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Connecting Children and Families: Expectations and Experiences of Professional Foster Parents

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Connecting Children and Families:
Expectations and Experiences of Professional Foster Parents

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A Thesis

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Connecting Children and Families: Expectations and Experiences
of Professional Foster Parents

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Chapter One: Introduction and Review of the Literature on Foster Parents

In 2009, approximately 424,773 children in the United States were in foster care; just fewer than 5,000 of those children were in Connecticut (USDHHS, 2010b).

Furthermore, 11 percent of the children in foster care had been in care for five or more years (US DHHS, 2010b). Foster care is intended in part to provide a temporary safe haven for children whose families present threats to child well-being; however, the statistics above suggest that for many children, out-of-home care is not, in fact, a temporary placement. For a large number of children in foster care reunification with their birth families is not possible. These children often spend numerous years in foster care and experience multiple placements.

Because children do best when they live in safety and stability, permanent and stable placements are the goal for all children in out-of-home care. Permanent homes for older children (age 12 and up) and children with disabilities are consistently hard to find (US DHHS, 2009). A portion of these children have severe emotional and behavioral difficulties or developmental disabilities, challenges that sometimes cannot be addressed fully in regular foster homes during their stay in foster care, and render adoption less likely. These children have experienced a great deal of trauma and frequently undergo numerous placements in the foster care system, partly because parents are not prepared adequately to meet their needs (Collado & Levine, 2007; Farmer, Wagner, Burns, & Richards, 2003). Although encouraging healthy development is important for all children, it is especially crucial for foster children who face these additional traumatic experiences (Lawrence, Carlson, & Egeland, 2006).

Consistent with the principle of placement in the least restrictive environment, federal policy requires state child welfare agencies to attempt first to place children into relative or non-relative family foster care (Fields & Ogles, 2002). An array of intensive services has arisen to address the needs of children who present more difficult problems that cannot be properly addressed in typical family foster homes. These services differ greatly with respect to treatment models and restrictiveness, but their goal is to address individual needs and stabilize the child through the provision of predictable, quality fostering and related supports, with the aim of averting residential placement or reducing its length.

Foster parents play the crucial role of providing this nurturing and enriching environment. They have the potential to serve as the secure emotional base for children to rely on, and they can be influential in the child's journey to recover from his or her past negative experiences (Shoefield & Beek, 2005). Dozier, Stovall, Albus, and Bates (2001) found that it was the foster parent's ability to be nurturing, regardless of the degree to which children externally showed or expressed that they needed the parent, that determined whether foster children were able to form a secure attachment bond with the foster parent. This suggests that the parent's ability to foster can have a particularly influential effect on the well-being of children they foster. Although foster parents are often addressed in the literature as important elements of foster care programs, few studies document the parent experiences within the foster care program, particularly in enhanced and specialized programs that serve children with significant needs. They are an understudied but important population.

This chapter begins with a brief discussion of permanency and stability in foster care as they apply to children spending numerous years in out-of-home care. This discussion leads into a description of the characteristics of treatment and other specialized foster care programs that serve many of the children who are in care for multiple years. Foster parents in general, but particularly in these specialized programs, face a particular set of stressors, some of which are outlined in the next section as a way to describe the environment in which they operate. Despite predictable stressors, research suggests that there are certain parental and programmatic characteristics that can lead to more successful and stable foster placements. These characteristics are discussed, followed by a description of Connecting Children and Families, a particular specialized foster program in Connecticut. The current study is part of a first step in evaluating Connecting Children and Families; it examines the expectations, stressors, and supports experienced by a particular group of foster parents. Accordingly, this introduction concludes with research hypotheses.

Permanency and Stability

According to the US Department of Health and Human services, permanency for children in out-of-home-care is defined as a legally permanent, nurturing family (US DHHS, n.d.). Establishing a permanent living situation quickly minimizes the number or placements a child experiences and allows the opportunity for a child to form attachments to his or her foster parent(s), developing a secure base from which to explore the environment (Redding, Fried, & Britner, 2000). As an attempt to minimize long stays in out-of-home care, permanency (particularly through adoption from foster care) has been a central goal of the child welfare system since the Adoption and Safe Families Act

(ASFA) was implemented in 1997. A lack of a child-parent attachment bond between the foster parent and child can lead to stress and a breakdown in placement (Crum, 2010). Establishing a well-matched placement sooner that can lead to a permanent placement can, therefore, lead to positive outcomes for foster children.

Stability goes hand-in-hand with permanency. Legally stability is defined as reducing the number of placement moves children in out-of-home care experience (US DHHS, n.d.), but a more explicit definition offered by Harden (2004) is, “a family environment in which caregiving practices provide children with the consistent, nurturing care they need to thrive” (p.2). Research shows that the longer children are in care, the more placements they are likely to experience (US DHHS, 2006). Multiple placements have a range of negative effects on children, including compounding emotional and behavioral issues as well as leading to lower academic achievement and a lack of continuity across the different parties involved in the child’s placements (Allen & Vacca, 2010; Harden, 2004). As a consequence, these children need consistency and stability in their lives so that their emotional and behavioral problems can be addressed. Within or outside the context of adoption, long-term stability is critical to improving the adjustment and long-term outcomes for youth in care.

Prior to ASFA (1997) many foster children remained in foster care under the guise of long-term foster care (LTFC). Although LTFC has the potential to provide stability in a child’s life, it is not a permanent placement. In addition, little research has looked at whether those in LTFC actually achieve stability because LTFC does not eliminate the chance of a breakdown in the placement (Triseliotis, 2002). Research does suggest that the impact of a breakdown may be greater in long-term situations because

the expectation is that it is going to be permanent and therefore would be similar to a breakdown in adoption (Christensen, Havik, & Anderssen, 2010). Since the passage of ASFA, there has been a greater push for reaching permanency through adoption, which provides both permanency and stability for foster children. For children adopted out of foster care, foster parents often become the adoptive parents.

Although adoption is clearly preferred over LTFC for children in care for extended lengths of time, the fact that a large number of children are still remaining in care for 5 or more years suggests there are some issues that arise around adopting children from foster care. One barrier to adoption, particularly of those who have been in treatment foster care or other specialized programs and need a great deal of services, is families being unable to maintain those services post-adoption. Parents may not financially be able to provide the services the child needs without the assistance of the foster agency, and therefore they may feel that it is not in the child's best interest to give up those services by adopting. Even if the services are not needed at the time of adoption, foster parents report worrying that the emotional and behavioral, trauma-related issues these children face may resurface as the child gets older (e.g., FAPAC, 2009). There is a realistic possibility that their child will need mental health and other services in the future, and adopting the foster child will hinder the family's ability to obtain the necessary services. This logical consideration does not mean that foster parents do not want to provide a long-term stable home for their foster child. The foster care literature has not explored how many long-term placements currently exist and whether permanency through adoption could be achieved for these placements by creating additional supports for parents post-adoption.

Treatment and Therapeutic Foster Care

As a response to the increasing numbers of children in foster care with intense emotional and behavioral issues, a more intense level of foster care has arisen. Treatment foster care (TFC) programs, also known as therapeutic or specialized foster care, resemble regular family foster care programs, as they follow a family-based treatment model (James & Meezan, 2002); however, this level of care serves hard-to-place youth, entrusting them to foster families who have specialized training to support children with emotional and behavioral difficulties (Dore & Mullin, 2006). In Connecticut alone, private therapeutic foster care programs served 1512 children during 2007 (Department of Children and Families, 2008). The aim of these programs is to utilize a predictable, instructive home environment to stabilize behavior (Dore & Mullin, 2006). Treatment foster parents are considered the prime therapeutic service and are closely involved in the treatment plan of the child(ren) in their care (Farmer, Burns, Dubs, & Thompson, 1994; Southerland, Mustillo, Farmer, Stambaugh, & Murray, 2009).

As an attempt to begin standardizing TFC programs, The Foster Family-Based Treatment Association (2004) has developed and published *Program Standards for Treatment Foster Care* as a way of offering basic program guidelines for programs. In addition to providing foster parents with specialized training, TFC programs also reimburse parents for their service at a higher rate than regular foster parents and create individualized treatment plans for each child in their care (Dore & Mullin, 2006; Farmer et al., 2002; James & Meezan, 2002). Typically, foster parents work with a treatment “team,” and the family is offered 24/7 access to services as well as support groups with other foster parents (Dore & Mullin, 2006).

Although there are a few common elements in these enhanced foster care programs, the models and details of the programs vary greatly. For example, programs offer different services and supports and require different responsibilities of the foster children and parents. The length of stay is also different for every child and every program. TFC is sometimes utilized as a “step-down placement” from more restrictive care; for other children, it is a placement that occurs before entering more restrictive care like a residential care setting (Farmer et al., 2003). Among the wide range of programs available, there are a few programs that have been more rigorously evaluated and show a promising evidence base.

Multidimensional Treatment Foster Care (MTFC) is a well-documented and studied model that was developed at the Oregon Social Learning Center in the 1980’s as a way to help delinquent adolescents with serious emotional and behavioral problems (Chamberlain, 2003). Patricia Chamberlain, one of its founders, asserts that, prior to the creation of intensive foster care approaches, challenging youth were segregated within residential and institutional settings with little hope for movement to less restrictive programs and no meaningful interventions for the multiple factors that contributed to their longstanding difficulties (Chamberlain, 2003).

MTFC, therefore, attempts to encourage youth adaptation through highly structured, short-term, family-centered, community-based interventions (Chamberlain, 2003). Based on social learning theory, the Oregon model reduces deviant behavior by providing consistent and stable rules while also focusing on developing prosocial behavior in foster children (Dore & Mullin, 2006). Both the foster youth and the foster families follow a very specific model with set strategies and supports. Each family also

receives a team with the same designated people, including a therapist, supervision, and skills trainer (Chamberlain, 2003).

As a minimally restrictive setting for difficult youth, MTFC has been shown to be more successful and cost-effective than more restrictive settings (Chamberlain & Reid, 1998; Hawkins, Almeida, Fabry, & Reitz, 1992). When compared to similar boys who were in group care, boys with juvenile delinquency histories who were served by MTFC had fewer criminal referrals and lower substance use rates than youths placed in more restrictive settings (Chamberlain & Reid, 1998; Smith, Chamberlain, & Eddy, 2010). Findings were similar shown for girls involved in the juvenile justice system (e.g., Chamberlain, Leve, & DeGarmo, 2007). Additionally, MTFC lead to greater number of successful permanency attempts than regular foster care in a study examining children with multiple placements (Fisher, Kim, & Pears, 2009); however, the children in this study were all preschoolers, who have been shown to be easier to place for in the foster care system at large.

Despite the promising findings, MTFC does not allow for flexibility within the foster family, as it requires families to follow fairly structured procedures and rules; moreover, MTFC is only intended for short-term placements. In this way, it differs from other TFC programs that are intended to provide long-term stability to hard-to-place youth. Although these outcomes are impressive, MTFC is only one viable model for providing enhanced foster care programs.

Looking at TFC programs in general, Reddy and Pfeiffer (1997) conducted an analysis of 40 published outcomes studies for a diverse group of TFC programs. They compared these studies across five outcome variables: placement permanency, behavioral

problems, discharge status, social skills, and psychological adjustment. Across programs, large effects were found for placement permanency and social skills, and medium effect sizes were found for the other three factors. Because one of the major goals of most TFC programs is to establish a permanent living situation for children, it is promising that a large effect was found for this outcome. It is also promising that none of the findings were negative or zero for any of these factors. Caution is warranted in interpreting these outcomes, however, because most of the studies included in the analyses lacked comparison/control groups that would enable greater confidence in attributing results to program components. Although more evaluative research is needed, TFC programs seem to be a promising way of addressing the needs of foster youth. In particular, it is clear that it is a more cost-effective option to treatment when compared to institutionalized settings and seems to be as effective if not more effective than more restrictive settings (e.g., Chamberlain & Reid, 1991).

Child Characteristics and the Stress of Fostering Children in TFC

Before discussing the stress experienced by parents in TFC programs, a more in-depth description of the characteristics of the children served by TFC programs provides some perspective on how these children differ from typically-developing children. The rates of diagnosed mental health disorders are higher among foster youth (see Villagrana, 2010). Vandivere, Malm, and Randal (2009) found that among those adopted from foster care nationally 38% had ever been diagnosed with ADD/ADHD and 25% had ever been diagnosed with behavior conduct problems, both of which occur at significantly higher rates than for those from private domestic or international adoptions. Furthermore, Snowden, Leon, and Sieracki (2008) found in examining AFCARS data that about 12%

of children in foster care are “emotionally disturbed.” Children with these disorders are triggered easily by environmental stressors and express inappropriate behaviors, such as property damage and aggressive behavior. Often they do not have the ability to cope with and appropriately respond to interactions with people and their environment.

