

ASSESSING FOSTER PARENT FACTORS THAT PREDICT PLACEMENT DISRUPTION
OF YOUTH IN FOSTER CARE

BY

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Abstract

Placement disruption is associated with a range of problematic outcomes for youth in foster care (e.g., externalizing and internalizing difficulties), and stable placements in a safe and supportive environment may buffer negative outcomes associated with placement instability. To best understand factors that are related to placement disruption, the current study aimed to assess if placement disruption was related to foster parent social support, stress, and training experiences above and beyond child and parent demographic variables using a longitudinal, prospective approach. The sample consisted of 32 traditional foster parents (91% female, 9% male) with a mean age of 45.69 years who reported on 64 foster children (54% female, 44% male) with a mean age of 8.20 years. Due to the fact that several foster parents reported on multiple children, only one randomly selected target child report was included in the final analysis resulting in foster parents report on a total of 32 children (53% female, 44% male) with a mean age of 8.41 years. Results suggested that the only variable related to disruption in the current sample was foster parent age. Specifically, older foster parents experienced more placement disruption when compared to younger foster parents. When matching participants based on foster parent age, no relation was observed between disruption status and foster parent social support, stress, and training experiences. Findings from the current study do suggest that for some traditional foster parents, it may not be low training hours, high stress, and low support that accounts for why some placements disrupt. Implications of the current findings as well as directions for future research are discussed.

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Assessing Foster Parent Factors That Predict Placement Disruption for Youth in Foster Care

According to the Adoption and Safe Families Act of 1997 (P.L. 105-89; ASFA), state social service agencies are required to remove a child from their home and place him/her in foster, adoptive, and/or relative care when available evidence suggests that the child's well-being is in danger due to exposure to maltreatment. The goal of removing the child is to ensure the child's safety while working toward a permanent placement for the child (U.S. Department of Health and Human Services [DHHS], 1997). Foster care is the most common option for immediate placement; as of the approximately 287,000 children placed in alternative care in the fiscal year 2013, 66% were placed in a foster home, 19% were placed in a group home or institution, and 15% were placed in other settings (e.g., pre-adoption, trial home visits; DHHS, 2014).

Although having almost 300,000 youth each year in foster care is undesirable, the number of youth in care is only part of the problem. Placement in foster care is hardly an unchanging living arrangement, as many foster children are moved to multiple homes before being returned to their biological parents, contrary to the goal of providing a stable placement upon entering care. For example, in the state of Missouri, children in care moved an average of approximately three times in fiscal year of 2014 with some children experiencing more than 16 moves (Missouri Department of Social Services, 2014), a number above published federal guidelines (DHHS, 2012).

According to The Child Welfare Outcomes Report (2009-2012), an acceptable placement history for a child would be no more than two placement changes after entering the foster care system. This goal can be challenging for children who have been in state custody for longer periods of time as these children tend to have a history of more disrupted placements. Although

more moves could be a product of longer time in state custody, it is important to note that most placement disruptions occur within the first six months of the initial placement into foster care (DHHS, 2012; Oosterman, Schuengel, Slot, Bullens, & Doreleijers, 2007; Wulczyn, Kogan, & Harden, 2003).

Why children in foster care move placements is an important, but complicated issue (Blakely, Leathers, Lawler, Washington, Natschke, Strand, & Walton, 2012; DHHS, 2011; James, Landsverk, & Slymen, 2004; Webster, Barth, & Needell, 1999), and the number of children affected by placement disruption highlights the need to better understand factors that contribute to placement stability. Most research efforts to explain why youth move have focused on the consistent finding that many children who enter care demonstrate emotional and behavioral difficulties (Newton, Litrownik, & Landsverk, 2000), and finding a stable placement for children with mental health problems can be challenging.

Placement disruption, however, is also associated with several deleterious outcomes (e.g., externalizing and internalizing difficulties, delinquency, attachment difficulties; Newton et al., 2000; Rubin, O'Reilly, Laun, & Localio, 2007; Hussey, & Guo, 2005; Ryan & Testa, 2005; Harden, 2004) not only making the stability of future placement a problem, but also making it hard to know if youth are moved because they have behavioral problems or if the behavioral problems are a result of many moves. Perhaps more importantly, the focus on child behavior tends to ignore the interactional nature of child mental health, namely the characteristics of the caretaker and the new family environment. Research shows that safe, stable, and nurturing environments for children may help ameliorate the risk of later difficulties as they provide a context of safety, predictability, and availability to meet the child's needs (Mercy & Saul, 2003). Given that a stable placement in a supportive and safe environment may help buffer the

problematic outcomes associated with a history of placement instability (Harden, 2004), and that the creation of a supportive environment falls primarily to the adult caretaker in the home, the present study seeks to better understand factors that contribute to placement stability, namely foster parent characteristics.

Placement disruption has been defined in a variety of ways in the literature (James et al., 2004; Smith, Stormshak, Chamberlain, & Bridges-Whaley, 2001). For the present study, placement disruption was defined as any move, including short-term placements, that the child makes after being placed in state care, excluding planned moves for reunification with biological parents or a planned move to another biological relative (e.g., grandmother, aunt).

Characteristics of Foster Parents

Given the voluntary nature of foster parenting, it may be surprising to consider that some foster parents choose to return their foster children to be placed in a different home. Most of the empirical effort to answer this question suggests that some foster parents are poorly prepared for the actual demands of foster parenting (Barth, Courtney, Berrick, & Albert, 1994; Jones & Morrisette, 1999) and thus are dissatisfied with the experience and end the placement prematurely (i.e., before the child is scheduled to be placed back with their biological parents). Beyond preparation to be a foster parent, the literature identifying other foster parent characteristics related to placement stability is broad, and consensus on what else might contribute to placement failure is rather hard to establish. The research designs and participants examined are often disparate. For example, the literature includes several studies focused on specific populations (e.g., mentally handicapped foster youth, drug-exposed youth; Craig-Oldsen, Craig & Morton, 2006; Sanderson & Crawley, 1982; Soliday, McClusky-Fawcett, &

Meck, 1994), and some have small samples with vague definitions of predictor and outcome variables (Buehler, Cox, & Cuddeback, 2003; Dando & Minty, 1987; Sanderson & Crawley, 1982; Sinclair & Wilson, 2003) limiting the generalizability of findings (see Table 1).

Table 1

Examples of Range of Predictor Variables

Citation	Sample Size/Type	Variables Assessed	Outcome Variables
Buehler, C., Cox, M. E., Cuddeback, G. (2003).	22 Foster Parents	Rewards Associated with Fostering (e.g., making a difference in child's life, seeing a child develop, giving and receiving love and affection, etc.), Stressors Associate with Fostering (e.g., mental, physical and emotional health of the child, age of the child, number of children, children being removed and leaving care, etc.), Familial Factors Associated with Successful Fostering (e.g., investment of concern with children, faith, accepting of child's unique traits, flexibility, structured, low neediness, etc.), Familial Factors Associated with Difficulties While Fostering (e.g., motivation that is not in the child's interest, multiple demands on the family, too much love and affection toward the child, lack of support, etc.)	Perception of foster parent regarding what made foster parenting more and less challenging
Sinclair, I., & Wilson, K. (2003)	472 Foster Children, Foster Parents and Case Workers	Child Factors: Motivation of the Child (i.e., whether or not the foster child perceived that the child wanted to leave their home), Attractiveness of the Child (i.e., foster parent's perception of pro-social activities, such as sharing toys, of the child), Difficulties of the Child (i.e., foster parents perception of disturbance due to child issues). Foster Care Provider Factors: Love and Concern from the Carers (i.e., whether the child perceived the carers as respecting their individuality, treating the child as part of the family, and not creating conflicts of loyalty with birth families), Persistence of the Carers (i.e. reassuring the child he or she won't move again, addressing and dealing with even intolerable behavior, helping the child not to feel different, telling the child they love him/her), Respecting and Liking Older Children (i.e. setting flexible limits, liking a child regardless of difficult behavior) Matching Children to Carers: Degree of the Match of Child to Family (i.e. child did not bully the other children in the house, child was the age that the carer wanted to take care of), Chemistry between Child and Carer (i.e. "just clicking", unpredictable measure of whether the placement would work or not) "Spirals of Interaction" (i.e., rejection by one party leading to rejection by the other, love leading to love)	Negative placement experience based on foster parent and social worker report/rating. Successful placement experience based on foster parent social worker report/rating
Soliday, E., McCluskey-Fawcett, K., & Meck, N. (1994).	18 foster mothers of drug-exposed toddlers and 11 foster mothers of non-exposed toddlers	Foster Mother Factors: self-report of coping strategies and interview of motives and experiences while fostering	Self-report of parenting stress and self-report of parenting experience (e.g. satisfaction with parenting)

Sanderson, H. W., & Crawley, M. (1982).	23 foster fathers and 32 foster mothers	Foster Parent Factors: geographical location, age of foster parent, level of education, religious background, vocation (more masculine, hands-on job for men and more conventional roles for women)	Successful foster parenting as measured by remaining licensed by meeting state requirements for at least one year and unsuccessful foster parenting as measured by parents who voluntarily terminated or did not meet state requirements for continuation of licensure.
Dando, I., & Minty, B. (1987).	80 foster mothers	Foster Mother Factors: Motivation to Foster (i.e., not having a child of her own, feeling the need to provide care for a child in need, feeling a need to foster based on own personal experiences in the foster care system), Experiences as a Child (i.e., own view of how they felt their childhood was [very happy, mostly happy, both happy and unhappy, mostly unhappy, or very unhappy]), Status of Parenthood (i.e., have children and want more, were satisfied with number of biological children, decided against having biological children for a variety of reasons), Perception of Fostering Experience (e.g., feeling that the fostering experience was satisfactory or unsatisfactory, perception of fostering adding to their current family life)	Long-term foster parents who have been rated as providing excellent care by their social service workers.
Macgregor, T. E., Rodger, S., Cummings, A. L., & Leschied, A. W. (2006).	54 foster parents	Foster Parent Factors: Motivation to Foster (i.e., feeling the need to provide care for a child in need, wanting more children in the home, beneficial impact to their own, biological children), Resources and Support from the Foster Care Agency (i.e., feeling emotionally supported by foster care staff, feeling supported with receiving resources for the child, feeling supported with resources for crises, feeling monetarily supported, feeling supported with respite care options, feeling well-trained for fostering), Ideas for Ways to Improve Retention (i.e., support and positive relationships with foster care agency workers, be provided with accurate information regarding the foster child, provide reinforcement and respect to foster parent, slowly introduce child to the foster home, support from other foster parents)	Qualitative study assessing foster parent perceptions on motives to foster, support provided to foster parents and lack of support provided to foster parents

Of the broad range of foster parenting factors that could potentially contribute to placement disruption, the literature has identified several demographic characteristics of foster parents associated with little to no placement disruption in foster children. Specifically, foster parents who were older in age (i.e., greater than 40-years old), were active in church, did not have biological children in the home, and were married were some factors associated with low

rates of placement disruption and more successful placements (Dozier & Lindheim, 2006, Oostermen et al., 2007, Sanderson & Crawley, 1982). Although demographic variables can be meaningful, they are also fairly static and provide little room for intervention or change. Evidence from the non-foster parent (i.e., typical parents) literature, for example, suggests that a variety of parenting factors such as social support, self-efficacy, stress, attachment styles, amongst other factors predict outcomes such as parenting stress, number of positive parent-child interactions, and parent mental health above and beyond that of demographic variables like age and marital status. (Cairney, Boyle, Offord, & Raccine, 2003; Green, Furrer, & McAllister, 2007; Raikes & Thompson, 2005). It is possible that other characteristics of foster parents that may be amenable to intervention would also be a reasonable place to start in the effort to understand what may make a difference in placement stability. So far, the variables with the most promise appear to be social support, parental stress level, and foster parent training.

Foster Parent Stress and Social Support

Foster parent stress. Although parenting any child can have its stressful moments, foster parenting includes some unique stressors that could contribute to a general heightened level of stress and may make some placements especially vulnerable to disruption. For example, unlike biological parents, foster parents report a general concern of being falsely reported to Child Protective Services (CPS) or being judged by others about fostering a child in care (e.g., inability to manage challenging behaviors) that contributes to stress (Farmer, Lipscombe, & Moyers, 2005). In a quantitative and qualitative study of 152 foster parents, several themes emerged regarding stressors that are unique to the foster care population (Jones & Morrissette, 1999). Specifically, returning the child to the original caregiver's home, explaining separation from siblings to the child, explaining when caregivers could not attend a visit, observing

behavioral/emotional deterioration of the child after a visit to the original caregiver, experiencing a lack of communication with case workers, experiencing a high turnover of caseworkers, coping with challenging behaviors demonstrated by the child, coping with low availability of respite care, and having a lack of information regarding the clinical presentation of the child prior to placement were all identified as unique stressors (Jones & Morrisette, 1999).

It is also important to note that foster parents are given financial support for their efforts and expenses in caring for their foster children; however, perhaps adding more stress, the amount is often perceived as inadequate to meet the material and service needs of the child (Chamberlain, Moreland, & Reid, 1992; Rhodes, Orme, & Buehler, 2001; Rhodes, 1996). For example, in a study assessing foster parents' perception of what would make a fostering experience satisfactory, one theme that emerged was the need for more monetary support to help meet the basic and extracurricular needs of the child (Brown, 2008). According to the Missouri Department of Social Services (2013), there are different monetary amounts allotted to foster parents based on the age and need (e.g., medical, behavioral) of the child. For a foster child with no significant needs, foster parents receive \$291 (for younger children) - \$384 (for older children) per month for daily living needs, \$250 (for younger children) - \$480 (for older children) per year for clothing, and Missouri HealthNet or contract rates for medical and therapeutic costs. Much like the discrepancy between the amount foster parents are paid and the actual financial expense of caring for a foster child, so too is the gap between the amount of stress experienced and support received by foster parents.

