineer	6%
	Minister	3%
	Self Employed	3%
	Attorney	2%
	Real Estate	1%
	Psychologist	0.5%
	Accountant	0.5%
<b>HELPING PROFESSIONS</b>	Teacher	4%
	Nurse	3%
	Medical Assistant	1%
	Dental Hygienist	0.5%

Table 3--continued

Category	Occupation	Percent of Reported Occupations
SERVICE	Department Store	12%
	Restaurant	5%
	Secretary/Clerk	5%
SKILLED TRADE	Pipefitter	0.5%
	Welder	0.5%
OTHER	Farming	1%
	Art/Writing	0.5%
	Factory Line Worker	0.1%
NOT EMPLOYED	Retired	5%
	Disabled	2%
	Student	2%

responded to this category was \$21,000.00 to \$25,999.00. This compares to the average personal income in Michigan for 1989 of \$24,853.00. During 1990, the

median income for families in the North and West area of the United States was \$21,987.00 and the mean income was \$28,652.00 (U. S. Bureau of the Census, 1991a, p.3).

Ten percent of foster parent respondents reported a family income excluding foster care payments of less than \$5,000.00. This compares with 1.1% of the population of the United States and less than 1% of the population of Michigan whose household income is under \$5,000.00 (Bennett,1991, p.97; United States Bureau of the Census, 1991a, pp. 3, 87; 1991c, p. 5). Seventeen percent reported earning between \$5,000.00 and \$16,999.00. Twenty seven percent earned between \$17,000.00 and \$25,999.00; 18% earned between \$26,000.00 and \$29,999.00; 22% reported earnings over \$30,000.00. and 8.3% did not respond to this question (Table 1).

Foster parents who reported less than \$5,000.00 in income broke down by agency as follows: No agency designated, 2; Department of Social Services, 10; Community Mental Health, 2; Private Agencies, 7; and, Juvenile/Probate Court, 0.

#### Characteristics of Children Fostered

More individuals had fostered children of elementary school age (62.4%)

than any other age. Other categories were calculated at infants, 48.6%; preschool age, 54.6%; Junior High School aged children, 54.1%; and high school aged children, 49.1%.

Neglected children had been fostered by 81.2% of respondents; 71.1% reported having fostered abused children; 62.4% stated that they had fostered children who had experienced sexual abuse; 57.8% reported having fostered children considered emotionally disturbed; 33.9% stated that they had fostered mentally impaired children and 25.7% stated that they had fostered children who were adjudicated delinquent. Foster children considered medically fragile had been cared for in the home of 23.9% foster parents; 20.6% had fostered physically handicapped children.

#### Number of Foster Children for Whom the Home is Licensed

Homes in the State of Michigan may be licensed to care for from one to six foster children simultaneously. Nine percent or 20 foster parents were licensed to care for one foster child; 30.7% or 67 were licensed to care for two foster children; 18.3% or 67 were licensed to care for three foster children; 24.8% or 54 were licensed to care for four foster children in their home; 2.8% or 6 had a license to care for five foster children and 6.4% of the survey respondents were



licensed to care for six foster children in their home.

#### Length of Time Individuals Have Fostered and Total Number of Children Fostered

Foster parents responding to the survey had been licensed to care for foster children from 3.6 months to 42 years. The average was 6.68 years with the median falling at 4.46 years. The total number of children fostered ranged from 1 to 603. The average was 29.6 with the median calculated at 7.5. Male foster children were currently placed in 54% of survey respondents homes while 41% had female foster children in their home at the time the survey was completed.

#### Hours and Subjects of Training

Table 4 illustrates the subjects of training reported by the survey respondents. It should be noted that 98% of the survey respondents indicated the areas in which they had received training, although only 68% of foster parents reported the approximate number of hours they had attended training sessions. Table 4 reports the percentage of population that reported training in each subject area.

Self report of training hours ranged from 1 to 811. The average number of training hours was of 98.32 with 18% of foster parents who reported this

**Table 4**  
**Categories and Subjects of Training Reported**  
**by Foster Parents**

Percent of Agency Receiving Training				
Training Subjects	Dept. of Social Services	Community Mental Health	Private Agencies	Juvenile/ Probate Court
Requirements	82%	62%	86%	91%
Court System	66%	46%	65%	64%
Characteristics of Foster Child	66%	54%	78%	82%
Handling Difficult Bhv'r	76%	54%	75%	82%
Sexual Abuse	70%	31%	69%	82%
Infant Care	41%	8%	37%	9%
Loss and Grief	50%	39%	59%	63%
Lying and Cheating	55%	31%	56%	82%

Table 4--continued

Training Subjects	Percent of Agency Receiving Training			
	Dept. of Social Services	Community Mental Health	Private Agency	Juvenile Probate Court
Attachment and Separation	61%	46%	71%	82%
Working with F.C.'s Parents	85%	46%	69%	91%
Adoption	48%	31%	59%	9%
Discipline	32%	46%	27%	9%
AIDS	28%	39%	47%	27%
Drug Dependent Infants	32%	15%	37%	0
School Problems	36%	23%	40%	55%
First Aid	41%	54%	47%	46%
Medical Needs of Special Children	19%	62%	39%	27%

Table 4--continued

Training Subjects	Percent of Agency Receiving Training			
	Dept. of Social Services	Community Mental Health	Private Agencies	Juvenile/ Probate Court
Fostering Teens	41%	31%	46%	73%
Stress Management	44%	54%	53%	73%
Working with the C.W. System	42%	23%	40%	64%
Coping Responses-F.C. Leaving	41%	31%	51%	46%
Handling Visits	45%	31%	53%	64%
Mentally Deficient Children	17%	54%	31%	0
Delayed Development/Providing Stimulation	29%	46%	41%	35%
Other	17%	23%	21%	27%
Emotionally Disturbed Children	34%	39%	44%	36%

category claiming under 24 hours of training. These foster parents with less than 24 hours reported being licensed for an average of 5.67 years and having 19.87 children placed in their home during that time. None of these individuals were licensed through the Probate/Juvenile Court. Thirty-five percent were licensed through the Department of Social Services and 45% were licensed through private agencies. Fifteen percent were licensed through Community Mental Health agencies and the remainder did not specify agency.

The specific categories of training ranged from a high of 83.5% who stated that they had been trained about the requirements for becoming licensed as a foster parent to a low of 22.9% who received training in working with mentally deficient children. In addition, 18.8% of survey respondents stated that they had received training other than listed on the questionnaire and specified areas of self-esteem, stimulating developmental delay in toddlers, nursing skills and traditional educational training programs in social work, counseling and nursing. See Table 4 for complete results.

#### Amount of Notice Given to Foster Home of Last Foster Child's Leaving

When queried about the circumstances surrounding the last foster child to leave their home, respondents reported that 10.6% had received no advance

notice of that event; 7.3% received less than one day's notice; 13.3% received less than one week's notice while 9.2% received less than two weeks notice; 28.9% reported having 2 weeks to 1 month notice of their foster child leaving; 5% were told of the time frame for leaving at the time of placement and 4.6% reported knowing of the time their foster child would be leaving before they agreed to take placement. Five percent asked for the removal of their foster child and 16% did not reply to this question.

#### Working With the Parents of Foster Children

Generally working with the parents of foster children was reported by 64.4% of survey respondents while 33.7% stated that they did not work with the parents or caretakers of foster children. Two percent of respondents did not reply to this question. Keeping contact with foster children who had left their home most or all of the time was reported by 40.8% of survey respondents while 30.3% stated that they sometimes contacted their former foster children and 17% seldom or never remained in contact with foster children once they were placed elsewhere. Eleven percent of survey participants did not respond to this question.

**Foster Parents' Report of Emotions Surrounding  
Foster Children Leaving Their Home**

Foster parents were asked to respond to the following question, "When foster children leave I feel: . . ." A list of adjectives that denote different emotions or feeling states were provided. Survey respondents rated the frequency of these emotions occurring using a Likert scale which ranged from one to five with one being "All of the time," two being "Most of the time," three being "Sometimes," four being "Seldom," and five being "Never." Survey results are shown in Table 5.

Foster parents answered the question, "When foster children leave I feel:" by stating that 34.3% felt anger at least some of the time; 92.3% felt sadness at least some of the time; 59% experienced relief at least some of the time with 7.7% reporting relief all or most of the time when foster children leave. Shock was experienced by 12.5% at least some of the time upon foster children leaving while 24.2% reported experiencing disbelief; 55.9% experiencing joy; 43.5% feeling pity; 20.9% experiencing guilt; 9.1% feeling panic; 28.4% noting irritation and 68.7% stated that they felt happy upon the departure of their foster child. It should be noted that many of the 68.7% of foster parents who felt happy upon the departure of the foster child placed "for the child" in parentheses next to the

Table 5  
Frequency of Emotions Felt by Foster Parents  
When a Foster Child Leaves Their Home

Percent of responses						
Item	All of the time	Most of the time	Some of the time	Seldom	Never	N
Anger	2	3	30	30	35	178
Sadness	19	32	41	4	4	194
Relief	2	5	51	25	16	183
Fear	2	5	33	23	37	177
Shock	1	0.5	11	23	65	176
Disbelief	0.6	3	21	20	56	178
Joy	3	13	39	16	28	179
Pity	0	5	36	18	38	177
Guilt	2	2	17	21	58	182
Panic	0	1	8	15	75	175
Irritation	0.5	5	22	23	49	176
Happy	8	19	42	15	17	179



question (Table 5).

The average score of foster parents when responses to all questions regarding feelings when foster children leave were added together was 50.37. It should be noted that the Likert scale was fashioned so that the lower the score the more often the individual reported experiencing the feelings described in the survey. Possible scores range from twelve to sixty, with the lowest score indicating that the individual experienced the emotions listed all of the time when foster children leave, and the highest score, signifying that the individual never felt the any of the emotions listed when foster children leave their home.

#### **Satisfaction With Foster Parenting**

The role of a foster parent was rated as being very satisfying by 53.7% of survey respondents while 31.2% agreed that foster parenting was usually satisfying and 7.8% stated that foster parenting was somewhat satisfying. Six percent rated foster parenting not usually or never satisfying. Five percent of foster parents did not respond to this question.

#### **Reported Reasons for Beginning and Continuing to Foster**

The foster parents were asked to select the most salient reasons for

starting and continuing to foster in their home. The results of this survey are found in Table 6. The majority of responses in both categories was to help children in need. While helping children in need was the reason for 64.2% of survey respondents continuing to foster, six percent noted that they were seriously thinking about not taking future placements. Several of these respondents communicated that health problems were the reason for this decision and four respondents stated that their experience of the licensing agency as unresponsive to their needs had precipitated this decision. One respondent (0.5% of the sample) noted that the money that fostering added to the household was the primary impetus for continuing to foster.

Caring for a special child was cited by 19.7% of survey respondents as the reason for obtaining their original license to foster and 9.6% had become licensed as foster parents in order to adopt. Occupying their time was cited by 5% of foster parents as the original reason they sought licensure as a foster parent. Fostering a relative was noted by 3.2% of survey respondents while pleasing their mate was the reason that 2.3% sought original licensure. The overwhelming reason cited for originally becoming licensed was to help a child in need, which was chosen 50.9% of the time as the original reason for deciding to participate in the foster parenting program. 6.4% did not respond to this item on the survey

Table 6

## Reasons Foster Parents Originally Sought Licensure

	Percent of Responses			
	Department of Social Services	Community Mental Health	Private Agencies	Juvenile/ Probate Court
To foster a special child	17%	42%	21%	50%
To occupy my time	3	17	5	0
To help a child in need	55	25	50	38
To please my mate	2	0	2	13
To keep my child- ren company	0	0	0	0
To lead to adoption	13	0	10	0
Religious Conviction	3	0	4	0
Other:	5	2	9	0
	---	---	---	---
TOTAL CASES	98	12	82	8

(Table 6).

Having lived in a foster home as a child was reported by 6.4% of the foster parents surveyed. Five per cent of the survey respondents (or 78% of those who reported living in a foster home as a child) stated that they had been placed by the court. Several survey respondents indicated that they were birth children of foster parents. These individuals were not included in the categories above.

#### Where Foster Parents Originally Learned About Fostering

When foster parents were asked how they found out about fostering they noted 28% of the time that a friend originally alerted them to the practice of fostering children. A relative was responsible for telling 13.8% about fostering while 10.6% cited the newspaper, 8.3% found out from their church, and 4.1% answered that they learned about fostering at work. Other sources included: television, 3.7%; their children, 2.8%; radio, 0.9% and the fact that the respondent was a foster child in their youth, 0.5%. These data are reported in Table 7.

#### Descriptions of Family of Origin

Survey respondents were asked the open ended question, "I was primarily

**Table 7**  
**Reported Coping Responses of Foster Parents**  
**When a Foster Child Leaves Their Home**

Percent of responses						
Item	All of the time	Most of the time	Some of the time	Seldom	Never	N
Not taking a new foster child for a period of time	1.8%	13%	13%	23%	54%	174
Asking for another placement right away	20	19%	12%	18%	31%	181
Not getting too close to the next foster child so it won't hurt	67%	20%	8%	4%	2%	183
Start to pull away emot- ionally when it is about time for them to leave	1%	8%	20%	20%	52%	184
Deny my feelings and feel numb so it won't hurt so much	62%	23%	9%	7%	3%	184
Share my feelings with others/similar exper.	20%	29%	31%	7%	13%	189

Table 7--continued

Item	Percent of responses					N
	All of the time	Most of the time	Some of the time	Seldom	Never	
Cry alone	55%	25%	15%	5%	5%	184
Become closer to another family member or foster child	2%	10%	31%	25%	31%	181
Take my feelings out on others	58%	27%	14%	1%	0	182
Remember the positive changes and good times with the foster child	51%	43%	8%	0	4%	192
Love completely and know it will hurt when the foster child leaves	44%	38%	11%	1%	6%	189

raised by my (please specify relationship--example: father and his mother, etc.." The majority of the foster parents responded that they were raised by their mother and father (72%), with 11% reporting being raised by their mother, 4% being

raised by mother and stepfather, 3% stating that they raised by their mother and another relative, 1% reporting they were raised by their grandparents, 1% being raised by their grandmother only, 0.5% being raised by their father only, 0.5% being raised by their step mother, 1% stating that they were raised in foster care, 1% stating that they were raised by themselves and 5% not responding to this question.

All survey respondents had at least one brother or sister; 49.2% had one or more older brothers, 45.9% reported one or more older sisters while 50% stated that they had one or more younger brothers and 51.4% had one or more younger sisters.

When queried about their parents, 29.4% of survey respondents stated that their father abused alcohol; 17.4% noted that their father was emotionally abusive to his partner while 12.4% stated that their father was physically violent to his partner. Nearly 4% reported that their father had been treated for mental health problems and 2.8% stated that their father had abused drugs.

Twelve percent of respondents described their mother as being emotionally abusive to her partner while 7.8% noted mental health problems; 6.4% reported their mother abused alcohol; 3.7% noted that their mother exhibited violence toward her partner and 2.8% stated that their mother abused drugs.

According to the National Institute on Alcohol and Drug Education (NCADE)(1992), 18% of current adult Americans lived with an alcoholic parent or

caretaker while growing up (1992). This is well below the report of foster parents that 35.8% of their parents abused alcohol. When this figure was adjusted for homes where both parents abused alcohol, it was found that 32% of foster parents were raised in homes where at least one parent abused alcohol.

### Descriptions of Childhood

Foster parents described their childhood as happy 37.2% of the time, mostly happy 34.4% of the time, sometimes happy 16.1% of the time and rarely happy 7.8% of the time.

Twenty six percent of foster parents who responded to this survey reported some sort of violence had taken place in their childhood. When describing specific childhood experiences, 23.9% of survey respondents stated that they had experienced emotional abuse, 11% felt that they were physically abused as a child while 10.6% noted neglect in childhood. Rates of child abuse and neglect compiled by the American Humane Association for the East North Central region of the United States for years prior to 1980, show that child abuse and neglect was reported to occur in 2.5% of families, although it is generally accepted that this issue has been underreported during that period (United States Department of Justice, 1989, table no. 306). Straus, Gelles, and Steinmetz (1981) found in their 1981 national survey



that physical violence was reported between members of the couple in 17% of the Midwest households surveyed. They further divided this figure into 7% both members of the couple are physically abusive to each other, 4% husband to wife physical violence and 6% wife to husband violence (p.128).

Fifteen percent of the foster parents who returned the survey admitted being sexually abused during their childhood. This compares to 3.2% of the population who are calculated to have experienced sexual abuse in childhood prior to 1976 (U.S. Department of Justice, 1989, p. 14).

Finkelhor surveyed a national sample of caretakers of missing children and found that 13% reported being sexually abused as a child and 10% reported childhood physical abuse (Finkelhor, personal communication, January 29, 1992).

### Descriptions of Adult Life

Twenty four percent of foster parents reported being the victim of violence during their adult years. Foster parents reported that as an adult, 17% had experienced emotional abuse, 11% reported physical abuse, 10.6% had experienced domestic violence, 4.6% had experienced rape and 1.8% reported sexual abuse.

Strauss' et al. 1981 national study of family violence is the most comprehensive in the field to date. Their results show that 15% of husbands and wives reported

violence in their household during the preceding year (1981, pp. 32, 264). Sixteen percent of married couples reported an incidence of physical violence between the couple during their relationship, while an additional six percent reported a series of violent episodes over many years. Males reported that their wives were physically violent 11.3% of the time and females reported that their husbands were physically violent 11.2% of the time. That same sample also reported 13.9% had experienced at least one episode of physical violence between their parents during their childhood that could be classified as domestic violence (Straus et al., 1981, p. 266). It appears that the survey sample of foster parents reflect a fairly stable national trend in domestic violence that affects between twelve and twenty percent of family households in the United States.

#### Coping Mechanisms Employed by Foster Parents

Survey respondents were asked to respond to eleven likely coping response mechanisms which were presented as potential responses to the statement, "I usually cope with my feelings about children leaving my home by." Coping response mechanisms ranged from not taking a new foster child for a period of time to remembering the positive changes and good times with the foster child. The foster parents who participated in this survey were then asked to respond to each coping

response mechanism by rating the frequency of these coping response mechanisms occurring using a Likert scale which ranged from one to five with one being "All of the time," two being "Most of the time," three being "Sometimes," four being "Seldom," and five being "Never." Most survey respondents replied to each of the eleven statements of possible coping mechanisms.

Foster parents stated that they coped with their feelings that surrounded foster children leaving in a number of ways. Fourteen percent stated that they coped by not taking a new foster child for a period of time most or all of the time; 32.1% noted they asked for the placement of another foster child right away most or all of the time; 5.5% stated that they responded to foster children leaving by not getting too close to the next foster child so it won't hurt so much when they leave; 72.5% stated that they seldom or never use this coping mechanism to protect themselves. Eight percent stated that they most or all of the time start to pull away emotionally from a foster child when it is approximately the time for the foster children to leave as contrasted to 71.1% of foster parents who noted that they love completely and know that it will hurt when the foster child leaves most or all of the time. Twelve percent stated that they denied their feelings and felt "numb" so it won't hurt when foster children leave at least some of the time.

Nearly half of the survey respondents (42.4%) stated that they usually cope

with their feelings about foster children leaving their home by sharing their feelings with others who have had a similar experience most or all of the time while 11.5% declared that they never use this method to cope with their feelings.