Given the potential for difficult behavior among children in foster care, opening one’s home to a child with a range of emotional and behavioral issues can result in an increased level of stress on the family system. Buehler, Cox, and Cuddeback (2003) interviewed 22 foster parents in Tennessee about the stressful events that inhibited a foster placement as well as factors that helped foster families be successful. The research resulted in an extensive list of risk and resiliency factors, many of which are discussed elsewhere in the literature. Participants identified several major sources of stress including: the behavioral/emotional/health problems of children (14; 64%); visits with birth family (9; 41%); unrealistic/unmet expectations (6; 27%); not being included in case planning/not being listened to (5; 23%); and child care/respite difficulties (4; 18%). These sources of stress may be particularly pertinent for those parents of foster children with greater behavioral, emotional, and health problems.

These stressors can strain particular subsystems within foster families. One relationship that may be strained is the marriage of the foster parents. Wilson, Sinclair, and Gibbs (2000) looked at how often foster parents experienced particular, stressful events and found that in 16% of this sample of 950 foster parents, the foster placement made abuse allegations against one or both of the foster parents at some point in time, which could lead to great strain on a marriage. Thirty-one percent also reported experiencing severe family tensions because of a difficult foster placement. Indeed, in in-

depth interviews with foster parents at a specific agency in Australia, Broady, Stoyles, McMullen, Caputi, and Crittenden (2010) reported that parents often noted that the foster care placement often took tolls on their marriage as well as on their birth children.

Furthermore, Christiansen and colleagues (2010) found that breakdown in marriage can lead to breakdowns in foster placements, which is detrimental to the foster child as well.

Besides strain on the marriage, there may also be strain on the sibling relationships. The age of the birth children, in comparison to the age of the foster child, may affect how well the birth children adjust and accept the foster child. In particular, knocking the oldest child out of his or her position as the oldest in the family may make the adjustment for that child more difficult. The risk of a breakdown in placement increases when there are children in the foster family who are of the same age or younger than the foster child (Christiansen et al., 2010). Extensive research on the effect of a placement on sibling relationships is lacking.

Additionally, the relationship between the child and his or her birth parents as well as the relationship between the foster parents and the birth parents can be a source of strain or stress. Broady et al. (2010) found that many of the parents interviewed felt that there was an undeniable bond between the child and the birth parents, but they struggled with the fact that the relationship was not always healthy for the child. Some struggled with the balance of roles with the birth parents and determining who was responsible for what in the child's life.

Given the range of stressors these families may face, it is important to discuss and examine when fostering is successful, despite these stressors that they may experience. Studying successful placements reveals what is most effective at a program level and

what foster families and programs can do to make more placements successful. The next two sections look at specific parent and program characteristics that research suggests are particularly important.

Parent Characteristics

In addition to stressors, the parents in Buehler and colleagues (2003) study noted factors that enabled parents to foster successfully. Among the perceived factors that facilitate successful fostering, 19 (86%) parents identified deep love/concern for the child, 18 (82%) identified open-minded, tolerant accepting of child's differences, 13 (59%) identified being flexible and easy-going, 11 (50%) identified being organized, routinized, structured, planful, 10 (46%) identified having realistic and flexible expectations of foster child, and 10 (46%) identified having a strong, supportive, cooperative marriage as being pertinent to success. This list addresses many of the family characteristics discussed elsewhere in the literature, such as love as a motivator and being flexible. Although this study only concerns a small group of foster parents in a particular region, the responses do resonate with the factors discussed in the literature available at present. This study, similar to many other studies in this literature, involved general foster parents; there is less research on parents in TFC programs specifically. As such, the literature will be combined in the following sections, and TFC samples will be noted.

It is clear that foster parents who bring particularly challenging children into their families face additional stress factors that other families do not face. However, it is less clear which stressors are the most challenging or what resiliency factors help families overcome these stressors to have a successful placement. There has been some

discussion in the literature about whether there are particular characteristics of successful foster families that allow them to provide a stable and nurturing family for foster children and whether these characteristics are innate or can be strengthened and encouraged through training and support. Five factors that may be particularly important for families in specialized foster care programs are discussed here.

Flexibility. One factor that has been considered is the “fit” between the child and the foster parents, particularly how well the child’s temperament meshes with the parents’ parenting style. Doelling and Johnson (1990) found that a mismatch of an inflexible mother with a negative mood child was predictive of poorer placement outcomes; however, no child temperament dimensions were significantly correlated with the caseworker’s evaluation of the placement. This finding suggests that the flexibility of foster parents may be particularly important in determining whether the child and parents will mesh for a successful placement.

Flexibility on the part of the foster parent can create a stronger parent-child relationship, which has been shown to be beneficial for foster children. Stability of a placement is largely dependent on matching between foster parents and foster children, and research shows stability increases positive outcomes for children in TFC (Redding et al., 2000). One key element that may affect the match between the parent and child is the degree to which the parent is flexible and can adjust to the child. Recently, the quality of the relationship between parents and foster youth in TFC programs in one state was found to be significantly associated with emotional and behavioral adjustment in youth (Southerland et al., 2009); moreover, foster parent-child relations predicted satisfaction and well-being of the foster parents in Whenan, Oxlad, and Lushington’s (2009) survey

of 58 foster parents in South Australia. What exactly makes a strong relationship between a foster parent and child, however, is as of now mostly unknown.

Structure. Parents have also reported that while flexibility is important, it is also very helpful to have a structure, in the form of rules and routines that the family and the child in their care follow. This structure allows the child to learn what is expected of him or her and to know how family life is structured (Westermarck, Hansson, & Vinnerljung, 2007). Structure allows the child to establish a routine, to experience consistency, and to feel that he or she is actually part of the family. Children who have experienced multiple prior placements may have experienced very little structure.

As discussed earlier, a greater number of placements have been shown to be related to a greater number of psychological symptoms (e.g., Hussey & Guo, 2005). It is the foster parents' job to bring this structure into the child's life so that he or she can function successfully within a society filled with structure and regulations. It may be that authoritative parenting styles (Baumrind, 1966), which provide high levels of structure, clear rationales for disciplinary and support-related behaviors, and promote developmentally appropriate autonomy, may reflect an optimal parent-child fostering match. Authoritative parenting, while challenging to operationalize, may involve flexibility and promote stability.

Self-efficacy. Perceived self-efficacy is the degree to which a person feels capable of performing a certain task or achieving a certain goal; the perceived self-efficacy about fostering is another factor that can influence the success of a foster placement. Collado and Levine (2007) found that one of the main reasons parents discontinue being foster parents is that they do not feel like they are able to care for the mental health problems

and behavior difficulties that children experience. Whenan et al. (2009) similarly found that perceived self-efficacy predicted foster carer well-being and satisfaction with parenting. If they do not view themselves as capable of supporting a particular child, the likelihood of a placement change increases, and there may be a loss of a valuable foster family. Supporting and preparing parents allows the parents to increase their confidence in their own abilities, increasing the likelihood of positive outcomes for the foster child and the foster family as a whole (Southerland et al., 2009).

Motivation. The motivation of the foster parents may be an important factor in how they approach fostering and whether they continue to foster when they face challenges. Buehler et al. (2003) looked at what is most rewarding and stressful about being a foster parent, and the rewards cited by the parents give some interesting insight into possible motivations. Two of the major rewards of fostering cited by these parents were ‘making a difference’ and ‘seeing the child grow/develop,’ which were each identified by 12 parents. Five (23%) also cited giving a child a ‘normal life or sense of belonging’ as a reward. These child-centered motivations may create more successful placements because they allow for flexibility in what the foster placement may look like. However, it is unclear the extent to which these initial motivators enable foster parents to overcome challenges and whether those motivators are a source of strength in the family. Interestingly, Cox, Cherry, and Orme (2010) found that TFC mothers showed a greater willingness to foster, as measured by a new willingness scale, than regular foster care mothers. This finding should be expected given the greater burden placed on parents of youth in TFC programs.

Parental expectations. One particular characteristic of foster parents that deserves a more in-depth discussion is parental expectations. Foster parents may enter the fostering experience with expectations of the child that is placed in their care, of how the child will interact and fit with the family, and of how challenging or rewarding it may be. If foster parents have certain expectations of a foster child and their potential experience, problems may occur if the child and the placement as a whole does not meet those expectations. Doelling and Johnson (1990) found poorer placement outcomes when foster mothers received a child who did not match their expectation, and 27.3% of a sample of foster parents that were interviewed about their experience cited unrealistic or unmet expectations as a source of stress (Buehler et al., 2003). Furthermore, Christiansen et al. (2010) found that foster parents cited unrealistic expectations of the child and how they should adapt to the family as a major cause of breakdowns because they were unable to accept the child as he or she was. This finding suggests that unrealistic expectations can be more than just a source of stress but can actually work to the detriment of the foster child who may have to face another placement for a reason that he or she could not have controlled.

Summary. Overall, the reasons foster parents begin fostering, the expectations they have of the fostering experience, and the ability of the parents to adjust and adapt to the reality of the placement may have a large effect on the stability and success of a placement. When examining foster parents and their experience in an individual specialized foster care program, these factors need to be taken into consideration. In particular, evaluating these factors as foster parents enter the program may be useful, and

with this information programs may be able to support foster parents in their efforts to create a healthy and stable environment for a foster child.

Program Characteristics

Equally as important as the characteristics of the family is the support and resources provided by the program that is responsible for establishing and maintaining the placement. The level of support provided by the foster care agency and the relationship between the parents and the agency staff can have a large impact on the success of a placement. This section focuses on the degree to which programs engage families, the training they offer to parents, and the resources they provide.

Engagement. Besides the family environment, the level of engagement of the foster parents with the treatment program is also important to the level of success of a foster home. Although not often discussed in the foster care literature, Alpert and Britner (2009) define engagement as the degree to which parents feel supported by, validated by, and included in the program. Engagement in the program is thought to make a difference because it influences the motivation and investment of the parent, making success in a foster home more likely. One element of engagement is the extent to which the foster parent believes in the model of the program and understands why it is organized the way it is. Westermark and colleagues (2007) found that the parents who believed in the Treatment Foster Care program (a program similar in many ways to CCF, which is the focus of the current study) were more accepting of the program and satisfied with it.

Tied to parents' view of the program model is the degree to which parents are in a collaborative relationship with the caseworker and other program staff. For foster parents in Westermark et al.'s (2007) study, believing in the program in part meant feeling their

voices were heard in the treatment process. Denby, Rindfleisch, and Bean (1999) found that parents were more satisfied with fostering when their relationships with the social worker and other personnel were characterized by the sharing of information, respect, and positive regard. The authors call for treating the parents more as “paraprofessionals” so that social workers value their collaborative relationship with the parents. One barrier to this relationship may be the high turnover rate of caseworkers. Caseworker turnover inhibits parents from building a strong, supportive relationship with the caseworker (Crum, 2010).

It is important to keep foster parents involved with plans developed for children placed in their care because they spend the most time with the child and know what works best in their homes (Buehler et al., 2003; Sanchirico, Lau, Jablonka, & Russell, 1998). Indeed, Sanchirico et al. (1998) found that foster parents who reported being involved in the service plan for their child also reported being more satisfied with their job. Those who viewed themselves as part of the service team were particularly satisfied. Although these studies do not use the term engagement, the idea is quite similar. Treating foster parents as equals and valuing their input in their foster child’s plan can make an important difference in the success of the placement.

Training. Training for foster parents begins with pre-service training and continues throughout the placement. Pre-service training can be an important way to address many potential problems foster parents may face as well as teach them skills that they will be able to use with foster children. Through training, parents can learn communication skills, empathy, and child management skills. Training can also be a way of assessing parents’ expectations and correcting unrealistic expectations. Once a

placement has been established, training can also be a specialized way to address some of the problems that may arise as the child develops.

Parents who are not satisfied with being foster parents and decide to leave the program often cite a lack of training and support as main reasons for leaving (Chamberlain et al., 1992). Unfortunately, many studies have found that training programs are unsuccessful in helping parents, but this finding is likely due to how they were implemented or what material they cover (e.g., Denby et al., 1999; Puddy & Johnson, 2003). There are a few standardized training curricula (e.g., Child Welfare League of America's PRIDE), but many programs create their own training modules and topics, particularly for in-service training.