Foster parent social support. To support foster parents, state agencies provide each child with a case worker, who by definition is readily available for foster parents and children to provide answers, help coordinate services, manage emergencies as they arise, and advocate for

the needs of the child and family. In actual practice however, research suggests that foster parents often report feeling alone and unsupported by case workers and fighting the foster care system to get their and the needs of their foster child met (Buehler et al., 2003; Macgregor, Rodger, Cummings, & Leschied, 2006).

Moreover, research suggests that a lack of support from a variety of sources (e.g., lack of support from agency staff, lack of monetary compensation) is one reason why foster parents are dissatisfied with their fostering experience (MacGregor et al., 2006). For example, in a qualitative study of 54 foster parents, foster parents reported that they felt dissatisfaction with the level of emotional support (e.g., case managers not available), a lack of consistency due to high turnover rates of case managers, feeling as though agency workers lack confidence in the foster parents' abilities, and a lack of resource and monetary support (MacGregor et al., 2006). In a rare study assessing the foster child's perception of what contributed to a successful fostering experience for their current foster parent, foster children reported that their foster parents decided whether or not to continue to foster based on monetary needs. In fact, foster children perceived that not having enough money to pay for their activities could contribute to the foster parent's dissatisfaction with fostering. These children also reported that having ongoing support from the agency and counselors, in the form of increased communication, services and support, would have contributed to fewer placement disruptions (Mathiesen, Jarmon, & Clarke, 2008).

In further support, research also suggests that foster parenting stress and the need for ongoing social and service support may contribute to placement disruption and even termination of licensure (Buehler et al., 2003; Farmer et al., 2005). For example, in a study by Rhodes, Orme, and Buehler (2001), 193 current foster parents who were planning on continuing licensure, 59 who were planning on discontinuing licensure and 86 former foster parents were

assessed as to their satisfaction with fostering, licensure experience, and services provided versus services needed. Results indicated that those foster parents who discontinued or planned to discontinue fostering reported not having the support they needed from the social service agency (40.5%) as well as not having the services they needed to provide adequate care for the child (e.g., lack of daycare, low financial reimbursement for services, lack of health care and mental health services for children in care; 36.1%). In addition, few foster parents who discontinued (20.4%) or planned on discontinuing (16.8%) licensure reported receiving adequate information prior to and post-licensure (Rhodes et al., 2001). Although the link between preparation, services, and support were not directly measured regarding the relation to placement disruption, the authors concluded that the lack of preparation, services and support contributed to the foster parents' decision to stop fostering and were significantly different from parents who planned on continuing licensure. Deciding to quit fostering is akin to placement disruption as termination of licensure means any current foster child would have to return to the state for re-placement.

Moreover, new foster parents may be unaware of how much support they will need as a foster parent until a child is placed in the home (Cooley & Petren, 2011). Specifically, feeling well supported and confident regarding the ability to successfully foster may be experienced during the pre-licensure training phase; however, implementation of these skills once actually caring for a child can be a different experience. For instance, although some parents report that they feel confident in their ability to manage the system post pre-licensure training, when they retrospectively assess their training experience, they also report feeling as though they could have been more adequately prepared for ways to manage the system (Cooley & Petren, 2011). Foster parents, by definition, experience a unique set of stressors and need support. Although several of the studies on stress and social support of foster parents assessed dissatisfaction and

discontinuation of licensure, how these factors relate to placement disruption of the child has been rarely addressed, and when it is addressed it is based on qualitative studies of what foster parents perceive as factors that could potentially contribute to a placement disruption (Brown & Bednar, 2006). The present study is the first study to gather empirical, prospective data to determine whether a relation exists between social support, stress, and placement disruption by assessing group differences in social support and stress between parents who experience a disruption and those who do not experience a disruption.

Training of Foster Parents

Child welfare agencies are required to adequately prepare parents for fostering. To become a licensed foster parent, eligible adults must have a home safety check (e.g., safe water supply, hazard free living environment), an interview, pass a criminal background check for all individuals 17-years-old and older living in the household, and pre-service licensure training. To retain licensure, foster parents must complete ongoing training (Missouri Alliance, 2012).

Training for foster parenting can cover an array of topics such as behavior management, safety training, and how to work with the child welfare system. The content and focus of these training programs vary across states and research varies regarding the effectiveness of these training programs as different indicators of success are used across studies making results difficult to summarize. That is, some models of training focus on parenting knowledge, social system awareness or ways to navigate resources offered by state service agencies (Dorsey, Farmer, Barth, Greene, Reid, & Landsverk, 2008; Lee & Holland, 1991; Price, Chamberlain, Landsverk, Reid, Leve, & Laurent, 2008). In fact, previous research suggested that foster parents who have completed one of the more common training programs (i.e., Model Approach to

Partnerships in Parenting) did not differ from and sometimes did worse than a control group when assessing parenting knowledge (Lee & Holland, 1991; Puddy & Jackson, 2003). Other studies suggest that training programs (e.g., Behavioral Analysis Program implemented state-wide for foster parents) improves foster parenting knowledge and behavior post-training (Van Camp, Vollmer, Goh, Whitehouse, Reyes, Montgomery, & Borrero, 2008).

Because child behavior problems and placement disruption are linked, it seems clear that individuals who parent foster children should be especially knowledgeable in techniques and tools for child behavior management as a part of their training experience. For example, Price and colleagues (2008) randomly assigned 700 foster families to the KEEP intervention (i.e., a behavioral management intervention for foster and kinship parents) or a control group. Although the children of the participants in the KEEP intervention did not differ from the control group regarding the number of negative placements they experienced (e.g., placement move to a more restrictive setting), the children of the foster parents in the KEEP intervention were more likely to experience a positive placement move (e.g., placement back with biological family, adoption). Assessing a different question, the same study also determined that children who experienced more placement disruption prior to the KEEP intervention were more likely to experience a negative placement change; however, participation in the KEEP intervention buffered the link between previous placement history and negative placement disruption (Price et al., 2008).

Although the KEEP intervention demonstrated some positive findings, results are rather mixed regarding training being related to more stable placements for the child as some evidence suggests that training is effective in decreasing placement disruption for children and some demonstrates the ineffectiveness of training on subsequent placement disruptions (MacDonald & Turner, 2005; Dorsey et al., 2008). Namely, in a study comparing foster parents who were

trained in behavioral management techniques utilizing a cognitive behavioral therapy approach to a group of foster parents with no training, parents who were trained demonstrated more knowledge of behavior management techniques and greater satisfaction with the program, but no differences were observed between groups regarding behavioral difficulties exhibited by the child or number of placement disruptions post-training (MacDonald & Turner, 2005). The results suggest that the knowledge obtained during training may not necessarily translate to better outcomes for foster parents and/or youth in foster care.

Although foster parents attend pre-licensure and in-service training, limited evidence exists regarding the effectiveness of these trainings in preparing foster parents for the challenges encountered when fostering a child in state custody. In fact, a lack of preparation can lead to placement disruption and deleterious effects for children in foster care (Piescher, Schmidt, & LaLiberte, 2008). The current study assessed whether a relation exists between training and placement disruption by measuring group differences of training experiences to better determine if those parents who experience more placement stability have different training experiences compared to those who experience placement instability.

Characteristics of the Foster Child

Although the focus of the present study is on characteristics of foster parents that may impact placement stability, it is important to note that most past research has examined how child characteristics relate to placement failure. That is, behavioral difficulties exhibited by children have been well established in the literature as a predictor of placement disruption (James et al., 2004; James, 2004; Oosterman et al., 2007). For example, Chamberlain, Price, Reid, Landsverk, Fisher, and Stoolmiller (2006) conducted a study surveying approximately 250 foster parents

regarding the number of child behavioral difficulties they experienced over the past 24-hours and how this baseline of problem behaviors predicted placement disruption 12-months later. The results suggested that placements were more likely to disrupt when the foster parent reported child problem behaviors (e.g., arguing, running away, swearing; Chamberlain et al., 2006). This link between child behavior difficulties and placement disruption is strong and may overshadow the influence of other variables that could contribute to more moves while in state custody. For example, externalizing behavior in the child predicted more placement failures than biological parent factors (e.g., parent substance use, parent socioeconomic status) and foster system characteristics (e.g., amount of caseworker contact with family and child; Glisson, Bailey, & Post, 2000).

In addition to behavioral difficulties, age has been demonstrated to have a predictive effect of placement disruption with older children being more likely to experience multiple moves while in care (Oosterman et al., 2007; Smith et al., 2001). For example, in a study focusing on placement moves for over 16,000 children who entered care between the years of 1997 and 1998 in New York, results suggested that children who were slightly older experienced more moves when compared to other, younger age groups. One explanation provided for this finding is that children who are older may experience more challenges with trying to adapt to a new, temporary home environment (Wulczyn et al., 2003). Given this support for the role of externalizing behavior and age in placement stability in foster care, the present study was able to control for age and child externalizing behavior scores to allow for a focus on the role of foster parent characteristics in placement disruption.

Purpose of the Present Study

Although previous research has suggested a number of foster parent factors that contribute to placement disruption for youth in care (Buehler et al., 2003; Sinclair, & Wilson, 2003), beyond demographic characteristics of the parents, social support, stress of the foster parent, and training experiences may also be related to placement disruption and potentially have promise for intervention and prevention of placement disruption for youth in foster care. The present study assessed if social support, stress, and training experiences of the foster parent are related to placement disruption in a sample of youth in foster care.

Many of the previous studies on social support and stress of foster parents have been conducted qualitatively with outcome variables ranging from satisfaction of the foster parent to termination of licensure. The current study aimed to utilize the many informative findings from the qualitative studies to quantitatively examine the relation of social support and stress on placement disruption in a sample of youth in foster care. The use of a quantitative approach may be useful for clarifying the relations and aid in replication and implementation for future researchers and policymakers. In addition, results regarding the role of foster parent training in decreasing placement disruption for youth have been mixed. The intention of training is to prepare and support parents who are currently fostering, in part to help ensure the goal of positive outcomes for youth in care, namely more stable placements. The present study better informs the field by also assessing whether amount of training is related to placement disruption. The results provided evidence for whether current methods of preparing foster parents via training is translating to stable placement outcomes for youth in care.

A longitudinal, prospective approach with monthly repeated-measures of foster parent characteristics that are related to placement stability is the first of its kind. Although the research base has not focused on foster parent factors, there have been a few prospective, longitudinal

studies that have assessed child characteristics that predict placement disruption. One significant limitation of those studies is that they typically have one to two waves of data collection occurring a significant amount of time (e.g., 1-, 2-, and 5-years) before obtaining placement disruption information from state records (Leathers, 2006; McCauley & Trew, 2000; Newton, Litrownik, & Landsverk, 2000). For example, in one such prospective study that assessed the relation of child behavioral difficulties to placement disruption, foster parent and caseworker information regarding child behaviors was gathered at one time-point, and placement disruption information was obtained from state records five years later (Leathers, 2006). A strength of the current study is that prospective, monthly data collection allowed for data obtained closer in time to the move, decreasing the amount of time elapsing between data collection and placement disruption with the objective to best control for confounding factors that may occur during that elapsed time. In addition, collecting data in real time prevents retrospective reporting bias post-disruption.

To date, the present study is the only study to examine the variables of social support, stress, and foster parent training prospectively and how they relate to stable placement outcomes for children in foster care. By assessing if these aforementioned factors related to placement disruption for youth in care prior to the disruption, the field gains more knowledge regarding the putative factors that could be targeted to increase placement stability.

Hypothesis. It was proposed that high stress, low support, and low quantity of trainings are related to placement disruption for youth in foster care. Given that past research provides support for the relation of demographic variables (i.e., foster parent age, child age, marital status, church activities, and number of children in the home) and externalizing behaviors of the child to

placement disruption, analyses included preliminary tests to determine which demographic variables needed to be controlled in the main analysis.

Method

Participants

Foster Parent Demographics. Thirty-two foster parents (91% females, 9% male) reported on 64 children in Jackson County custody who experienced either a stable placement or a placement disruption in the initial five months of placement. Foster parents ranged in age from 26 to 68 years ($M = 45.69$, $SD = 12.03$) and most identified as Caucasian/White (59.4%; African American/Black = 37.5%; American Indian or Alaska Native = 3.1%). Foster parents reported their total family income ranging from \$0 per year to \$350,000 per year ($M = 69,275$, $SD = 73,780$). In addition, most foster parents reported having some college education (40.6%) or receiving their college degree (28.1%). When describing their relationship status, half of the foster parents reported being married (50%; single = 34.4%; divorced = 15.6%). In regard to involvement in church and current religiosity, most foster parents identified as having a religious affiliation (81.8%) with most identifying as Christian (37.5%; Baptist = 28.2%, Other = 21.9%; Nondenominational = 6.2%; Presbyterian = 3.1%; Assembly = 3.1%), and a little over half reported currently attending church services (59.4%).

Foster parents ranged in years of experience as a licensed foster care provider from less than one year to 23 years ($M = 4.42$; $SD = 5.58$). The number of children ever fostered in their care after obtaining licensure ranged from one to 92 children ($M = 10.44$; $SD = 18.8$). In regard to how many children were currently in the home, most foster parents reported having no biological children in the home (53.1%); however, 25% reported having one, 15.6% reported

having two and 6.3% reported having three biological children currently residing in the home. For current foster children in the home, 65.6% reported having 1-3 foster children, 31.2% reported having 4-6, and 3.1% reported having 10 foster children currently in the home. Lastly, for adoptive children currently in the home, most foster parents (84%) reported having no current adoptive children.

Foster Child Demographics. Sixty-four foster children (54% female, 44% male, 2% rather not disclose sex) were reported on by the aforementioned foster parents. They ranged in age from 2 to 16 years ($M = 8.20$, $SD = 4.168$) and most were African American/Black (35.9%; Caucasian/White = 32.8%; Hispanic or Latino = 12.5%; Multiracial = 10.9%; American Indian or Alaska Native = 6.3%; Other = 1.6%).