Of the foster parents who responded to this survey, 43.1% stated that they cry alone to cope with their feelings about foster children leaving their home at least some of the time; 35.8% of respondents stated that they coped with their feelings by becoming closer to another family member or foster child. Taking out their feelings on others was a method that was used by 12.4% of foster parent respondents to deal with their feelings surrounding a foster child leaving at least some of the time. Remembering the positive changes and good times with the foster child was used as a method to cope with feelings surrounding the loss of a foster child by 72% of the respondents all or most of the time (Table 7).

The mean of the aggregated scores for all methods of coping employed when foster children leave was 29.21. The possible scores range from eleven, for individuals who stated that they utilized each of the coping response listed all of the time to sixty-six, for individuals who responded that they never utilized any of the coping response mechanisms. It should be noted that the values for "Taking out your feelings on others," "Asking for another placement right away," "Denying my feelings and feeling numb so it won't hurt," and "Taking out my

feeling on others" were reversed for this scale, since it is generally considered that reliance upon these particular coping mechanisms is negative or harmful to the individual.

### Anticipated Coping Responses

"If the worker was supportive of my feelings" was cited by 56.8% of respondents to the survey as an action on the part of others which facilitated the experience of emotions that surround a foster child leaving most or all of the time. Receiving reports of how the foster child is doing in their next placement was acknowledged by 59.2% of foster parent respondents as helping to support the experiencing of emotions surrounding the loss of a foster child most or all of the time. Table 8 summarizes the survey respondents evaluation of possible use of anticipated coping responses.

Visiting a foster child from time to time after that child leaves the foster home was thought of as a positive coping mechanism to utilize in dealing with their emotions by 35.3% of the survey respondents. Talking to someone else who has had the same experience was seen as helpful in dealing with emotions surrounding a foster child leaving most or all of the time by 35.3% of respondents. Knowing long in advance when the foster child would be leaving

was cited by 45.3% of survey participants as helping most or all of the time. Conversely, knowing just before the foster child was going to leave the foster home was seen by 7.8% of survey respondents as helping them cope with emotions surrounding a foster child leaving most or all of the time. Thirty-eight percent of foster parent participants in this survey acknowledged that talking with the parents or caretakers for the next placement of the foster child leaving their home would make experiencing the emotions that surround a foster child leaving more comfortable most or all of the time (Table 8).

### Social Support for Grief

It was noted by 8.2% of survey respondents that others in their life seldom or never understand their need to grieve the loss of foster children. Nearly 19% stated that others sometimes understand their grief while 56.5% responded that most or all of the time, their feelings of grief that surround a foster child leaving their home are understood by others.

Foster parents who reported that their friends and family understood their need to grieve the loss of foster children also rated their childhood as much more happy than individuals whose friends and family were not as understanding about their grief when foster children leave. ( $r=2138$ ,  $p=.01$ )

**Table 8**  
**Anticipated Coping Strategies of Foster Parent**  
**When a Foster Child Leaves Their Home**

Percent of responses						
Item	All of the time	Most of the time	Some of the time	Seldom	Never	N
The worker was supportive of my feelings	35%	24%	19%	6%	6%	179
I would receive reports of how the foster child was doing	38%	32%	22%	4%	3%	183
Someone else who had the same experience would talk with me	19%	24%	36%	13%	8%	181
I knew far in advance when the foster child was going to leave	16%	27%	34%	16%	7%	180
I was not told until just before the foster child was going to leave	25%	29%	20%	18%	8%	181
I could talk with the parents/caretakers for the next placement	25%	23%	27%	12%	13%	175

These foster parents who had a support system of friends and family who understood their need to grieve the loss of foster children from their home also evaluated the behavior of the last foster child to leave their home more positively than other foster parents ( $r=.1654$ ,  $p=.050$ ).

### Description of Last Foster Child

Foster parent survey participants reported that the last child to leave their home had been in residence for an average of 11.75 months. The median for this calculation was 6.17 months. The length of their last placement ranged from one day to thirteen years.

A description of the last foster child to leave the survey respondents home included 5.5% of foster children having difficult days all of the time, 19.3% had more difficult days than good days, 11.9% had an equal number of difficult and good days, 20.2% had more good than difficult days, 24.3% had good days most of the time while 6.4% reported that their last foster child had good days all of the time. Twelve percent of the survey respondents did not answer this question.

### Foster Parent Response to the Family of Origin Scale and the Coping Responses Inventory

The average total score on the FOS (Hovestadt et al., 1985) for the entire



population of survey respondents was 136.52. Mean standard scores on the CRI (Moos, 1988) were 46.54 for Logical Analysis, 50.18 for Positive Reappraisal, 54.62 for Seeking Guidance, 49.13 for Taking Action, 45.24 for Cognitive Avoidance, 45.05 for Acceptance\Resignation, 49.23 for Seeking Alternatives and 50.56 for Emotional Discharge.

### Differences Between Foster Mothers and Foster Fathers

#### Age and Marital Status

The average age of foster mothers was 43.8 while it was 46.9 for foster fathers. Seventy nine percent of foster mothers reported being married at the time that they filled out the survey as compared to 82% of foster fathers. Three percent of the foster mothers reported being separated from their spouse while six percent of foster fathers reported currently being separated from their spouse. Eight percent of foster mothers reported being divorced at the time of the survey as compared to two percent of foster fathers. Four percent of foster mothers reported being widowed while six percent of foster fathers classified themselves as widowed. Five percent of foster mothers reported never having been married; four percent of foster fathers reported that they had never married.

This was the first marriage for 65% of foster mothers and 73.5% of foster fathers while 20.6% of the foster mothers and 32.4% of the foster fathers had been married twice. In addition, foster mothers marriage histories included: 5% of foster mothers married three times, 2% married five times, 0.6% (or one foster mother) married six times and 1.2% or (two foster mothers) married eight times.

### Educational Attainment

The average number of years of education for foster mothers was 13.34. It was 13.71 for foster fathers. This compares to the U. S. Census figures for the Midwest as being eight months above the average for females and eleven months above the average for males (Kominski, 1991, p.99).

### Childhood Experiences and Family of Origin

There was a significant difference in the report of happiness in childhood between foster mothers and foster fathers. Evaluating their childhood, 33.7% of foster mothers reported that their childhood was happy, 35% stated that their childhood was mostly happy, 16.9% rated their childhood as sometimes happy and 9.4% stated that their childhood was never happy. Five percent of the foster mothers did not reply to this question. This compares to foster fathers who

stated 44.9% of the time that their childhood was happy, 34.7% of the time that their childhood was mostly happy, 16.3% of the time that their childhood was sometimes happy and 4.1% of the time that their childhood was never happy. All foster fathers replied to this question (means: Foster Mothers=2.08 and Foster Fathers 1.78;  $t=2.00$ ,  $p=.048$ ).

None of the foster fathers reported that their father used drugs while 3.7% of the foster mothers gave positive responses to this question. That their father abused alcohol was reported by 31.3% of foster mothers and 26.5% of foster fathers. Three percent of foster mothers and 6.1% of foster fathers reported that their father had mental health problems; 15% of foster mothers and 6.1% of foster fathers reported that their father had been violent to his spouse; and, 21.2% of foster mothers and 10.2% of foster fathers reported that their father had been emotionally abusive to his spouse.

Characterizing their mother, 3.7% of foster mothers and 4.1% of foster fathers reported that their mother had abused drugs. Eight percent of foster mothers and the same 4.1% of foster fathers reported that their mother had abused alcohol; 8.1% of foster mothers and 8.2% of foster fathers reported that their mother had mental health problems; 3.7% of foster mothers and 4.1% of foster fathers reported that their mother had been violent to her partner; and,

13.1% of foster mothers and 10.2% of foster fathers reported that their mother had been emotionally abusive to her spouse.

Twelve percent of foster mothers and 10.2% of foster fathers reported experiencing childhood physical abuse; 26.2% of foster mothers and 20.4% of foster fathers reported experiencing emotional abuse as a child; 16.9% of foster mothers and 10.2% of foster fathers reported having been sexually abused as a child; and, 10% of foster mothers and 14.3% of foster mothers reported experiencing neglect during childhood.

Finkelhor (1992) reported that in his national sample of child caretakers that 17% of female and 5% of male caretakers reporting sexually abuse as a child. Nine percent of the Finkelhor sample of male caretakers and 13% of his sample of female caretakers claimed to have been a victim of physical abuse in childhood (Personal communication, January 29, 1992).

Thirteen percent of foster mothers and 8.2% of foster fathers reported experiencing physical abuse as an adult; 20.6% of foster mothers and 8.2% of foster fathers reported experiencing emotional abuse during their adult years; 3.5% of foster mothers reported experiencing sexual abuse as an adult and 6.3% of foster mothers reported experiencing rape as an adult. No foster fathers reported in these two categories. Experiencing domestic violence as an adult was

reported by 13.7% of foster mothers and 2% of foster fathers.

### Emotions Felt in Response to Foster Children Leaving

There were modest positive correlations with the experience of sadness and the rating of satisfaction with the role of being a foster parent ( $r=.1490$  and  $r=.1411$  respectively,  $p=.050$ ). In their report of emotions felt when foster children leave their home, sadness was rated as occurring more frequently for foster mothers than foster fathers (means: Foster Mothers=2.29 and Foster Fathers 2.62,  $t=2.19$ ,  $p=.032$ ). Foster mothers also reported experiencing the feeling of guilt upon the departure of foster children from their home much more often than foster fathers (means: Foster Mothers=3.21 and Foster Fathers=4.25,  $t=2.26$ ,  $p=.032$ ).

### Differences in the Responses for Individuals of Different Race

Thirty-six individuals responded to the survey by characterizing themselves as Black while one hundred and sixty three individuals indicated that they considered themselves White. The average age of individuals who stated that they were Black was 46.36 while it was 43.49 for those who denoted their racial/cultural identification as that of White. The responses from other individ-

uals who reported being Hispanic, Native American and Oriental/Asian were too scant to reflect the populations represented and will not be reported here.

An analysis of variance showed that Black survey respondents reported significantly fewer training hours than White respondents. The mean for Black respondents was 53.55 while the mean for White respondents was 108.84 ( $f = 2.69$ ,  $p = .009$ ). This would occur by chance in a random sample of the population less than one percent of the time. The difference in average number of years fostered, 7.06 for White respondents and 5.35 for Black respondents, was not statistically significant.

Aggregated usual coping mechanism scores were also found to vary significantly between the two populations. Individuals who were Black were less likely to use the specific coping mechanisms listed in the survey than individuals who were White (means: Black=31.22 and White=28.78,  $t=2.22$ ,  $p = .036$ ). Although all of the coping responses were utilized less frequently by Black respondents, of particular significance are the differences between the Black and White respondents for the variables of Getting Reports of Foster Children (means: Black=2.90 and White=1.92,  $t=2.07$ ,  $p=.046$ ); Visiting Foster Children from Time to Time (means: Black=3.30 and White=2.55,  $t=2.73$ ,  $p=.010$ ); Taking Out Feelings on Others (means: Black=1.65 and White=1.23,  $t=3.22$ ,

$p=.002$ ) and Talking to the Next Parents or Caretakers of Foster Children

(means: Black=3.56 and White=2.54,  $t=2.00$ ,  $p=.054$ ).

Foster parents who identified themselves as Black also scored significantly lower on the coping response seeking guidance from others on the CRI (Moos, 1988) than White foster parents (means: Black=50.77 and White=55.71,  $t=2.79$ ,  $p=.008$ ). It appears that the former seek guidance when coping with stress much less often than the latter.

The two subpopulations of Black and White respondents also varied at a highly significant level on the report of experiencing emotion when a foster child leaves their home. The aggregated Emotion score was significantly different (means: Black=54.50 and White=49.28,  $t=4.39$ ,  $p=.0009$ ) with Black respondents reporting feeling the emotions listed in the survey less frequently than White survey respondents. Of particular note are the responses to: Pity (means: Black=4.45 and White=3.76,  $t=2.86$ ,  $p=.008$ ); Guilt (means: Black=4.68 and White=4.48,  $t=2.59$ ,  $p=.014$ ); Shock (means: Black=4.77 and White=4.44,  $t=2.49$ ,  $p=.017$ ); and Disbelief (means: Black=4.68 and White=4.14,  $t=3.38$ ,  $p=.054$ ).

### Differences Due to Age of the Foster Parent Population

A significant positive correlation at the .01 level of confidence was obtained for age with the Descriptions of the Last Foster Child ( $r=.3217$ ), Emotion ( $r=.3798$ ) and negatively for Education ( $r=-.3109$ ). A significant positive correlation at the .05 degree of confidence was obtained between Age and the Amount of Notice Received for the Last Foster Child who left the home ( $r=.2373$ ).

Subdividing the population by the mean/median age score of 44.5, a  $t$  test for independent samples of the variable age was performed on the younger and older segments of the population. The description of last foster child was significantly less favorable for younger foster parents (means: Younger=3.45 and Older=4.467,  $t= 3.20$ ,  $p=.002$ ). Aggregated scores for Emotion showed younger foster parents admitting experiencing feelings more often when foster children leave (means: Younger=48.46 and Older=53.03,  $t= 3.58$ ,  $p=.001$ ). Significantly contributing to this score were the variables of Irritation (means: Younger=3.85 and Older=4.42,  $t=2.55$ ,  $p=.013$ ); Guilt (means: Younger=4.07 and Older=4.72,  $t= 2.14$ ,  $p=.036$ ); Shock (means: Younger=4.31 and Older=4.72,  $t=2.21$ ,  $p=.031$ ) and Panic (means: Younger=4.54 and Older=4.83,  $t=2.02$ ,  $p=.047$ ).



Although aggregated scores for Usual Coping Mechanisms did not yield significance, an analysis of variance found a significant difference in the two subpopulations on the response to Getting Reports of the Foster Child with the younger foster parents feeling that this would make a significant difference in the issue of recovering from the loss when foster children leave (means: Younger=1.80 and Older=2.26,  $f=2.02$ ,  $p=.047$ ).

It should be noted that the two populations approached a confidence level of .05 in the difference between the number of years that each had fostered. The younger population had a mean of 5.54 years and the older population a mean of 8.39 years of fostering ( $t=1.94$ ,  $p=.055$ ).

#### Agency Affiliation of Foster Parents

Most survey respondents indicated agency affiliation with 101 claiming to having their license processed by the local Department of Social Services and 107 being processed by other agencies, including Community Mental Health Agencies, Private Agencies and Juvenile or Probate Court. Because of the small representative numbers of survey respondents for Community Mental Health and Juvenile or Probate Court, the latter three agencies will be designated as "other" (than department of social service agencies) and their results combined.

In many respects, the two populations were nearly identical. The average age for both was 44.3 and the average number of years of education for both was 13.3. Both rated being a foster parent, on the average, as always or usually fulfilling. The average number of hours of training received was within ten hours with the Department of Social Services foster parents averaging 105 hours and the aggregation of responses of all other agencies averaging 94 hours. Nearly identical responses were obtained for the variables Emotion, Coping, Description of Last Foster Child and Income, each yielding the average for the population. The average number of children fostered was 29.8 for the Department of Social Services and 30.1 for all other agencies. The number of years that the foster parents had been licensed did differ significantly between the Department of Social Services and other agencies with the former averaging 5.67 years and the latter averaging 7.74 ( $t=2.24$ ,  $p=.026$ ).

Parents who fostered for the Department of Social Services stated that they chose to maintain contact with the foster child less often than those who fostered for other agencies, although this difference was not statistically significant (means: DSS=2.78 and Others=2.65,  $t=.85$ ,  $p=.394$ ). Also, the Department of Social Services foster parents rated their childhood slightly more positively than foster parents from other agencies, although, again, this was not

statistically significant (means: DSS=1.87 and Others=2.10,  $t=1.46$ ,  $p=.145$ ).

There was no statistically significant difference on the Coping Responses Inventory (Moos, 1988) between the eight coping response measures for both populations. Foster parents from Department of Social Services did rate their experiences in their family of origin much more highly than all other foster parents. The mean on the Family of Origin Scale for Department of Social Services was 142.02 while the mean of all other foster parents was 132.52. This result would occur less than five percent of the time by chance ( $t=2.05$ ,  $p=.042$ ).

The most highly significant difference between the two populations was the experience of disbelief in response to a foster child leaving the foster parents' home. This emotion was felt much more often by those who fostered for agencies other than the Department of Social Services (means: DSS=4.06 and Others=4.46,  $t=2.89$ ,  $p=.004$ ). In all other respects, those who fostered for Department of Social Services and those who fostered for any other agency were similar.

#### Differences in Foster Parents by Description of the Last Foster Child to Leave Their Home

Foster parents were asked to describe the last foster child to leave their home. Choices ranged from that child having difficult days all of the time to

having good days all of the time. The responses to this question were correlated positively with foster parents description of the reported frequency of emotions felt when a foster child leaves their home ( $r=.2269$ ,  $p=.010$ ). The specific emotions that contributed most significantly to this relationship were: relief, shock, panic and less significantly, pity.

There was a highly significant correlation between foster parent age ( $r=.3217$ ,  $p=.01$ ), and description of the last foster child, showing that older foster parents rated foster children more positively than younger foster parents. There was also a modest positive correlation between satisfaction of fulfillment with the role of a foster parent and the rating of the behavior of the last foster child to leave the foster parent's home ( $r=.1831$ ,  $p=.01$ ).

Foster parents who were more likely to take out their emotions on others in response to foster children leaving their home also tended to describe foster children more positively than those who reported that they did not displace their feelings surrounding foster children leaving onto others ( $r=-.1727$ ,  $p=.051$ ).

Individuals who stated that their family and friends were more often understanding of their feelings of loss when foster children leave their home also rated the last foster child to leave their home more positively ( $r=.1564$ ,  $p=.050$ ).

Finally, foster parents who reported being given less notice when a foster

child left their home tended to view the last foster child that left their home more positively ( $r=.1558$ ,  $p=.051$ ).

Using a  $t$  test for independent samples of means, a significant difference was found in the negative coping response Acceptance/Resignation and the positive coping response of Seeking Guidance and Support between individuals who described the last foster child to leave their home as having more difficult days than good days and foster parents who described the last foster child to leave their home as having more good than difficult days (means: More Difficult than Good Days=47.46 and More Good than Difficult Days=43.30,  $t=2.05$ ,  $p=.042$ ; means: More Difficult than Good Days=50.92 and More Good than Difficult Days=46.98,  $t=2.08$ ,  $p=.039$ ).

Statistical analysis also revealed a significant difference between the description of the last foster child to leave the home and the circumstances surrounding the last foster child leaving the home (means: More Difficult than Good Days=4.58 and More Good than Difficult Days=3.90,  $t=2.09$ ,  $p=.039$ ).

As with the correlation noted above, individuals who stated they had less notice regarding the removal of the last foster child to leave their home also described that foster child more positively than foster parents who received more notice of the removal of that foster child.

There was also a significant difference between the two groups in anticipated coping responses employed in dealing with a foster child leaving their home. Those who described the foster child as having more good days were also more likely to feel that receiving reports of how the foster child is doing would positively impact their grieving process (means: More Difficult than Good Days=1.78 and More Good than Difficult Days=2.07,  $t=1.99$ ,  $p=.049$ ). Also, those foster parents who rated the behavior of the last foster child more favorably were very significantly more likely to state that talking with someone else who had the same experience of loss would make it easier to experience the emotions that surround a foster child leaving (means: More Difficult than Good Days=1.89 and More Good than Difficult Days=2.51,  $t=2.81$ ,  $p=.006$ ).