Alternatively, Whenan et al. (2009) found that those who were trained before and during fostering reported a greater degree of well-being, and parents who participated in The Foster Parent Skills Training Program, an in-service program teaching helping skills such as empathy and child management, made substantial gains (Guerney & Wolfgang, 1981). Examining training in TFC in particular, Chamberlain, Moreland, and Reid (1992) showed that children placed with qualified TFC parents (i.e., more specialized training) had fewer disruptions in placements and lower rates of problem behaviors compared to foster parents not undergoing specialized training. The retention rates for these TFC parents were also higher. Buehler et al. (2003) argue that their findings about the stressors and rewards of fostering can be addressed in training both by building on the strengths of the family and providing trainings about how to deal with situations. Training has the potential to help parents, although only when it covers useful material

and is presented in an effective way. In programs that serve children with greater needs, training may be particularly important to supporting foster parents.

Resources and supports. Lastly, most programs provide continued services and supports to assist foster parents, which are also important to the success of the foster parents. This factor is even more important for children with extreme emotional and behavioral problems, because they require a greater amount of resources and support than typical foster children (Denby et al., 1999). Important services include access to therapists, doctors, and tutors who can help these children who are experiencing mental health and behavioral difficulties.

Not only are services needed to help the child, but services are needed for the parents as well to support them in their efforts as foster parents. Services and supports for families may be particularly important for parents in specialized or treatment foster care programs, because of the high level of stress and problems behaviors they experience. Denby and colleagues (1999) reported that foster parents noted that in order to handle children who have behavioral problems and other day-to-day fostering duties, they need a high level of support. Such support would help retain the foster parents. Support from the agency can greatly affect how the foster parents view the success of the placement and their satisfaction with fostering (Broady et al., 2010).

Services for foster parents include clinical support, respite care, and support groups. Foster parents often report a need for these services and value them (e.g., FAPAC, 2009; Testa, 2004). Chamberlain et al. (1992) also found that parents who attended twice weekly support groups had a higher retention rates, citing the ability to talk with other parents experiencing similar situations and to learn new parenting

techniques as useful. Westermarck and colleagues (2007) also found that the 24/7 access to treatment tools and the treatment team in a MTFC program increased the satisfaction of the parents.

Parents in TFC programs also get reimbursed at a higher rate than parents in regular foster care. Notably, both in the Chamberlain et al. (1992) study and in a separate study by Rhodes, Orme, Cox, and Buehler (2003), reimbursement and stipend amount were related to retention rates, with a higher retention rate for those who received more money. At a basic level, monetary needs, which are higher for more difficult children, must also be met in order for these parents to aptly help the child. All of these continued services and supports play a crucial role in the success of a foster placement.

Summary. Programs can encourage foster parent retention and satisfaction with fostering by involving them in the treatment plans of the foster child, valuing their input about the foster child, and providing support through training, services, and monetary support. Research suggests that the more supported and engaged parents feel the more likely they are to continue fostering; therefore, it is important for programs to invest in these elements and show they value foster parents, particularly those they view as competent and effective.

Chapter Two: The Connecting Children and Families (CCF) Model and Introduction to the Current Study

In Connecticut, there is a specialized foster care program that incorporates many of the elements typically included in TFC programs but follows a unique model. Connecting Children and Families is a “professional foster care” program that provides long-term intensive, family-based foster care for children. It began in 1993 and is housed within the private, not-for-profit organization, The Connection, Incorporated (TCI). As a private foster care agency, TCI has a subcontract with the state, meaning the children served by the CCF program are referred through Connecticut’s Department of Children and Families (DCF). DCF retains guardianship in the cases in which parental rights have been terminated, and CCF then places that child with a professional foster family who has been recruited and trained by CCF on how to provide a home for children with intense emotional and behavioral difficulties. The children served by CCF, therefore, are individually funded by DCF, and the foster family is completely supported financially and therapeutically to meet the demands of the child (CCF, 2001). Until now, little research has been done to evaluate the effectiveness of this program.

Theoretical Orientation

Grounded in the literature, CCF provides the treatment and the long-term relationships and connections that are needed by the severely at-risk children the program serves. The program’s goal is to support children with an array of challenges and disabilities within the community in a family-based environment. One major tenet of the program is that foster care in general, and this program in particular, does not “cure” the children’s problems, forever removing their difficulties in life. Instead, the family and

staff work to support the development of appropriate coping behaviors, so that these children can participate more fully in society as they spend greater lengths of time in their foster placement. Creating normalcy for the children is also particularly important. An explicit part of the mission is for children in foster care to live and function in society the way any child does: to have valued roles at home and in the community, without being stigmatized by their foster care status and prior trauma.

As such, social role valorization (SVR) and applied behavioral analysis (ABA) provide the theoretical underpinnings for the program. Social role valorization is a term that developed from the work of Wolf Wolfensberger and is based on social role theory (Wolfensberger, 2000). According to Wolfensberger (2000), “The key premise of SRV is that people’s welfare depends extensively on the social roles they occupy” (p. 105). In other words, people are valued according the degree to which the roles they fill are valued.

Applying this concept to foster care, children in foster care may fare worse because their roles in society are not viewed positively, e.g., they are not viewed as positively as their counterparts who live in permanent homes. SRV provides the foundation for CCF staff and parents teaching children they are valued members of society with meaningful contributions to make. CCF staff work with the foster parents to provide the children in the program with all the opportunities that typical children have, including being in school and being a part of extracurricular activities. They believe that by being included successfully in all aspects of life, the children will see themselves as valued members of society.

Applied behavior analysis, the other theoretical framework used in CCF, is an approach to behavior intervention. ABA uses operant conditioning to reduce inappropriate behaviors and teach appropriate coping alternatives. An ABA framework operates under the belief that changes need to be made in context (where the problems occur), e.g., within the context of daily life, at home and in the community rather than in an artificial clinical setting (Connecting Children and Families [CCF], 2007). The CCF staff support and train the foster parents to enable them to act as change agents.

Children Referred to CCF

The children referred to CCF represent some of the most difficult cases in the foster care system. The children often have had multiple unsuccessful placements, developmental and behavioral problems, a history of sexual abuse, and are often on the verge of being sent to residential or psychiatric institutions. The children have experienced severe childhood trauma and many are diagnosed with psychiatric disorders, including PTSD, ADHD, depression, anxiety, and conduct disorder (CCF, 2007). A majority of the children have experienced sexual abuse. Virtually all have trauma-related problems and show significant inappropriate behaviors, some as severe as fire setting (CCF, 2007).

Children come to CCF from a variety of previous placements. Some have disrupted in many regular DCF foster homes and DCF workers refer the child before a psychiatric placement is required. In other cases, the child may enter CCF as an attempt to place the child in a less restrictive environment. In a process known as “stepping down”, these children may be coming directly from psychiatric hospitals. In still other instances, children come from DCF Safe Homes, designed to be short-term placements

while a more permanent setting may be arranged. They are referred to CCF to receive the help, structure, and nurturing that they have not received in their previous situations and to keep them out of more restrictive settings.

The CCF Foster Parents

When the program began in 1993, some of the foster parents had professional experience working with children, such as in social work, teaching, or nursing; hence, they were termed “professional foster parents.” This title has been used within other programs but there is no consensus around the definition of a professional foster parent (e.g., Testa & Rolock, 1999). The professional foster parents at CCF received a stipend comparable to the salary they would receive elsewhere in the field if they were not foster parents. Today, the program no longer requires that foster parents have a related profession, and parents and families with a wide and diverse range of backgrounds and occupations are now part of the program.

In close collaboration with CCF staff, the foster parents work to diminish problem behaviors and replace them with healthy alternatives. The foster parents are viewed as the agent of change in this program. The CCF staff mostly works with the parents, rather than directly with the children, to support the parents and empower them to work with the child and provide a nurturing environment for the child. Whereas CCF does not articulate SRV for foster parenting as an explicit aspect of the program's philosophy, the emphasis on "normalization" of parenting roles within CCF resembles SRV. One very important part of the program is the foster parents, yet little is known about their experience with CCF.

CCF's Unique Service Delivery System

CCF is unique because the primary therapeutic support for both the child and the family are provided by the CCF clinical staff. The staff members have consistently been a source of support to the children and families throughout the years of placement in the program, which may be valuable because the staff have a long-range perspective of the individual challenges that each child presents. There are times when other professionals are used as consultants, parent trainers, and therapists, but these supports are not universally utilized. Rather than provide a package of services for the child, the CCF staff work directly with the foster parents to support their efforts in being the therapeutic resource for the child and connect them with services as they see fit. They recognize that each family system is unique and try to honor what the family wants and needs in terms of support. In all instances, the clinicians have an on-going relationship with the family and the child so that the clinicians and the parents work together on the day-to-day struggles, thereby trying to preclude difficult problems from rising to crisis level and immediately addressing problems when they do reach crisis level.

Prior to a placement, the foster parents receive training set up by CCF in accordance with DCF's requirements, as well as training in additional skills they will need. Training continues during their time with the program to address common issues faced by the parents and to teach them behavior modification techniques they can implement in their homes. After a child is placed with a foster family, the family receives an enhanced yearly stipend that allows the parents to be able to care for these children and address their special needs. The parents can also receive funds for other purchases, such as swing sets or computers, to provide additional educational, recreational, and related support for the child in care. The intention is to support the full

participation of these youths in activities and settings that are typical for their age and to capitalize on their developmental assets.

Unlike other TFC programs, CCF children are not required to attend therapy for a predetermined amount of time and they may receive therapy from the CCF staff where appropriate. Some children in CCF do participate in more traditional forms of therapy and counseling; however, the professional foster family provides intensive and continual therapy for these children. In this setting, the children are gradually taught the skills they need to deal with their problems and emotions. In fact, more than one foster child has been placed in some homes in the past. The belief is that if the parent can help, they can help more than one child. This situation does not always occur, but according to program staff there has been success with multiple children in some homes.

Based on their foundations in SRV and ABA, the main components of CCF's model are:

1. Providing long-term care
2. Creating normalcy for the child
3. Supporting parents as the agent of change

Stability

Another unique component of the CCF model is the intent of providing a long-term placement as a way of bringing about stability and consistency for the child (CCF, 2007). CCF was designed to serve children with intractable mental health issues and behavior problems – i.e., children who would need considerable psychiatric, psychological, and behavioral support throughout childhood. As conceived when the program was initiated in 1993, it was specifically designed to provide therapeutic homes

for the duration of childhood because the children are hard to place and the parents want and need continual support.

Unlike in some other programs, adoption is not the sole or primary goal. When adoption does occur, the foster parents retain an annual stipend, but lose all other resources that CCF provides. In some cases, reunification with the child's birth parents is the goal, and CCF provides training for the birth parents to make the transition home easier. Even when reunification is not a current option, the birth family may still be involved in the child's life. The CCF staff and DCF decide what the visitations with the birth family look like, and the foster family does not have any real interaction with the birth family. The CCF staff works to create a balanced and cohesive environment for the child so that he or she feels a part of both families.

The majority of placements in fact have been stable, and most children have shown – according to case notes and assessments – behavioral improvements and connections to family, school, and community that would not be expected, given their trauma histories and the findings from foster care and residential placement literatures. However, systematic, detailed data about the effectiveness of CCF have not been collected to date. DCF (2004) has cited lack of evidence showing success of therapeutic foster care programs in Connecticut as one of its main problems and is looking to correct this problem in the upcoming years. As such, it is important for community programs to consider how to document child characteristics at entry, over the course of TFC, and at discharge or emancipation.

Present Study

This study is the first step in examining the effectiveness of CCF, both for the program itself and for DCF. In addition, it will add to the knowledge base about TFC programs. Finally, it also provides an opportunity to implement some standardized measures that might be feasible for the program to administer on a regular basis and could provide longitudinal, useful data to track the parents that are part of the program. Overall, documenting the effectiveness of this program will inform the field's understanding of specialized foster programs. In particular, based on the existing research on fostering and the needs of children in need of intensive fostering supports, the research questions are:

1. What are the demographic characteristics of parents providing intensive foster care, including length of time fostering and motivations to foster through CCF?
2. To what degree are these parents engaged in the parenting role and with CCF program supports, and how satisfied are they with their experiences?
3. Given the many challenges in behavior they face with the children in their care, do these foster parents experience the high levels of stress that is expected? Does parenting stress relate to parent engagement and in what ways?
4. What were the parents' expectations upon entering the program and how realistic were they? Additionally, did they intend on providing long-term care and what are their feelings about adoption?
5. What resources are particularly helpful and useful to these parents and what resources do they feel are missing, if any?
6. Do parents reflect an understanding of the program philosophy and model in their discussion about the program?

7. Are the measures we are using in this study measuring the most important information? In other words, are the measures quantifying the important information we are obtaining in the interview? If so, CCF can consider using these measures longitudinally to track parent progress over time.