Measures

Demographic Questionnaire (see Appendix A). Foster parents completed a form that requested information on the foster child's age, gender, and ethnicity for sample descriptive purposes. Information on the foster parents' age, sex, ethnicity, religion, level of education, marital status, income, occupation, number of children in the household, and years of experience as a foster parent was also gathered from this form.

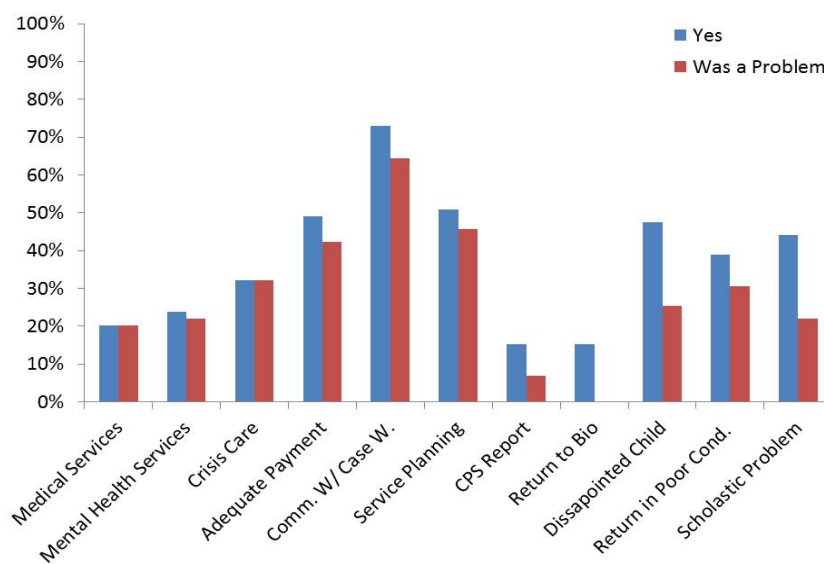
The Inventory of Socially Supportive Behaviors (ISSB; see Appendix B). The ISSB is a 40-item self-report measure that assessed received social support in the past month (Barrera, Sandler, & Ramsey, 1981). The ISSB has been utilized in a number of studies assessing for social support in samples of adults (Sherry, Law, Hewitt, Flett, & Besser, 2008; Swickert, Rosentreter, Hittner, & Mushrush, 2002) and parents of children with challenging difficulties (e.g., Autism; Dunn, Burbine, Bowers, & Tantleff-Dunn, 2001). Participants are asked to

indicate how often they have received broad supportive behaviors (e.g., “Gave you some information on how to do something.”, “Expressed esteem or respect for a competency or personal quality of yours”) on a Likert Scale ranging from 0 (not at all) to 4 (about every day). A total social support score was included in the analyses with a higher score representing more perceived social support. The ISSB has demonstrated adequate validity and reliability with internal alpha coefficients ranging from .73 to .93 (Barrera et al., 1981; Swickert et al., 2002). Similar to previous literature, the ISSB demonstrated excellent internal consistency for the current sample (Cronbach’s $\alpha = .924$).

The Perceived Stress Scale (PSS; see Appendix C). The PSS is a 14-item self-report measure that assessed the degree to which events in one’s life were conceptualized as stressful and overwhelming (Cohen, Kamarck, & Mermelstein, 1983). The PSS has been utilized in a number of studies assessing stress reduction in students, mental and physical health care providers, urban parents, and general populations of adults (Carmody, & Baer, 2008; Deckro et al., 2002; Green et al., 2007; Shapiro, Astin, Bishop, & Cordova, 2005). Participants were asked to indicate how they have felt in response to life circumstances on a Likert Scale ranging from 0 (never) to 4 (very often). The statements are broad enough to apply to any life stressors and provide no context regarding the type of stress being assessed (e.g., “In the last month, how often have you found that you could not cope with all the things that you had to do”). The total stress score on the PSS was included in the analyses with higher scores indicating more perceived stress. The PSS has demonstrated adequate validity and reliability with internal consistency coefficients ranging from .84 to .86 (Cohen et al., 1983). The PSS also demonstrated good internal consistency for the current sample (Cronbach’s $\alpha = .875$).

System-Specific Stress (SSS; See Appendix D). An additional measure of stressors related to the foster care system was administered to foster parents. The SSS was created for the present study based on previous research measuring common reasons foster parents reported being dissatisfied and sometimes considered termination of licensure (Farmer et al., 2005; Rhodes et al., 2001). Participants were asked to indicate whether or not they have ever experienced eleven different types of stressors related to the foster care system. If the participant endorsed a stressor, he/she was asked to indicate whether or not the stressor was a problem for him/her. This measure yielded a summed total frequency and problem score of perception of system-specific stress. The problem score was utilized in analyses with higher scores representing higher perceived levels of current system-specific stress. The SSS demonstrated adequate internal consistency for the current sample (Cronbach's $\alpha = .735$). Prior to the current study, the SSS was pilot tested on a sample of 70 foster parents in Jackson County for feedback regarding the applicability of the items. Foster parent suggestions for changes were considered and a couple of examples to help clarify items were added as a result of the feedback (See Figure 1).

Figure 1. Results from Pilot Testing of SSS



Eyberg Child Behavior Inventory (ECBI; see Appendix E). To measure child behavior problems that may impact placement stability, the ECBI was administered to foster parents. The ECBI assesses behavioral problems in children aged 2- to 16-years (Eyberg & Pincus, 1999). The participants rated 36-items on two scales: a 7-point Intensity Scale (Never to Always) that assesses the frequency of problematic behaviors and a Yes-No Problem Scale that assesses the perception of whether or not the child's behavior is a problem for the parent completing the form. For the purposes of this study, only the Problem Scale was utilized as a possible control variable of interest. The wording of two sentences was changed to make the items more applicable to foster children. For item number 18, "Physically fights with sisters and brothers" was changed to "Physically fights with other children in the home". For item number 25, "Verbally fights with sisters and brothers" was changed to "Verbally fights with other children in the home". The ECBI has demonstrated adequate validity and reliability with internal consistency coefficients ranging from .93 to .98 for the Problem Scale and .95 to .98 for the Intensity Scale (Eyberg & Pincus, 1999; Eyberg & Robinson, 1983). Consistent with the literature, the ECBI Problem Scale in the current sample demonstrated good internal consistency (Cronbach's $\alpha = .879$) and the Intensity Scale demonstrated excellent internal consistency (Cronbach's $\alpha = .927$). The ECBI also has established 3-week test-retest reliability on both scales that ranged from .86 to .88, respectively (Robinson, Eyberg, & Ross, 1980).

Type and Amount of Training Experience. Foster parent training history of each foster parent was obtained from records kept by the Children's Division. The amount and type(s) of in-service training(s) was collected. The number of years in foster care was assessed in the demographic form to account for time as a factor yielding more opportunities for training. A ratio of number of training hours to years of experience as a licensed foster parent was calculated

regarding how many training hours the foster parent obtained compared to the number of years they have been licensed. This ratio was utilized in the analyses to assess for the relation to placement disruption of youth in state custody.

Placement Disruption. Information regarding the child's placement history was obtained from the foster parent, Children's Division records and two Children's Division affiliates. The Children's Division is required to keep records on the length of stay, type of stay, and reason for move for each placement. Information on the type of move (e.g., move to emergency care vs. move back to original caregivers' home) was also obtained. A dichotomous variable of whether or not the child moved (1 = Move, 0 = No Move) to another placement and date of move (other than a move to their biological parent or to planned kinship care) was utilized as the outcome variable.

Procedure

The current study was a prospective, longitudinal design with monthly repeated measures assessing foster parent demographic variables, perceived social support, stress, and child behavioral difficulties administered via online survey software (i.e., Qualtrics). Approval from the University of Kansas Institutional Review Board was obtained and additional approval was required by the Privacy Review Board of the Missouri Department of Social Services (DSS) in Jefferson City. Although the original proposal indicated that data collection would occur via Qualtrics, the Privacy Review Board suggested that additional availability of mailed, paper surveys be available for those foster parents who did not have access to a computer. After compliance with this request, approval was obtained by the Privacy Review Board of the Missouri DSS.

To participate in the study, the foster child must have been in Jackson County custody, have been recently placed and in the care of the recruited foster parent for approximately 30 days, be between 2- to 16-years old, and be placed in traditional foster care. A waiting period of at least 30 days post-placement was required to account for potential honeymoon effects or the efforts of the foster child and parent to initially get along given the novelty of the new placement (Hedin, Hojer, & Brunnberg, 2011). As part of the Privacy Review Board of the Missouri DSS approval, permission was obtained to receive up-to-date contact information from Children's Division of foster parents and basic demographic information of children in state custody who are new to care/placement for recruitment purposes. It is noted that when conducting research in the foster care population, understanding the culture of state agencies is particularly important as well as recognizing the already large workload expected of caseworkers (Jackson, Gabrielli, Tunno, & Hambrick, 2012). As a result, significant time was spent promoting and obtaining guidance from a variety of state agency workers (i.e., Cornerstones of Care, Children's Division, Jefferson City Research Committee) regarding how to best access and recruit the population of 2- to 16-year-old foster children recently placed in the past 30-days.

Although it was initially believed that communication and announcements through caseworkers would be helpful for recruitment, it was determined that these recruitment efforts would yield too few children who were new to placement. Therefore, a more streamlined approach was implemented to increase recruitment. Specifically, two Children's Division affiliates provided monthly lists of children who experienced a new placement for 16 months over the course of the study. In addition, a list of approximately 480 Jackson County foster parents was obtained from a previous NIH-funded, research study assessing resiliency in foster care youth, and a local foster parent listserv was contacted and utilized for recruitment purposes.

A team of five undergraduate research assistants were recruited to assist in calling and tracking potential participants. To assist in the standardization of recruitment efforts, a recruitment script was created (see Appendix F), and the research assistant's initial phone calls were observed by the primary investigator for feedback purposes.

The research team made recruitment phone calls ranging from 3-5 days per week. After making 5-6 attempted contacts, no further phone calls were made to the foster parent, resulting in approximately 110 phone calls per week for the monthly lists and approximately 725 total phone calls to the broad list of 480 foster parents. Out of the 522 eligible children on the monthly lists, foster parents of approximately 230 children demonstrated interest in participation during the recruitment phone call. In addition, out of the 480 foster parents included on a broad list of currently licensed foster parents in Jackson County, foster parents of approximately 30 children also demonstrated interest in the study during the recruitment call. Because only children new to care were included, the number of participants eligible for the current study was somewhat limited from the broad list of Jackson County foster parents as several parents did not have a child new to their care. In addition, an electronic version of the project flyer was disseminated through a local foster parent listserv for advertisement purposes (see Appendix G). Although a larger number called with interest in the study, foster parents of only approximately 10 foster children were eligible and demonstrated interest in the project through these advertisements. A total of 111 foster parents (of 270 foster children) communicated interest in the project, and of the 111, 62 foster parents of 120 foster children were recruited into the study. To ensure security, the project used a passcode protected phone within a locked lab for making phone calls and for messages requesting return phone calls from foster parents in the study. The research team returned phone calls and e-mails to participants within 24 hours of receiving the message.

Once contact was made and the interest of the foster parent was established, an e-mail with a link to the Qualtrics survey was sent to the eligible participant. The initial Qualtrics survey included the demographic, social support (ISSB), perceived stress (PSS), system stress (SSS), and child behavior (ECBI) measures. Subsequent monthly surveys included all of the aforementioned measures except the demographic form. To ensure the security of e-mails that were sent to recruited participants, a secured, project e-mail was created to limit accessibility to foster parent information via e-mail contact to only the research team. Within the e-mail, a unique code for each child in their care was provided to ensure that no names would be associated with the online questionnaire (see Appendix H). If more than one child was placed in their care (e.g., sibling groups), the foster parent completed separate surveys for each child. If the foster parent participant did not have access to a computer, a paper survey was sent with the unique code written on the top of each questionnaire. For ease of return, each paper survey included a stamped, return envelope. Approximately 30 paper surveys were sent, completed, and returned throughout the course of the study. As a part of the first survey, the participant provided their informed consent by either electronically signing a consent form or signing a paper copy of the consent form if there was no access to e-mail. No individuals declined to participate once reading the consent. For every survey completed, the foster parent was sent a handwritten follow-up letter, a \$10 Walmart gift card, and a follow-up e-mail within one week of completion.

Due to the monthly, repeated measure design of the current project, tracking and timing was an important aspect of data collection. The Research Electronic Data Capture (REDCap) database was designed in a manner to track each participant's progress in the study (see Figure 2).