#### Differences in Foster Parents Whose Last Placements Were Below and Above the Median Placement Length

The average length of placement for the last foster child to leave the home was 11.76 months. The median length of stay was 6.17 months. Scores ranged from one day to eleven years. The population also contained extreme lengths of stay of ten years, six and a half years, and two stays of six years. All of these children were in the home of foster parents who fostered for agencies other than the Department of Social Services. It appeared that these children were either

developmentally delayed or adjudicated delinquent.

Dividing the population by the median score of 6.17 months, it was found that the length of notice given to foster parents differed greatly. Those caring for foster children for a shorter length of time were given significantly less notice than those foster parents whose children had stayed for a longer period of time (means: Shorter Length of Stay for Foster Child=3.85 and Longer Length of Stay for Foster Child=4.12,  $t=1.98$ ,  $p=.050$ ).

An analysis of variance was used to explore the relationship between foster parent training and length of stay for the last foster child to leave their home. Results revealed that individuals who reported less than six months stay for the last foster child to leave their home and individuals who reported longer than six months in residence for the last foster child to leave their home had participated in a very significantly different amount of training. The former had received 109.56 hours of training with the latter reporting that they had received only 87.67 hours of training ( $f=2.72$ ,  $p=.0009$ ).

#### Foster Parents Who Were Victims of Emotional Abuse as an Adult

The thirty-seven individuals who reported that they experienced emotional abuse as an adult varied significantly from those who did not report

emotional abuse showed a highly significant difference in their response to the Family of Origin Scale (means: Those Abused=120.3 and Those not Abused=139.84;  $t=2.80$ ,  $p=.008$ ). Those individuals who reported emotional abuse as an adult also considered their childhood much less happy than foster parents who did not report experiencing emotional abuse as an adult (means: Those Abused=2.58 and Those not Abused=1.87,  $t=3.23$ ,  $p=.002$ ).

Survey respondents who stated that they had experienced emotional abuse as an adult also reported that the length of the majority of foster children who stay in their home was shorter than foster parents who did not report adult emotional abuse (means: Those Abused=6.30 and Those not Abused=9.72,  $t=3.06$ ,  $p=.003$ ).

Although there was not a significant difference between these two subpopulations on the Coping Responses Inventory (Moos, 1988), there was one significant difference in coping response mechanisms employed when coping with a foster child leaving. Individuals who experienced adult emotional abuse were more likely to employ remembering the good times with the foster child as a coping response than foster parents who did not report adult emotional abuse (means: Those Abused=1.48 and Those not Abused=1.75,  $t=1.99$ ,  $p=.050$ ).



### Foster Parents Who Have Experienced Domestic Violence as an Adult

There were twenty-seven foster parents who reported experiencing domestic violence as an adult. As with adults who had experienced emotional abuse, foster parent domestic violence victims reported that the majority of foster children stay for a shorter period of time in their home than foster parents who did not report domestic violence in their adult lives (means: Experiencing Domestic Violence=5.64 and Not Reporting Domestic Violence=9.52,  $t=3.58$ ,  $p=.0009$ ).

There was no difference in the response of foster parent domestic violence victims on the Family of Origin Scale, but they did differ significantly in their experience of childhood rating this more negatively than foster parents who had not experienced domestic violence ( $t=2.11$ ,  $p=.046$ ;  $f=15.41$ ,  $p=.0009$ ).

Foster parent domestic violence victims, on the average, had completed 12.3 years of education. Foster parents who did not report domestic violence as part of their adult experience had, on the average, 13.53 years of education ( $t=2.35$ ,  $p=.027$ ).

Foster parent domestic violence victims were also less likely to feel that getting reports of how the foster child is doing from time to time would help in

experiencing the loss of a foster child (means: Experiencing Domestic Violence=2.42 and Not Reporting Domestic Violence=1.97,  $t=2.03$ ,  $p=.050$ ).

### Foster Parents Who Have Experienced Rape as an Adult

Ten foster parents stated that they had experienced rape as an adult.

When those individuals were compared to survey respondents who did not report rape as an adult, two significant differences were noted in these subpopulations.

Those foster parents who had experienced rape as an adult scored significantly lower on the Family of Origin Scale than the survey respondents who did not report rape (means 103.9 and 138.0,  $t=2.29$ ,  $p=.047$ ).

Foster parents who experienced rape as adults were also less likely to report experiencing shock when a foster child leaves (means: Experienced Adult Rape=4.86 and Did not Report Adult Rape=4.47,  $t=2.42$ ,  $p=.04$ ).

### Foster Parents Whose Childhoods Were Happy and Not Happy

There was a positive correlation between foster parents rating of occurrence of happiness of their childhood and their statements about how often friends and family understood their need to grieve the loss of foster children.

Foster parents who stated that they experienced happier childhoods also felt that their friends and family were more likely to understand their feelings of loss surrounding a foster child ( $\chi^2=2138$ ,  $p=.01$ ) (means: Childhood Happy=3.98 and Childhood Sometimes or Rarely Happy=3.42,  $t=3.22$ ,  $p=.002$ ).

As noted above, those foster parents who rated their childhood less happy scored substantially lower on the Family of Origin Scale (means: Childhood Happy=149.81 and Childhood Less Happy 97.08,  $t=12.73$ ,  $p=.0001$ ). There were no other substantial differences between these two populations.

#### Foster Parents Who Reported Experiencing Physical Abuse During Childhood

Twenty-four foster parents reported experiencing physical abuse during their childhood. There were a number of highly significant and significant differences between the responses of this population and foster parents who did not report experiencing physical abuse during their childhood.

Foster Parents who had experienced childhood physical abuse scored extremely lower on the Family of Origin Scale than foster parents who did not report experiencing physical abuse during childhood (means: Experienced Childhood Physical Abuse=95.79 and Did not Report Childhood Physical Abuse=141.56,  $t=5.35$ ,  $p=.0009$ ,  $f=2.00$ ,  $p=.012$ ).

Four of the eight coping response styles measured by the Coping Responses Inventory (Moos, 1988) were elevated significantly for foster parent childhood physical abuse victims. There was a highly significant difference between the responses of the latter group and foster parents who had not experienced childhood physical abuse on Seeking Alternatives (means: Experienced Childhood Physical Abuse=54.58 and Did not Report Childhood Physical Abuse=48.53,  $t=2.58$ ,  $p=.014$ ). There was also a significant difference on the CRI coping response strategies of Logical Analysis (means: Experienced Childhood Physical Abuse=51.33 and Did not Report Childhood Physical Abuse=45.91,  $t=2.17$ ,  $p=.037$ ), Taking Action (means: Experienced Childhood Physical Abuse=54.45 and Did not Report Childhood Physical Abuse=48.43,  $t=2.09$ ,  $p=.046$ ), and Acceptance/Resignation (means: Experienced Childhood Physical Abuse=49.21 and Did not Report Childhood Physical Abuse=44.50,  $t=2.58$ ,  $p=.049$ ).

Individuals who stated that they had experienced childhood physical abuse were licensed to care for more children than other survey respondents and stated the average length of stay for foster children in their home was much shorter than other foster parent respondents (means: Experienced Childhood Physical Abuse=3.65 and Did not Report Childhood Physical Abuse=2.95,

$t=2.07$ ,  $p=.048$ ; and means: Experienced Childhood Physical Abuse=4.16 and Did not Report Childhood Physical Abuse=11.89,  $t=2.22$ ,  $p=.029$ ,  $f=8.15$ ,  $p=.0009$ ).

Foster parents who revealed that they had experienced physical abuse during their childhood rated the satisfaction and fulfillment of the role of foster parent highly significantly different than other survey respondents (means: Experienced Childhood Physical Abuse=1.25 and Did not Report Childhood Physical Abuse=1.58,  $t=3.13$ ,  $p=.003$ ,  $f=2.73$ ,  $p=.006$ ). Foster parent childhood physical abuse victims considered their childhood highly significantly less happy than all other survey respondents (means: Experienced Childhood Physical Abuse=3.13 and Did not Report Childhood Physical Abuse=1.85,  $t=5.97$ ,  $p=.0009$ ).

Although the aggregated Emotion variable did not show a difference between these two populations, foster parents who had experienced physical abuse during childhood reported that they experienced anger much less often and irritation much more often in response to foster children leaving their home (means: Experienced Childhood Physical Abuse=4.46 and Did not Report Childhood Physical Abuse=3.88,  $t=3.54$ ,  $p=.001$  and means: Experienced Childhood Physical Abuse=4.55 and Did not Report Childhood Physical Abuse=4.07,

$t=2.50, p=.018$ ).

The two subpopulations also differed in their consideration of talking to parents or caretakers of their child's next placement with foster parent child physical abuse victims feeling that this would be more of a help in dealing with the anticipated loss of a foster child (means: Experienced Childhood Physical Abuse=2.00 and Did not Report Childhood Physical Abuse=2.74,  $t=2.68, p=.012$ ).

#### Foster Parents Who Experienced Emotional Abuse During Their Childhood

There were fifty-two foster parent survey respondents who reported experiencing emotional abuse during their childhood. These individuals were significantly younger than survey respondents who did not report emotional abuse during their childhood (means: Experienced Childhood Emotional Abuse=41.5 and Did not Report Childhood Emotional Abuse=45.40,  $t=2.00, p=.052$ ).

Foster parents who reported experiencing emotional abuse during their youth showed a highly significant difference on their responses to the Family of Origin Scale (means: Experienced Childhood Emotional Abuse=100.96 and Did not Report Childhood Emotional Abuse=147.66,  $t=9.92, p=.0001$ ). As would

also be expected, the foster parents who experienced emotional abuse during childhood considered their childhood very significantly less happy than all other survey respondents (means: Experienced Childhood Emotional Abuse=3.02 and Did not Report Childhood Emotional Abuse=1.67,  $t=10.29$ ,  $p=.0001$ ).

Only one significant difference in the eight coping indices of the Coping Responses Inventory (Moos, 1988) was noted. Foster parent child emotional abuse recipients scored significantly higher than all other foster parent respondents on Logical Analysis (means: Experienced Childhood Emotional Abuse=49.73 and Did not Report Childhood Emotional Abuse=45.47,  $t=2.17$ ,  $p=.033$ ).

#### Foster Parents Who Have Experienced Sexual Abuse During Childhood

Thirty-three foster parents stated that they had experienced sexual abuse during their childhood. As with the victims of childhood emotional abuse, these foster parents were significantly younger than foster parents who did not state they had experienced childhood sexual abuse (means: Experienced Childhood Sexual Abuse=39.00 and Did not Report Childhood Sexual Abuse=45.38,  $t=2.57$ ,  $p=.018$ ).

Just as other survey respondents who had been victimized in childhood,

those foster parents who had experienced sexual abuse during their childhood scored extremely lower on the Family of Origin Scale than foster parents who did not admit to experiencing childhood sexual abuse (means: Experienced Childhood Sexual Abuse=109.18 and Did not Report Childhood Sexual Abuse=141.40,  $t=4.73$ ,  $p=.0009$ ). They also considered their childhood to be much less happy than foster parents who were not sexually abused during childhood (means: Experienced Childhood Sexual Abuse=2.77 and Did not Report Childhood Sexual Abuse=1.85,  $t=3.95$ ,  $p=.0009$ ).

Foster parent child sexual abuse survivors reported significantly less often than other foster parents that relatives and friends understood their grief when foster children leave (means: Experienced Childhood Sexual Abuse=3.37 and Did not Report Childhood Sexual Abuse=3.92,  $t=2.30$ ,  $p=.028$ ).

Survey respondents who had experienced sexual abuse during childhood stated that they chose to keep contact with foster children who had left their home much more often than survey respondents who did not state that they had experienced childhood sexual abuse (means: Experienced Childhood Sexual Abuse=2.21 and Did not Report Childhood Neglect=2.79,  $t=2.92$ ,  $p=.006$ ).

Finally, foster parents who experienced sexual abuse in childhood chose to keep contact with foster children who had left their home quite significantly



more often than foster parents who did not report experiencing sexual abuse during their childhood (means: Experienced Childhood Sexual Abuse=2.21 and Did not Report Childhood Sexual Abuse=2.79,  $t=2.92$ ,  $p=.006$ ).

### Foster Parents Who Have Experienced Neglect During Childhood

Twenty-three foster parent survey participants stated that they had experienced neglect during childhood. When the responses of these individuals were contrasted with survey respondents who did not claim to have experienced neglect during their childhood, a number of significant and highly significant differences were noted.

The responses of victims of childhood neglect on the Family of Origin Scale were extremely lower than survey respondents who had not experienced childhood neglect (means: Experienced Childhood Neglect=107.78 and Did not Report Childhood Neglect=139.91,  $t=3.70$ ,  $p=.001$ ). And, as would be expected, the former considered their childhood to be much less happy than the latter (means: Experienced Childhood Neglect=2.86 and Did not Report Childhood Neglect=1.89,  $t=3.96$ ,  $p=.001$ ).

Survey respondents who had experienced childhood neglect considered the role of foster parent to be more satisfying or fulfilling than all other survey

respondents (means: Experienced Childhood Neglect =1.27 and Did not Report Childhood Neglect=1.57,  $t=2.34$ ,  $p=.026$ ).

There were differences in both the coping response style and a coping response mechanisms employed when foster children leave. Individuals who stated that they had experienced neglect during their childhood utilized logical analysis and seeking alternatives significantly more often than foster parents who did not report experiencing childhood neglect (means: Experienced Childhood Neglect =50.96 and Did not Report Childhood Neglect=45.99,  $t=2.15$ ,  $p=.039$ , and means: Experienced Childhood Neglect=53.50 and Did not Report Childhood Neglect=48.72  $t=2.05$ ,  $p=.049$ ). The child neglect victims also reported much more often that they remembered the good times with their foster child when dealing with the emotions that surround a foster child leaving their home (means: Experienced Childhood Neglect=1.29 and Did not Report Childhood Neglect=1.75,  $t=3.81$ ,  $p=.0009$ ).

### Satisfaction With the Role of Foster Parent

Survey respondents rated the role of foster parent on a scale that ranged from very satisfying or fulfilling to never satisfying or fulfilling. This variable was highly correlated with two coping response mechanisms utilized when foster

children leave, sharing feelings with others who have had a similar experience and remembering the positive changes and good times with the foster child ( $r=.2141$ ,  $p=.01$  and  $r=.1741$ ,  $p=.01$ ).

Two anticipated coping responses also were correlated with the rating of satisfaction or fulfillment at being a foster child. There was a positive relationship between satisfaction with fostering and getting a report from the social worker about how the foster child is doing from time to time, and a negative correlation between satisfaction with fostering and not being told that a foster child would be leaving the home until just before this event would occur ( $r=.1955$ ,  $p=.01$  and  $r=-.1901$ ,  $p=.050$ ).

Feeling emotion more often when a foster child leaves the home showed a slight positive correlation with the rating of satisfaction or fulfillment with foster parenting. ( $r=.1754$ ,  $p=.051$ ) The specific emotions that were highly correlated with this rating: anger, sadness, relief and guilt ( $r=.2256$ ,  $r=.2904$ ,  $r=.3876$ ,  $r=.1970$ , all  $p=.01$ ). In addition, pity and shock contributed to this relationship but to a lesser degree ( $r=.1638$ ,  $r=.1885$ , both  $p=.052$ ).

When the responses of those foster parents who rated their role of foster parent as very or usually satisfying are contrasted with those foster parents who see their role of foster parent as being somewhat fulfilling, there are several

highly significant responses. Those individuals who were somewhat satisfied with being a foster parent also stated that they felt relief when a foster child leaves their home significantly more often than those individuals who expressed more satisfaction with the role of foster parent (means: Very or Usually Satisfied=3.56 and Somewhat Satisfied=3.00,  $t=3.06$ ,  $p=.006$ ).

Those individuals who were somewhat satisfied with their role as a foster parent also stated that they felt pity more often for a foster child who had left their home than individuals who were more positive about being a foster parent (means: Very or Usually Satisfied=3.90 and Somewhat Satisfied=3.14,  $t=3.08$ ,  $p=.007$ ).

Individuals who felt more positively about being a foster parent also tended to ask for a placement of another foster child right away more often than those individuals who rated foster parenting as somewhat fulfilling and tended to share their feelings when foster children leave their home more often than foster parents who are very or usually satisfied with their role (means: Very or Usually Satisfied=3.00 and Somewhat Satisfied=3.94,  $t=3.15$ ,  $p=.005$  and means: Very or Usually Satisfied=2.51 and Somewhat Satisfied=3.57,  $t=3.14$ ,  $p=.005$ ).

There was also a difference in response to anticipatory coping responses when foster children leave. Individuals who were more positive about their role

as a foster parent also were more likely to feel that getting a report from the social worker about how the foster child is doing in the next placement would make it easier to experience the emotions that surround a foster child leaving (means: Very or Usually Satisfied=1.97 and Somewhat Satisfied=2.43,  $t=2.08$ ,  $p=.050$ ).

### Foster Parents' Coping Styles and Problems Listed

Foster parents noted a number of different problems which caused them stress on the Coping Responses Inventory (Moos, 1988). Problems directly related to foster children comprised 21% of the problems listed or 45 responses. Problems about adoptive children were reported on 7% of the surveys and accounted for 15 responses. Problems involving relationships with other friends or relatives comprised the largest single category of problem response--43% or 93 responses. Work and financial stressors were the subject of 17% or 38 of the problems listed while medical problems were listed in 5% or 11 responses.

Differences in coping response styles were determined for all of the problem categories. Those individuals who indicated a problem or general stressor in their life within the past year that was about a foster child differed only slightly from individuals who indicated a problem within the past year that

dealt with adoptive children. The two populations differed significantly in only one anticipatory coping response. Foster parents who told of issues relating to adoptive children tended to feel that it was much more important in dealing with the emotions that surround a foster child leaving to receive reports from the social worker from time to time about the foster child than did foster parents who told of stressors relating to foster children (means: Problems about Foster Children=2.07 and Problems about Adoptive Children=1.57,  $t=2.43$ ,  $p=.019$ ).

When comparing the responses of individuals who cited problems with foster or adoptive children against all other responses, it was found that the former were licensed to care for significantly more children (means: Problems about Foster or Adoptive Children=3.47 and All Other Problems=2.89,  $t=2.68$ ,  $p=.009$ ).

Those individuals who recorded problems or stressors about foster or adoptive children also stated quite significantly that they experienced emotions more often in response to a foster child leaving their home (means: Problems about Foster or Adoptive Children=48.75 and All Other Problems=51.13,  $t=2.64$ ,  $p=.009$ ). In particular, they felt anger more often than other foster parents (means: Problems about Foster or Adoptive Children=3.71 and All Other Problems=4.05,  $t=2.20$ ,  $p=.03$ ).

Foster parents who identified a stressor within the past year that was related to a foster or adoptive child also were more likely to remember the good times and positive changes in foster children and felt that it was not as important as other foster parents to have advance notice when foster children leave their home (means: Problems about Foster or Adoptive Children=1.55 and All Other Problems=1.81,  $t=2.20$ ,  $p=.029$ ; and means: Problems about Foster or Adoptive Children=4.42 and All Other Problems=4.06,  $t=1.99$ ,  $p=.048$ ).