Chapter Three: Methods

There is currently little documented information about the Connecting Children and Families (CCF) foster parents and how they compare or differ from foster parents in other TFC programs. Because the sampling frame is small, including only 20 families, this study implemented a mixed methods approach. Mixed methods designs involve the collection of both quantitative and qualitative data, strengthening the data received from either one perspective individually (Creswell, 2009). In this study, both qualitative and quantitative data were collected at the same time; each foster parent met individually with the researcher and completed the two standardized measures (quantitative) as well as a semi-structured in-depth interview (qualitative). The quantitative measures used were measures that are easily implemented so that, if successful, CCF can consider using them on regular basis to track foster parents' experiences over time. The qualitative interview allowed for a more in-depth investigation of the foster parents' experience with the program. This section describes who the participants were, how the data were collected, and, finally, how the data were analyzed.

Participants

Ten "professional foster parents" at CCF participated in this study. Because the aim was to gain a better understanding of foster parents in a specific program that subscribes to a unique model of fostering, participants were selected using a non-probability, criterion-based sampling method, meaning only participants who met certain criteria were included in the sample. There was only one criterion, namely that the participants in this study were required to be foster parents in the CCF program.

In total, there are 20 families in the program. All families were invited to participate; ten agreed to participate and followed through with the meeting. The remaining families did not participate for a number of different reasons: some families did not respond to any of the researcher's initial phone calls, some parents informed the researcher that they did not wish to participate, and others intended to participate but a time to meet could not be arranged due to their busy schedules. The researcher intended to meet with both the foster mother and father when applicable, but times when both parents were available were typically times when the children were also present. Parents felt that the children needed their complete attention, and, therefore, all two-parent families that participated chose to have only the mother participate during a time when the children, and their husband, were not around. The resulting sample of 10 parents (9 foster mothers; 1 foster father, who was a single parent) was comprised of those who agreed to share their experience with the program and who could establish a time to meet with the researcher. The sample was 50% of the sampling frame. Because the foster parent only had to meet with the researcher once, attrition was not an issue.

There was a wide range of paths that led these families to become involved with CCF. Only one parent had been a foster parent prior to CCF, but 7 parents had some experience in the foster care field or fields related to children with special needs. Two parents had been licensed as community training homes, 2 grew up with foster children in their childhood homes, and 4 had held positions in agencies that provided services to foster children or children with disabilities. Three parents had no experience with fostering specifically but had known other parents who were foster parents or had simply

had a desire to expand their family and give a child a home (See Table 1). These families were located throughout the state of Connecticut.

In addition, the parents ranged in the length of time they had been part of CCF (See Table 1). There appeared to be a bimodal distribution of longevity, with 4 of the families being in the program from 2-5 years and 5 of the families being in the program 13-16+ years. One family fell between these two extremes. Because the CCF program has undergone numerous changes in the past few years, this range in length of time with the program provided rich data regarding how the program is run as well as how policies, practices, and relationships have changed.

Design

This study attempted to document qualitative features of the foster experience, to quantify selected characteristics, and to compare the qualitative and quantitative findings. A concurrent triangulation design was used in this study, meaning both quantitative and qualitative data were collected at the same time so that they could be examined individually as well as compared for agreements and disagreements (Creswell, 2009).

To answer the second and third research questions, the researcher chose 2 available scales that measure stress and engagement, respectively, and have known psychometric properties. These measures provided quick, quantifiable information about elements of the foster parents' experience. However, quantitative data on 10 foster parents, or the anticipated 20 families, does not provide enough data for complex analyses and limits the generalizability of the findings. In other words, quantitative data alone at this initial stage would not reveal a great wealth of information. Therefore, qualitative data were collected as well to explore these parents' experiences more deeply.

Through in-depth interviews, the researcher was able to look for themes in their answers that highlighted any important elements of the program that were not captured in the quantitative measures and to support or counter the quantitative findings.

Procedures

First, the researcher collaborated with CCF and The Connection, Inc. (TCI) staff to develop a plan so that they were informed about what procedures would be occurring, and the researcher insured that useful information for the program was being collected. Then, necessary approvals were obtained from the Institutional Review Boards at both the University of Connecticut and the Department of Children and Families (DCF). Once approvals were obtained, the researcher attended a monthly CCF foster parent meeting in April of 2010. During the meeting, the researcher introduced the project, described what was being asked of the parents, and informed the parents how the information would be used. Consent forms, including the researcher's contact information, were provided to the parents. They were offered the opportunity at that meeting to set up a date to participate and were informed that if they chose not to at the time, the researcher would call them in the upcoming weeks. Parents were also invited to contact the researcher to ask any questions they may have and to set up a meeting time.

Parents who were absent from the meeting received a letter drafted by the researcher and sent from the CCF staff, which introduced the project to the parents and informed them that they would be contacted soon by the researcher. The meeting and letter introduced the project to the parents and conveyed CCF's explicit support of this study, so that when the parents were contacted they would be less skeptical of the intentions of the researcher. Furthermore, this procedure allowed the researcher to answer

any questions that may have arisen so that the staff would not have to be responsible for answering research-related questions. For those parents that were not at the meeting, the researcher followed up the letter with a phone call to introduce the project further and set up a time to meet. When the parent could not be contacted directly, the researcher left messages, using an approved script. If parents did not return voicemails or answer phone calls after three or four contact attempts, the researcher ceased contacting that family.

The researcher arranged meetings at times and locations that were convenient for the parent. Nine of the 10 participants chose their homes as the meeting place. Data collection meetings ranged from 40 to 90 minutes. Although the researcher did offer to bring a colleague to entertain and watch the children if the parent wished to meet at a time when the children would be present, all interviews occurred outside the presence of the children in their care. Both parents were asked to participate, but the parents were given the option of having only one parent participate if scheduling an hour where both parents would be free and available was not possible. Among all foster couples who participated, families chose to have only the primary caretaker participate. One parent was not married. Meetings took place between May and August of 2010.

During the first part of the meeting, the researcher explained the consent form, which the parents read and then signed after having an opportunity to ask questions. After consent was obtained, the foster parent completed two standardized measures, the Parenting Stress Index- Short Form (Abidin, 1990) and the Parental Engagement Measure (Alpert & Britner, 2009), described below. These measures were presented in counterbalanced order to prevent a confounding effect of order. Each measure took about

10 minutes to complete. The researcher explained the directions for both measures and was present to answer any questions while the parent completed the measures.

Next, the parent participated in a semi-structured interview. The interview lengths ranged from 20 minutes to an hour and 15 minutes, depending on the extent to which parents offered information. All parents in the sample spoke fluent English, and, therefore, all the interviews were conducted in English. The researcher had an established list of questions that was used as a guide for the interview, but the researcher allowed the conversation to progress naturally, using procedures to encourage elaboration. The interviews were recorded so that the researcher could be more engaged in the conversation and could record the parent's responses verbatim.

After the interviews were completed, the researcher transcribed them and labeled each with a random code assigned to that parent so that responses could be kept confidential. Any identifying information was removed as the interviews were transcribed, and anonymized markers such as [foster child] were put in their place. The code was also used on all measures completed so that the parents could not be individually identified in anyway, except for the consent forms that did not have their code on it. All parents completed all elements of the project, so there were no missing data from the sample.

Measures

Measures used in this study include the Parenting Stress Index – Short Form (PSI-SF; Abidin, 1990), the Parental Engagement Measure (PEM; Alpert & Britner, 2009), and a semi-structured interview designed for this project. The PSI-SF and PEM were selected because they have been shown to measure stress of parents and engagement in

their case services, both of which are likely important characteristics of this group of foster parents. An interview then provided the qualitative data that offered a more in-depth examination of these ten parents.

Parenting Stress Index--Short Form. This measure (Abidin, 1990) includes 36 items from the widely used Parental Stress Index (PSI). The short form of the PSI was used because it has been shown to measure accurately the same construct as the 101-item long form measure and takes significantly less time, requiring only about ten minutes to administer (Abidin, 1995). It was designed to be a direct derivative of the longer measure that could be used as a quick indicator in a clinical context (Abidin, 1995). It provides scores for three subscales (Parental Distress, Parent-Child Dysfunctional Interaction, and Child Difficulty) as well as a Total Stress score, which was considered the most important for the objectives of this study. In addition, there is a Defensive Responding subscale that measures whether the parent may be responding to the questions based on what he or she feels is appropriate or expected rather than what he or she actually feels. Parents were asked to complete this measure with their foster child in mind, rather than any birth children, so that the measure captured their stress level around being a foster parent.

The PSI-SF consists of 36 statements; parents rate the degree to which they agree with the statement on a five point Likert scale, ranging from strongly agree to strongly disagree. Overall stress scores, therefore, can range from 36 to 180, with higher scores representing a greater degree of parenting stress. In addition, a percentile is calculated from the raw scores for each of the subscales and the overall raw score. Scores above 90 (at or above the 90th percentile) are considered to be a clinically significant level of stress

(Abidin, 1995). Validity and reliability for this test is also well documented. Test-retest reliability ranged from .7 to .8, and Cronbach's Alpha for the PSI-SF was found to be .8. See Deater-Decker and Scarr (1996) for a complete review. The correlation between the PSI-SF and the full-length PSI, which has a test-retest reliability of .95, is .94, showing the PSI-SF measures parental stress as well as the full-length PSI does (Abidin, 1995).

Parental Engagement Measure. The PEM (Alpert & Britner, 2009) measures the degree to which parents feel listened to, supported by, respected by, and involved with a clinical or casework program and its staff. The original measure consisted of 22 items, but four items that concerned the foster child were removed as we did not have permission from the Department of Children and Families to ask specifically about the parent's foster child without a guardian present to protect their privacy. The wording on some questions was also altered slightly to apply directly to the CCF program (e.g., changing 'my caseworker' to 'CCF staff'). The resulting measure consisted of 18 items, to which parents were asked to agree or disagree on a 6 point scale (1 = strongly disagree, 6 = strong agree). Thus, scores on the PEM could range from 18 to 108, with higher scores suggesting a greater degree of engagement in the program. Examinations of the PEM suggest strong internal reliability (Cronbach's alpha = .94) and validity (Alpert & Britner, 2009). Further validation has been established through other recent studies of parents' engagement in home visitation and clinical case management programs for families.

Interviews. The researcher conducted the interviews with each foster family individually, rather than together as a group, in order to capture the parents' unique experience and make the parents feel more comfortable about sharing their experience in

CCF. To answer the remaining research questions, a set of interview questions was developed specifically for this study. The research questions, and therefore the interview questions, were based on themes from the literature as well as particular information that was needed to provide constructive feedback to the program (See Appendix A for complete list of questions). The primary investigator, two other investigators, and CCF staff examined multiple drafts of the interview questions, which were later approved by the IRBs of the University of Connecticut and DCF.

In particular, the interview was designed to examine the parent's expectations when they began the program, their experience in the program, their relationship with the staff in the program, and the supports that were most valuable to them. The question list was used as a guide for the interviews, but the interviewer allowed the conversation with the parents to proceed naturally and followed up with additional questions when the parent's response concerned their experience or relationship with the program. As with the PEM, no questions were asked about the specific children in their care, as the researcher did not have permission from DCF to ask questions that were specific to the foster child. Rather than anyone from CCF, TCI, or DCF, the researcher conducted the interviews because she was an independent, unbiased observer, not connected with any of the agencies. In other words, the information provided by the parents to the researcher would not positively or negatively affect their role in the CCF program, TCI agency, or the state (DCF), or any relationships with specific staff.

Data Analysis

The PSI-SF and PEM were scored according to their established coding instructions. Raw scores were obtained for both measures, and percentiles were also

calculated for the PSI-SF. In the first round of data analysis, these scores were examined separately and then compared using SPSS. The number of years fostering, as described by parents during the interviews, was used to explore further the quantitative data.

The next step was to code the transcriptions of the interviews for themes. An initial round of coding was conducted during the transcription process as the researcher highlighted statements that reflected themes the researcher saw occurring in numerous interviews. Then, a more formal round of coding was conducted using NVivo, software for coding qualitative data. Before the interviews, the researcher identified, based on prior literature, a few themes of interest. Additional themes were added as the researcher identified them in repeated interviews. This coding process resulted in 7 themes. Upon completion of the initial round of coding, the researcher reexamined all ten interviews for content related to these themes. Finally, comparisons were made between the quantitative measures and the qualitative data. Responses in the interviews that reflect parental stress and engagement in the program will be discussed as they pertain to the PEM and PSI scores obtained for the parents.