Figure 2. REDCap Tracking System for Active Participants

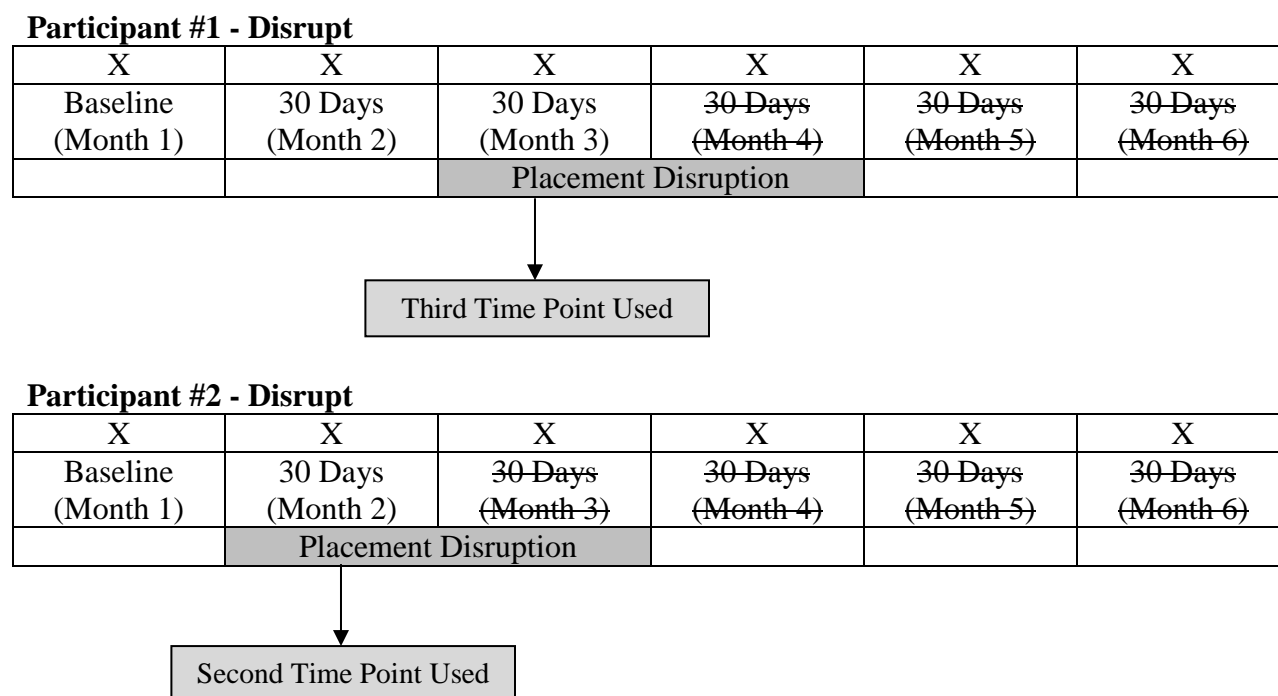
Real ID Number	General Enrollment	Reminder for Survey #1	Survey #1	Follow-Up for Survey #1	Reminder for Survey #2	Survey #2	Follow-Up for Survey #2	Reminder for Survey #3	Survey #3
098a									
098b									
099a									
100a									
101a									
102a									
103a									
103b									
104a									
105a									
105b									
106a									

Once the participant completed a survey, a 3- and 4-week countdown within REDCap occurred for each, individual child. At the 3-week mark, a reminder phone call was provided to the participants for two purposes: 1) to remind each participant of their upcoming survey the following week and 2) to determine if the placement disrupted. If any placement disrupted, information regarding when the disruption took place and the reason for the disruption was collected. For foster homes where the child had not moved/disrupted, a survey was sent at the 4-week mark. Again, once the survey was completed, a handwritten follow-up letter, \$10 Walmart gift card, and follow-up e-mail were sent. This process occurred every month for a period of 6-months or until the placement disrupted.

To better assess the movement rate of children in Jackson County, a preliminary, retrospective analysis of moves made during the first six months of placement for a sample of children currently in Jackson County custody was completed. Results from this preliminary analysis suggested that, out of a random selection of 25 children new to care, 17 (68%) experienced a move within the first six months after being placed in a new home, a finding consistent with the literature (Oosterman et al., 2007; Terling-Watt, 2001; Wulczyn et al., 2003). Therefore, the 6-month mark was chosen as the maximum amount of time for data collection

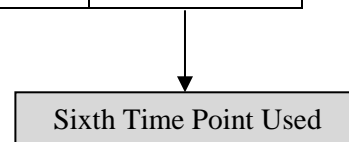
The information obtained at the time point closest in time to the disruption/move was utilized in the subsequent analyses (See Figure 3).

Figure 3. Data Collection Plan



Participant #3 – No Disrupt

X	X	X	X	X	X
Baseline (Month 1)	30 Days (Month 2)	30 Days (Month 3)	30 Days (Month 4)	30 Days (Month 5)	30 Days (Month 6)



Information from this time point is considered the most accurate representation of foster parent characteristics prior to disruption. The foster parent training history of the participants was also obtained from the two Children’s Division’s affiliates after the placement disrupted or after the fourth time point. The information included the most current estimate of the amount of training obtained by the foster parent.

In general, research with foster families typically report poor retention with response rates as high as 18% and 9% (Gilbertson & Barber, 2002). With this in mind, a detailed approach to retaining foster parents was implemented, resulting in significant improvement over past studies. Specifically, a 63% retention rate was observed at the second time point, 68% at the third time point, 71% at the fourth time point, 68% at the fifth time point, and 68% at the sixth time point. To achieve the best retention possible, particular attention was focused on developing relationships with foster parents and stakeholders throughout the recruitment and data collection process. A relationship with foster parents has been identified as a key factor in recruitment and retention of foster families in research (Berrick, Frasch & Fox, 2000; Jackson et al., 2012). The current research team made efforts to establish relationships with the foster parents in the study as they returned calls and answered e-mails within 24 hours to ensure timeliness in responses, spent ample time describing the project and answering questions on the phone, sent handwritten

thank-you notes and follow-up e-mails for every survey completed, and provided weekly reminder calls for upcoming surveys. In addition, a logo for the project was developed to create a familiar visual for foster parents.

Although there were observed difficulties retaining all participants in the study, a number of measures were taken to retain as many participants as possible. Approximately 380 reminder phone calls were made for those participants who initially agreed to participate in the study and did not complete their first survey. In addition, approximately 290 reminder phone calls were made to active participants (i.e., participants who completed at least one survey) who missed their survey due date and did not have a placement disruption. As an extra effort to try to establish contact with active participants, e-mails with the link to the survey and the unique code number for each foster child were resent twice to active participants and to those who were recruited and never completed their first survey. For those participants who could not be contacted to obtain placement disruption information, Children's Division affiliates provided up-to-date placement disruption information for each child with this missing information.

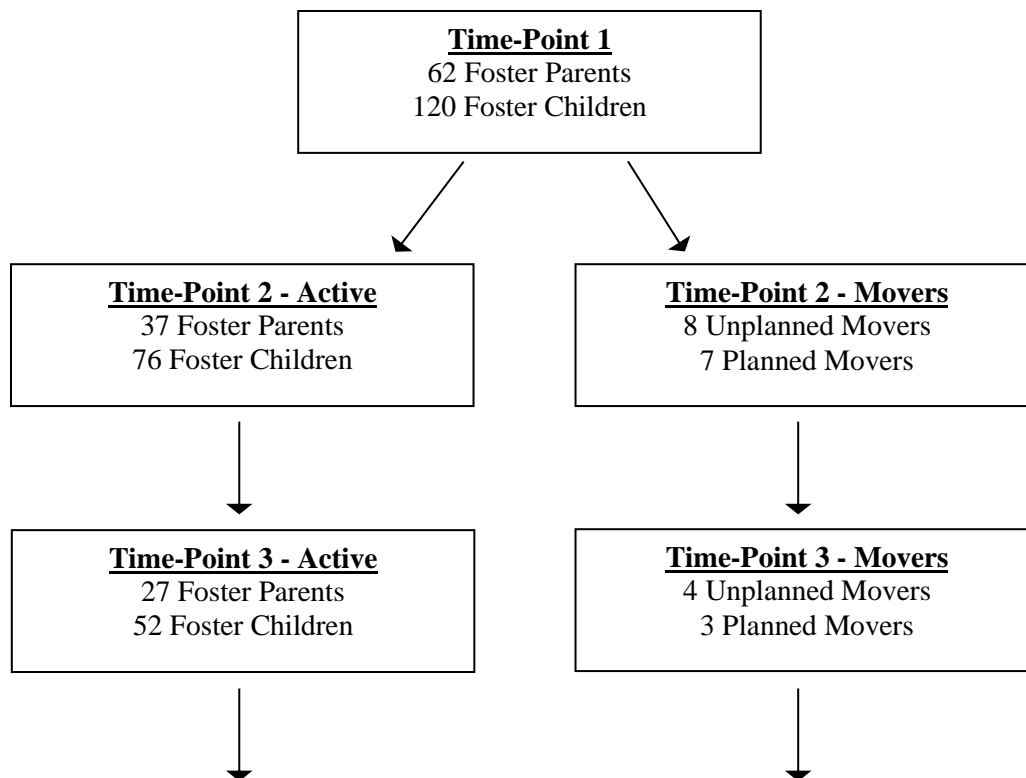
Results

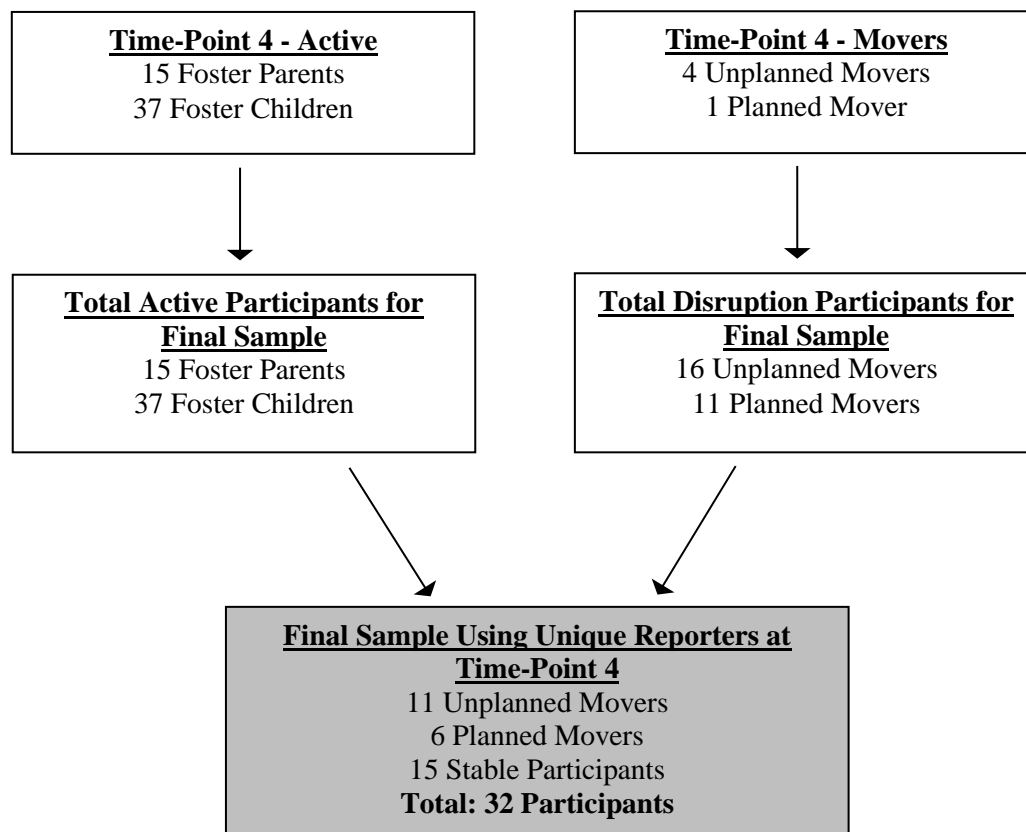
Data Reduction and Analysis

A total of 62 foster parents provided consent and completed at least one survey for 120 foster children in Jackson County state custody. Although 15 (8 unplanned, 7 planned) children experienced a disruption by their second time point, 37 foster parents completed a second survey on 76 foster children (63% retention rate – not including movers). By the third time point, 7 (4 unplanned, 3 planned) additional children experienced a disruption and 27 foster parents completed a third survey on 52 foster children (68% retention rate – not including movers). By

the fourth time point, 5 (4 unplanned, 1 planned) more children experienced a disruption and 15 foster parents completed a fourth survey on 37 foster children (71% retention rate – not including movers). By the fifth and sixth time point, no children experienced a disruption, 15 foster parents completed a fifth survey for 25 foster children (68% retention rate – not including movers) and 9 foster parents completed a sixth survey for 17 foster children (68% retention rate – not including movers). Due to the fact that all disruptions occurred by the fourth time point, the final dataset included data from foster parents of 37 foster children who were stable and 27 foster children who disrupted at the fourth time point ($n = 64$). Because several foster parents reported on multiple children, only one target child report, that was chosen at random, was included in the final analysis ($n = 32$; See Figure 4).

Figure 4. Number of Participants at Each Time-Point and Final Sample





Missing Data Analysis

Little data were missing from the final sample (1%), and missing data analyses revealed that these few missing values were observed in 25% of participants. Although individual data missingness was low, the impact was increased when calculating scaled scores. Specifically, 3.1% was observed as missing for the System Stress (Type) scaled score, 6.2% was observed as missing for the System Stress (Problem) scaled score, 3.1% was missing for the ECBI Problem scale score, 3.1% was missing from the ECBI intensity scale score, 3.1% was missing for the Total Stress scaled score, and 15% was missing from the Total Social Support scaled score. Although it has been suggested that for small percentages of missing data, single imputation or listwise deletion may be accurate (Rubin, 1996; Rubin, Witkiewitz, Andre, & Reilly, 2007; Schafer, 1999), it was determined that multiple imputation would be the best method to handle

missingness due to the already reduced sample size and the increased percentage of missingness when calculating scaled scores.

Missing data analyses revealed that no patterns of missingness existed. For those values that were missing, it was observed that the missing values were consistent across participants. The Monte Carlo method was utilized due to the lack of monotonicity (i.e., patterns of missingness in the data). In regard to the number of imputations utilized, it has been suggested that 10 to 20 imputations is ideal when generating imputed datasets (Schafer, 1999; Shoemman, 2011); therefore it was determined that a total of 20 imputations be utilized to create the final dataset. The final scaled scores were compared between the original and imputed datasets, and no significant differences were detected.

Testing for Normality

An assessment for the normality of data was conducted to best determine the statistic needed to detect group differences. All demographic variables and scaled scores were assessed utilizing the Shapiro-Wilk test and plotted regarding their distribution. It was determined that all variables, except for three, were non-normally distributed and violated the normality assumption for parametric testing. The three variables that yielded a normal distribution were Foster Parent Age, $W = .972, p = .593$, Total Stress Score, $W = .972, p = .550$, and ECBI Intensity Score, $W = .963, p = .323$.