Survey respondents that cited problems or stressors related to foster or adoptive children also tended to use coping mechanisms more often than foster parents who cited general stress as a problem (means: Problems about Foster or Adoptive Children=28.82 and General Stress=30.24,  $t=2.01$ ,  $p=.049$ ). Those survey respondents who related relationship problems as stressors within the last year tended to describe the last foster child to leave their home in a more positive fashion than all other survey respondents (means: Relationship Issues=3.54 and All Other=4.02,  $t=2.02$ ,  $p=.046$ ).

When the problems listed were divided into all relationship issues reported, including those with foster children, adoptive children, family and friends, and all work and financial stressors, it was found that those who reported work and financial problems were significantly younger than the former

group (means: Relationship Problems=39.07 and Work and Financial Problems=44.52,  $t=2.38$ ,  $p=.027$ ).

Individuals who reported medical problems as stressors were more likely to view their role as a foster parent even much more favorably than those individuals who reported relationship issues. It should be noted that both populations found fostering, in the majority, always to usually fulfilling (means: Medical Problems=1.09 and Relationship Problems=1.56,  $t=4.26$ ,  $p=.0001$ ).

#### Foster Parents and Reported Loss

When loss issues were selected from the problems listed on the Coping Responses Inventory (Moos, 1988) two categories were formed: death or loss of a person including a foster child and loss of income. These groups responded differently to a number of questions.

As noted previously, individuals who listed relationship loss issues were older than those who listed loss of income (means: Relationship Loss=44.72 and Income Loss=37.25,  $t=2.21$ ,  $p=.042$ ). Foster parents who told of relationship loss issues described the last foster child to leave their home as exhibiting much more negative behavior than did those foster parents who told of the loss of income (means: Relationship Loss=3.75 and Income Loss=5.45,  $t=3.37$ ,



$p=.003$ ).

Individuals who listed problems relating to loss of relationships also had fostered for a significantly longer period of time than those who cited loss of income (means: Relationship Loss=8.29 years and Income Loss=4.87 years,  $t=2.01$ ,  $p=.052$ ). They also stated that they experienced joy when a foster child leaves their home more often than foster parents whose loss was income (means: Relationship Loss=3.46 and Income Loss=4.08,  $t=2.11$ ,  $p=.045$ ).

### Acceptance or Rejection of Hypotheses

Hypothesis one states: Report of loss or sadness when a foster child leaves the foster home does not differ due to the effects of (a) any external factors of the foster home, (b) the general environment, (c) psychological characteristics of the foster parents, or (d) the coping response style reported by foster parents.

Survey participants stated that they feel sad when foster children leave "some," "most," and "all of the time" on 162 of the responses. Only 13 responded that they feel sad "seldom" or "never." When these two populations are examined using an analysis of variance, a number of highly significant differences are noted.

Individuals who stated that they seldom or never felt sad when a foster

child leaves their home also responded that they usually cope with their feelings about children leaving their home by taking out their feelings on others much less frequently than the foster parents that felt sad some to all of the time when foster children leave (means: Seldom or never feel sad=4.92 and Sometimes to all of the time feel sad=3.70,  $t=5.55$ ,  $p=.0009$ ).

Foster parents who were more likely to feel sad when a foster child leaves were also more likely to cope with that loss by not getting too close to the next foster child so it won't hurt so much when they leave more often (means: Sad always to sometime=3.10 and Sad seldom or never=4.69,  $t=4.56$ ,  $p=.0009$ ).

Those foster parents who responded that they feel sad more often when foster children leave also stated that they start to pull away emotionally from a foster child when it is about time for them to leave over 99% more often than the group of respondents who responded with sadness less when foster children leave (means: Sad always to sometimes=4.10 and Sad seldom or never=4.69,  $t=3.78$ ,  $p=.001$ ).

Foster parents who admitted to feeling sad in response to foster children leaving viewed being a foster parent more as more satisfying or fulfilling than foster parents who stated that they were seldom or ever sad when foster children exit their home (means: Sad always to sometimes=1.51 and Sad seldom or

never=2.25,  $t=2.38$ ,  $p=.035$ ).

The Coping Responses Inventory (Moos, 1988) did not yield significant differences in the responses of individuals who reacted differently by feeling sadness more or less often when foster children leave.

In addition, feeling sadness in response to foster children leaving was significantly correlated with the aggregated scores of Emotion ( $r=.2884$ ,  $p=.01$ ).

Given the above information,  $H_0 1$  is rejected.

Hypothesis two states: There is no difference in the report of foster parents and the general population on all indices of the Coping Responses Inventory (Moos, 1988).

The standardized scores computed by Moos, which reflect the normal population responses to the Coping Responses Inventory, consist of 50 as the mean and a standard deviation of 10. The means of the responses of foster parents on the eight coping response indices fall within one standard deviation of the normal population.

Based on the above information,  $H_0 2$  is accepted.

Hypothesis three states: Foster parents are equally distributed as oldest, middle and youngest members of their family. Of the survey respondents that indicated their sibling order, 100% of responses indicated that the foster parent

had at least one brother or sister.

Based on the above information,  $H_0$  3 is rejected.

Hypothesis Four: Demographic information for foster parents does not differ from the demographic information for family households regionally and nationally.

Using U.S. Census data for Michigan and the Midwest, (as reported in the section on All Survey Participants,) individuals of African-American ancestry were slightly underrepresented in this survey, being 3% less than Census figures for the general population. Individuals of Hispanic cultural identification were quite severely underrepresented, with only 0.5% of the survey respondents claiming Hispanic ancestry or cultural identification. According to the 1990 Census results for the Midwest, this figure should be 7.3% (Bennett, 1991, p. 97; U.S. Bureau of the Census, 1991c, p. 18).

Single never-married heads of households were reported as 14.9% of the population. It composed 5% of foster parent survey participants. The number of married foster parents who participated in the survey totaled 76.6%. This was much higher than the population in general, which is reported by the U.S. Census as being 56.1%. In addition, 11.8% of heads of household were reported as being divorced in 1990 Census figures for the Midwest. Divorced individuals

comprised 5% of survey respondents. The category of widowed constituted 5% of survey respondents and 12.7% of the general population according to Census data (Saluter, 1990, p. 75).

Religious preference was reported by 95.3% of survey respondents as compared to 59.9% of Census participants. Comparisons of preference include: Catholic indicated by 17% of foster parents and 38% of Census respondents, Protestant comprising 60.1% of foster parent religious preference and 55% of Census data, "Other" indicated by 14.7% of foster parents and 3% of Census data and Jewish not indicated by foster parent participants and comprising 4% of Census participants. If those individuals who did not reply to the survey and indicated "none" for religious preference are added together, this category represents 12% of those who responded to the question and 9.4% of total survey respondents. This compares to 40.1% of the Census participants (U. S. Bureau of the Census, 1991d, no. 77).

The mean and median family income, excluding foster care payments, for survey participants was the category \$21,000.00 to \$25,000.00. This compares with the 1989 Census figures for the Midwest of \$24,853.00 per household as the average family income and with the 1990 Census information for the North and West regions of the country which reports \$21,987.00 median income and

\$28,652 mean income for family households (U. S. Bureau of the Census, 1991a, p.3).

There is a very large discrepancy between the number of individual householders who are below poverty level in the survey respondents and the general population. Ten percent of foster parents indicated that their household income was less than \$5,000.00. This compares to less than 1% of Michigan households and 1.1% of households in the United States that reported a household income less than \$5,000.00 in the 1990 U. S. Census (U. S. Bureau of the Census, 1991b, p. 208).

Years of education of foster parents were generally equal to the figures for the population of the Midwest, according to the 1990 U. S. Census. The only difference was that foster parents reported possessing less than a high school diploma 10% of the time, as compared to 20.97% of the Midwest population at large (Bennett, 1991, p.85).

Based on the above information,  $H_0 4$  is rejected.

Hypothesis five states: Reported incidence of alcoholism in the family of origin of foster parents does not differ significantly from the population in general.

As noted above, an NCADE study of adult americans over the age of 15

found that 18% had been reared in a home where one parent or caretaker was alcoholic (NCADE, 1992). Foster parents report that 32% were reared in homes where at least one parent or caretaker abused alcohol.

Based on this survey result and the above information, Hypothesis five is rejected.

Hypothesis six states: Reported incidence of parental mental health treatment in the foster parent's family of origin does not differ from the population in general.

Reports from the National Institute of Health (NIH) show that approximately ten percent of the parents of adult caretakers of children in the United States had sought mental health help during their parenting years (NIH, 1992). Foster parents reported approximately eleven percent of their parents had mental health problems.

Based on the above information Ho 6 is rejected.

Hypothesis seven states: The reported experience of violence in the family of origin of foster parents does not differ significantly from the population in general.

A nation-wide survey of 2,143 family homes conducted in 1981 and reported by Straus et al. found that 13.1% of parents interviewed remembered at

least one physically violent incident that could be classified as domestic violence between their mother and father during their childhood (1981, pp. 264, 266).

Foster parents reported that 13.8% of their homes included physical violence between their parents. Given the above data, it appears that this figure parallels the most comprehensive national study of family violence and Hypothesis seven is accepted.

Hypothesis eight states: The coping response style of foster parents is not related to: (a) the number of years individuals have fostered, or (b) the number of children fostered.

An analysis of variance did not detect any significant differences in coping response style, as measured by the Coping Responses Inventory (Moos, 1988), or in specific coping responses utilized by individual foster parents.

The population was analyzed in several ways. Differences were sought between individuals who had fostered for one year or less and the remaining survey respondents, individuals who had fostered two years or less and the general population, individuals who had fostered five years or less and the remaining survey population and individuals below or above 4.5, the median number of years of fostering reported by survey respondents.

In addition, the number of children that survey respondents reported



fostering was divided into groups of two or less versus remaining survey respondents, five or less versus remaining survey respondents, and using the median number of years fostered as the dividing score. All groups were compared and contrasted. No differences were noted in coping response style or reported coping responses in any of the groups.

Utilizing the above information,  $H_0$  8 is accepted.

Hypothesis nine states: There is no relationship between the degree of satisfaction with fostering and the reported coping response style reported by foster parents.

Using correlation and analysis of variance, it was found that the degree of satisfaction expressed with the role of foster parenting did not vary depending upon the coping response style or coping responses employed in reaction to loss of foster children.

Investigating the relationship of this variable with other characteristics of foster parents, a modest negative correlation was found between the number of years an individual had fostered and their description of satisfaction or fulfillment with the role of foster parenting ( $r = -.1719$ ,  $p = .050$ ).

Although coping response style, coping response mechanisms and anticipated mechanisms utilized by foster parents did not correlate with the

degree of foster parent satisfaction, other variables appeared to vary with the degree of satisfaction with fostering that foster parents reported. There is a highly significant difference in the response of individuals who had fostered one to five children and those who fostered more than five children and the expression of satisfaction or fulfillment with fostering expressed. The group of foster parents that had cared for fewer children rated being a foster parent more negatively than those foster parents who had fostered more than five foster children (means: Fostered five or less children=1.41 and Fostered more than five children=1.68.  $t=2.97$ ,  $p=.003$ ).

Also, those who reported their educational achievements to be less than 13.4 years (the mean number of years of education reported by foster parents) reported that they were more satisfied or fulfilled with their role as a foster parent than those individuals who reported a higher educational achievement (means: 13.4 years of education=1.46 and over 13.4 years of education= 1.67,  $t=2.00$ ,  $p=.047$ ).

Given the above statistical analysis,  $H_0 9$  is retained.

Hypothesis Ten: There is no relationship between the level of education and the coping response style reported by foster parents.

As noted in the discussion of Hypothesis five, individuals who had less

formal education felt significantly more favorable about their role as a foster parent than individuals who had completed at least a year a half of college or post high school training. Examining the survey for differences in coping response style due to educational achievement, it was found that individuals who fell in the lower half of educational achievement (less than 13.5 years of formal schooling) stated that they usually coped with their feelings surrounding foster children leaving their home by taking out their feelings on others significantly more often than individuals who fell in the upper half of educational achievement which was 13.5 years or more (means: Less than 13.5 years of education=1.49 and More than 13.49 years of education =1.72,  $t=1.96$ ,  $p=.053$ ).

No other differences were found in coping responses utilized when foster children leave, even when the data was manipulated using high school completion versus less than high school, high school or less versus more than high school and the bottom quarter of educational achievement versus the top quarter of educational achievement. Also, there were no differences in responses to the Coping Responses Inventory (Moos, 1988) when the data was divided as discussed.

The only other significant difference between foster parents of lower and higher educational achievement, other than the fact that the former were older

and earned significantly less income, was the report of the feeling of relief when foster children leave. Those with less education tended to feel relief very significantly less often than foster parents with higher educational achievement (means: Less than 13.5 Years of Education=3.65 and More than 13.4 Years of Education=3.18,  $t=3.44$ ,  $p=.001$ ).

Based on the above data,  $H_0$  10 is accepted.

Hypothesis eleven states: There is no significant difference between characteristics of foster parents who foster for private agencies and those who foster for public agencies.

The similarities and differences between the Department of Social Services and other agencies who process and recommend licensure of foster parents were noted in the section, Public Agencies versus All Others above. In summary, there were identical responses from individuals who fostered for public and private agencies on the report of their age, educational achievement and income and nearly identical responses to questions that determined emotion experienced when foster children leave, coping responses utilized in response to the loss of foster children from their home, coping response style as measured by the Coping Responses Inventory (Moos, 1988), number of foster children the individual had cared for and the description of the last foster child to leave their

home.

The number of years that the individual had been licensed as a foster parent differed significantly. Individuals whose license to care for foster children was processed by the Department of Social Services, a public agency, reported being licensed for fewer years than those whose foster care licenses were processed by private agencies. Individuals who fostered for Department of Social Services also scored significantly higher on the Family of Origin Scale. In addition, they rated their childhood as more happy than those who fostered for private agencies, although this finding was not significant (means: Public Agency=2.10 and Other Agencies=1.80,  $t=1.46$ ,  $p=.145$ ).

The most substantial difference between individuals who have fostered for private agencies and those who fostered for Department of Social Services is the feeling of disbelief when foster children leave. The former experience this emotion much more often than the latter, leading to a highly significant difference in these two populations.

Given the above information,  $H_0$  11 is rejected on a guarded basis, noting that there are many more similarities than differences between the two populations.

Hypothesis twelve states: There is no difference in Family of Origin Scale

scores among subgroups of foster parents (Hovestadt et. al, 1985).

There was a significant difference on the average mean score for the two largest subgroups of foster parents--those who fostered for the Department of Social Services and those who fostered for Other Agencies. The mean score for the former was 142.02 while the latter was 132.52. This result would occur by chance less than five percent of the time ( $t=2.05$ ,  $p=.042$ ).

In addition, foster parents who reported childhood experiences of physical abuse, emotional abuse, sexual abuse and neglect scored substantially lower on the FOS than foster parents who did not report that they had shared these childhood experiences (means: Experienced Childhood Physical Abuse=95.79 and Did not Report Childhood Physical Abuse=141.56;  $t=5.35$ ,  $p=.0009$ ,  $f=2.00$ ,  $p=.012$ ; and, means: Experienced Childhood Emotional Abuse=100.96 and Did not Report Childhood Emotional Abuse=147.66,  $t=10.29$ ,  $p=.0001$ ; and, means: Experienced Childhood Sexual Abuse=109.18 and Did not Report Childhood Sexual Abuse=141.40,  $t=4.73$ ,  $p=.0009$ ; and, means: Experienced Childhood Neglect=107.78 and Did not Report Childhood Neglect=139.91,  $t=3.96$ ,  $p=.026$ ).

Foster parents who were victims of emotional abuse or had experienced rape as adults also scored substantially lower than all other foster parents on the

FOS (means: Experienced Adult Emotional Abuse=120.3 and Did Not Experience Adult Emotional Abuse=139.84;  $t=2.80$ ,  $p=.008$ ; and, means: Experienced Rape as an Adult=103.9 and Did Not Experience Rape as an Adult=138.0,  $t=2.29$ ,  $p=.047$ ).

Given the above information,  $H_0$  12 is rejected.

## CHAPTER V

### DISCUSSION AND RECOMMENDATIONS

Since there are no demographics established for foster parents in the State of Michigan, this study has added significantly to the body of knowledge regarding foster parents. It is, however, difficult to comment on the results of the demographic survey since there has been no established baseline data or norms for foster parents.

Physical and economic characteristics were contrasted with the general population of Michigan, the Midwest and the United States. While this demonstrates how closely foster parents reflect the population in general, it does not necessarily reflect the need for specific attributes generated by the children who are placed in foster care. Unfortunately, at this time, the same demographics that are unavailable for foster parents are also not available for foster children.

The main task of this study was to establish more knowledge and awareness regarding the basic qualities of foster parents which allow them to cope with very unusual family circumstances. More importantly, however, was



the charge of discovering what attributes allow foster parents to continue to place themselves in the position to encounter loss, since the role of foster parent is that of temporary caregiver of children whose own experience is outside the realm of normal childhood experience.

It appears the age, racial and cultural identification of the survey respondents reflect the population of Michigan and the Midwest, in general, except in the area of Hispanic cultural identification where survey participants were 7.5% below the average for households in the Midwest and comprised only 0.5% of foster parents who completed and returned their survey. Black family households were underrepresented by 2.5% in the foster parent survey sample. Although the Department of Social Services has actively recruited Black families to join their foster home program, it does not appear that this inequity between Hispanic population demographics and foster home demographics has been discovered. Or, on a more positive note, the recruitment of Black families with a special program, 'One Church, One Child,' has been quite successful and a similar effort should be mounted regarding Hispanic families.

At one time, a single individual who volunteered to parent foster children was considered unusual. Now, according to census information, the 5% of foster parents who reported that they were single and had never married is 10% below the national average for single never-married heads of household.

the national average for single never-married heads of household.

The educational attainment of foster parents was above the average for Michigan. It should be noted that this does not include the special training for foster parents, which averaged nearly one hundred hours.

Although most foster parents reported church affiliation, over 12% stated that they did not attend church. The general population contains nearly three times this number of non-church-goers. As such, this modest minority may espouse needs and beliefs could be unique or, at minimum, distinctive from the majority. They may require different non-church-based educational experiences and could respond more quickly or positively to reinforcement that is tailored to their personal or social persona rather than that which is religiously or philosophically based.

Ten percent of foster parents earned \$5,000.00 or less per year. This is over nine percent above the average of individuals in severe poverty in Michigan and shows how important the rate of reimbursement for foster parents is to the well being of these foster parents. Since reimbursement for expenses reaches the foster parent, most optimistically, six weeks after the placement of the foster child, it appears that a great deal of stress is placed upon the foster parent. Nevertheless, the foster parents who reported incomes of \$5,000. or less did not

differ substantially from other survey respondents except to rate their childhood as being more happy and evaluating their satisfaction or fulfillment with the role of foster parenting more favorably than other foster parents.

Nearly three quarters of foster parents reported fostering children who had been physically abused, seventy percent had fostered children who had been emotionally abused and over three fifths had fostered children who were sexually abused. Since fifteen percent of foster parents themselves were sexually abused in childhood, it appears quite likely that these foster parents will, indeed, have a child who has been sexually abused placed in their home. In addition, twenty four percent of foster parents reported experiencing emotional abuse as children, and eleven percent experienced physical abuse and/or neglect during their childhood.