Chapter Four: Results

The goal of this study was to explore and document the expectations and experiences of the foster parents in Connecting Children and Families (CCF), a small, specialized foster care program in Connecticut. With little current knowledge about their experience in the program and how it compared to other national treatment and specialized foster care programs, both qualitative and quantitative data were collected through the use of standardized measures and an in-depth interview. Measures and questions were chosen based on the current literature about elements that influence foster parents' satisfaction and success. The findings of this study are presented here. The quantitative and qualitative data first are discussed independently, followed by a comparison of the two types of information in order to draw connections across them and illustrate how they inform each other. An additional final component is an examination of the degree to which parents reflected the philosophies of the program in their interview answers.

Quantitative Findings

To answer the first three research questions, the Parental Engagement Measure (PEM) and the Parenting Stress Index – Short Form (PSI) were given to these 10 parents. They are quick, reliable scales that measure what was expected to be two important factors in foster parents' success and satisfaction.

Parental Engagement Measure (PEM). On this 18-item measure, the possible range of scores is 18 to 108, with increasing scores meaning the parents were more engaged in the program. Overall, the PEM scores for this group of foster parents in CCF ranged from 36 to 107, one point below the maximum engagement score. The average

score was 75.6, suggesting that these parents do in fact feel supported by the CCF staff and included in the program, but there may be areas that are less satisfactory. In fact, a majority (7 of the 10 scores) of PEM scores fell between a 71 and a 78. Three scores were outliers, with one parent being minimally engaged (PEM = 36) and two parents scoring very high levels of engagement (PEM = 94 and 107). Among those in the extreme, both of the foster parents that were highly engaged in the program had been in the program for 13 or more years. The parents with the lowest level of engagement had only been in the program for two and a half years.

Individual item means were also calculated. This analysis revealed that the items with the highest means were:

I feel connected to my foster child(ren) (M = 5.6)

The CCF staff value the knowledge I have about my foster child(ren) (M = 4.9)

The CCF staff encourage me to share my point of view (M = 4.5)

I have control over whether or not I succeed in the foster care process (M = 4.5).

Interestingly, all four of these items concern the foster parent and his or her abilities as well as his or her role in the program. The highest rated item was in relation to the strength of the relationship between the foster parent and child. Moreover, parents felt that the CCF staff did consider and listen to their opinions about their foster child, an important piece of engagement. On the other end of the spectrum, the items that were scored the lowest on average were:

The CCF staff developed a service plan based on my personal goals (M = 3.5)

The CCF staff connects me with the services I need (M = 3.6).

These items concern program logistics more than the relationship with the staff.

Although parents feel supported and respected by the staff, there may be a breakdown in the implementation of the program components. It is important to note, however, that the means for these items were still in the mid-range of the six point scale. None of the items had a mean of a 1 or 2, suggesting that the parents on average at least somewhat agreed with the 18 items about their relationship with the program and its staff as well as their own abilities.

Parental Stress Index – Short Form (PSI-SF). On the PSI, stress scores ranged from 60 to 126. Six of the 10 parents had clinically significant overall levels of stress, which is expected from parents in an enhanced foster care program that serves high-needs children. A clinically significant level of stress on the PSI-SF is any score above a 90 on the overall parental stress scale; in this group of CCF foster parents the clinically significant scores ranged from 93 to 126 out of a possible 180. A score above 112 puts the individual in the 99th percentile of stress. Furthermore, nine of the 10 individuals interviewed scored highest on the difficult child subscale. Because parents are asked to complete the PSI with their foster child in mind, this finding suggests that it is their role as the foster parent that accounts for a large piece of their parent-related stress.

Among those with clinically significant stress, two parents were among the group who had been part of the program for 13 or more years. The other four parents had been part of CCF for anywhere from 2 to 8 years. The range of years involved in the program among this particularly stressed group of parents suggests that time may not diminish the level of stress or that it may be that particular times in life are particularly stressful. Two of the parents with a clinically significant stress level were parents who had no previous

experience working with children with emotional and behavioral difficulties prior to CCF. Only two of the parents had significant defensive responding scores, meaning they may not be reporting honest levels of felt stress. This number suggests that most parents were likely honest about the degree to which they were stressed in their daily lives. One of the two with a significant defensive responding score was among those with a clinically significant level of stress.

Comparison of the PEM and PSI-SF. To begin to explore the relationship between engagement and stress, the PEM scores and PSI-SF scores were compared to see if there were any trends in parents' responses on these two measures. Figure 1 shows a plot of the PEM scores against the PSI-SF scores. The graph shows that most of the parents fell in the well-engaged range (in the 70s, or a mid-level range, on the PEM) and that within that group the PSI-SF scores ranged from low to very high levels of stress. Both of the parents with the highest and lowest stress scores fell in this middle range on engagement, which means that there are other factors than stress that affect engagement and that engagement is not necessarily diminished in the face of high levels of stress. The two highly-engaged parents further support this idea, as one of them reported a high level of stress and the other had the lowest stress score of all the parents. The parent with the lowest engagement, however, did also have a clinically significant level of stress. It is possible that low engagement does create higher levels of stress. Furthermore, none of the non-significantly stressed parents expressed low levels of engagement. Three of the non-significantly stressed parents scored in the 70s on their PEM and one parent had a PEM score of 94.

Qualitative Findings

The 10 interviews were coded for six themes. A list of themes was created based on what was expected from the literature and this list was altered as the interviews were conducted based on what was commonly discussed and brought up by the parents. The themes are presented and discussed here. All interviews and quotes are discussed from the female voice in order to maintain anonymity of the participants.

Parental expectations. In the interviews, the foster parents were asked to reflect back to when they first began fostering and to discuss what their expectations were about what fostering in this program was going to be like. They were also asked whether their expectations were realistic as well as how they had to change their expectations when their experience did not match their expectations. These questions were designed to address the research question regarding parent expectation and the degree to which they influence the parent's experience.

Of the 10 parents interviewed, six parents stated that their experience as a foster parent was exactly what they expected coming into it, but all six had experience working with children with special needs or with emotional and behavioral problems, which had previously exposed them to the challenges they would face as a foster parent. When a foster parent was asked what had provided her with the realistic expectations, she responded,

Yea I knew what I was going to get, working with the kids I worked with – they were all really, really hard kids. And they were kids from [Institute of Professional Practice], mostly because this program hadn't started yet, and I used to see how hard they were.

Three of these six parents did feel that their relationship with CCF or DCF would have been a little bit easier or stronger. Two of these three expected CCF to be more supportive and that they would be respected more, but interestingly both of these parents

had only been in the program for two years and entered during a time when many changes were occurring in the program. Despite this fact, they felt that their experience with their foster child(ren) was in line with what they originally expected.

The other four parents all acknowledged that their experience as a foster parent was more difficult than they had expected. Three of these parents did have some experience in group homes or with foster children, but as one parent noted, “I was definitely unsure. Um they did tell us that they took the harder children but um I think [it wasn’t] until I got into it that I think reality kept coming with it.” Another parent related a similar sentiment saying the program had been very honest with her about the type of children they served but that no one could have described the difficulty that these parents experience. When then asked what it took for them to change their expectations, these parents felt they had to just embrace the situation and stick it out until it got better. They also learned how to better respond to and handle the children with the help of the CCF staff. For one foster parent, she “learn[ed] to put, to pick out my fights. In other words, learning to let little things kind of slide and deal with the bigger things because you’d be yelling at them all day long. You would definitely, definitely.” None of the parents reported that they expected the children to adapt to their expectations. These parents felt they had to adjust their expectations to the child’s realistic circumstances, and they hoped that one day it would get better.

They were also specifically asked if they knew the placement was intended to be long-term when they began. The answer to this question was a resounding ‘absolutely.’ Every parent interviewed reported entering the foster care process knowing it was intended to be a long-term placement and that they knew they were taking these children

into their homes for life. One parent even noted that she would not have done it any other way. These parents clearly entered their role as a foster parent with the mindset that they were going to provide a permanent and stable home for a child as long as she or he needed it. Moreover, some of the parents noted that their commitment to these children did not stop when the child turned 18 and aged out of the system. A response that aptly reflects this mindset is, "...these were gonna be like my kids and they were gonna live here hopefully forever, ok, and even beyond when they were eighteen if they wanted to." Parents were making a life-long commitment to their foster children.

Motivating factors to continue fostering. The motivating factors for these parents to keep fostering were also of interest to the researcher because of the lack of knowledge around whether motivation, such as "seeing the child progress," makes a difference in difficult circumstances. Before entering the CCF program, three parents became interested in fostering in general because they wanted to provide a home for a child who needed it. As they spoke more about their experience and the difficulties they often faced, the parents were asked what enabled them to keep fostering despite the challenges. It became abundantly clear during the interviews that it is the foster children who not only cause stress, but more importantly keep the parents motivated to want to continue being foster parents. These parents were focused entirely on the children, and every one of them cited their children as to what enabled them to continue fostering. Their reasons fell into three more specific categories: seeing progress in the child, being committed to the child, and loving the foster child.

Four of the parents reported that it was the progress they eventually saw in their foster child that was the most rewarding aspect of their job. Two parents noted what a

difficult struggle it was for many years, but eventually they began seeing progress in their foster children, which was rewarding. They could see the improvements in their children. Others mentioned seeing changes in the child's demeanor or having teachers and school personnel discuss with the parents the improvements they were seeing. One parent even stated that it was seeing the child accomplish a task after having to be instructed an endless number of times:

You know after ah telling them a hundred times to do something or to direct them this way or that way and they finally get it and their smiling and their proud of themselves, you know, and to see them accomplish things...So seeing them accomplish things and having confidence in themselves that they can do it and know that mom and dad, if you need us, we're here. So that has, that's just great to get to see those smiling faces.

This motivator also draws attention to the fact that the behaviors shown by these children were improving over time.

Making a commitment to the child was also cited as a motivator by six of the parents. There seemed to be a recognition that although it was often trying to be a foster parent that if they did not stay committed to the child, he or she was going to experience another loss and another placement breakdown, which they did not want the child experience and for which they did not want to be responsible. Reflecting back on the some of the difficult times as a foster parent and what enabled her to keep going, one parent said:

Um, what kept me going? The thought of if I gave this child up, what it would do to them, how much worse she would be, how far behind one more person saying I can't do this – and I can understand why they said that.

There was also recognition that these children needed people in their lives that cared for and valued them. As one parent noted, "Who she is today is not who she was placed here, and that has nothing to do with the funding. It has everything to do with 'we're

sticking this out because this child is valuable.” To these parents, walking away from or giving up these children was a monumental failure, and they did not want to be the cause of more hurt and pain in their lives.

Finally, four parents simply stated that it was their love of the child that kept them going through all of the difficult times. In response to the question of what was still sustaining her today, a foster parent quickly responded, “My love for my children. I adore them.” One parent even noted that her husband loved their foster child from almost the minute the child entered their home. Whether their love developed immediately or over time, it was a factor that reinforced their willingness to foster. One parent summed it up best, “No it’s just they’re great kids, and that’s the bottom line. What you get out of it is the kids and if you don’t want the kids then why are you doing this?” The children were the motivation for these parents, which was likely the exact support and nurturance these children need.

Long-term intent and feelings around adoption. Although all parents that were interviewed came into the program with the intention of providing a long-term permanent placement for these children and expressed long-term intention of being a parent to their foster child(ren), the feelings around adoption were mixed.

The parent’s long-term intentions came up in almost all of the interviews, not only as a requirement of the program but truly as a mindset to which they still adhered. One parent explained:

Yea I mean back in those days we did consider it to be long-term and the only reason we did not adopt was because of the severe special needs ... Yea so there were a lot of reasons why we didn’t and a lot of my children have, the parents had parental rights for a long time, things like that. But yes we considered it long-term always. We figured they came home and they were here to stay, which is exactly what’s happened for us.

One mother who had never adopted her foster child, who had now aged out of the system, pointed out that he was still entirely part of the family and that she continued to pay for whatever he needed despite the payments from CCF ceasing. Her son aging out of the program had no effect on his position in the family and he would always continue to be their son. It was never made legal, but nonetheless it had the same effect as if he had been adopted. This same parent also noted that they never used the word “foster parent” in their home and that all of the children just saw them as their parents. These parents exemplify the attitude that many of these parents expressed. They were bringing children into their homes to become part of their family. Further questioning revealed some barriers or issues to creating a more legal bond through adoption.