Individual Scale Analyses

Scaled scores for the final sample (i.e., 32 foster parents whose foster child either achieved placement stability at the fourth time point or experienced disruption by the fourth time point) were calculated for the study variables. Descriptive statistics can be found in Table 2.

Table 2

Individual Scaled Scores (N=32)

Scaled Score – Most Recent Time Point	N	Minimum	Maximum	Mean	Std. Dev.	Median
Perceived Stress – Total Sample	32	2	40	19.03	7.941	19.50
Perceived Stress – Unplanned Group	11	2	25	16.73	6.901	17.00
Perceived Stress – Stable Group	15	2	40	21.33	9.424	21.00
Perceived Social Support – Total Sample	32	1	114	37.63	23.042	34.00
Perceived Social Support – Unplanned Group	11	6	114	34.82	27.484	30.00
Perceived Social Support – Stable Group	15	1	72	35.27	21.940	37.00
System Specific Stress (Type) – Total Sample	32	0	7	2.25	1.884	2.00
System Specific Stress (Type) – Unplanned Group	11	0	4	2.09	1.446	2.00
System Specific Stress (Type) – Stable Group	15	0	6	1.73	1.994	1.00
System Specific Stress (Problem) – Total Sample	32	0	5	1.31	1.533	1.00
System Specific Stress (Problem) – Unplanned Group	11	0	4	1.27	1.348	1.00
System Specific Stress (Problem) – Stable Group	15	0	4	.93	1.280	.00
ECBI Intensity Score – Total Sample	32	38	113	74.64	21.49	71.00
ECBI Intensity Score – Unplanned Group	11	44	97	66.64	19.10	66.00
ECBI Intensity Score – Stable Group	15	38	113	73.27	21.81	70.00
ECBI Problem Score – Total Sample	32	0	21	5.38	6.36	2.50
ECBI Problem Score – Unplanned Group	11	0	21	6.27	7.471	5.00
ECBI Problem Score – Stable Group	15	0	17	3.53	4.912	2.00
Yearly Training Hours – Total Sample	32	0	35	12.69	9.10	13.00
Yearly Training Hours – Unplanned Group	11	2	21	12.09	5.03	13.00
Yearly Training Hours – Stable Group	15	0	35	13.87	11.38	14.00

Note. ECBI = Eyberg Child Behavior Inventory

The most recent time point (i.e., 4th survey for stable group, survey prior to the move for the disruption group) was utilized for analyses and the findings are described below as it represents the most current report prior to the disruption or being determined as stable at approximately five months in care. To account for the likely inaccuracy of the mean due to skewed data, the median is reported for each scaled score that was determined to have a non-normal distribution.

Assessment of Perceived Stress. Scores from the most recent time point on the PSS ranged from 2 to 40 ($M = 19.03$, $SD = 7.49$) indicating a small to moderate level of perceived stress (i.e., conceptualizing one's life as stressful and unpredictable). Specifically for the unplanned disruption group, the PSS scores ranged from 2 to 25 ($M = 16.73$, $SD = 6.901$), and for the stable group, the PSS scores ranged from 2 to 40 ($M = 21.33$, $SD = 9.424$). The most

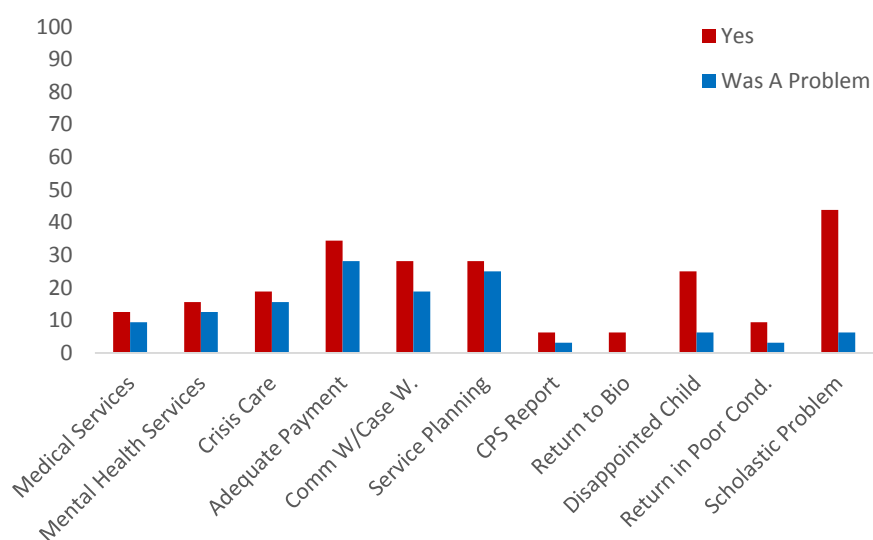
commonly endorsed items were “thinking about things you have to accomplish” (68%) and 18.7% reporting “feeling nervous or ‘stressed’” (18.7%) *fairly often* to *very often* within the last month.

Assessment of Received Social Support. Scores on the ISSB for the most recent time point ranged from 1 to 114 ($M = 37.63$, $SD = 23.04$, $Mdn = 34.00$) indicating that foster parents reported a moderately low experience of receiving supportive behaviors within the past month. For the unplanned disruption group ($n = 11$), the ISSB scores ranged from 6 to 114 ($M = 34.82$, $SD = 27.484$, $Mdn = 30.00$) and for the stable group ($n=15$), the ISSB scores ranged from 1 to 72 ($M = 35.27$, $SD = 21.940$, $Mdn = 37.00$). The supportive behaviors reported as occurring least often (i.e., *not at all* or *once or twice* per month) were having someone providing monetary support (96.9%), having someone tell “you who you should see for assistance” (93.8%), having someone go “with you to someone who could take action” (96.9%), and having someone teach “you how to do something” (96.9%).

Assessment of System Specific Stress. When assessing for the frequency of 11 different types of system specific stress based on the most recent time point, the System Stress Type scores ranged from 0 to 7 ($M = 2.25$, $SD = 1.884$, $Mdn = 2.00$) indicating a relatively low rate of experiencing a variety of types of system stress. For the unplanned disruption group, the System Stress Type scores ranged from 0 to 4 ($M = 2.09$, $SD = 1.446$, $Mdn = 2.00$), and the scores ranged from 0 to 6 ($M = 1.73$, $SD = 1.994$, $Mdn = 1.00$) for the stable group. When assessing whether or not the system specific stress was currently a problem for the entire sample, the System Stress Problem scores ranged from 0 to 5 ($M = 1.31$, $SD = 1.533$, $Mdn = 1$) indicating a low perception of system stress as being currently problematic. Specifically, for the unplanned disruption group, the System Stress Problem scores ranged from 0 to 4 ($M = 1.27$, $SD = 1.348$,

$Mdn = 1.00$), and for the stable group the scores also ranged from 0 to 4 ($M = .93$, $SD = 1.280$, $Mdn = .00$). The most frequently experienced stressors were having a “foster child who was having scholastic difficulties that required attention” (43%) and experiencing “a lack of adequate payment for foster parenting services” (34.4%). The most problematic stressor was experiencing “a lack of adequate payment for foster parenting services” (31.3%; see Figure 5).

Figure 5. Results from Sample Responses on the SSS



Assessment of Child Behavioral Problems. When assessing for the intensity of foster child behavioral problems for the most recent time point, the ECBI Intensity scale score ranged from 38 to 113 ($M = 74.64$, $SD = 21.49$) indicating an overall low perceived intensity of child behavior problems. For the unplanned disruption group, the ECBI Intensity scale score ranged from 44 to 97 ($M = 66.64$, $SD = 19.10$) at the time of disruption. For the stable group, the ECBI Intensity scale score ranged from 38 to 113 ($M = 73.27$, $SD = 21.81$) at the five month time point. An ECBI Intensity score of 131 or higher is indicative of clinically elevated behavioral concerns. When assessing whether or not the endorsed behavioral difficulties were currently perceived as a problem to the foster parent, the ECBI Problem scale score for the final time point

ranged from 0 to 21 ($M = 5.38$, $SD = 6.36$, $Mdn = 2.50$) indicating an overall low perception of the behavioral problems being problematic as an ECBI Problem score of 15 is indicative of clinically elevated behavior problems. The ECBI Problem scale scores for the unplanned disruption group ranged from 0 to 21 ($M = 6.27$, $SD = 7.471$, $Mdn = 5.00$) and ranged from 0 to 17 ($M = 3.53$, $SD = 4.912$, $Mdn = 2.00$) for the stable group. The most frequent behavioral issues endorsed as *often* or *always* occurring was the foster child being “easily distracted” (31.3%), having “a short attention span” (31.3%), and interrupting (31.2%). The three most problematic behavioral concerns were when the foster child “lies” (25%), “refuses to obey until threatened with a punishment” (25%), and “constantly seeks attention” (28.1%).

Assessment of Training Hours. The number of training hours per year was calculated by dividing the total number of in-service training hours by the number of years the foster parent has been licensed. Based on the most recent time point, training hours per year ranged from 0 to 35 hours ($M = 12.69$, $SD = 9.10$, $Mdn = 13.00$). For the unplanned disruption group, training hours per year ranged from 2 to 21 hours ($M = 12.09$, $SD = 5.03$, $Mdn = 13.00$). For the stable group, training hours per year ranged from 0 to 35 hours ($M = 13.87$, $SD = 11.38$, $Mdn = 14.00$). The total number of in-service training hours required for Jackson County traditional foster parents is 10 hours per year (National Resource Center for Family-Centered Practice and Permanency Planning, 2007); therefore, the average number of hours per year observed in the current sample is slightly above what is required by the state.

Assessment of Placement Disruption. Out of 32 child participants included in the final dataset, 11 participants experienced an unplanned disruption (34.4%), 6 participants experienced a planned disruption (18.8%), and 15 experienced no disruption (46.9%) by the fourth time point or 5th month of the project. Individual reasons for disruption can be found in Table 3.

Table 3

Reasons for Placement Disruption

Movement Type	Reason for Move
Unplanned	Behavioral issues – needed to be sent out of the home
Unplanned	Behavioral issues – ran from home
Unplanned	Behavioral issues – left home for preference to be placed with another family
Unplanned	Behavioral issues – related to deceased sibling
Unplanned	Behavioral issues – parent asked child to be removed
Unplanned	Behavioral issues – once siblings were removed
Unplanned	Behavioral issues – too much to manage once siblings moved in the home
Unplanned	Behavioral issues – parent asked for child to be removed
Unplanned	Behavioral issues – once siblings were removed
Unplanned	Behavioral issues – once siblings were removed
Unplanned	Behavioral issues – parent asked to be removed due to sexualized behavior
Planned	Reunification with biological parent
Planned	Reunification with biological parent
Planned	Reunification with biological parent
Planned	Planned move to live with relative
Planned	Planned move to live with relative
Planned	Planned move for permanency/adoption

The main reason identified by foster parents for unplanned disruptions were behavioral concerns (100%), and the main reasons for planned disruptions were moving to live with a relative (33.3%) and reunification with biological parents (50%).

Differences among Groups

Differences in demographic variables between the unplanned disruption group and stable group were assessed. A fisher's exact test was utilized on comparisons of categorical variables

due to expected counts being less than 5 on more than 20% of expected counts (Field, 2005). No significant differences between groups were noted for foster parent sex ($p = .556$), foster parent ethnicity ($p = .824$), foster parent marital status ($p = .129$), foster parent education ($p = .978$), foster parent religion ($p = .197$), foster parent church involvement ($p = .119$), foster child sex ($p = .160$), and foster child ethnicity ($p = .608$).

No additional significant differences between groups were noted for family income, $W_s = 115.00$, $p = .087$, $r = -.342$, number of biological children in the home, $W_s = 117.50$, $p = .109$, $r = -.347$, number of foster children in the home, $W_s = 127.00$, $p = .281$, $r = -.224$, number of adoptive children in the home, $W_s = 126.50$, $p = .373$, $r = -.314$, number of total children fostered since licensure, $W_s = 114.00$, $p = .077$, $r = -.354$, total years as a foster parent, $W_s = 182.00$, $p = .495$, $r = -.144$, foster child age, $W_s = 199.50$, $p = .878$, $r = -.031$, or problem child behaviors, $W_s = 197.50$, $p = .799$, $r = -.052$.

A significant difference was observed between the unplanned disruption and stable group for foster parent age, $t(24) = 2.389$, $p = .025$, $r = .438$, as foster parents in the unplanned disruption group ($M = 52.64$, $SD = 13.079$) were significantly older than foster parents in the stable group ($M = 41.80$, $SD = 10.080$). Exploratory correlation analyses were conducted to examine how foster parent age related to demographic and outcome variables. Significant relations were observed between foster parent age and number of biological children in the home ($r_s = -.432$), number of years as a licensed foster parent ($r_s = .433$), and total stress score ($r_s = -.359$).

Matched Group Comparisons

To help control for the significant differences in foster parent age between the unplanned disruption group and the stable group, foster parents were matched based on their age range. Specifically, age ranges included the following groups: 27-37 years, 38-48 years, 49-59 years, and 60-70 years. These groups were selected to best account for the range of ages in participants and to retain the maximum amount of matched pairs possible. The final sample included 8 matched pairs ($n = 16$) of foster parents who experienced an unplanned disruption and foster parents who experienced a stable placement by their fourth time point.

Although conducting normality tests (e.g., Shapiro-Wilk, Kolomogorov-Smirnof) on smaller sample sizes ($n < 16$) can be somewhat arbitrary as there is too little power to conduct a normality test (Ghasemi & Zahediasl, 2012), the data of the final 16 participants were plotted once again to assess for normality. The distributions of all variables of interest were observed as non-normal distributions; therefore non-parametric testing was used for group comparisons.