MacFadden (1987) has recognized the importance of helping foster parents identify and process their feelings as a method of avoiding burnout. Bowlby (1980) has postulated that individuals often place themselves in the position to help someone else resolve a situation that is similar to one which was not personally resolved in the past and, thereby, created an enduring emotional wound. According to Bowlby, this can lead to compulsive caregiving as a method of--euphemistically--saving oneself.

Given the fact that it has, at minimum, been found to be emotionally difficult to work with children whose physical and/or emotional injuries closely parallel one's own, it would be judicious for social workers who process licensure for foster parents and oversee training to inquire not only about the childhood experiences of foster parents but also to gain some insight as to the resolution of the emotional hurt and possible impairment caused by these early experiences. In addition, it would seem to be appropriate to establish ongoing support groups that would deal with this very issue, since old wounds can be reopened when adults relive with their foster children problems similar to their own. This seems especially important since twenty four percent of foster parents rated their childhood as only sometimes or rarely happy, over twenty five percent reported emotional, physical abuse, sexual abuse or neglect in their childhood and thirty two percent had one or more caretakers in childhood who abused alcohol.

The median number of years that foster parents had been licensed to care for unrelated children in their home was four and one half and the median number of children that had been placed in the home was seven and one half. The median length of time of placement of foster children was six months. This means that it is possible that the typical foster parent could have had a child in care for all but eight months during the four and a half years that they had been

licensed with an average of four weeks between serial placements of a new foster child in their home. It appears that a typical time for readjusting to new life circumstances, six weeks, would never occur and life would be a series of constant changes.

The other extreme for typical placement would have four children placed immediately upon licensure and living in the foster home for six months, having three and a half years pass without a placement then, again, having four children placed in the foster home. Change in family roles and routine, which inevitably accompanies the addition of children who are strangers to the household, would be quite dramatic and possibly distressing to the established status quo of the household. This scenario could only happen, at maximum, thirty four percent of the time since approximately one third of foster parents are licensed to care for four or more foster children at a time.

There were a wide variety of subjects of training and training hours reported among the foster parents surveyed. The clearest concern for State of Michigan officials would be the nearly one fifth of foster parents (N=44) who reported under 24 hours of training. Since each foster parent is required to receive six hours of training before becoming licensed and another eighteen hours of training within the next eighteen months of licensure, clearly the 33 foster

parents who reported under 24 hours of training and, also, holding a license as a foster parent for over two years did not meet this criteria.

Eighteen percent of foster parents reported less than one day's notice of the removal of the last foster child to leave their home. Nearly eleven percent of these individuals received no advance notice of their foster child being sent to another placement. This figure excludes the five percent of foster parents who asked for the immediate removal of their foster child. It appeared that foster parents above the median age of 44.5 tended to receive more notice of the removal of foster children than younger foster parents, i.e., those below the median age. Since the average length of stay for foster children did not differ significantly between these two populations, it is possible that the additional life experience of the older foster parents may help them in some way to interact with the child welfare system and, perhaps, glean more information regarding the foster children in their care--particularly regarding future placement planning.

In addition, those individual foster parents who received less notice regarding foster children leaving their home tended to view the last foster child placed in their home more positively than those individuals who received more notice. It is possible that the emotional state of shock and disbelief was precipitated by the lack of notice of removal of the foster child in care and this

circumstance, in turn, created a positive shift in the attitudes toward the foster child in care due to the lack of opportunity to process an ending between foster parent and foster child. Bowlby (1980) noted that resolution is one of the most important parts of reward for many selfless volunteers since much of the motivation to help comes from traumatic events contained in the volunteers past. He felt that the best reward is seeing resolution in current situations which parallel unresolved situations in the volunteer's past. Abrupt endings, including little or no notice regarding the replacement of a foster child, do not allow foster parents to fully process loss and would not lead to appropriate resolution, according to Bowlby's theory, of current or past losses for foster parents.

Also, foster parents who reported longer than six months placement tended to rate the role of being a foster parent more positively than those whose last placement was less than six months, although this event could have occurred by chance eight percent of the time. It is possible that it is more satisfying to foster on a longer term basis and that the foster parents were able to form a more solid relationship with the foster child due to the additional time in relationship. However, when it is noted that those who cared for foster children on a shorter term basis were given significantly less notice of their leaving than those foster parents whose last placement was longer in nature, it is also possible that the

additional notice of the foster child leaving allowed a more satisfying and more complete termination to the relationship between foster child and foster parent.

Since one half of all placements, at this time, appear to be six months or less in length according to this survey, and the very nature of these shorter term placements may provide less notice possible to the foster parent regarding the plans for the foster child's leaving, it is appropriate to urge that licensing agencies provide foster parents much more training regarding coping skills and attachment, separation, loss and grief than presently is the case. Currently only half of foster parent survey respondents report training in the area of loss and grief and stress management, 67% report training regarding attachment and separation, and 45% report training regarding coping responses in regard to foster child leaving. The latter figure, which deals exclusively with a focus on the foster parent, should be 100% in order to assure the mental health and well being of the foster parent.

Foster parents reported feeling a myriad of emotions when foster children leave. Some emotions, like shock and panic, were reported to occur fairly infrequently in response to a foster child departing their home. On the other end of the scale, sadness was reported to occur in response to a foster child leaving almost all of the time. About half of the foster parents experienced some



measure of relief, joy and/or pity about fifty percent of the time. Disbelief and irritation were reported as occurring to some degree a quarter of the time and guilt just slightly less often.

The feelings of foster parents regarding the exodus of foster children placed in their home are obviously mixed, since almost three quarters of foster parents reported also feeling happy about three fourths of the time. A number of foster parents placed "for the child" next to the column where they rated how frequently, if at all, they experienced the emotion of happiness when a foster child left their home. The fact that these individuals found it necessary to explain this juxtaposition of feelings shows the spectrum of conflict and complexity of feelings that surround a foster child leaving the foster parent's home.

Foster parents also reported, almost overwhelmingly, that their motivation to continue to foster was to "help a child in need." This could, additionally, add to the fairly massive confusion of feelings that surround the loss of a foster child through replacement, adding a bittersweet altruistic quality to the feelings of loss and grief for foster parents. Further, 25% of foster parents note that their friends and relatives, the support system of most individuals, seldom or never understood their need to grieve the loss of a foster child.

Research has shown that abnormal grief reactions may occur when either

dependent attachment, conflicted attachment and unexpected loss occur as part of the relationship between the bereaved and the individual lost (Bowlby & Parkes, 1970; Parkes & Weiss, 1983; Rando, 1984). Certainly unexpected loss occurs in at least eighteen percent of foster parents who receive less than one day's notice that their foster child is leaving. In addition, the pull to consider the happiness of foster children who are reunited with their parent(s) can create an emphasis on the positive aspects of separation and loss for foster parents. This could be reflected in the overwhelming number of foster parents who reported feeling happy for the foster child who left their home while also reporting feeling sadness, presumably for themselves and their loss.

Delayed and distorted grief reactions are the most common forms of abnormal grief reactions and seem to occur in about fourteen percent of the bereaved population. In delayed reactions, the bereaved may show little or no outward signs of mourning at the time of the loss only later to react with profound and what appears exaggerated grief at a loss that would be judged to have much less significance to that individual (Crenshaw, 1990).

In distorted grief reactions, the individual who has experienced loss but not processed their feelings relating to that loss, may later develop physical symptoms such as migraine headaches, dizzy spells, back pain or stomach

problems. They may also become irritable and angry in their interpersonal relationships reacting to what normally would be inconsequential issues with overexaggerated emotion that often elicits serious conflict.

One noted example in the research literature is the fact that it is common for couples to file for a divorce within a year after the loss of a child. It appears that these individuals are unable to deal with their grief and, thereby, displace it on each other. Unexpressed resentments which occurred prior to the loss often reappear as divisive issues. Crenshaw (1990) noted that a major goal of grief counseling is to prevent subsequent maladjustment of the bereaved by helping those who have suffered a loss to mourn that loss fully. He also discussed how normal life transitions can be viewed as loss and become the issue that triggered the displaced or distorted grief. Crenshaw reported that one of the most important mitigating factors to the possibility of pathological grief occurring is the close and confidential relationship between the bereaved and another adult.

It should be noted that 12.4% of foster parents stated that they often take out their feelings on others when they experience the loss of a foster child. This appears to parallel the 14% of individuals that appear to develop enduring and intense grief responses in reaction to loss, according to Rynearson (1987, pp. 487-499). Certainly, the precipitating factors noted above are created by the act of

caring for foster children.

Seventy five percent of individuals reported that their friends and relatives understand and support their need to grieve. It seems that individuals who appear to have a ready-made support system, that of friends and relatives who formed a basis for a happy childhood, are more likely to feel that those who surround them understand their need to grieve the loss of a foster child. Those who rated their childhood sometimes or rarely happy also noted that their support system was not understanding of their grief process regarding the loss of foster children. This is another area where foster home licensing workers need to take note. Foster parents whose childhood is characterized as less than happy should be given immediate and consistent contact with a peer support system in order to provide, at minimum, a forum for the processing of grief and loss.

Over eighty percent of foster parents stated that they found being a foster parent very or usually satisfying or fulfilling. Six percent found fostering not usually or never satisfying or fulfilling and these individuals also noted that they were seriously thinking of not taking future placements. These same individuals also reported less notice of the removal of a foster child from their home, a shorter length of stay for foster children, and less support among friends and relatives for their feelings of grief surrounding the exit of foster children from

their home. Foster parents who rated fostering as not usually or never satisfying or fulfilling also reported feeling less emotion when foster children leave and using significantly fewer coping responses. It appears that these individuals are perfect candidates for abnormal grief reactions. Certainly, at very least, a foster parent network of individuals who understand and share similar experiences of loss and grief may help to ameliorate the lack of social support afforded these individuals and provide an environment where grief could be processed completely.

#### Learning About, Starting, and Continuing to Foster

Most foster parents originally learned about fostering from other foster parents who were friends or relatives. The largest public source of information that appeared to impact foster parents was the newspaper, which was cited as the original source which informed the foster parents about foster care programs and the possibility of becoming licensed to care for an unrelated child in their home. Next, individuals discovered the possibility of fostering through their church or at work. Combined, television, radio and experiencing fostering in their youth either through being the birth child, adopted child or a foster child of foster parents appear to impact about as many individuals as church and work.

Caring for a child in need was cited as the reason most individuals originally became licensed as foster parents and, also, why those individuals continue to foster.

It appears that the altruistic nature of foster parents and their propensity to glean information from newspapers, churches and, somewhat less often, television and radio, should draw the attention of foster parent licensing workers to the most effective advertising and recruiting strategies. The overwhelming response of the foster parent population, singling out "to help a child in need" from twelve possible responses to the question, "I continue to foster because:" suggests that the word "need" is a powerful motivator for fostering. The concept of helping needy children should be included in any recruitment and/or retention advertisements and recognitions. An example would be the inscription on a special award for foster parents which could read, "Foster Parent of the Year. Presented to X and X for Outstanding Achievement in Helping Children in Need." or "Foster Parent of the Year. Presented to X and X for their special love and dedication in helping children in need." Another example would be the current recruitment slogan: "Children Need Loving Homes, Share Yours."

### Special Childhood and Adult Experiences

Of particular interest is the fact that almost 36% of foster parents noted that their father and/or mother abused alcohol. This is clearly above the national average of 18%. Much has been written about the effects of parents who abused alcohol on the childhood experiences of their children. Needless to say, the number of foster parents who are children of parents who abused alcohol points to the importance of training in the area of alcohol abuse, including the current treatment modes, common problems of children of alcoholics and the possible life issues which may result in adults who were children of alcoholics.

Unresolved feelings relating to alcohol-induced familial experiences could impact not only loss and grief issues for foster parents but also generate unnecessary fear for the safety and well being of the foster children in their care who share analogous life experiences. Foster parents who share parallel life experiences with the foster children in their care could also develop intolerance to modes of adaptation utilized by the children of alcoholics to promote their safety and survival, particularly as these modes of adaptation mimic the early childhood experiences of the foster parents.

In addition, a significant number of individuals reported that their

parents were violent towards each other through mutually perpetrated or one parent perpetrated emotional or physical abuse. Since the amount of violence that individuals are exposed to as teenagers correlates strongly with the amount of violence that the individual perpetrates on the significant other in his or her relationship according to Straus et al. (1981), it is important for licensing workers to clearly address this issue in their assessment of a family for the task of caring for unrelated children in their home.

Straus et al. (1981) found that 28% of husbands and 24% of wives in their national survey rated "A Couple Slapping Each Other" as normal (p. 183). Nine percent of wives and sixteen percent of husbands thought that a couple slapping each other was "good" while five percent of wives and eight percent of husbands responded that a husband and wife slapping each other was necessary. Clearly, attitudes toward violence in relationship are not easily addressed without first ascertaining the individual's definition of acceptable and unacceptable actions which cause physical or emotional repercussions (pp. 47, 112). With this information, it is clear that foster home licensing workers must first determine each individual's definition of violence in the home in order to accurately assess the possibility of exposure of the potential foster child placement to physical or emotional violence between adult caretakers in the foster home. In addition,



ongoing "couples workshops" should address the stress induced into the marital relationship by the act of fostering.

Most of the foster parents who reported being a victim of physical or emotional violence during their adult years had been married more than one time. It is possible that these individuals had experienced violence in their home during a previous relationship. There was no way to differentiate between violence that occurred in a previous couple relationship and that which occurred within the current couple relationship. A differentiation would be helpful in future survey research and is essential for foster home licensing workers to highlight when discussing this important subject with potential foster parents.

### The Family of Origin Scale

As would be expected, foster parents who reported traumatic incidents in their childhood such as physical, emotional or sexual abuse and/or neglect scored substantially lower on the FOS than the rest of the population. Those foster parents who rated their childhood as being somewhat or rarely happy also scored lower on the FOS than foster parents who rated their childhood as happy or mostly happy.

The lowest score on the Family of Origin Scale occurred from responses

of foster parents who felt that they had experienced physical abuse as a child. The mean score, 95.79, was fully 45.77 points below the mean score for foster parents who had not experienced childhood physical abuse. This is clearly a mandate for foster parents to examine their own disciplinary measures utilized toward birth, adoptive and foster children. This survey provides evidence of the potential impact of physical abuse in childhood. Since the information suggesting a likely correlation between physical abuse in childhood and the negative evaluation of happiness in childhood was collected from the survey participants, highlighting this information may serve to point out possible consequences of physical discipline. Because this information is gathered from the recollection of the foster parents own past histories, it is possible that foster parents, who are informed of this circumstance, will become more sensitive to the impact of their actions upon children.

Recently, in 1989, the State of Michigan enacted a licensing regulation preventing foster parents from using any type of physical punishment as a disciplinary measure. This was met with some resistance and concern on the part of foster parents. On the survey questionnaire, physical abuse was not defined but was left to the foster parent's own definition. It would be interesting to pursue the foster parent's recollection of physical abuse and compare that to

physical means utilized as disciplinary measures by foster parents. Perhaps there would be a parallel.

Individuals who reported being emotionally abused obtained an average score on the Family of Origin Scale ten points higher than those who had been physically abused. Foster parents who reported being sexually abused showed an average score on the Family of Origin Scale ten points higher than those who reported being emotionally abused and twenty points higher than those who reported being physically abused. All of the preceding foster parents considered their childhood extremely less happy than foster parents who did not report being physically, emotionally or sexually abused in childhood. It appears that although there were more positive experiences in the childhood of the sexual abuse victim, as measured by the Family of Origin Scale, the experience of sexual abuse colors the evaluation of childhood considerably.

Foster parents who reported childhood neglect scored almost identically on the Family of Origin Scale with those who reported sexual abuse during childhood. It is likely that since both conditions include physical and emotional components, the interaction of these factors could contribute to their resemblance.

The subpopulation of foster parents who had experienced rape as an

adult did not differ from the general population except for a significantly lower score on the Family of Origin Scale and stating that they were less likely to experience shock when a foster child leaves their home. Possibly, these foster parents have come to grip with the fragility and unpredictability of life through a very traumatic experience and, thereby, are prepared for unusual and unique experiences especially when these experiences are emotionally painful. At the very least, they appear to be insulated in some manner against emotional reaction to unusual circumstances.

### **Coping Mechanisms Employed by Foster Parents**

The use of coping mechanisms varied throughout the foster parents surveyed. Of particular interest is the fact that individuals who characterized themselves as African American reported using each coping mechanisms less frequently than those foster parent survey respondents who designated themselves as White. It is unclear if this is a result of cultural or other yet undiscovered factors.

Foster parents who stated that they had experienced emotional abuse as an adult found that utilizing the coping mechanism "remembering the good times with the foster child" was employed much more often in relation to processing

their emotions when a foster child leaves their home than other foster parents. If this emotional abuse was perpetrated by the foster parent's significant other, it is possible that this coping mechanism is a reflection of the area of life from which the foster parent derives emotional satisfaction. This lack of balance and possibly unhealthy attachment could interfere with the judgement and ability of foster parents to process endings, and, thereby affect the foster child in their care. In any case, further research study of this area is necessary to form more accurate hypotheses.

Two coping response mechanisms utilized when foster children leave were called upon much more often by individuals who rated being a foster parent positively. It appears that those satisfied with the role of foster parent share feelings with others and remember the positive changes and good times with a foster child as ways to cope with foster children exiting their home.

Individuals who felt more positive about their role as a foster parent also tended to ask for a placement of another foster child right away as a method of coping with a foster child leaving their home. Looking at loss or grief resolution issues, it appears that this coping mechanism would place this population at risk for distorted or displaced processing of loss issues. It is possible that being happy with the role of foster parent is not a meaningful measure of the mental health of

the foster parents, the appropriateness of foster parents' performance of the task of fostering or the exact use or abuse of this role.

### **Problems Listed by Foster Parents on the Coping Responses Inventory**

Nearly thirty percent of the problems listed on the Coping Responses Inventory (Moos, 1988) dealt with issues regarding foster or adoptive children. The individuals who listed problems relating to foster or adoptive children appeared to experience emotions surrounding the loss of foster children more regularly than all other foster parents. They particularly reported feeling anger in response to loss of foster children more frequently than other foster parents. These individuals were licensed to care for more foster children than other foster parents and, therefore, had the opportunity to care for more foster children at one time. It is possible that the propensity of these foster parents to allow themselves to feel emotions and utilize coping mechanisms more often in relation to the loss of foster children may facilitate their processing of grief.

In direct opposition to the established research linking caring for more foster children at one time with negative perceptions of foster children, foster parents who described the last foster child to leave their home in a more positive fashion had cared for more foster children overall and had more foster children

in their home at the time of the survey (Fanshel, 1966). In addition, since these individuals had chosen to share a stressor relating to foster parenting, it is obvious that their relationship with a foster child has been labeled as stressful. One would expect that this would impact upon the description of behavior of the last foster child to leave the foster parent's home. Perhaps the fact that the foster parent can be open and honest regarding the stressful nature of foster parenting contributes to successful stress reduction and utilization of coping response skills. It is possible that these individuals hold a more balanced view of fostering and, perhaps, life in general.

Another 43% of the foster parents reported problems that dealt with relationship issues regarding family and friends. These individuals did not differ significantly from the population of foster parents at large.