A number of parents noted that they had no intention of ever giving up their foster children but that they did not want to adopt because they were worried about losing their supports provided by CCF and were unsure if they may suddenly need supports or services as the children got older. One parent who did adopt even related a hesitation because of the possibility of needing supports later in the child’s life. In regards to adoption one parent summed it up well:

Their (DCF) focus is adoption and I think the problem with that is – you’ve got a few problems – it’s um some of these kids start off fine and it’s years later and if there is no support that becomes a tricky situation. I think that – it’s difficult to ask people of a very sweet 4 year old, yes you might want to adopt that 4 year old, but if there was any sexual abuse situation that might exhibit when they’re 12, 13 years of age. Um I think that’s asking a lot of people in general and I think it’s also difficult to – what I’ve heard from other parents is like say you adopt a child or two, well then you’re responsible for putting them through college and all their stuff after, whereas if they stay as a foster child they get a lot of support for them, which is – you know you feel really bad cause it’s a lot of money and um they may not have the same opportunities as, being an adopted child, as if they were a foster child.

There seemed to be a consensus or nervousness around possibly needing and not being able to obtain or provide resources and services when these children became teenagers. Parents felt that some of the children's issues and experiences from early childhood may resurface in the teenage years and that the biological and developmental processes associated with puberty might cause additional difficulties for these children that were not there previously. Adoption was not appealing, therefore, because it left the parents without the secure support network they currently have. Agreeing with this sentiment, one parent noted, "That's right. It was mainly the supports. That's what it was – to make sure that whatever happened that he would get the best of whatever he needed. And we would, they have the resources to help us you know more than me looking for it."

Two parents noted they entered the program with the full intention to adopt, which happened for one parent, although much later than expected because they were waiting until they felt there was not going to be anything that they could not handle:

...that was also the reason that we had not adopted yet. It was because that support was there. We wanted some more time under our belt. We wanted adolescence to hit and find out how her background could all the sudden come to a screeching foreground, um and not have the resources that we possibly could have. And not even we – the resources *she* could have had would be more accurate to say.

For the other parent who intended to adopt it never happened because the amount of supports and the level of difficult was just too great. Clearly, the supports that these children require are important to these parents, and the program enables them to provide a permanent home for the child while still receiving any assistance they may need and not otherwise have. In addition, three parents felt that adoption should be decided on the circumstances of that individual child and was not for every child.

Taking the need of supports a step further, two parents noted that it was too much of a liability to adopt the children. If anything truly harmful or dangerous were to happen to their family, the foster child, or their homes and property it would be their responsibility. The likelihood of these possible events seemed too likely for them to take on that responsibility. There was also recognition that in the past it was acceptable for these parents to provide long-term care without adopting but that in recent years DCF has been pushing for adoption more. They did not appreciate the feeling of being pressured to adopt these children who require as many services and supports as they do and felt the motives for adoption from the agencies were not always in the best interest of the child.

Effects on the family unit. Research suggests that difficult foster placements can strain some of the other family relationships, and there was some acknowledgement in the foster parent interviews of the effects that a foster placement can have, and in some cases has had, on the family structure and on family relationships. Three parents did bring up the fact that they did have to consider the safety of their other children that were in their home, and the level of disruption to them had to be a consideration. In a discussion on being able to persevere through the more difficult times one parent stated:

Um but I felt that as long as I could manage – she wasn't emotionally causing undue stress to my other kids who, you know, this is their home too so I had to balance that but I don't know we just hung in there cause we knew she could pull it around.

Another parent mentioned that it was important to consider the age of the child one was bringing into their home in comparison to the birth children. For example, knocking a child out of his or her position as the oldest in the family presented some difficulties for her family. Considering how the child would mesh into the family can be an important factor to the success of a placement.

One foster parent also offered the advice that foster parents had to have a really strong marriage before becoming foster parents because accusations from the foster child of inappropriate or aggressive behavior on the part of the foster parent(s) can be made and as a team they could be really tested. Another parent attributed her ability to continue fostering on her and her husband's ability to work well together and support each other. There are successful single foster parents, so this relationship is not a necessary one; however, when a marriage is intact it can be a useful and supportive resource, and fostering likely will test the strength of the marriage. Expanding the idea of a united marriage to the entire family, one foster parent shared that becoming a foster parent was always something she wanted to do but that she did not initiate the process until her whole family felt they were in agreement with the decision, they were in a position to be able to handle any challenges that may arise, and they could all go through the process together. Fostering a child can clearly have an impact on the family; if there are challenges they are facing before fostering, adding a foster child to the family may only create more challenges.

Usefulness of staff's support of parents. Another factor that became very clear during the interviews was that the support provided to the parents by the CCF staff was the most valuable resource for all of these parents. The parents valued having staff trained in clinical and behavior therapy techniques available to them to guide them in their journey with their foster child. The CCF staff was available 24-7 to the parents, and the parents called the staff whenever they were struggling with their child's behavior or were unsure of how to respond to a situation, regardless of the time of day. The parents particularly appreciated the brainstorming that they often did with the staff and felt that

the staff members were some of the only people that understood the experience they were going through with their foster child. In a discussion of the support one parent valued immensely, she stated, “We were on the phone constantly and continuously brainstorming.” A specific example that another foster parent provided was:

I um had a person – my child would not sit down and sit like this with anybody, including myself, and talk about anything and everything has to be kind of brought out – and my support person worked with me. I could call her on the phone and I’d have an answer in an hour. Um if I needed her to come out her – and so she, I would call her and say ‘Oh my god, this is like I’m at my wits end. I don’t know what to do.’ And she would talk me through it and then teach me what to do with her. And um how to get her – like the conversations in the car - she would call it the pass the salt and pepper conversations, casual conversations when we are driving in the car.

Rather than directly interact with the children, the clinical staff was able to provide the parents with support and ideas to help address any problems the foster child might be experiencing within the child’s natural environment.

Another parent’s praise of the staff was, “But it’s that attitude that they’re accessible for anything at all to do with the program. This is, has always been, their biggest strength.” Parents also felt that the staff truly knew and connected with the families in the program, providing consistent support over time. In response to the question of what service helped them the most, one of the foster parents answered:

What’s kept us going? That same person – that same contact person that moved him in is the same person that comes to our house, that’s building a relationship with him. I think it works cause if they’re brought to a therapist, you know it might change over time.

They felt they were able to receive support from insiders who were familiar with their child and their circumstances.

Over the past few years the program has undergone some personnel changes, which has resulted in fewer available staff and more staff that does not come from a

clinical background. All of the parents acknowledged that the support from the staff was no longer offered to the degree that it once was, but for most parents this change was not a problem because they no longer needed assistance on a daily basis. The two parents who expressed being the least supported by the program have only been part of CCF for a few years, which may reflect the transition period during which they entered the program. They do not have the memory or experience that many of the other foster parents now have. Many also still feel that if they needed help the current staff would certainly be there to support them.

However, there was also recognition that the clinical and behavioral capability of previous staff was the crucial factor. They needed staff with more expertise than themselves who could offer viable and useful advice and support. This clinical level of support was what enabled the parents to address and handle the intense behavioral and emotional needs of their foster children. One parent, who had been with the program for many years, described the loss of the clinical support:

...in the old days they constantly helped us and our children on how to have a better life. Now, the person I have now – I mean she's brand new...She does not have any clinical skills. She's not a clinical person at all. She can come here and see that we are all alive and well but she does not have any clinical skills. I know a thousand more things. I won't ask her for any advice, let's put it that way. There's no advice she could possibly give me, whereas the old people did know more than I...It's nothing against her, she's very friendly and kind and I'm sure would like to do a good job. She just doesn't have the skills, it's not her fault.

Non-clinical caseworkers that are often utilized in foster and other child welfare and family programs do not appear to possess enough information on the behaviors and mental health issues with which these children present. The more advanced and specialized level of support provides the parents with useful and beneficial information

and techniques, and the CCF staff was able to directly provide this type of support whenever it was needed.

Other services and supports. One of the final research questions was what services and supports were most helpful and valuable to these foster parents. Besides the clinical support from the staff, respite care was the most cited resource used by parents. The parents recognized that sometimes they just needed a break and that taking that break created a better situation for them and for their foster child because the parent was then able to maintain sanity. When asked about the value of respite care, one parents explained:

That, you know, you have to take a break. You have to let the kids go and you have to take a break. And um whether you can get someone to watch them for the weekend or just for 5 hours that's when you take a break and just out and eat or something, relax.

One parent, however, expressed mixed feelings around respite because when it came to family vacations she wanted to take her foster child with them but felt they were encouraged more to leave the child in respite care. She acknowledged the need for respite for short spurts of time but felt it should be easier to include the child in the family. Many parents also noted that their children use one-to-one aids at school or camp, and one parent argued that although it was a resource for the child it was also a resource for her and her husband because it allowed her to attend to the other children at times and take care of the household.

The discussion of services provided often became a discussion of resources that the program paid for, such as camp for the children. For most services the parents would find the provider and then the program would pay for the service. Parents consistently felt that the fact that the program did pay for these services was very helpful. When

asked about their funding in general, they all felt blessed to have the stipend, but most commented that it was in fact not an abundance of money. As one parent remarked, “Well the truth is, guess what, it costs a whole lot of money... Yes you get a stipend, but you don’t get anything else. I mean everything goes to pay for every single thing they have.” These foster parents, as most parents generally do, recognized that raising children costs a lot. All of the funds received from CCF were going towards the children so that the parents could provide them with a life that they would want to provide for any child. Relating a frustration around perceptions that these families may become foster parents for the money, one parent commented:

And you know we don’t do this you know for the money. It’s not like – I don’t like people saying that because ah you know it’s not enough, we don’t do it for the money. We do it because we are able, we feel that we could help a child. And that’s why I do it.

This sentiment was echoed by other parents, including one who noted that no amount of money would be enough to solely motivate parents to foster children with the issues many of these children present.

Training, both pre-service and in-service, was also discussed by many parents. Four parents reported finding some of the trainings helpful, particularly when they brought in guests, such as doctors or graduates of the program, to talk to the parents. Three of these four parents had been in the program for 13 or more years and still found some of them helpful. One parent did note that sometimes they got off track and it became more of a complaining session, which was not particularly helpful. Another parent felt that since her child was special needs that most of the trainings were not useful for her and her child.

Among informal supports used, some people were close with other families in the program and felt they were a good source of support. One parent, who had been in the program since the beginning, said that she became close with a few other parents almost immediately upon entering the program and that they all still are good friends today. They had seen each other's kids grow up together. Another parent, however, felt that there was not a strong support network of other parents but that she had always wished there was. She felt it would have been valuable to have a group of people, who were not "bosses," that she could vent to and with whom she could exchange stories. Two other parents felt that speaking with other parents was not particularly helpful because it was somewhat distressing or resulted in what felt like whining. In addition, two parents cited their church or religious beliefs as an informal support system.

The researcher asked parents if there were additional supports they wished were available. Two parents reported feeling that they needed services for their child but had to fight with the program to get them. All the other parents felt that CCF would fund and support whatever services they needed. Although one parent reported not using many services, there was comfort in knowing they were there if needed, saying "no but the fact that I knew it was there, that I knew that if she fell apart tomorrow and needed a one-to-one aid or needed the best hospitals in the world, it would happen." Three parents did wish that the program did have a list of respite and other providers so that the parents would know to whom they could go. Most of the parents felt it was a challenge to find respite providers because you could not leave the children in the program with just anyone. They needed people who were qualified to handle the children and who were willing to watch these foster children.

Overall, there were certain supports for the parents that assisted them in being good foster parents. The support from the staff in teaching parents new techniques and guiding them through difficult times was the most beneficial to parents and the most valued. Respite care was also a very valuable and necessary support for these parents, although it appeared that there could be greater coordination between the program and providers to further assist the parents.

Mixed Methods: Quantitative and Qualitative Data Comparison

The interviews were also coded for comments that reflected engagement and stress to see how they related to the quantitative findings. During the interviews, parents were asked whether they felt their voice was heard by the CCF staff and whether their opinion was asked for on a regular basis and respected. These questions were asked to see if they reflected a similar sentiment as the PEM. The two individuals who scored highest on the PEM both felt that their voice was heard by the program and that their opinion was respected. One parent noted that at times when she disagreed with the staff the staff allowed her to do what she felt was best. The other parent felt that she had been there so long that the staff looked to her often times for answers, so she knew they respected her opinion. These agreements show additional validity for the PEM measure.

Furthermore, all of those that scored in the 70s on the PEM felt that their voice was heard for the most part, but there were times when it was either not respected or their opinion was not asked for. There was a mix of responses around how consistently they were respected and treated as equals, which is reflected in their PEM scores and is likely why the highest scored items were more parent and child-centered and the lowest were more program-centered. The parent with the lowest PEM score felt that her voice was

only heard when she “shouted” and that her opinion was not typically asked for. In addition, one of the lowest scored items on the PEM concerned whether the program connected them with the necessary services, which was consistent with the parents’ discussions of wanting a list of providers that worked with the program.