Differences between the matched pairs of stable and unpredicted disruption groups were assessed for total foster parent training hours per year (Total Training score), problematic stress related to foster care system issues (SSS - Problem System Stress Score), frequency of stressors related to foster care system issues (SSS- Type System Stress Score), problematic child behaviors (Problem ECBI Score), frequency/intensity of child behavior problems (Intensity ECBI Score) overall stress level (PSS – Total Stress Score), and perception of socially supportive behaviors (ISSB – Total Social Support Score) above and beyond differences observed in foster parent age. No significant differences between groups were noted for total training hours per year, $z = -.350$, $p = .726$, $r = -.088$, problematic stress related to the foster care system, $z = -.412$, $p = .680$, $r = -.103$, frequency of stressors related to the foster care system, $z = -.316$, $p = .752$, $r = -.103$, problematic child behaviors, $z = -.070$, $p = .944$, $r = -.0175$, overall

stress level, $z = -.491$, $p = .624$, $r = -.123$, total number of received social support, $z = -.280$, $p = .779$, $r = -.070$, and frequency/intensity of child behavior problems, $z = -1.120$, $p = .263$, $r = .263$ (see Table 4).

Table 4

Matched Group Comparisons

Scaled Score	Z^a	Asymp. Sig.	r^b
Yearly Training Hours	-.350	.726	-.088
System Specific Stress – Problem	-.412	.680	-.103
System Specific Stress – Type	-.316	.752	-.079
ECBI Problem Score	-.070	.944	-.018
Perceived Stress Score	-.491	.624	-.123
Perceived Social Support	-.280	.779	-.070
ECBI Intensity Score	-1.120	.263	-.280

Note. ECBI = Eyberg Child Behavior Inventory

^a. Wilcoxon Signed Ranks Test

^b. Pearson's Correlation Coefficient r

To determine if there were any group differences unique to a specific time point, a matched group comparison was also conducted to determine if the unplanned disruption group and the stable group differed at the first ($n = 16$), second ($n = 12$) and third ($n = 6$) time point. Results suggested that no differences in the variables of interest were detected at any of the time points.

Within Group Comparisons

Although the purpose of the current study was to assess if differences exist between foster parents who experienced an unplanned disruption versus those who maintained a stable placement, an exploratory within-group analysis was conducted to determine if scores

significantly differed between time points for the unplanned disruption group and the stable group of foster parents. The distributions of all variables of interest were plotted and assessed for normality and all variables of interest were observed as non-normal distributions; therefore non-parametric analyses were utilized for within-group comparisons. No significant within-group differences between time point one and two were observed for the unplanned disruption group ($n = 6$) or the stable group ($n = 15$) on any of the variables of interest. In addition, no significant within-group differences between time point one, two, and three were observed for the unplanned disruption group ($n = 3$) or the stable group ($n = 15$). Lastly, given that only the stable group completed all four time points, within-group differences were assessed for the stable group ($n = 15$) regarding the entire four time points, and no significant within-group differences were observed.

Discussion

The purpose of the current study was, using a longitudinal, prospective approach, to assess if placement disruption was related to foster parent social support, stress and training experiences above and beyond child and parent demographic variables (e.g., foster parent age, child age). Although previous research suggests that a number of foster parent and child demographic variables (e.g., foster parent age, child age) have been associated with placement disruption for children in state custody (James et al., 2004; Oosterman et al., 2007; Smith et al., 2001), the only variable related to placement disruption in the current study was foster parent age. Specifically, older foster parents experienced more unplanned disruptions when compared to younger foster parents. When matching participants based on foster parent age, no relation was observed between placement disruption status and foster parent social support, stress, and training experiences.

Examination of Scaled Scores and Movement Rates

Child behavioral difficulties. The results suggested that foster parents reported a low level of perceived child behavioral difficulties. Although the frequency/intensity of child behavioral difficulties was low, the majority of more frequent/intensive behaviors endorsed were related to attention/impulsivity, and the most problematic behaviors reported by foster parents were more oppositional in nature. The low level of overall behavioral difficulties differs from the literature suggesting a high rate of behavioral concerns in foster care youth (Newton et al., 2000). In fact, in a national study of 2- to 14-year-old youth in state custody, approximately 48% demonstrated clinically elevated emotional/behavioral difficulties as indicated by the Child Behavior Checklist (Burns, Phillips, Wagner, Barth, Kolko, Campbell, & Landsverk, 2004). In the current study, no foster parents endorsed child behavioral difficulties at the clinical level which is likely due in part to the small sample size; however, it may also be due to the lower than expected number (34.4%) of unplanned disruptions in the current sample. Specifically, less than the projected number of children moved placements, which may partly be due to the low levels of foster child behavioral problems reported by foster parents.

An additional factor that may explain the low rate of behavioral concerns is that the current study focused on only traditional foster homes; whereas previous research has either not been specific regarding the types of placements targeted (Newton et al., 2000; Burns et al., 2004) or were specific about the multiple types of foster care placements studied (e.g., traditional foster homes, emergency care units, relative foster homes, group homes; James, 2004) but did not look at differences between these types of placements when assessing the relation between child behavioral difficulties and placement disruption. By including multiple types of foster care placements, the literature may not truly capture those children who are representative of

traditional foster home placements. In fact, most other types of foster placements target inclusion of youth with severe behavioral difficulties (e.g., behavioral foster homes, emergency foster homes, residential placements), and by including only traditional foster homes, the present study may have not captured those children who experience the most severe behavioral and emotional difficulties. However, the current study does capture the most common type of non-relative care (DHHS, 2014) and, as such, is more representative of the average foster parent.

Foster parent stress. The current sample also reported a relatively low level of overall perceived stress, indicating that foster parents felt their lives were minimally to moderately stressful and unpredictable. In addition, foster parents also reported a low level of problematic system specific stress indicating that although foster parents endorsed the occurrence of some system specific stressors, the current sample did not report these stressors as highly problematic. When focusing on types of system specific stressors, the most frequently reported stressor was having children who require additional services for scholastic problems, which is not surprising given that child behavior problems related to attention difficulties was the most frequently endorsed by the current sample. Moreover, finding lack of adequate payment as another commonly problematic stressor is consistent with previous literature on foster parent dissatisfaction/stress and lack of monetary support (Brown, 2008; Chamberlain et al., 1992; Rhodes, 1996).

Although previous literature suggests that foster parenting is associated with unique stressors (e.g., potential for being the target of a hotline to Child Protective Services, having to report to state workers; Jones & Morrisette, 1990), the current study suggests that the occurrence of these unique system stressors did not necessarily contribute to an overall heightened level of perceived stress. This distinction is important as overall perceived stress may not be related, as

previously assumed, to the unique stressors foster parents endure with their role as temporary caretakers for youth in foster care. It may be the case that the current sample felt competent in handling the unique demands of foster parenting. In fact, foster parents reported fairly or very often thinking about tasks they needed to accomplish possibly reflecting that they were able to plan for and adapt to the multiple demands placed on them as foster parents. In addition, it is important to highlight that although foster parents were made aware that the current study was unrelated to the state child protective agency, they did know that their names (and training history and the child's record of placement) were provided to the research team by CPS. This may have influenced the foster parent's comfort in reporting problematic system stressors, even though assurance was provided regarding the confidentiality of their reports.

Foster parent social support. At the most recent time point prior to stability or placement disruption, foster parents reported a low level of supportive behaviors from others in the past month, a finding consistent with previous literature (Buehler et al., 2003; MacGregor et al., 2006). Consistent with foster parents report on stress related to a lack of adequate compensation, foster parents also reported the least amount of support related to monetary assistance and knowing who to approach when assistance is needed. This lack of support is consistent with previous literature as parents who identify as dissatisfied with their fostering experience often report not receiving enough monetary compensation to meet the needs of their foster children (MacGregor et al., 2006; Mathiesen et al., 2008) as well as feeling unsupported with knowing how to navigate the system to get the foster child's needs met (Buehler et al., 2003).

Foster parent training history. Foster parents also reported a broad range of in-service training hours per year (0 to 35 hours). Due to the fact that some foster parents in the study had

been licensed for less than one year, it is understandable why some had yet to attend any in-service training. Overall, most foster parents in the current sample had more than the required number of hours needed to maintain licensure, which may suggest that the sample was organized and proactive regarding additional foster parenting requirements. Similar to the literature suggesting that evaluating pre-service training on a national level is difficult due to the array of topics offered and the fact that content can vary across state (Dorsey et al., 2008), content of in-service training requirements were also difficult to assess due to the high variability of topics offered within the state of Missouri. This lack of consistency regarding training topic requirements presents a challenge for future research to better understand which information is most useful in continuing to prepare and adequately train foster parents.

Placement disruption rate. In regard to placement disruption, the rate of unplanned disruption was below what was expected given previous literature suggesting that the majority of movement is observed during the first six months of placement (Oosterman et al., 2007; Terling-Watt, 2001; Wulczyn et al., 2003). One possible explanation for this low movement rate is the current emphasis on state agencies to improve placement stability for foster care youth (Blakely et al., 2012). Based on a study that assessed for nine different approaches utilized by state agencies to increase placement stability (e.g., more targeted matching when placing a child in foster care, training, preventative efforts), the state of Missouri was using six out of the nine possible efforts at the time of the present study (Blakey et al., 2012). In addition, CPS had been making efforts to assess individual needs of the child and best match the child needs (e.g., behavioral, medical) to the correct type of placements in an effort to enhance placement stability (L. London, personal communication, November 5, 2014). Specifically, over the past year, Children's Division had placed stricter guidelines on when one can place a child with a non-

relative as a part of the assessment for the child's behavioral/emotional needs (Missouri Department of Social Services, 2014). The goal was to find a setting that best accommodated child behavioral/emotional needs and placed a child in a relative- or kinship-placement (instead of a non-relative) to increase placement stability for children in state custody. In fact, over the past five years, the number of relative and kinship placements has shown a small but steady increase; whereas the number of traditional foster home placements has demonstrated a slight decrease (J.Bogart, personal communication, June 10th, 2015). Although traditional foster home placements are still the most common form of non-relative care, the most recent Missouri placement data suggests that the percentage of children in relative homes (32%) is now almost equal to the number of children in traditional foster homes (31%; J.Bogart, personal communication, June 10th, 2015). These aforementioned efforts may, in fact, have decreased placement instability in the state of Missouri.

Differences between Movers and Non-Movers

Differences in Foster Parent and Child Factors. Previous research on foster parent and child factors that are related to placement disruption and/or dissatisfaction with the fostering experience suggest foster parents who are older, active in church, had fewer biological children in the home, and were married had more satisfactory fostering experiences (Dozier & Lindheim, 2006; Oostermen et al., 2007; Sanderson & Crawley, 1982). The stable and unplanned disruption group did not differ on these variables, with the one exception being the significant difference observed between groups on foster parent age; however, the difference was contradictory to previous literature. Specifically, foster parents in the unplanned disruption group were significantly older than foster parents in the stable group indicating that older foster parents experienced more unplanned disruptions. The older foster parents ($M = 52.64$) also demonstrated

lower levels of stress, more experience as a licensed foster parent, and fewer biological children currently in their home. Given more experience and lower stress, a potential explanation of the relation between older foster parent age and unplanned disruption rates is that older parents may be better able to detect a problem interaction with the foster child based on their years of experience. This experience may lead to more willingness to terminate the placement.

In addition to foster parent factors, foster child age and behavioral difficulties have a positive correlation to placement disruption in the literature (James et al., 2004; James, 2004; Oosterman et al., 2007; Smith et al., 2001). Unlike previous findings, no significant difference was observed between the unplanned disruption and stable group regarding foster child age and child behavioral difficulties. It is important to note that although a significant relation exists between older age of the foster child and placement disruption in the literature, meta-analyses suggest that this relation has a generally small effect size and the effect size decreases substantially when controlling for other factors (e.g., child behavior issues; Oosterman et al., 2007). In regard to child behavioral difficulties, the number and severity of behavioral problems in the current sample was low compared to previous literature (Burns et al., 2004). Due to the fact that the youth in the present sample were not perceived to have clinically significant behavioral problems, they may have been less likely to experience an unplanned move; thus, contributing to the lack of a significant difference between the unplanned disruption and stable placement groups.

Difference in Social Support, Stress, and Training. The hypothesis that foster parents in the disruption group would exhibit higher levels of stress, lower levels of support, and lower quantity of trainings when compared to foster parents in the stable group was not supported. The unplanned disruption group and stable group did not differ on these three factors, even when

controlling for foster parent age. Although the sample size may have contributed to the findings, one potential explanation regarding the lack of group difference particular to foster parent stress and social support could be due to a potential combined effect of these two factors. Most of the literature focused on a lack of social support and foster parent dissatisfaction utilized foster parents who were simultaneously reporting several stressors along with low support (MacGregor et al., 2006; Mathiesen et al., 2008). In the current sample, foster parents reported a low to moderate level of social support and perceived stress; therefore the current study is unable to inform how a combination of low support and high stress relates to placement disruption. The findings from the current study do suggest that for some traditional foster parents, it may not be feeling stressed or unsupported that accounts for why some placements disrupt.

Although previous literature has been mixed regarding the link between foster parent training and satisfactory placement outcomes (MacDonald & Turner, 2005; Dorsey et al., 2008), the current study suggested no group differences between the stable group and the unplanned disruption group regarding in-service training hours. This lack of difference is consistent with previous literature suggesting that parent training does not necessarily translate to better placement outcomes for youth in care (MacDonald & Turner, 2005).

Strengths of the Current Study

The present study was the first to take a longitudinal approach with monthly repeated-measures to assess if foster parent factors are related to unplanned placement disruption. In contrast, previous literature focused on factors that relate to placement disruption has taken a qualitative approach, measured child factors at one time point and placement disruption years later, and taken a retrospective approach to determine factors related to placement disruption. When different methods are used, different results are not surprising, but one strength of the

current study is the focus on assessment in real-time, suggesting that the experiences of foster parents using a prospective approach is likely to yield new findings when compared to retrospective research designs. Specifically, previous retrospective studies that demonstrated a relation between foster parent support and stress to placement disruption and dissatisfaction have the potential for memory biases. By asking foster parents about their experience in real time, the potential for memory biases is decreased, and the data is more representative of the perception of the foster parent directly before an actual disruption.