Seventeen percent of foster parents who reported work and financial problems on the Coping Responses Inventory (Moos, 1988) were significantly younger than the rest of the foster parent population. It is possible that work and financial problems occur more often in individuals who, through their young adult status, have less seniority or experience in the work force and thereby risk lay off, termination of employment or more complex competition for advancement.

It remains undetermined why foster parents who reported medical problems as stressors on the Coping Responses Inventory (Moos, 1988) were significantly more likely to view their role as a foster parent more favorably than foster parents who reported relationship issues. This could be the subject of further inquiry.

### Foster Parents and Reported Loss

Foster parents who reported a stressor within the last year that included the loss of a relationship on the Coping Responses Inventory (Moos, 1988) were older than those who chose other issues as illustrations of a stressor experienced within the past year. These individuals characterized the last foster child to leave their home as exhibiting much more negative behavior than individuals who reported loss of income. Individuals who reported loss of relationship had fostered significantly longer than individuals who reported loss of income. The former also stated that they experienced joy more often in response to foster children leaving their home.

Apparently, loss within relationship is more stressful than loss of income or material possessions. Conceivably, this is part of what gives human beings the ability to show empathy and concern for ourselves and others.



**Reports by Foster Parents of Their Use of Coping Responses  
on the Coping Responses Inventory**

As noted above, the standard scores for the Coping Responses Inventory (Moos, 1988) have a mean of 50 and a standard deviation of 10. The highest score obtained is 100 and the lowest is zero. Most individuals within the general population of the United States score between 40 and 60. All of the scores for the foster parents on the coping response indices were within that range.

It should be noted that foster parents appear, within a normal range, to rely more of the positive coping mechanisms of Positive Reappraisal and Seeking Guidance and Support and rely much less on the negative coping mechanism of Cognitive Avoidance. Also it should be recognized that the positive coping mechanism of Taking Problem-Solving Action was used less frequently by foster parents.

It is not surprising that foster parents would be higher on the coping responses of Positive Reappraisal and Seeking Guidance and Support. Most agencies prefer that their foster parents be willing to ask the agency for help when novel situations arise rather than take independent problem solving action. Luckily, foster parents rely less on taking problem solving action than the population at large.

Foster parents also relied more on cognitive reappraisal. With the many very difficult situations that occur with foster children, including having multiply abused and victimized children placed in a foster parent's home, the ability to reframe horror serves a foster parent well. In addition, the fact that foster parents rely on logical analysis of situations somewhat less than the population at large certainly could be a positive method of dealing with the child welfare system. This system, where rules are based on the interpretation of law and the Juvenile and/or Probate Court treats each case individually, is not open to review and not easy to divine. It is thereby quite difficult to surmise the likelihood of certain courses of court action since there is a lack of established rigorous and predictable rules of intervention and disposition of specific case circumstances currently under their purview.

It appears that foster parents self-select, with those possessing fewer coping skills dropping out of foster parent programs quickly, and thereby the foster parent population may become fairly homogenous in coping response style. Individuals whose coping response styles were most divergent from the majority of foster parents also were less happy with the role and appeared to judge the behavior of foster children with more negative bias.

## Recommendations

More research is needed in the area of foster parenting. The important task of caring for the abused, neglected and special needs youth of our nation should not be left to presumption and superstition. This study has raised several questions that can be addressed solely through additional rigorous inquiry. It is essential that such research be undertaken and, most optimistically, legislatively mandated and funded.

An immediate area of inquiry should be the effect of instruction for foster parents in the areas of attachment, separation, loss and grieving on foster parent satisfaction, retention and attitude toward foster children. In addition, the difference in foster parent attitude, retention, experience and satisfaction should be determined for various types of relationships and non-relationships with former foster children, including: (a) continuing a non-caretaker relationship with former foster children, (b) receiving specific scheduled feedback regarding foster children who have been removed from the foster home, (c) receiving sporadic nonscheduled feedback, and (d) being offered no feedback regarding the current circumstances and well being of former foster children. If there is a consistent positive relationship between (a) foster parent retention, (b) foster

parent satisfaction with the role of fostering, (c) positive perception of personal characteristics of foster children currently in their care, and (d) foster parenting effectiveness and specific styles of receiving feedback regarding former foster children, state policy should establish and mandate consistent feedback loops for foster parents.

Perhaps most important is the finding that ten percent of foster parents are below the extreme poverty level and report \$5,000.00 or less in yearly family income. This is a substantial portion of agency placement resources. The State of Michigan should take immediate steps to establish county-based funds which can be used to instantly provide reimbursement to these individuals for fostering expenses incurred upon initial placement of foster children. It is well known that most foster children are placed in care without adequate clothing. The stress of attempting to provide adequate clothing in addition to food and shelter could prove deleterious to those foster parents who exist in extreme poverty. At minimum, utmost sacrifice on the part of the foster parent is required.

The State of Michigan should also inquire into the notice of removal of foster children from foster homes and preparation for removal and/or replacement of foster children from foster homes. Guidelines should be established regarding early and consistent planning concerning length of stay of

foster children and notice to foster parents. Training should also be established to inform child welfare workers about the effects of separation and loss upon foster parents and the methods of helping foster parents and foster children resolve issues of separation and loss. Specific training manuals should be developed which include illustrations of typical behaviors and attitudes of foster children and foster parents toward the replacement and characteristic interventions on the part of the caseworker which positively impact the quality of this experience.

Many foster parents felt that agency and/or social worker support and understanding were essential for their processing of emotion surrounding the loss of foster children. The caseworkers's needs should not be ignored. Loss is a universal experience and occurs as a routine part of the job of child welfare worker. For the caseworker, a healthy understanding of one's self including attachment and loss issues should be the first step toward establishing empathy toward foster parents, foster children, natural parents and others who inhabit the child welfare system. Additional training and emphasis upon attachment and separation issues will perhaps improve both the tolerance, timing and intervention strategy of the child welfare worker.

In addition, agency attitude toward the role of foster parents should be

highlighted. It is clear that foster parents provide an essential and valuable service to the child welfare system. Handwritten comments on returned surveys noted that many foster parents felt underutilized by agency and court and wished for a more professional status, that is a more proactive involved role than anonymous child caretaker. A mechanism for including feedback from foster parents in case planning could highlight the contributions of foster parents and provide valuable information to the social caseworker. This could be as simple as periodic checklists and optional space for handwritten notes from foster parents. Although agency and state policy mandate periodic contact between supervising caseworker and foster parent, this time is often relegated to crisis intervention, particularly in the case of foster children who exhibit difficult behavior. Another mechanism is necessary to include foster parents in the decision making process.

Learning theory suggests that behavior is shaped over periods of time due to consistent or periodic reward or reinforcement. An analysis of different agency programs to shape foster parent behavior should be conducted. It is likely that there are a myriad of methods utilized presently that fully or partly accomplish this goal. Minimally, agencies should be provided details of these programs. Ultimately, as more knowledge is discerned and disseminated, the

significant contributions and particular needs of foster parents will be showcased and, optimistically, the possibility that foster parent are a limited resource will highlight the importance of personal and agency response to their human needs.

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## **Appendix A**

### **Information and Definitions of Coping Response Indices on the Coping Responses Inventory (Moos, 1988)**



**Coping Responses Inventory© Moos 1988  
Subscales and Descriptions**

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**Approach Coping Responses**

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- |                         |   |
|-------------------------|---|
| 1. Logical Analysis     | Cognitive attempts to understand and mentally prepare for a stressor and its consequences                                     |
| 2. Positive Reappraisal | Cognitive attempts to construe and restructure a problem in a positive way while still accepting the reality of the situation |
| 3. Guidance/Support     | Behavioral attempts to seek information, guidance or support  |
| 4. Problem Solving      | Behavioral attempts to take action to deal directly with the problem  |

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**Coping Responses Inventory© Moos 1988**  
**Subscales and Descriptions**

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**Avoidance Coping Responses**

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- |                        |   |
|------------------------|---|
| 5. Cognitive Avoidance | Cognitive attempts to avoid thinking realistically about a problem                                  |
| 6. Resigned Acceptance |   |
|                        | Cognitive attempts to react to the problem by accepting it  |
| 7. Alternative Rewards |   |
|                        | Behavioral attempts to get involved in substitute activities and create new sources of satisfaction |
| 8. Emotional Discharge |   |
|                        | Behavioral attempts to reduce tension by expressing negative feelings                               |

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**Examples of Coping Response Items  
on the Coping Response Inventory**

Approach Coping Indices	
Scale	Item Example
Logical Analysis	"I tried to anticipate how things might turn out"
Positive Reappraisal	"I reminded myself how much worse things could be"
Seeking Guidance/Support	"I talked with a friend about the problem"
Taking Problem Solving Action	"I made a plan of action and followed it"

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**Examples of Coping Response Items  
on the Coping Response Inventory**

Avoidance Coping Indices	
Scale	Item Example
Cognitive Avoidance	"I tried to forget the whole thing."
Resigned Acceptance	"I accepted it; nothing could be done."
Alternative Rewards	"I turned to work or other activity to help me manage things."
Emotional Discharge	"I yelled or shouted to let off steam."

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**Appendix B**  
**The Family of Origin Scale**

# THE FAMILY OF ORIGIN SCALE

221

**Directions:** The family of origin is the family with which you spent most or all of your childhood years. This scale is designed to help you recall how your family of origin functioned.

Each family is unique and has its own ways of doing things. Thus, there are no right or wrong choices in this scale. What is important is that you respond as honestly as you can.

In reading the following statements, apply them to your family of origin as you remember it. Using the following scale, place an X in the appropriate box for each question. Please respond to each statement.

**Key:**

SA= Strongly agree that it describes my family of origin.

A = Agree that it describes my family of origin.

N = Neutral.

D = Disagree that it describes my family of origin.

SD= Strongly disagree that it describes my family of origin.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. In my family, it was normal to show both positive and negative feelings. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. The atmosphere in my family usually was unpleasant. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In my family, we encouraged one another to develop new friendships. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Differences of opinion in my family were discouraged. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. People in my family often made excuses for their mistakes. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My parents encouraged family members to listen to one another. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Conflicts in my family never got resolved. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My family taught me that people were basically good. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I found it difficult to understand what other family members said and how they felt. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. We talked about our sadness when a relative or family friend died. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. My parents openly admitted when they were wrong. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. In my family, I expressed just about any feeling I had. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Resolving conflicts in my family was a very stressful experience. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. My family was receptive to the different ways various family members viewed life. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. My parents encouraged me to express my views openly. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I often had to guess at what other family members thought or how they felt. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. My attitudes and my feelings frequently were ignored or criticized in my family. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. My family members rarely expressed responsibility for their actions. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. In my family, I felt free to express my own opinions. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. We never talked about our grief when a relative or family friend died. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Sometimes in my family, I did not have to say anything, but I felt understood. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. The atmosphere in my family was cold and negative. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. The members of my family were not very receptive to one another's views. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I found it easy to understand what other family members said and how they felt. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. If a family friend moved away, we never discussed our feelings of sadness. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. In my family, I learned to be suspicious of others. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. In my family, I felt that I could talk things out and settle conflicts. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
28. I found it difficult to express my own opinions in my own family. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Mealtimes in my home usually were friendly and pleasant. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. In my family, no one cared about the feelings of other family members. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. We usually were able to work out conflicts in my family. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. In my family, certain feelings were not allowed to be expressed. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. My family believed that people usually took advantage of you. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. I found it easy in my family to express what I thought and how I felt. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. My family members usually were sensitive to one another's feelings. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. When someone important to us moved away, our family discussed our feelings of loss. . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. My parents discouraged us from expressing views different from theirs. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. In my family, people took responsibility for what they did. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. My family had an unwritten rule: Don't express your feelings. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40. I remember my family as being warm and supportive. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Appendix C**  
**The Demographic Survey**



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**GENERAL INFORMATION ABOUT FOSTER PARENTS AND THEIR FAMILIES**

1. The name of the agency which licensed our family as foster parent(s):  

---
2. Please circle the category, listed below, which best describes the agency listed above?
  1. The Department of Social Services
  2. Community Mental Health Agency
  3. Private Child Placing Agency

3. Circle each category that shows the types of children that the agency circled in #2 works with:

225

- |   |                                    |
|---|------------------------------------|
| 1. Abused and neglected children        | 6. Teenagers only                  |
| 2. Infants only                         | 7. Children to be adopted          |
| 3. Medically fragile children           | 8. Physically handicapped children |
| 4. Adjudicated delinquents              | 9. Emotionally disturbed children  |
| 5. Mentally retarded/deficient children |                                    |

4. What ages of children have you fostered? (circle all that apply)

- |  |  |
|--|--|
| 1. Infants (ages 0 to 12 months)                   | 4. Junior high school children (ages 12 to 14 years) |
| 2. Preschool children (ages 13 months to 4 years)  | 5. Senior high school children (ages 15 to 18 years) |
| 3. Elementary school children (ages 5 to 11 years) |  |

5. What types of children have you fostered? (Circle as many as apply)

- |                          |                           |
|--------------------------|---------------------------|
| 1. Abused                | 5. Physically handicapped |
| 2. Neglected             | 6. Medically fragile      |
| 3. Sexually abused       | 7. Mentally impaired      |
| 4. Emotionally disturbed | 8. Adjudicated delinquent |

6. How many years \_\_\_\_\_ months \_\_\_\_\_ have you fostered?

7. How many foster children are you licensed to care for at one time? \_\_\_\_\_

8. Currently in my home are : \_\_\_\_\_ male foster children and \_\_\_\_\_ other male children  
\_\_\_\_\_ female foster children and \_\_\_\_\_ other female children

9. How many foster children have you had placed in your home since you first became licensed? \_\_\_\_\_

10. Estimate the length of stay (how long foster children were living with you) for most-the majority-of the children who have been placed in your home. (circle ONE only)

- |                         |                                     |
|-------------------------|-------------------------------------|
| 1. less than one month  | 6. thirteen to fifteen months       |
| 2. one to three months  | 7. sixteen to nineteen months       |
| 3. four to six months   | 8. nineteen to twenty-one months    |
| 4. seven to nine months | 9. twenty-two to twenty-four months |
| 5. ten to twelve months | 10. over two years                  |

11. I have received \_\_\_\_\_ hours of training for foster parenting. This has included training in the areas checked below. (check as many as apply)

- \_\_\_\_\_ requirements for becoming licensed as a foster parent
- \_\_\_\_\_ information about the court system
- \_\_\_\_\_ characteristics of foster children
- \_\_\_\_\_ how to handle difficult behavior
- \_\_\_\_\_ sexual abuse
- \_\_\_\_\_ fostering infants/infant care
- \_\_\_\_\_ loss and grief
- \_\_\_\_\_ handling lying and cheating
- \_\_\_\_\_ attachment and separation
- \_\_\_\_\_ working with the foster child's parents or relatives
- \_\_\_\_\_ adoption
- \_\_\_\_\_ discipline
- \_\_\_\_\_ AIDS (Acquired Immune Deficiency Syndrome)
- \_\_\_\_\_ drug dependent infants
- \_\_\_\_\_ school problems of children
- \_\_\_\_\_ first aid
- \_\_\_\_\_ medical needs of special children
- \_\_\_\_\_ fostering teens
- \_\_\_\_\_ stress management
- \_\_\_\_\_ working with the child welfare system
- \_\_\_\_\_ coping responses to foster children leaving
- \_\_\_\_\_ handling visitation
- \_\_\_\_\_ working with emotionally disturbed children
- \_\_\_\_\_ working with mentally deficient children
- \_\_\_\_\_ working with delayed development/providing stimulation
- \_\_\_\_\_ (other, please specify) \_\_\_\_\_

8.

12. How long did the last foster child to leave your home live with your family?

\_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

226

13. Please describe the circumstances which surrounded the last foster child that left your home (for whatever reason including by your request)

- \_\_\_\_\_ I was given no notice
- \_\_\_\_\_ I was given less than one day's notice
- \_\_\_\_\_ I was told of the move less than one week before it happened
- \_\_\_\_\_ I was told of the move less than two weeks before it happened
- \_\_\_\_\_ I was told of the move two weeks to a month before it happened
- \_\_\_\_\_ I was told of the move at the time of placement
- \_\_\_\_\_ I was told of the move before I agreed to foster this child

14. I generally work with the families of the children that I foster: \_\_\_\_\_ yes / \_\_\_\_\_ no

15. I usually choose to keep in contact with foster children who are placed in my home once they are in another placement.

- \_\_\_\_\_ all of the time
- \_\_\_\_\_ some of the time
- \_\_\_\_\_ most of the time
- \_\_\_\_\_ seldom
- \_\_\_\_\_ never

16. When foster children leave, I feel:

	All of the time	Most of the time	Some- times	Seldom	Never
ANGER .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SADNESS.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RELIEF. .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FEAR. . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SHOCK. . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DISBELIEF.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JOY. . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PITY. . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GUILT. . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PANIC. . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IRRITATION. .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HAPPY. . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

17. In general, I feel that being a foster parent is: (check one only)

- \_\_\_\_\_ very satisfying or fulfilling
- \_\_\_\_\_ usually satisfying
- \_\_\_\_\_ somewhat satisfying or fulfilling
- \_\_\_\_\_ not usually satisfying or fulfilling
- \_\_\_\_\_ never satisfying or fulfilling

18. I continue to foster because: (check the one most accurate only)

227

- ☐ I want to help children in need
- ☐ My husband or wife wants to continue to foster
- ☐ My children want to continue to foster
- ☐ My motivation comes from my religious beliefs
- ☐ My children are grown and I want to continue to parent
- ☐ I hope to adopt a foster child who is placed in my home
- ☐ The extra money helps the household survive
- ☐ I am fostering a relative
- ☐ I want to continue to be part of the foster parent association or group
- ☐ No one else would bother with these children
- ☐ I enjoy taking care of children who are part of the family
- ☐ I am seriously thinking of not taking future placements

#### **PERSONAL INFORMATION**

19. Please estimate the size of your church congregation:

☐ less than 50    ☐ 51 to 100    ☐ 101 to 150    ☐ 151 or over    ☐ do not attend

20. All of us have lost or been separated from individuals with whom we have a sense of attachment. Please list those which you have lost, specify if the loss is due to death or separation, their relation to you and your age at the loss.

(Example: Mother, by divorce, age 3; Pet dog, death, age 6; Uncle, moved away, age 9.

21. Were any of the above individuals your primary caretaker (the person who was responsible for your care and support)? If so, please list relationship

-----  
22. How did you find out about fostering? (circle the *one* answer that is most responsible)

- |                     |                                    |
|---------------------|------------------------------------|
| 1. A friend         | 6. A relative                      |
| 2. A person at work | 7. At church                       |
| 3. From my children | 8. From newspapers                 |
| 4. From television  | 9. From radio                      |
| 5. From school      | 10. Other, (please specify): _____ |

23. The reason I originally obtained a license to care for foster children:

- |                              |                                |
|------------------------------|--------------------------------|
| 1. To foster a special child | 5. To keep my children company |
| 2. To occupy my time         | 6. To lead to adoption         |
| 3. To help a child in need   | 7. Religious conviction        |
| 4. To please my mate         | 8. Other, (specify) _____      |

24. I am a (circle) foster mother / foster father and consider myself to be:

- |                    |                          |
|--------------------|--------------------------|
| 1. Black           | 4. Hispanic              |
| 2. White           | 5. Oriental/Asian        |
| 3. Native American | 6. Other (specify) _____ |

25. My partner (circle gender of your partner) female / male to be:

- |                    |                          |
|--------------------|--------------------------|
| 1. Black           | 4. Hispanic              |
| 2. White           | 5. Oriental/Asian        |
| 3. Native American | 6. Other (specify) _____ |

**CHILDHOOD**

228

The following questions ask about your childhood. Please answer to the best of your ability. Circle or check as many answers as apply to your past experience.