Although stress was not specifically asked about in the interview, many of the parents expressed stressful experiences. Some parents related experiences of having children run away or having police involvement. Two parents discussed having to have an adult with them at all times and having to have the children engaged in activities at all times because otherwise the children would get into trouble. Two parents with siblings also noted that they often had to keep the children separated because they were calmer and better behaved when they were not together. Another parent reported, “Schools were calling me 24 hrs a day. They didn’t like it at work when you’re standing on the phone with principals, psychologists, teachers – a half an hour, 45 minutes okay.” Parent responses suggested a very high level of oversight needed to be maintained.

Overall, parents felt that, bottom line, it was a difficult job, and that these parents lived a different life than many parents. One parent noted, “... it’s such a hard life, we know – I don’t know, you’re just a different kind of person, you know?” A different parent commented on how most people did not understand how they were able to continue fostering:

Sometimes it was really difficult. You know the kids are who they are. There’s a lot of people who, even family members, that if I tell them some of the stuff that’s going on they are in shock. Why would you put up with that? How can you be around that? And then they give you advice that makes you want to slap them.

These parents felt they were in a unique situation that required extreme patience and devotion because it was very challenging at times. In amazement at the other parents in

the program, one parent stated, “and like I said when I go to the meetings, I just can’t believe the stress level of some of the parents because some of it is really hard work.” They are facing circumstances and situations that most parents will never experience. It is not surprising, then, that the PSI-SF scores for these parents were medium to high levels of stress and are even lower than would be expected.

Two specific interviews clearly related to the individual’s PEM or PSI-SF scores. One foster parent felt that she was not at all supported by the CCF program and felt that her relationship with the program was strained. Examination of that parent’s scores on the PEM and PSI-SF revealed that this parent was the parent who had the lowest engagement score and who scored a clinically significant level of stress on the PSI-SF. This evidence suggests that the feelings expressed in the interview about her relationship with the program were reflected in the degree to which this parent felt engaged in the program and the level of stress experienced.

A second parent stated that she did not really have a lot of stress when asked what services were most important during particularly stressful moments. This comment was reflected in the PSI-SF score was a 77, which is well below the clinical score of 90. This parent’s PEM score was in the 70 range along with most parents.

Understanding of the Program Model

Finally, interviews were coded for the degree to which parents’ comments reflected an understanding of the unique elements of the program’s philosophy, as reported by the program and discussed in Chapter 2. Parents’ interviews included discussions on creating normalcy for their foster child, on parents as the agent of change, and on providing long-term care.

The fact that all the parents expected to provide long-term care for their foster children and wanted to provide a permanent, long-term home has already been discussed. There was a clear understanding that the program intended to provide long-term care for children who entered their program and the program recruited parents who supported and encouraged this model.

Creating a sense of normalcy for their foster child was also discussed by a number of foster parents, which reflected the Social Role Valorization (SRV) and Applied Behavior Analysis (ABA) influences in the program. The same parent who did not use the term “foster parent” with her children also made sure to enroll the children in activities they wanted to participate in and provide them with the experiences most children go through, such as going to the prom. She emphasized this notion saying “We um I desperately have my children living the most normal life they can live.” Another parent discussed that although it was important to recognize and acknowledge the child’s past, it did not need to be discussed all the time.

In accordance with SRV and ABA theories, the foster parents felt they could help their child learn to function and act appropriately in their everyday lives so that a sense of normalcy could be created. It is in this family-based, typical environment that the child can begin to heal. Both of these parents also noted that the numerous visits from caseworkers is a barrier to their ability to create a sense of normalcy because the child is constantly being reminded of who she or he is and it prevents them from being engaged in another activity because they have to attend this meeting. Finally, formal therapy was not used by all the children. As the model suggests, there is not a set of services that all children receive, and the services utilized vary based on necessity not requirement.

A third parent discussed creating a home that normalized the child's situations as well as normalizing some of the child's triggers so their situation and their life did not seem as extreme or destructive. Finally, two parents discussed wanting to buy their foster children all the same toys, gadgets, and brands that most other children desire. Things, such as computers and DS Nintendo systems, were material goods that they wanted their children to have because they are common among many children today. They wanted to provide a day-to-day lifestyle that resembles what they would provide for their birth children and to teach children how to regulate their emotions and behaviors within these developmentally appropriate and safe environments.

Finally, the parents often discussed that the staff provided clinical support to the parents that offered them new techniques and strategies for working to change the child's inappropriate or negative behaviors, which reflects the ABA background of the program. ABA techniques work to modify behavior within the natural context of one's life. The fact that the CCF staff works with the parents to brainstorm and create solutions to problems they face suggests that CCF does in fact view parents as the individuals who can bring about change for their children. When asked what the model of CCF was in their own words, one parent said "I think they're more with the parent than with the child. They provide mentoring to the parent and guide them on how to behave with the child."

This idea was also reflected other parents' interview responses. One parent was adamant in the fact that the foster parents were the therapists for these children most of the time because they spent the most time with the children. The parents teach them how to cope and manage their feelings and reactions to the environment. As one parent pointed out, "It takes a long time. It takes consistency but if you're willing to stay that

consistent for that long it works.” Parents knew that they had an influence on the foster child and felt that the program supported and empowered them to be an agent of change for the children in their care.

These parents did appear to have a fairly good understanding of the program’s model, and some parents appeared to view fostering in the same way the program promotes. It is unclear whether the parents held these beliefs about fostering, such as parents as the agent of change, before entering into the program, which would mean their personal beliefs meshed well with the program’s goals and beliefs. Alternatively, these parents may have come to believe in their role and the programs goals through working with the program.

Chapter Five: Discussion

This study used both quantitative and qualitative data to explore the experience, success, and satisfaction of foster parents who are part of a specialized foster care program in Connecticut. Based on the research of general Treatment Foster Care (TFC) programs, the quantitative measures chosen were standardized scales that measured stress and engagement, two factors that were expected to influence the experience of this group of parents. The findings from this study suggest that over half of the parents were experiencing clinically significant levels of stress; however, it was in some ways surprising that all parents did not score clinical levels of stress given the difficult child behaviors these parents described. Some parents may adjust to the challenges they face, thereby no longer viewing them as extremely stressful, or some parents stress may decrease over time as the child(ren) adjust and become part of the family.

All except one parent was engaged (moderately to highly) in the program. The parents who reported that their voice was heard and respected by the program were among the most engaged in the program. In addition, a foster parent who expressed not being very supported by the program had a low engagement score and high stress score. The individual items that were scored highest on the PEM were questions around the parent-child relationship and the degree to which that relationship was respected and supported by the program. In particular, feeling connected to the foster child was the highest rated item on the PEM. Research does show that parents who feel they have a strong relationship with their child are more satisfied with their fostering experience as well as better emotional and behavioral outcomes for youth (Southerland et al., 2009; Whenan et al., 2009).

One of the research questions was whether there was a relationship between the PEM and PSI-SF scores. Among these parents, there did not appear to be a clear relationship between the two scores. The two parents that were most engaged showed by high and low stress, and the parents that fell in the moderately engaged range varied in their level of stress. Although both factors seem to be important for the parents' success, they seemed to be working independently in the lives of the parents. Overall, the qualitative interviews did support the findings in the quantitative measures, suggesting that these measures, at face value, are measuring accurately these parents' engagement and stress levels.

Parents' responses in the interviews also reflected many of the themes discussed in the literature. Research suggests that parents who have unrealistic expectations or who are unable to adjust their expectations have a more difficult time as a foster parent (Buehler et al., 2003; Doelling & Johnson, 1990). The expectations of this group of foster parents was of interest in this study, as well as whether parents had to adjust their expectations after they began fostering. Those who had previous experience working with children who had emotional and behavioral issues felt they had realistic expectations upon entering the program and the experience matched their expectations. For the remaining parents, they all acknowledged that the experience was much more difficult than they expected and that they changed their expectation by embracing the reality of the situation and maintaining the hope that at some point it would become easier. This finding suggests that parents can in adjust their unrealistic expectations to reflect the reality of the situation, allowing them to succeed as foster parents. There was also some recognition that the foster placement could cause strain on the marriage and family as a

whole. The family needed to be in a healthy and stable place before accepting a high-needs foster child.

Another research question asked what resources and supports the program provided and which the parents found most valuable. In general, the parents expressed an appreciation for the various services the program provided, which is similar to past research on TFC programs (e.g., Denby et al., 1999). In terms of services provided for the parents, respite care was the most valued by the parents. They expressed even brief respite allowed parents to rejuvenate themselves so that they could be a better parent. Moreover, the parents asserted that respite care was difficult to find because they could not leave their foster children with typical babysitters, who are unable to handle problem behaviors that might arise. A few parents expressed an interest in having the program create a list of providers that the parents could utilize so that they did not have to search for providers independently.

Training was also acknowledged as being somewhat helpful by four of the parents. In particular, some of the topics were useful to the parents, suggesting training can be useful for foster parents. Similar to past research on training for foster parents (e.g., Denby et al., 1999; Puddy & Johnson, 2003), it appeared there was room for improvement in the training modules used in CCF. One parents felt that there were no trainings gearing toward helping her meet the special needs of her child, and others felt that the trainings sometimes got off topic. The structure and focus of the trainings seemed to vary, which may result in less effective training overall. Surveying the parents about what topics they have found helpful and which they wished would be offered could

improve the effectiveness of the trainings and ensure that all parents' needs are addressed.

The role of support groups was also discussed by the foster parents. There was no formal support group offered by the program, although the parents did gather together for the training sessions. Some parents felt they had developed their own support network of families within the program, while others either desired one or did not want to be part of one. In this latter group, some had support networks outside of the CCF program. The fact that the program operates throughout the state of Connecticut may be a barrier to a larger informal support network forming as well as to a more unified list of service providers being created. Finally, these parents felt that the increased stipend was necessary in order to provide for their foster children. The money went entirely to support the child, and for all of these parents it was an insignificant piece of why they began and continued to foster.

Two themes were also mentioned by every parent in the program. First, all parents reported that their children were what motivated them to persevere during difficult times, which is similar to findings in other studies (e.g., Buehler et al., 2003). More specifically, parents explained that it was their love of their children, seeing them progress over time, and wanting to uphold the commitment they had made to the child(ren) that enabled them to continue fostering. As noted in the literature review, little research has examined whether motivating factors, like seeing progress in the child, was enough to support parents in difficult times. These parents suggest that these motivating factors may be necessary, but the value of the services and support from the program cannot be ignored.

The invaluable clinical support from the CCF staff for the foster parents, which is an element of the program that is unique to CCF, was also discussed by all the parents. The parents appreciated and utilized the staff's willingness to problem-solve with them whenever they needed it and reported that the staff acknowledged and validated their feelings of frustration or distress. Even the foster parent who no longer felt she was supported by the program felt that at one time that support was there. This level of support for the parents enabled parents to connect to the program and feel empowered to foster these children. They also acknowledged that the clinical background of the staff was what made the advice and support useful. It was more than just being supportive; they found it helpful that they staff could provide actual solutions and suggestions that they could try and often found successful. This support was available 24/7, which may have to the level parents felt supported by the program staff. The interviews also suggest that this level of support may be currently in flux and is something the program is trying to maintain.

The parents also discussed a few of the key elements of the program model within their answers in the interview, which suggests they did have an understanding of the program model. Parents relayed a desire to create normalcy for their foster children, enabling them to engage in activities that typically developing children participate in and to begin feeling as though they are in a stable environment. This goal reflects the social role valorization that is the foundation of the program (Wolfensberger, 2000). The second key component of the program that parents discussed was their role as the agent of change in their child's life. The CCF staff supported the parents by guiding them in their ability to respond to their child's behavior and brainstorming ideas to address and

correct the behaviors the parents are seeing. The parents appreciated that the staff viewed them as playing an important role in their child's life, specifically that they were spent the most time with their children and therefore had the most influence.

All of the parents had an intention of providing a permanent home for their foster children, which is a major premise of the CCF program. Although they had no intention of letting go of their commitment to the foster child, many of the parents acknowledged that adopting the children would mean a loss of services. There was a fear that some issues or problems might come up years after the adoption and that the parents would not have access to the needed services. Despite feeling that adoption was not in the best interest of the child, they intended to continue to be the child's family long after the child aged out of the program. The fact that stability was being achieved but not permanency suggests that there are in fact barriers to adoption through foster care. Better communication between agencies and parents may voice and validate parents' concerns about adopting, lead to discussions around what services are needed post adoption, and express a concern for the interest of the child that appears to not be well-communicated currently.