Another strength is the focus on the most common option of non-relative care (DHHS, 2014), traditional foster homes. Previous literature on placement disruption frequently combines the many different types of foster care placements or does not assess specific factors related to different placement options (Burns et al., 2004; James, 2004; Newton et al., 2000). Collapsing the many different types of foster placements into one variable may miss important information representative of each type of setting and may make the generalization of such findings limited as there are likely unique features of specific types of settings (e.g., relative foster homes, non-relative foster homes). In addition, when assessing for foster parent factors related to satisfaction ratings, previous research is limited to very specific populations and not traditional foster homes (e.g., mentally handicapped, therapeutic foster homes; Craig-Oldson et al., 2006; Sanderson & Crawley, 1982; Soliday et al., 1994; Smith et al., 2001). The current study represents findings for a sample of foster parents in the most common role for children in care and therefore, may have greater generalizability and application to the largest number of foster home placements.

Moreover, the current study operationalized the definition of placement disruption, an improvement on past literature that has been inconsistent regarding the definition of disruption (James et al., 2004; Smith et al., 2001). The present study is unique in that it only included those

children who experienced disruptions that were not due to planned reunification or a planned move to a relative home, a primary goal for state agencies. In addition, the current study used specific, quantitative measurements to assess social support, stress, training, and child behavioral issues which are an improvement from the sometimes nonspecific ways that the aforementioned factors are measured in previous studies. The use of quantitative approaches also aids in replication of the current study questions.

Another strength of the current study is the longitudinal, monthly repeated-measures design to assess differences in foster parent factors prior to a placement disruption in real time. Although the research base has not focused on foster parent factors, there have been a few prospective, longitudinal studies that have assessed child characteristics that predict placement disruption. One large limitation of those studies is that they typically have one to two waves of data collection occurring a significant amount of time (e.g., 1-, 2-, and 5-years) before obtaining placement information from state records (Leathers, 2006; McCauley & Trew, 2000; Newton et al., 2000). Monthly data collection allowed for an accurate representation of foster parent factors that occurred close in time to the disruption; therefore, the data is likely more representative of what occurred directly before the placement disruption. Studies that have long periods of time elapsing between when data is collected and the subsequent placement disruption run the risk of being unrepresentative of factors that triggered the disruption.

A final strength of the current study is the lower attrition rate in the sample when compared to previous studies on foster families. Although the attrition rate was lower than desired, the rate in the current study is an improvement. For example, in a prospective study focused on the relation between child behavioral/emotional difficulties and subsequent placement disruption, data collection occurred through interviews at 5-months and again at 17-

months after entry into care. Due to the high variability of when the interviews took place and lack of behavioral and placement data at both time points, the original sample size decreased by almost half from the first to the second time point (Newton et al., 2000). In general, research with foster families typically report retention issues with non-response rates as high as 82% and 91% (Gilbertson & Barber, 2002), and the highest attrition rate between time points in the current study was only 37%.

Limitations of the Current Study

Although the findings in the present study add to the field, the project is not without limitations. One limitation of the current study was the sample size. Part of the reason for the low sample size was the dependency on foster children to experience a disruption in the final sample. As was previously noted, the unplanned movement rate was low and every effort was made to utilize the data for each unplanned disruption. The small sample also made for low statistical power, making it difficult to detect any significant findings, even when they may be present. For example, although group differences were non-significant for every demographic variable other than foster parent age, medium effect sizes were detected when comparing the unplanned disruption group to the stable group for some demographic variables. In addition, a small to medium effect size was detected when comparing groups on frequency/intensity of child behavior problems. Having medium effect sizes with non-significant results may mean that the current sample was too small to have enough statistical power to detect a significant effect (Field, 2005).

The results should also be interpreted with some caution as it is not clear if the foster parents that participated were different in some meaningful way from those who were eligible and chose not to participate. For example, foster parents who completed their first survey may

have had more time, fewer stressors, and more resources (e.g., computer access) than foster parents who did not complete their first survey. Although paper surveys were made available for those parents who did not have access to a computer, very few foster parents requested a paper survey. Those foster parents who did not have the time/resources to complete the first survey may have represented those parents with higher perceived demands and less support and free time making the recruited sample less than representative of the population of foster parents.

Conclusions and Future Directions

One, although previous literature suggests that placement disruptions occur within the first six months after the initial placement (James, 2004; Oosterman et al., 2007; Wulczyn et al., 2003), the results of the current study suggests that this six month window may be an underestimate, especially for those residing in traditional foster homes. A larger number of children will likely need to be followed for longer periods of time to observe more disruptions across time and type of foster setting.

Two, future longitudinal, prospective studies focused on the relation between foster parent factors and placement disruption should include multiple demographic variables as there is mixed support regarding which demographic variables are related to placement disruption. Specifically, the present study found, contrary to past research, support only for older foster parent age related to more unplanned disruption. Although family income and the number of additional biological, foster, and adoptive children in the home did not demonstrate a statistically significant relation to unplanned placement disruption, a medium effect size was observed indicating that a relation may exist with more statistical power.

Three, future studies on foster parent factors that relate to disruption need to still include the multiple factors of stress, support, and training to better understand the potential relation to

unplanned disruption. Although previous literature suggests a relation exists between these parent factors and placement disruption, the current study did not yield such a relation in a traditional foster parent sample, leading to mixed results in the general literature. In addition, it will be important for future studies to focus on the potential simultaneous impact of foster parent factors on unplanned placement disruption. It will be useful to include analyses to address if individual or a combination of foster parent factors actually predicts placement disruption. Previous literature also utilized foster parent dissatisfaction ratings and termination of licensure as a proxy to placement disruption. Future research might also incorporate a measure of foster parent satisfaction to understand if satisfaction ratings play a moderating or mediating role between stress, support, and training and later disruption. Four, future studies need to continue to be specific in their definition of placement disruption and types of foster parents assessed (e.g., traditional foster parents, career foster parents, behavioral foster parents). The current study demonstrated that social support, stress, and training does not relate to placement disruption when focusing on a specific definition of an unplanned disruption in a sample of traditional foster parents. Generally, previous literature has not been specific regarding type of disruption and foster placement leading to general findings that may not be representative of truly unplanned disruptions in the most common type of non-relative care (i.e., traditional foster care). Future studies should replicate the current study in what constitutes a true disruption in traditional foster care as well as other foster settings (e.g., kinship care, relative care) to accurately represent potentially intervening factors. In addition, it may be beneficial to incorporate open-ended questions regarding the most problematic and most rewarding features of being a foster parent to gather prospective, qualitative data on what the foster parent perceives as most challenging beyond the confines of stress and social support.

Five, future research examining the relation between foster parent factors (e.g., demographic variables, social support, stress, and training history) and placement disruption should continue taking a prospective approach to data collection. Collecting prospective data decreases the potential for a memory bias often observed in retrospective studies. Other than the current study, very few studies have taken a prospective approach of measuring foster parent perceptions directly before the unplanned disruption supporting the need for more research with a prospective design to better understand those factors that truly predict disruption. Gaining insight regarding what occurs prior to the disruption may provide information that could be utilized for potential preventative efforts. For example, if a lack of social support is related to placement disruption, more resources could be devoted to opportunities for social support (e.g., support groups), if foster parent stress is related to placement disruption, more resources could be devoted into assessing the parent's level of stress with recommendations regarding how to decrease stress, and if amount of training is related to placement disruption, more training opportunities could be offered to foster parents. Subsequently, policymakers may be informed as to a more strategic approach in better utilizing their resources for foster parents to increase the likelihood of placement stability for youth in state custody if future studies take a prospective approach and provide information about factors that predict disruption and are amenable to change. In addition, the monthly administration of surveys may have been too frequent as the current study suggests that foster parent ratings did not significantly change on a monthly basis over a period of five months. It is suggested that future studies continue to administer more frequent measurement of foster parent factors to detect rating changes over a period that is longer than 5-months.

The field is in the beginning stages of truly understanding foster parent factors that predict placement disruption. Information that does exist regarding foster parent factors that are related to placement disruption has been mixed without consistent findings from the literature. Although it has been well-established that child behavioral/emotional difficulties are related to placement disruption, more information is needed regarding the foster parent factors that predict placement disruption to better understand targets for prevention and intervention to increase placement stability for children in state custody.

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Appendix A

Demographic Questionnaire

Directions: Please answer the following questions about yourself and your family. Thank you.

Foster Parent Information

1. Age: _____
2. Sex (Please Check One): _____ **Male** _____ **Female** _____ **Rather Not Say**
3. Which of the following best describes your ethnicity (Please Circle One)?
 - a. **Asian**
 - b. **American Indian or Alask Native**
 - c. **Black or African American**
 - d. **Hispanic or Latino**
 - e. **Native Hawaiian or Other Pacific Islander**
 - f. **White or Caucasian**
 - g. **Multiracial**
 - h. **Other**
4. What is your current level of education (Please Circle One)?
 - a. **Did not complete high school or obtain a GRE**
 - b. **High School Diploma**
 - c. **Obtained GED**
 - d. **Some College**
 - e. **Received College Degree**
 - f. **Some Post-Graduate Work**
 - g. **Graduate Degree**
5. Current Marital Status (Please Check One):
 - _____ **Single**
 - _____ **Divorced**
 - _____ **Married**
 - _____ **Widowed**
 - _____ **Separated**
 - _____ **Cohabiting**
6. Religious Affiliation (Please Check One): _____ **Yes** _____ **No**
 If yes, please indicate religious affiliation in the following space: _____
7. Do you currently attend church services (Please Circle One): _____ **Yes** _____ **No**
8. Taking into account all sources of income (wages, interest, governmental assistance, child support, etc.), please estimate the total family income on a yearly basis before taxes: \$ _____
9. What is your current occupation? _____

Appendix A (Continued)

10. How many **biological children** do you currently have in the home? _____ (Total Number of Biological Children)
11. How many **foster children** do you currently have in the home? _____ (Total Number of Foster Children)
12. How many **adopted children** do you currently have in the home? _____ (Total Number of Adopted Children)
13. How many children have you fostered since you obtained licensure (not including current children in your care)? _____ (Total Number of Foster Children Cared for Since Licensure)
14. How many years have you been a licensed foster parent? _____

Target Foster Child Information

1. Age of Foster Child in Study: _____
2. Sex of Foster Child (Please Check One): _____ **Male** _____ **Female** _____ **Rather Not Say**
3. Which of the following best describes your foster child's ethnicity (Please Circle One)?
- a. **Asian**
 - b. **American Indian or Alask Native**
 - c. **Black or African American**
 - d. **Hispanic or Latino**
 - e. **Native Hawaiian or Other Pacific Islander**
 - f. **White or Caucasian**
 - g. **Multiracial**
 - h. **Other**

Appendix B

Inventory of Socially Supportive Behaviors (ISSB)

Instructions: We are interested in learning about some of the ways that you feel people have helped you or tried to make life more pleasant for you over the past four weeks. Below you will find a list of activities that other people might have done for you, to you or with you in recent weeks. Please read each item carefully and indicate how often these activities happened to you during the past four weeks.

Use the following scale to make your ratings:

- A. Not At All
- B. Once or Twice
- C. About Once A Week
- D. Several Times A Week
- E. About Every Day

Please circle one answer for each statement. If, for example, the item: “**45. Gave you a ride to the doctor.**” happened once or twice during the past four weeks, you would make your rating like this:

- A. Not At All
- B. Once or Twice
- C. About Once A Week
- D. Several Times A Week
- E. About Every Day

Please read each item carefully and select the rating that you think is the most accurate. During the past four weeks, how often did other people do these activities for you, to you, or with you:

1. Looked after a family member when you were away.

- A. Not At All
- B. Once or Twice
- C. About Once A Week
- D. Several Times A Week
- E. About Every Day

2. Was right there with you (physically) in a stressful situation.

- A. Not At All
- B. Once or Twice
- C. About Once A Week
- D. Several Times A Week
- E. About Every Day

Appendix B (Continued)

3. Provided you with a place where you could get away for awhile.
 - A. Not At All
 - B. Once or Twice
 - C. About Once A Week
 - D. Several Times A Week
 - E. About Every Day

4. Watched after your possessions when you were away (pets, plants, home apartment, etc.).
 - A. Not At All
 - B. Once or Twice
 - C. About Once A Week
 - D. Several Times A Week
 - E. About Every Day

5. Told you what she/he did in a situation that was similar to yours.
 - A. Not At All
 - B. Once or Twice
 - C. About Once A Week
 - D. Several Times A Week
 - E. About Every Day

6. Did some activity with you to help you get your mind off of things.
 - A. Not At All
 - B. Once or Twice
 - C. About Once A Week
 - D. Several Times A Week
 - E. About Every Day

7. Talked with you about some interests of yours.
 - A. Not At All
 - B. Once or Twice
 - C. About Once A Week
 - D. Several Times A Week
 - E. About Every Day

Appendix B (Continued)

8. Let you know that you did something well.

- A. Not At All
- B. Once or Twice
- C. About Once A Week
- D. Several Times A Week
- E. About Every Day

9. Went with you to someone who could take action.

- A. Not At All
- B. Once or Twice
- C. About Once A Week
- D. Several Times A Week
- E. About Every Day

10. Told you that you are OK just the way you are.

- A. Not At All
- B. Once or Twice
- C. About Once A Week
- D. Several Times A Week
- E. About Every Day

11. Told you that she/he would keep the things that you talk about private – just between the two of you.

- A. Not At All
- B. Once or Twice
- C. About Once A Week
- D. Several Times A Week
- E. About Every Day