26. Did you live in a foster home as a child? ☐ yes / ☐ no    Were you placed by a court? ☐ yes / ☐ no
27. I experienced during childhood: ☐ physical abuse / ☐ emotional abuse / ☐ sexual abuse / ☐ neglect
28. I have experienced during my adult years:  
☐ physical abuse / ☐ emotional abuse / ☐ sexual abuse / ☐ rape / ☐ domestic violence
29. I had ☐ older brothers and ☐ older sisters. I had ☐ younger brothers and ☐ younger sisters.
30. What is your religious preference?  
1. Catholic    2. Jewish    3. Protestant    4. Other    5. None
31. How many years did you finish in school? (Circle last year completed)

High School					College/Vocational School			
<input type="checkbox"/> 8 or less	<input type="checkbox"/> 9th	<input type="checkbox"/> 10th	<input type="checkbox"/> 11th	<input type="checkbox"/> 12th	<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd	<input type="checkbox"/> 5 or more

32. \_\_\_\_\_
33. What is your present marital status?
- |                  |   |   |  |            |
|------------------|---|---|--|------------|
| 1. Never married | 2. Married<br>How long have you been married to your present spouse?<br>_____ years | 3. Separated<br>How long did you live with your spouse before you separated?<br>_____ years | 4. Divorced<br>How long were you married to your last spouse?<br>_____ years | 5. Widowed |
|------------------|---|---|--|------------|
34. How many times have you been married altogether? \_\_\_\_\_ times
35. What is your present job? (Be as specific as possible.) \_\_\_\_\_
36. What is your income? (excluding foster care money)
- |                         |                         |
|-------------------------|-------------------------|
| 1. Less than \$5,000    | 5. \$21,000 to \$25,999 |
| 2. \$5,000 to \$8,999   | 6. \$26,000 to \$29,999 |
| 3. \$9,000 to \$12,999  | 7. \$30,000 to \$39,999 |
| 4. \$13,000 to \$16,999 | 8. \$40,000 or over     |
| 5. \$17,000 to \$20,999 |                         |
37. I was primarily raised by my (please specify relationship--example: father and his mother etc.)  
\_\_\_\_\_

38. I consider my childhood to have been: 1. Happy 2. Mostly happy 3. Sometimes happy 4. Rarely happy

39. Check which applies:
- |                                    | FATHER                   | MOTHER                   | PRIMARY CARETAKER (if different than mo or fr) |
|------------------------------------|--------------------------|--------------------------|--|
| Abused drugs                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                       |
| Abused alcohol                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                       |
| Treated for mental health problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                       |
| Was physically violent to partner  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                       |
| Was emotionally abusive to partner | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                       |

**40. I usually cope with my feelings about children leaving my home by:**

**229**  
**Never**

	All of the time	Most of the time	Some of the time	Seldom	Never
Not taking a new foster child for a period of time. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Asking for a placement of another foster child right away . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Not getting too close to the next foster child so it won't hurt so much when they leave . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Start to pull away emotionally from a foster child when it is about time for them to leave. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Love completely and know it will hurt when the foster child leaves. .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deny my feelings and feel "numb" so it won't hurt . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Share my feelings with others who have had a similar experience. . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cry alone. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Become closer to another family member or foster child . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Take my feelings out on others . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Remember the positive changes and good times with the foster child . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**41. Please list your volunteer activities.**

42. It would be easier to experience the emotions that surround a foster child leaving if:

	All of the time	Most of the time	Some of the time	Seldom	Never
The worker was supportive of my feelings. . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would receive reports of how the foster child is doing.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I could visit the foster child from time to time . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Someone else who had the same experience would talk with me . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I knew far in advance when the foster child would be leaving . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I was not told until just before the foster child was going to leave . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I could talk with the parents or caretakers for the next placement . . . . .	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

43. My friends and family understand my need to grieve the loss of foster children.

1. Never      2. Seldom      3. Sometimes      4. Most of the time      5. Always

44. I would describe the last child I fostered as :

1. Having difficult days all of the time
2. Having more difficult days than good days
3. Having difficult and good days equally
4. Having more good days than difficult days
5. Having good days most of the time
6. Having good days all the time

*Thank you for completing this survey. Through your efforts and those of other survey participants, we will learn more about one of our nations most valuable assets -- foster parents.*

*If you should have any questions, please feel free to write or call me.*

**Kathleen M. Kirby**  
**Department of Educational and Counseling Psychology**  
**University of Louisville**  
**Louisville, Kentucky 40292**

**(502) 588-0631**

## **Appendix D**

### **Survey Letter to Foster Parents**



# UNIVERSITY of LOUISVILLE

July 18, 1991

Dear Foster Parent,

Foster parents provide a valuable service to the child welfare system in the State of Michigan. Unfortunately, we know little about their needs, frustrations and joys so we need your help!

Attached is a rather long survey. We hope to learn much about foster parents and foster parenting through those who are performing that task. Your name was selected randomly from a list of all of the foster parents in the State of Michigan who are currently licensed to care for children. I am asking that you take the time to answer the attached questionnaire. It should require less than one hour of your time.

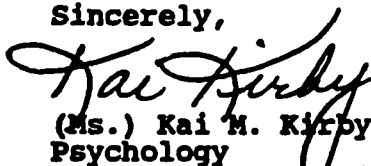
Your responses will be held in strict confidence. Your name will not be attached to the questionnaire in any way and I will be the only one to examine individual questionnaires. Licensing or agency authorities will NOT be allowed access in any way to your individual answers. They will only be given the combined results of this survey, which has NO identifying information whatsoever.

I know that foster parents fill out lots of forms. This survey is extra work. However, it is the only way in which those that make decisions for funding the daily reimbursement rate and other special needs can be given important facts about foster parents.

Past experience has shown that foster parents are honest and forthright in their answers to questionnaires. Please be part of our study and add your voice to others. Currently there are no demographics for foster parents in the State of Michigan. How then are their needs to be understood?

After completing the survey, please place it in the enclosed return envelope. Postage has been provided; you only need to drop it in the mail. Thank you for your time and effort. I urge you to respond to this survey so that we might better understand the concerns and needs of foster parents. If you have any questions, please feel free to write me at the above address or call me at my home (502) 459-6358 or office (502) 588-0631.

Sincerely,



(Ms.) Kai M. Kirby, M.A., Professor of Educational and Counseling Psychology  
Former State of Michigan Foster Home Licensing and Adoption Worker

## **Appendix E**

### **Problems Listed on the Coping Responses Inventory (Moos, 1988)**

**PROBLEMS LISTED ON THE COPING RESPONSES INVENTORY  
(MOOS, 1988)**

Trying to deal (take care of, understand) with our adopted daughter, she is 13 years old and cares for no one except herself, we have had her since she was nine months old as a foster child, we adopted her at three years.

Receiving a phone call from our family telling me my sister is an alcoholic.

Dealing with a situation with a child with motivation problems at school.

Having financial problems.

A foster child who lies extensively at age five and causes many problems.

My grandmother was ill and later died while my parents were still in Florida. Every call was long distance to my brothers and sisters.

Taking my brother in as a foster child, especially with such difficult parents (one being step.)

My adopted daughter was date raped.

My husband was laid off from work approximately eleven months, some of that time with no income--so I was the sole bread winner.

Death of five year old niece from brain tumor.

Problems with osteoarthritis creating the need for total hip replacement.

My teenage daughter's environment with an older boy.

Husband had emergency surgery.

Three year old foster boy removed. Unexpected orders handed down from judge for child to be placed back in his mother's care. Orders handed down at 10:00 a.m.. Child gone by noon.

Oldest daughter returning home with marital problems and financial problems.

Adopted daughter, age thirteen, having trouble with school and at home.

Relative--baby born to single parent (again!)

Death of a very dear friend.

While caring for two adopted, three foster children (hard to manage--hyperactive foster children), we had to witness our own daughter's marriage of ten years break apart and her husband and children neglected and mentally abused by her.

Mostly everyday living and stress.

Having cocaine cause problems with the foster children in our household.

My wife and I have separated.

Trying to adopt our current two foster children and having conflicts with our adoption workers.

Unmarried daughter had a baby.

We had our first foster child placed in our home.

One of my foster children accused another foster child of sexually abusing a pre-verbal child.

Violent language from foster children and their parents.

Death of a brother-in law and close friend.

We got three new foster children at the end of last month--ages 5, 3 and 2, who have severe asthma and are real discipline problems.

Mercury poisoning from the fillings in my teeth. Became very ill for three years. In the last twelve months, finishing my treatment, getting well and getting fillings and crowns replaced.

Loss of income due to layoff.

The death of an uncle after a long illness. This is a person whom I took care of for many years.

Death of mother-in-law which was sudden and unexpected.

I had a problem with my work supervisor and when I went to the agency to help me work it out I found no one willing to get involved.

My children were molested at a local day care.

My wife passed away about a year and a half ago.

Illness of mother-in-law and having to put her in a nursing home.

Seventeen year old daughter leaving home because she didn't want to have a curfew and rules.

A friend from Georgia stayed with us for six weeks before moving to California.

We became licensed for foster care partly hoping we could have the opportunity to adopt. In November we had the privilege of a young child being placed in our home! In April the DSS adoption worker felt we did not meet the criteria for adopting but later reversed decision.

Letting three foster kids go after having them for over two years. They were adopted.

Several incidence of asthmatic bronchitis of primary caregiver.

Having financial and work problems due to a work reorganization.

Ten months ago we moved for husband's job over 120 miles away with a foster child in the twelfth grand. Our license moved from a private agency to DSS and we never received any support or reimbursement for six months.

Having family members accused of sexual allegations.

Husband had surgery.

Brother and sister-law interfered with discipline of one of my children.  
Undermined our disciplinary methods.

Husband almost died.

We had an increase of foster children from one to three and I had to decide whether or not to coach a girl's high school team.

Having problems with a relative. My uncle sexually abused my nine year old sister.

General Stress.

An extremely hateful attitude of foster child toward natural children.

Auto accident involving my sister and her five children. My niece died and my sister was left with physical and brain damage.

A son in his late 20's with a girlfriend who is dating two people and is now expecting and has named him as the father.

I am "laid off" indefinitely from work and am struggling financially.  
Everything seems to cave in at once.

A friend has been confiding to me that she was molested at age two by her father. He also took her for years to a satanic cult where she was tortured and was forced to do the most gruesome things.

A foster child who was a teenager with passive aggressive behavior who openly did not like us or want to be in our home. We were tolerated.

Illness of individual who is both our babysitter and a close friend. Her own family is not very supportive.

My mom, 84 years old, was hospitalized and we had to decide to put her in a nursing home or care for her in our home.

Attempting to add an addition to our house at the same time as adding another adoptive child.

I lost most of my day care children (source of income) due to the unemployment situation in Michigan.

Dealing with my boss, work and family. I haven't received a raise at work in two years or a bonus and my boss feels that I shouldn't take time from work to work on family matters such as doctors appointments, phone calls. etc.

Husband had a heart attack at work.

Child abuse from another child.

I have had to deal with a nine month pregnancy and my unemployment determination of benefits.

Big problems at our church need fixing.

My father was found to have cancer.

Father had a heart attack.

Owning and paying on two homes in the \$350,000 range for more than two years.

Relative has a drinking problem.

Death of a friend.

Being told that a growth that was operated on was cancer and undergoing treatments.

Work is always stressful.

Friend has a terminal disease.

Stress in relationship with a significant other.

Adopting an eleven year old that I had in the house for two years before that as a foster child and taking on a six year old nephew as a legal guardian.

My wife's sister was quite ill and she was not able to go and be with her.

The last twelve months have had some general stress.

Moving away from my home state of Michigan.

Being called unprofessional by my supervisor

I was the victim of an indecent exposure by a man. He watched my house and repeated this crime a couple of times. It is not resolved at this point.

Having people at our summer residence on a lake accept our foster children.

Husband was near death six months ago. If he died I would lose our foster child that we were trying to adopt. He lived and we adopted.

Bad grades of school aged children.

Having problem with a close friend about feelings and honesty.

Our now foster daughter, nine months old, has been in our care since she was five days old. We want to adopt but DSS wants to move her into another foster home.

In March of 1991 the governor of Michigan cut our wage for two months. We never received the money after restoration.

Death of a lifelong friend.

My daughter being involved in alcohol, drugs and neglecting her family.

Being given our first foster child and discovering the depth of her disintegration due to extreme sexual abuse. Unmanageable at first!!

Foster children leaving our home.



My father required open heart surgery and my step- mother, who is volatile, was a nutcase through it all. Nasty, uncooperative with hospital staff, etc.

We had a two year old foster child placed (from our home) with a couple for adoption. We were to stay in touch and have frequent contacts--we've only seen the child once and have totally lost touch with them.

My previous foster child.

Youngest birth son moving to another state for employment.

Hard feelings between my husband and my brother and my parents not understanding.

Foster mom had breakdown due to death of recently adopted, special needs infant. Three foster children and a natural child under age of eight years old were five weeks without foster mom and foster dad couldn't take off of work.

I was in a car accident and couldn't work on a new career that I had started.

Possible retirement from work.

Husband laid off after 22 years at the same job.

Foster-child leaving unexpectedly--"pack up his things and have him ready to go in two days."

Foster child trying to run the home and breaking school and house rules.

Death of my father.

Lost half of household income.

Financial problems.

Loss of primary income.

Mother (66) died of cancer after fighting it for two and a half years. A lot of travel involved to help out.

Keeping up with the foster children's abuse and neglect.

Trouble with mother she withdrew again--has withheld love since childhood. Off and on not speaking to me.

Giving up my job because of an injury to the shoulder and no longer able to perform my duties. The job got too physical and mental to cope with. I was being harassed for not being able to perform my duties.

Illness--needed a major operation, a hysterectomy.

Having a thirteen year old foster boy trying to sexually abuse our five year old.

My car was the victim of a hit and run while parked in our driveway. The car was totalled. It occurred on my birthday.

Learning that my birth child wanted to hurt herself because she feels like a failure.

A drug using child led to a started divorce. It is not final yet.

Miscarriage of twins.

My husband was layed off and had two boys age eight and ten. The DSS said they would not help us even feed the boys. We went on \$15.00 a week. We are not foster parents anymore.

Having too much to do and not enough time.

Our foster son had health problems which caused him to be hospitalized three times this past summer--we have to staff the hospital ourselves twenty four hours a day because he is so fragile.

Children placed with us for one and two years were placed up for adoption and adoption was denied us.

Death of younger sister of heart failure.

I'm 63 years old and I run a day care. I feel I need to spend sometime with my

husband, children and grandchildren. We've been foster parents for many years. Now I feel I must give up both foster care and day care because of ill health.

Financial problems.

Being left with two grandchildren and the parents not returning for them.

After we first got the foster kids, I (wife) had to quit my job for awhile.

General stress.

Our son, 24 years old, had to have emergency brain surgery for an aneurism.

Mother was given a terminal medical prognosis due to a combination of rare brain disorders.

The death of my father.

Having problems with my "best" friend--she put me between herself and her teenaged daughter. They have very serious problems.

I had to help my husband decide if he should change jobs and support him in his decision.

My grandchildren moved back to Chicago and didn't like it.

The doctors thought that I had bone cancer

Extreme stress in marriage relationship--nearly ended. The marriage has been troubled for many years--not just the last year.

Decision whether to adopt our three foster daughters and then having to say goodbye.

Son's marriage break-up with three children age 1, 2, and 3. Need to be supportive of all persons involved.

Had to deal with the death of a fifteen year old girl very close to the family--just like family.

We have a daughter who is handicapped and one foster child who is learning disabled. We were given a second child who is emotionally impaired and weren't told his problems until I went to enroll him in school and our district could not handle him nor would any surrounding district. We fought for a month to get him in school and I had to have him removed because he needed a group home. The social worker never showed for the IEPC or any other meeting. I got brassy and gave a date to have him out.

Foster child chewing on everything he gets his hands on.

Being ill for six months and not knowing what was wrong with me.

Divorce, after thirty years of marriage he left me with our daughter, her infant daughter and two foster children in my care.

There was an accident involving three girls--one mine, two foster. My unlicensed daughter was driving and they totaled my van.

The death of my mother.

The problem was having two sisters living next door to each other.

Misunderstandings with people we are working with in our church.

A thirteen year old foster child stole our station wagon and totaled it out.

Death of two of my foster children within a three month time. Both were medically fragile developmentally delayed children. Both deaths were very unexpected, but I know it can happen.

Having job reassignment with new responsibilities.

My husband, a pastor, was fired from his position at church without warning.

I have had a problem illness and a death in the family.

Long term relationship (five years plus) ended abruptly with much pain and subsequent counseling led to additional insight and pain.

I got into a disagreement with my mother, we put a wall up between each other.

Death.

Having a ten year old foster child become suicidal.

After having my thirteen year old foster child with grandmother, grandma treated her royally. she stole all of grandma's jewelry.

Death of our son.

Husband is construction worker. Unemployed more this year than the last nine years.

Illness causing financial difficulties.

My husband had a poor job performance review. I was worried he might lose his job.

Most serious problem was a diagnosis of leukemia about nine months ago in our youngest daughter who also has Down's syndrome. Lots of unexpected complications one being the need to stop doing foster care which was difficult for me.

My father-in-law underwent open heart surgery.

Providing enough time to work, attend school, be with our family and meet the needs of the foster children.

My mother died in my arms four months ago. She was not sick; she had a massive heart attack.

Foster children from a drug family, their parent and the caseworker!

Husband's shop sold company to another company overseas and therefore closed the shop. This came only two months after the birth of our son.

Changing from twelve month to nine month work contract creating financial strain for twelve months.

Communication problems with my husband.

Discovery of sexual abuse in my past by my father.

Death and financial problems. Also illness.

Communication with spouse.

Lost my father.

A child was sexually assaulted in our home by a foster child.

Nursing a sick husband and taking care of sexually active fifteen year old foster child.

Spouse was hospitalized for a week.

My mother-in-law finding out she has cancer.

Twenty year old daughter being treated for anorexia and bulimia.

Foster child and my son fought constantly.

Coping with the separation from our foster children.

Decision to place my daughter in a hospital.

Dealing with abusive teens, runaways and sexually abused foster children.

A sixteen year old foster child we had for almost a year tried suicide in our home because everything got to be too much for her including her past.

Dealing with teenager who had not had parental guidance--she wanted to be her own boss. she ran away for the fifth time in two years. Running away was the problem.

Foster son sexually molested little boys and sisters in my home.

We got our first foster child, who was sexually abused, ten months ago. He acted

out sexually with a pet and was very abusive toward her.

Six months ago my husband died from cancer. Two weeks ago my grandson, eleven years old, was hit by a car and killed instantly.

Our son is going through the very active age of two years. We are learning how to deal with his active, independent behavior.

The death of the woman that raised my (my grandmother.)

My husband's mother died six months ago after a long illness. Three months later his father died at our home of a heart attack.

Newly adopted baby suddenly critically ill.

Improprieties between eleven year old adopted daughter and her twelve year old biological brother who was adopted by another family.