In sum, these parents acknowledged that they had a difficult, 24 hours a day 7 day a week job. Many of them knew what their experience is going to look like and they were desired to provide a home for children who needed stability and consistency, which reflects Cox et al.'s (2010) finding that TFC parents expressed a greater willingness to foster than regular foster parents. The children were the reason parents continued to foster, despite the challenges that they might face. Additionally, the program's

philosophy of supporting parents as they support their children seemed to be valuable and effective with this group of parents.

Limitations

This study only included 10 foster parents, which did not allow for more in-depth or advanced quantitative analyses. However, there are only 20 foster parents in the program in general, meaning this sample was half of the sampling frame. The study was not designed to create generalizable findings, but rather to explore the experiences of CCF foster parents. The 10 parents' responses did, in fact, appear to converge on some common themes related to key issues for parents and the program model.

All of the interviews were conducted with only one of the foster parents, typically the foster mother, but nine of the 10 parents interviewed were married. Although the parents interviewed were the primary caregivers of the children, it is unclear whether the significant others, if they had not had similar experiences, would express similar ideas, beliefs, and experiences as the parents interviewed. Most of the parents interviewed did have past experience with children similar to those in CCF so it is likely that their significant others would express different initial expectations and experiences within the program. In addition, the difference between single and married foster parents or the effect of a strong marital relationship could not be explored in this study because only one parent was not married.

Another limitation of this study is that there were no measures of the foster children's level of emotional and behavioral functioning. There was a lot of indirect discussion of the high level of need of these foster children, but no connections could be made to the parents' stress level and engagement level because there was no standardized

measure included in the study, due to IRB constraints. Without this information, the conclusions that can be drawn from these analyses are limited.

Although there appears to be a relationship between stress and engagement, this sample shows that the relationship is clearly not linear. There are other factors that play into the parents stress and engagement levels. The small sample size did not allow for great variability, but the measures suggest that all the parents are not in the same engagement and stress levels. Finally, this study explored one particular specialized foster care program in one state. This study did not include a comparison group, and the conclusions drawn cannot be generalized to all specialized foster care programs. However, the findings in this study were consistent with factors found to be influential in other treatment foster care programs.

Future Directions

Most importantly, longitudinal data need to be collected on both the parents and children involved in the CCF program. In particular, tracking the stress level of these parents will reveal how these factors change or remain stable over time as well as revealing any trends or particularly stressful periods. These longitudinal data will also enable an examination of whether engagement increases and remains stable or increases and then eventually decreases as parents no longer need the supports of the program. This study asked parents to reflect retrospectively on their expectations when they began the program; a systematic documentation of parents' expectations as they enter the program would also be valuable to see how realistic their expectations are from the outset. Parents could return to those expectations years later if they were documented

and reflect on how their expectations have changed. Cox et al.'s (2010) willingness to foster measure may be a valuable measure to use as parents enter the program.

A major limitation of this study was that there was no measure of difficulty of the child. Although many parents relayed the fact that their children experienced many emotional and behavioral difficulties, there was no quantifiable measure to support this sentiment. A systematic tracking of these children could be helpful on two levels. First, longitudinal child functioning data could help the program track the growth of the children over time and document their improvement. In addition, these data will allow for comparisons to children in other TFC programs, which could allow a discussion of what services are used and which are most effective with children experiencing a similar level of emotional, behavioral, and mental health issues. The resources and services used for the children by the parents also should be explored, as this program has less of an emphasis on formal therapy than other TFC programs. An examination of what services are helpful for these children and which bring about improvement could inform both CCF and other TFC programs.

One issue around the children that was not explored in this study was the effect of having foster children on the other children in the home. Some parents mentioned that consideration of the children's safety and well-being had to be taken into account, but the positive and negative effects on the other children was not systematically addressed. Future research is needed that will investigate the effects on the entire family unit, both positive and negative. Within this topic, a dyadic study including the foster parents and children about the parent-child relationship and the home environment could provide information about the family dynamic and the environment in which change is thought to

be occurring. It would also provide an opportunity to obtain the child's perspective, which is often not taken into consideration.

Finally, this program provides the unique opportunity to assess the effectiveness of long-term foster care and what parameters could be put in place to bring about permanency for these children. Although many of the parents are now being encouraged to adopt, these parents provide a wealth of information around the stability of placements including as children age out of the program, the barriers to adoption that exist, and the mindset of parents who do in fact provide a permanent home for a foster child despite never adopting. This area of research is currently understudied, and the CCF program is one of what appears to be a few programs in the country that provides long-term care at an enhanced or specialized level. Determining which programs, if any, are operating under similar goals and comparing them to shorter-term programs may provide revealing information about differences between stability and permanency for children spending numerous years in care.

Conclusions

This long-term placement goal also has many policy implications. LTFC is no longer considered ideal or desirable for any child, yet a large number of children remain in care for five or more years. It appears that focus has become on the outcome numbers for adoption rather than on the processes and factors that enable and lead to adoption. There has yet to be a systematic or organized way to address the needs of families that adopt out of foster care, such that families are guaranteed the services they need. Our system is not currently prepared to address the needs of foster families as well as adoptive families, providing long-term, on-going support to these families.

If the goal is to create permanency for all children, then the next step becomes addressing how to create permanency for those children that are not easy to place or who have additional needs that the family feels unprepared to handle. It is possible that having access to a clinician that stays with the family over time to work with the parents, rather than any direct services for the child, may be enough for the parents to feel secure in their ability to provide a consistent and stable home for their children. On-going parent trainings may be another option that can provide the support parents need. Research can begin to inform policy by better exploring the most cost-efficient and effective way to provide support to parents that would enable more children to achieve a permanent placement.

In exploring the foster parents' experience, it appears that CCF has many strengths as a specialized foster care program, and overall these parents have had a very challenging but rewarding experience with the program. Many of the influential factors that have begun to be explored in the foster care literature seem to be relevant for these parents as well. Findings from this study can be used in discussions of recruiting, training, and supporting parents in these enhanced foster care programs. Parents' skills, expectations, and motivations can be evaluated to determine how the program can best prepare and assist these parents as they offer their nurturance and support to foster children. Children in these programs are not going to change and grow on their own. The foster parents play a crucial role in their success and there needs to be continued discussions around how to optimize the resources and supports as well as the strengths of the family and child to bring about positive outcomes for the foster child.

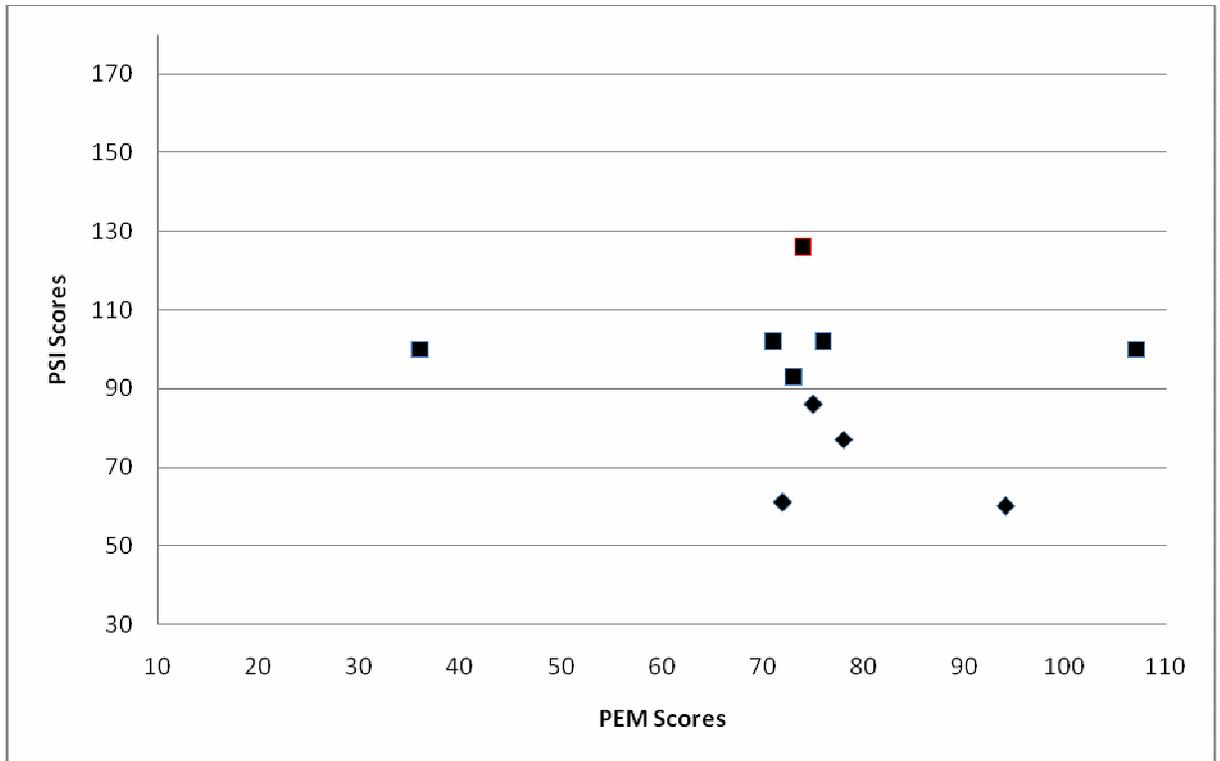
Table 1.

Foster Parent Demographics

Parent	Past Experience	Years in the Program
1	Worked with children in specialized foster care through the ACES program	16
2	Was director or a residential treatment facility	13
3	Had adopted children in past and thought it would be good experience	13
4	Husband's family was a community training home	16
5	Was a community training home	2.5
6	Had friends who were therapeutic foster family and owned group homes	4.5
7	Was respite provider for CCF	3
8	Grew up with foster children, family member was CCF foster family	13.5
9	Prior foster parent in specialized foster family	2
10	Family member was a CCF foster parent	7.5

Figure 1.

Comparison of the PEM scores and the PSI-SF scores



Note. The squares represent clinically significant levels of parental stress and the diamonds are non-significant levels of stress.

Appendix A: Connecting Children and Families (CCF)
Professional Foster Parent Experiences Interview

1. General Demographics
 - a. When did you become a foster parent(s) for the CCF program?
 - b. Were you a foster parent(s) prior to CCF? If so, what influenced you to become a foster parent?
 - c. What influenced your decision to become a professional foster parent for CCF?

2. Engagement in CCF.
 - a. Please describe the CCF model in your own words.
 - b. What are the strengths of this model?
 - c. What are the weaknesses of this model?
 - d. Do you feel your voice(s) is heard by the CCF staff?
 - e. Does the CCF staff respect your opinion or ask for it on a regular basis?

3. Parent Expectations
 - a. Before becoming a foster parent(s) in CCF, did you have any expectations about what your experience would be like?
 - b. If yes, what were they, and were they met?
 - c. If they were not met, how hard was it to change your expectations?
 - d. Did the CCF staff provide you with any information that you feel particularly prepared you for what to expect or that changed your expectations?
 - e. Looking back, was there specific information that would have been helpful to you when you were a new foster parent? (When you became a CCF foster parent?)

4. CCF Resources
 - a. Since you began as a foster parent in CCF:
 - i. Are there any resources you use for yourself that are provided by CCF?
 - ii. When were they used and for how long?
 - iii. Are there other resources or supports that you use that are not provided by CCF?
 - b. Which resources are/were particularly important in times of struggle or higher stress?
 - c. What experiences are most important to you in sustaining your efforts as a foster parent? Consider formal and informal supports (provided by CCF or not), personal and family characteristics, material (e.g., financial support) and other resources (care providers, support groups, etc).

5. Satisfaction with CCF and their role in it.
 - a. Since becoming part of CCF rate on a 5-pt scale (1=completely unsatisfied, 5= completely satisfied), how satisfied you are with:

- | | | | | | | |
|------|-------------------------|---|---|---|---|---|
| i. | The program in general | 1 | 2 | 3 | 4 | 5 |
| ii. | The CCF caseworker | 1 | 2 | 3 | 4 | 5 |
| iii. | The CCF staff | 1 | 2 | 3 | 4 | 5 |
| iv. | The resources available | 1 | 2 | 3 | 4 | 5 |
| v. | Your role within CCF | 1 | 2 | 3 | 4 | 5 |
- b. What do you see as the best or most helpful part of the CCF program?
- c. Is there anything you have been particularly unsatisfied with or would like to see change?
6. Is there anything else about your experience with CCF, good or bad, that you would like to note?

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