12. Assisted you in setting a goal for yourself.

- A. Not At All
- B. Once or Twice
- C. About Once A Week
- D. Several Times A Week
- E. About Every Day

Appendix B (Continued)

13. Made it clear what was expected of you.
- A. Not At All
 - B. Once or Twice
 - C. About Once A Week
 - D. Several Times A Week
 - E. About Every Day
14. Expressed esteem or respect for a competency or personal quality of yours.
- A. Not At All
 - B. Once or Twice
 - C. About Once A Week
 - D. Several Times A Week
 - E. About Every Day
15. Gave you some information on how to do something.
- A. Not At All
 - B. Once or Twice
 - C. About Once A Week
 - D. Several Times A Week
 - E. About Every Day
16. Suggested some action that you could take.
- A. Not At All
 - B. Once or Twice
 - C. About Once A Week
 - D. Several Times A Week
 - E. About Every Day
17. Gave you over \$25.
- A. Not At All
 - B. Once or Twice
 - C. About Once A Week
 - D. Several Times A Week
 - E. About Every Day

Appendix B (Continued)

18. Comforted you by showing you some physical affection
- A. Not At All
 - B. Once or Twice
 - C. About Once A Week
 - D. Several Times A Week
 - E. About Every Day
19. Gave you some information to help you understand a situation you were in.
- A. Not At All
 - B. Once or Twice
 - C. About Once A Week
 - D. Several Times A Week
 - E. About Every Day
20. Provided you with some transportation
- A. Not At All
 - B. Once or Twice
 - C. About Once A Week
 - D. Several Times A Week
 - E. About Every Day
21. Checked back with you to see if you followed the advice you were given.
- A. Not At All
 - B. Once or Twice
 - C. About Once A Week
 - D. Several Times A Week
 - E. About Every Day
22. Gave you under \$25.
- A. Not At All
 - B. Once or Twice
 - C. About Once A Week
 - D. Several Times A Week
 - E. About Every Day

Appendix B (Continued)

23. Helped you understand why you didn't do something well.
- A. Not At All
 - B. Once or Twice
 - C. About Once A Week
 - D. Several Times A Week
 - E. About Every Day
24. Listened to you talk about your private feelings.
- A. Not At All
 - B. Once or Twice
 - C. About Once A Week
 - D. Several Times A Week
 - E. About Every Day
25. Loaned or gave you something (a physical object other than money) that you needed.
- A. Not At All
 - B. Once or Twice
 - C. About Once A Week
 - D. Several Times A Week
 - E. About Every Day
26. Agreed that what you wanted to do was right.
- A. Not At All
 - B. Once or Twice
 - C. About Once A Week
 - D. Several Times A Week
 - E. About Every Day
27. Said things that made your situation clearer and easier to understand.
- A. Not At All
 - B. Once or Twice
 - C. About Once A Week
 - D. Several Times A Week
 - E. About Every Day

Appendix B (Continued)

28. Told you how he/she felt in a situation that was similar to yours.

- A. Not At All
- B. Once or Twice
- C. About Once A Week
- D. Several Times A Week
- E. About Every Day

29. Let you know that he/she will always be around if you need assistance.

- A. Not At All
- B. Once or Twice
- C. About Once A Week
- D. Several Times A Week
- E. About Every Day

30. Expressed interest and concern in your well-being.

- A. Not At All
- B. Once or Twice
- C. About Once A Week
- D. Several Times A Week
- E. About Every Day

31. Told you that she/he feels very close to you.

- A. Not At All
- B. Once or Twice
- C. About Once A Week
- D. Several Times A Week
- E. About Every Day

32. Told you who you should see for assistance.

- A. Not At All
- B. Once or Twice
- C. About Once A Week
- D. Several Times A Week
- E. About Every Day

Appendix B (Continued)

33. Told you what to expect in a situation that was about to happen.
- A. Not At All
 - B. Once or Twice
 - C. About Once A Week
 - D. Several Times A Week
 - E. About Every Day
34. Loaned you over \$25.
- A. Not At All
 - B. Once or Twice
 - C. About Once A Week
 - D. Several Times A Week
 - E. About Every Day
35. Taught you how to do something.
- A. Not At All
 - B. Once or Twice
 - C. About Once A Week
 - D. Several Times A Week
 - E. About Every Day
36. Gave you feedback on how you were doing without saying it was good or bad.
- A. Not At All
 - B. Once or Twice
 - C. About Once A Week
 - D. Several Times A Week
 - E. About Every Day
37. Joked and kidded to try to cheer you up.
- A. Not At All
 - B. Once or Twice
 - C. About Once A Week
 - D. Several Times A Week
 - E. About Every Day

Appendix B (Continued)

38. Provided you with a place to stay.

- A. Not At All
- B. Once or Twice
- C. About Once A Week
- D. Several Times A Week
- E. About Every Day

39. Pitched in to help you do something that needed to get done.

- A. Not At All
- B. Once or Twice
- C. About Once A Week
- D. Several Times A Week
- E. About Every Day

40. Loaned you under \$25.

- A. Not At All
- B. Once or Twice
- C. About Once A Week
- D. Several Times A Week
- E. About Every Day

Appendix C

Perceived Stress Scale

The questions in this scale ask you about your feelings and thoughts during the last month. In each case, you will be asked to indicate *how often* you felt or thought a certain way. Although some of the questions are similar, there are differences between them and you should treat each one as a separate question. The best approach is to answer each question fairly quickly. That is, don't try to count up the number of times you felt a particular way, but rather indicate the alternative that seems like a reasonable estimate.

For each question choose from the following alternatives:

- 0, Never**
- 1, Almost Never**
- 2, Sometimes**
- 3, Fairly Often**
- 4, Very Often**

1. In the last month, how often have you been upset because of something that happened unexpectedly?

- 0, Never**
- 1, Almost Never**
- 2, Sometimes**
- 3, Fairly Often**
- 4, Very Often**

2. In the last month, how often have you felt that you were unable to control the important things in your life?

- 0, Never**
- 1, Almost Never**
- 2, Sometimes**
- 3, Fairly Often**
- 4, Very Often**

3. In the last month, how often have you felt nervous and "stressed"?

- 0, Never**
- 1, Almost Never**
- 2, Sometimes**
- 3, Fairly Often**
- 4, Very Often**

4. In the last month, how often have you dealt successfully with irritating life hassles?

- 0, Never**
- 1, Almost Never**
- 2, Sometimes**
- 3, Fairly Often**
- 4, Very Often**

Appendix C (Continued)

5. In the last month, how often have you felt that you were effectively coping with important changes that were occurring in your life?

- 0, Never**
- 1, Almost Never**
- 2, Sometimes**
- 3, Fairly Often**
- 4, Very Often**

6. In the last month, how often have you felt confident about your ability to handle your personal problems?

- 0, Never**
- 1, Almost Never**
- 2, Sometimes**
- 3, Fairly Often**
- 4, Very Often**

7. In the last month, how often have you felt that things were going your way?

- 0, Never**
- 1, Almost Never**
- 2, Sometimes**
- 3, Fairly Often**
- 4, Very Often**

8. In the last month, how often have you found that you could not cope with all the things that you had to do?

- 0, Never**
- 1, Almost Never**
- 2, Sometimes**
- 3, Fairly Often**
- 4, Very Often**

9. In the last month, how often have you been able to control irritations in your life?

- 0, Never**
- 1, Almost Never**
- 2, Sometimes**
- 3, Fairly Often**
- 4, Very Often**

10. In the last month, how often have you felt that you were on top of things?

- 0, Never**
- 1, Almost Never**
- 2, Sometimes**
- 3, Fairly Often**
- 4, Very Often**

Appendix C (Continued)

11. In the last month, how often have you been angered because of things that happened that were outside of your control?

- 0, Never**
- 1, Almost Never**
- 2, Sometimes**
- 3, Fairly Often**
- 4, Very Often**

12. In the last month, how often have you found yourself thinking about things that you have to accomplish?

- 0, Never**
- 1, Almost Never**
- 2, Sometimes**
- 3, Fairly Often**
- 4, Very Often**

13. In the last month, how often have you been able to control the way you spend your time?

- 0, Never**
- 1, Almost Never**
- 2, Sometimes**
- 3, Fairly Often**
- 4, Very Often**

14. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?

- 0, Never**
- 1, Almost Never**
- 2, Sometimes**
- 3, Fairly Often**
- 4, Very Often**

Appendix D

Assessment of System-Specific Stress

Instructions: Reflecting on the past month, please (1) circle whether the following events have occurred regarding your experience with the foster care system and, if yes, (2) whether or not it was a problem for you.

Did the following occur in the past month?	Is it a problem for you?	
1. Experienced a lack of medical services for your foster child.	Yes No	Yes No
2. Experienced a lack of mental health services for your foster child.	Yes No	Yes No
3. Experienced a lack of crisis care services (e.g., respite care).	Yes No	Yes No
4. Experienced a lack of adequate payment for your foster parenting services.	Yes No	Yes No
5. Experienced a lack of communication with your case worker (e.g., missed calls, not being provided with enough information).	Yes No	Yes No
6. Experienced a lack of involvement with service planning for your foster child (e.g., feeling as though you are not a part of the decisions made about your foster child).	Yes No	Yes No
7. Experienced an allegation made against you to Child Protective Services.	Yes No	Yes No
8. Experienced having to return a foster child to original home.	Yes No	Yes No
9. Experienced having a foster child who are disappointed by their original caregivers.	Yes No	Yes No
10. Experienced having a foster child who was returned in inadequate emotional or hygienic condition after a visit to the original caregiver.	Yes No	Yes No
11. Experienced having a foster child who was having scholastic difficulties that required attention.	Yes No	Yes No

Appendix E

Eyberg Child Behavior Inventory © PAR, Inc. 2012

Appendix F

Recruitment Script for Calls to Foster Parents

Hi, Mr/Ms. _____,

My name is (insert RA name), I am calling from the “Be Heard Project” at the University of Kansas, how are you doing today?

Based on our contact with Children’s Division, I know that you recently had a foster child placed in your care. We thought you would be interested in a unique research opportunity to help us better understand how to support foster parents to promote more stable and safe placements for children in care.

It is called the “Be Heard Project”, and it provides you the ability to give us information from the perspective of the foster parent to better understand your experiences and the experiences of children in care. Is right now a good time? (*If it isn’t a good time, get a time that works better for the foster parent*)

The Be Heard Project requires you to fill out an on-line survey regarding your experience fostering your current child(ren) in care. You will be asked questions about stress, support from the system, support from your current environment, and your foster child’s behavior every month for six-months or until there is a disruption in the current placement.

After each survey completed, you will receive a \$10 gift card to thank-you for your time. There will be no need to provide your name on any of these surveys, so the information that you complete will be confidential.

Is this something of interest to you?

No – Thank you so much for your time! If you change your mind at any time, please call us back at (803) 507-0287, and we can talk more at that time.

Yes – That is great! Thank you for agreeing to participate. I have to ask you a few short questions to get the project started for you.

1) How many children are currently in your care?

2) How long have the child(ren) in your home been in your care?

Child First Name	Child Age	Time in Foster Parent’s Care

Appendix F (Continued)

3) Since the surveys are completed on the internet, what is a good e-mail address that you could be contacted? If you don't have an e-mail address, that is okay! We can provide a paper survey to your home address.

E-Mail Address	
Alternative E-mail Address	

4) I will contact you within the week to let you know when we will start the monthly surveys. I will also provide you reminders when it is time to complete the survey by giving you a call. Is this the best number to reach you? Are there any other ways that we can reach you other than this number?

Phone Number	
Alternative Phone Number #1	
Alternative Phone Number #2	
Any Other Way to Contact	

5) We will also need a current address to be able to send you your gift card when completing the survey. Is the address that we received from Children's Division current? If not:

Address

Thank you for agreeing to be a part of the project! You will be given a more detailed description of the project for you to sign when you get the survey. We are happy to have you as a part of the Be Heard Project. Have a great day!

Appendix G

Be Heard Flyer for Advertisement

**Attention Jackson County Foster Parents!**

You have shared your homes, now you can share **your voice!** The **Be Heard** project conducts surveys with you, the foster parent, to best understand how to support foster parents to promote more stable and safe placements for children in foster care.

The **Be Heard** project requires you to complete surveys on-line in the comfort of your own home or your local public library! You will receive a \$10 Gift Card each time you complete a survey!

For more information or to sign up, please fill out the form below and mail it back to us or call us at **(803) 507-0287.**

If you are interested, please RETURN THIS FORM BELOW AS SOON AS POSSIBLE

YES, I would like to participate in the Be Heard Project!

Foster Parent Name:

Mailing address:

Phone number(s):

Reach us: Be Heard Project, 1000 Sunnyside Avenue, Room 2022, University of Kansas, Lawrence, KS 66045
Telephone: (803) 507-0287

Appendix H

Sample Reminder E-mail for Upcoming Surveys

Hi Again, Mr./Ms. (Foster Parent Name),

Hello! Thanks again for agreeing to participate in the **Be Heard Project!** It is time for your third survey for (Child's First Name)! Please let us know if any placement has changed since the last time we talked.

When you enter the survey you will be asked for a unique ID number that corresponds with your child. Please use the following code for your survey.

Child Name: Fake ID Number

Please click on the link below to complete the (insert time-point) **Be Heard** survey. All of the information you provide is confidential.

https://kansasedu.qualtrics.com/SE/?SID=SV_38kdOQIcYGvcRJH

Because we sincerely appreciate your time and recognize that you are quite busy, we would like to provide you with a *\$10 gift card* to Wal-Mart. Please feel free to contact the primary investigator (Angela Tunno) with any questions you may have. You may reach her at (803) 507-0287 or at beheardproject@ku.edu. We ask that you report on the child's functioning within the **last month**. Remember, we are going to ask you to do this same survey every month for six months or until your child moves.

Thank you so much for your time! We greatly appreciate your timely response to this, and we will send you your gift card upon completion of the survey!

The Be Heard Team