The difficulty in maintaining an adequate social life due to caring for medically fragile children.

Our fuel tank was overfilled by the oil company causing flooding in our basement of 250 gallons of oil. The damage and smell caused us to leave our home. Due to insurance company disputes, we were out of our home for over one year and had legal and financial problems.

Getting our adoption finished for our black child. Friends understanding what we are doing and why we are doing it.

Hip replacement--third time.

My husband and I both were laid-off from our own business and business came close to having to close permanently.

Waiting for our adoption of our special needs baby to be final so we can know she is ours! We are afraid for her future and we love her.

Husband unemployed for over a year. \$20,000. decrease in family income over the last three years.

**General stress from a sexually abused acting-out foster child!!!**

**Sexual acting out from a male foster child toward the family dog and other children in our home, the neighborhood, our church and the school.**

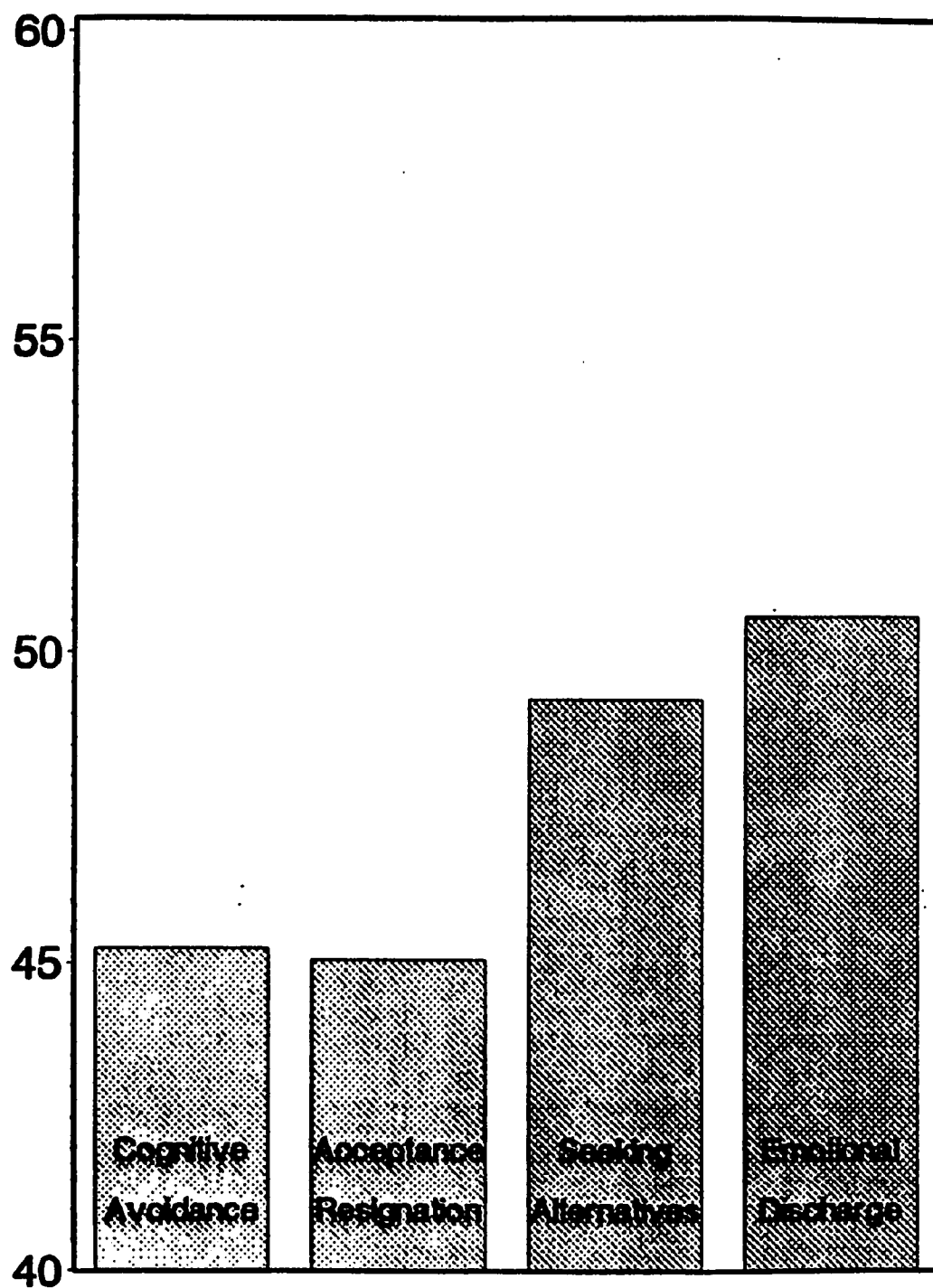


## **Appendix F**

### **Coping Responses of A.C.O.A Foster Parents and non-A.C.O.A. Foster Parents**

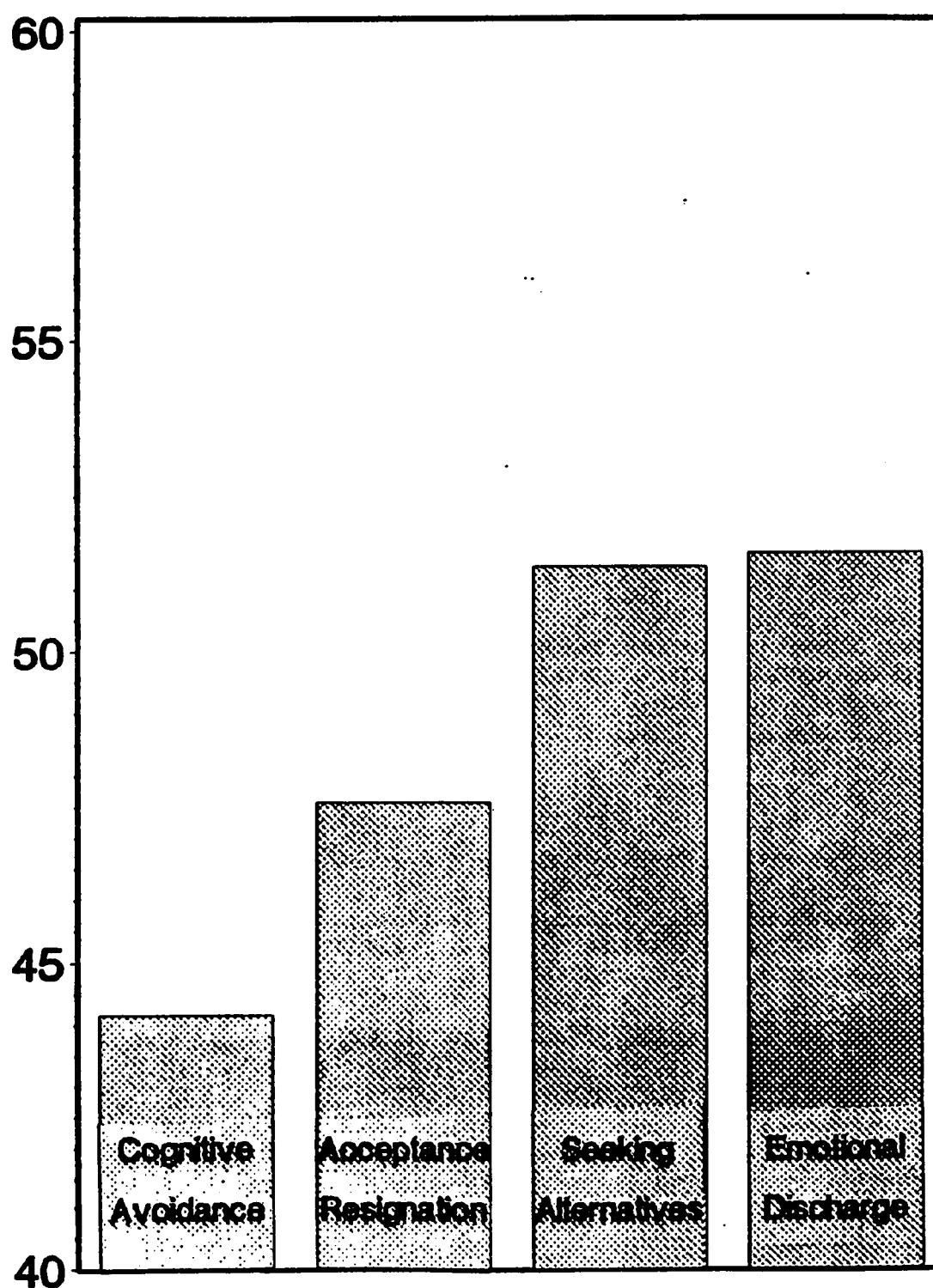
## Avoidance Coping Responses for Foster Parents

Average Scores



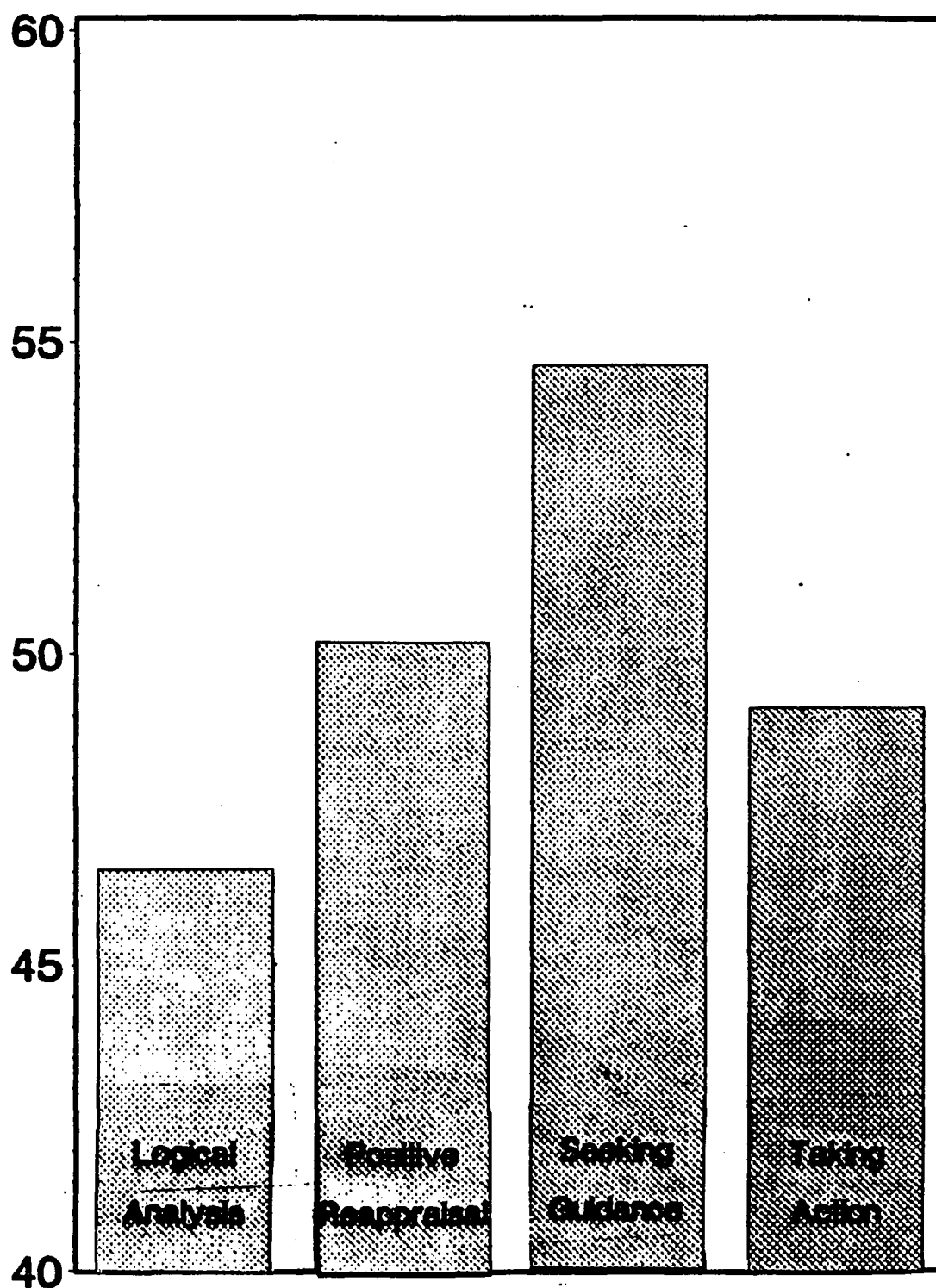
## Avoidance Coping Responses for ACOA Parents

Average Scores



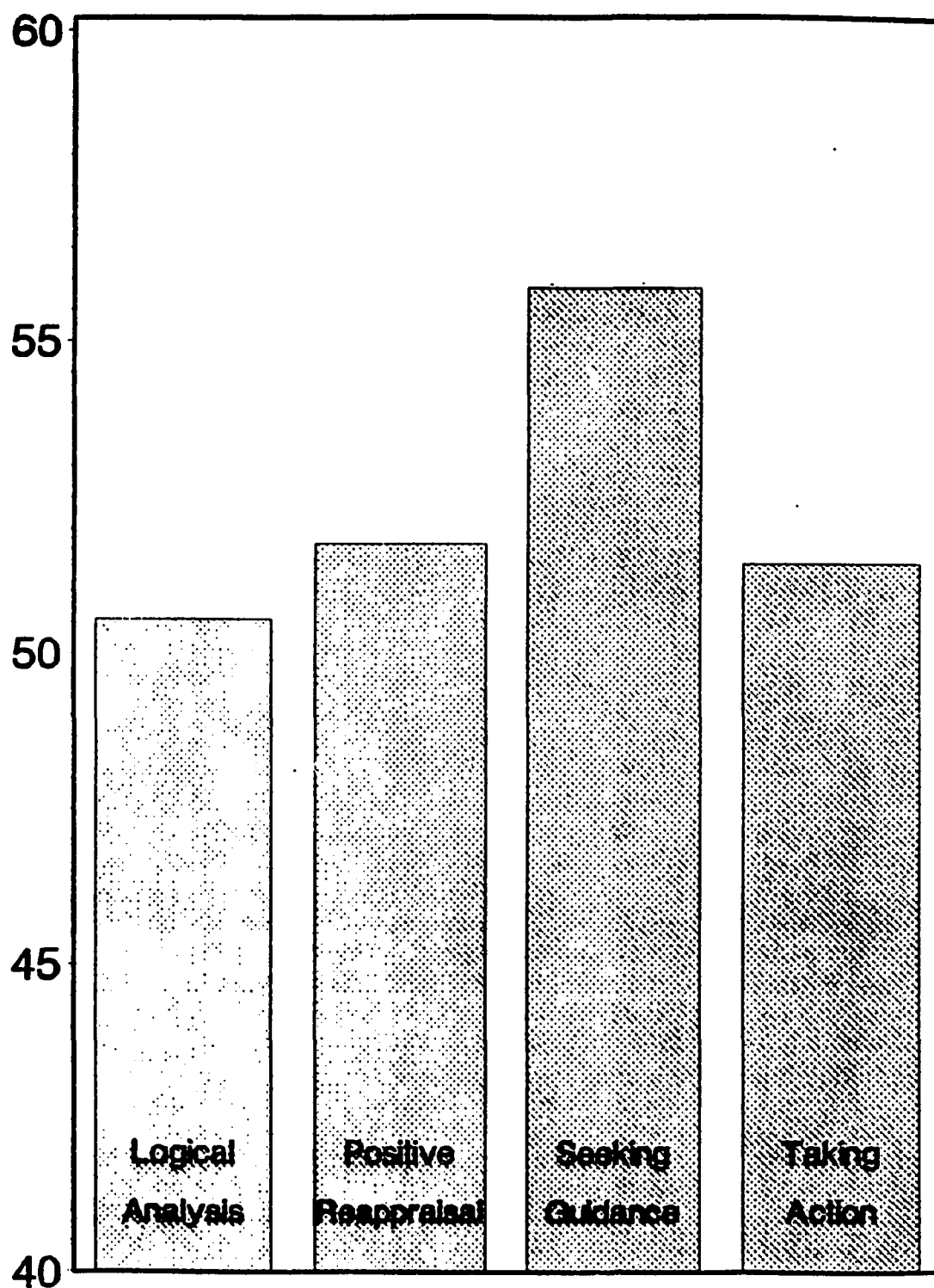
## Approach Coping Responses for Foster Parents

Average Scores



## Approach Coping Responses for ACOA Parents

Average Scores



## **Appendix G**

### **Approval Letter from Human Subjects Committee**



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## WESTERN MICHIGAN UNIVERSITY

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**Date:** August 1, 1990

**To:** Kathleen M. Kirby

**From:** Mary Anne Bunda, Chair

*Mary Anne Bunda*

**Re:** HSIRB Project Number: 90-07-10

This letter will serve as confirmation that your research protocol, "Loving and Letting Go: The Foster Parent and Serial Placement," has been approved under the exempt category of review by the HSIRB. However, approval is granted with the understanding that the fiduciary agent will not sequester the list of payees for your project from other lists within their realm of responsibility.

The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the approval application.

You must seek reapproval for any changes in this design. You must also seek reapproval if the project extends beyond the termination date.

The Board wishes you success in the pursuit of your research goals.

**xc:** Gilbert Mazer, CECF

**Approval Termination:** August 1, 1991

## **Appendix H**

### **Copyright Permission Letter from Rudolph H. Moos for the Coping Responses Inventory**





**STANFORD UNIVERSITY MEDICAL CENTER**

STANFORD, CALIFORNIA 94305 • (415) 858-3996 • FAX (415) 852-3420

**256**

STANFORD UNIVERSITY SCHOOL OF MEDICINE  
*Department of Psychiatry TD-114*  
*Rudolf H. Moos, Ph.D., Professor*  
*Director, Center for Health Care Evaluation*

**April 6, 1992**

**Kathleen Kirby  
Educational & Counseling Psychology  
309 Education Building  
University of Louisville  
Louisville KY 40292**

**Dear Ms. Kirby:**

I am happy to give you permission to reprint in your dissertation Table 1 from the Coping Responses Inventory (CRI) Adult Form Manual, and to include one item from each of the CRI subscales as example items.

With respect to this material, my permission extends to microfilming and publication by University Microfilms, Inc. Please be sure to put the copyright notice on all copies of this material you use, and, of course, on the copy that is microfilmed. I am aware that UMI may sell single copies of the dissertation, including my material, on demand, for scholarly purposes.

Please send me a copy of your thesis when it is completed. Good luck with your work.

**Sincerely yours,**

A handwritten signature in black ink that reads "Rudolf H. Moos".

**Rudolf H. Moos, Ph.D.**

**RHM/dd**

## **Appendix I**

### **Permission Letter From Alan J. Hovestadt for the Family of Origin Scale**



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WESTERN MICHIGAN UNIVERSITY

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June 12, 1990

Kathleen M. Kirby  
Educational and Counseling Psychology  
309 Education Buidling  
University of Louisville  
Louisville, Kentucky 40292

Dear Ms. Kirby,

With this letter, I herewith grant permission to use the  
Family of Origin Scale in your research on foster parents. Please  
note: the Family of Origin Scale is NOT copyrighted.

Sincerely,

A handwritten signature in black ink that reads "Alan J. Hovestadt".

Alan J. Hovestadt, Ed.D.  
Professor and Chairperson

AH/kk

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