

ABSTRACT

Title of Thesis: FOSTER PARENTING STRESS, LENGTH OF CHILD TIME IN FOSTER CARE, AND PRESENCE OF OTHER CHILDREN AS PREDICTORS OF THE ATTACHMENT AND BEHAVIOR PROBLEMS OF CHILDREN IN FOSTER CARE

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This study examined three factors that may predict attachment patterns and behavior problems of children in foster care: length of time in a single foster home, presence of biological and/or adopted children in the foster home, and parenting stress. Participants included 50 primarily African American 8 to 12 year old foster children and their foster caregivers. Data were obtained using the Parenting Stress Index, Beech Brook Attachment Disorder Questionnaire, and Child Behavior Checklist. Correlations revealed that high negative attachment and low positive attachment were significantly related to greater behavior problems. Regression analyses revealed that time in a single foster home was a significant predictor of positive attachment, with more time in the current placement related to less positive attachment. Trends further indicated that presence of other children and extended time in a single foster home predicted high negative attachment. Implications of the findings for practitioners and policy makers are discussed.

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AND PRESENCE OF OTHER CHILDREN AS PREDICTORS OF THE
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CHAPTER I: INTRODUCTION

Foster care provides children with a substitute living arrangement while their biological parents are unable to meet their physical and emotional needs. Children are placed in foster care when local social service agencies and the courts determine that parental care has fallen below an acceptable standard and that children are at risk of harm (Marcus, 1991). When parents are deemed unable to properly care for their children, the foster care system places their children into a foster family with the ultimate goal of either reuniting the children with their parents or placing them into an adoptive home.

Children are placed in foster care for a myriad of reasons, including reasons related to the child, the biological family, and the child's family environment (Guernsey, 1982; Haerian, 1998; Simms & Halfon, 1994). Children are more likely to be placed in foster care for "parent-based" than "child-based" reasons. Only 25% of children are placed in foster care because of their own problems, such as physical and mental handicaps, while 75% are placed in care because of parental problems, such as child abandonment, abuse, neglect, or parental physical or mental illness (Guernsey, 1982; Haerian, 1998). System factors that contribute to a child's likelihood of being placed in foster care include low socioeconomic status and poverty, as well as residence in impoverished neighborhoods characterized by high rates of crime, violence, and drug abuse (Simms & Halfon, 1994; Thorpe & Swart, 1992).

Many children who are placed in foster care come from poor, minority, single-parent families, and their family members often suffer from high rates of mental illness, substance abuse, and physical disability, as well as marital instability and legal problems (Haerian, 1998; Hulsey & White, 1989; Simms & Halfon, 1994). Parents of children

who are placed in foster care were often themselves abused and neglected, and many are limited in their ability to provide for their children because of barriers to educational and intellectual attainment (Simms & Halfon, 1994). Additionally, some parents may have trouble properly caring for their children due to difficulty bonding with or attaching to their children. This difficulty is exacerbated by children's chronic physical health problems, developmental delays, physical handicaps, and extended hospitalization, all of which increase separation between the parent and child, adversely affecting bonding and attachment (Thorpe & Swart, 1992).

Although it may be necessary for the foster care system to remove children from their biological families, children in foster care may continue to experience difficulties after being placed in their foster families. One of the unique difficulties that children in foster care often experience is the loyalty conflict they face as they attempt to maintain a relationship with two sets of parents (Pilowsky & Kates, 1996; Sprey-Wessing & Portz, 1982). Pilowsky and Kates (1996) assert that dual parent relationships are inherent in the foster care experience and, as a result, children in foster care are likely to experience mixed emotions about the feelings of love and attachment they feel toward their biological parents and their foster parents. Because children in foster care often develop attachments to their foster parents, they may experience anger or depression when they are removed from their foster parents' care for reasons they may not understand or perceive as arbitrary (Pilowsky & Kates, 1996). If children do have feelings of anger or depression at returning to their biological families, they are likely to experience guilt for not wanting to be with their biological parents to whom they believe they are supposed to maintain the ultimate loyalty (Pilowsky & Kates, 1996; Sprey-Wessing & Portz, 1982).

Many children in foster care have difficulties that begin before they are even able to form attachments to their foster caregivers. Children in foster care often have a shattered sense of familial identification because they do not know where they belong in either their biological or their foster family (Kates, Johnson, Rader, & Strieder, 1991). It is common for children in foster care to suffer from anxiety about losing both their biological and foster parents and to have questions about their own identity in terms of whose child they are, where they belong, and who is ultimately going to care for them. When entering a new family, children are likely to suffer from feelings of anxiety, insecurity, identity confusion, and inferiority (Kates et al., 1991; Sprey-Wessing & Portz, 1982). These feelings are a natural part of the foster care experience because the child's status within both his or her biological family and his or her foster family is ambiguous and tentative. Children in foster care may also have feelings of inferiority relating to their biological parents' inability to care for them and the socially unacceptable ways in which their biological parents behave (Sprey-Wessing & Portz, 1982).

Although it is difficult to hypothesize about how a particular child may adjust to life in a foster family, there are numerous factors that have the potential to affect the outcome of the foster care placement. While some of these potentially influential factors have been explored in previous studies, such as levels of family conflict and cohesion and the loyalty conflict foster children experience (e.g., Leathers, 2003; Lindsey, 2001; Pilowsky & Kates, 1996), other factors have been neglected. One such factor is the length of time a child in foster care resides in one foster home. Because it is essential for children to experience a sense of continuity, permanence, predictability, and stability with their caregivers, some have speculated that children in foster care are more likely to

thrive if they remain in one foster home for an extended period of time rather than moving between foster homes (“Developmental Issues,” 2000). Although children in foster care must make a myriad of adjustments while in the foster care system, including adjustments to new environments, homes, caretakers, schools, and peers, stability appears most likely to be achieved when the foster child feels a sense of permanency in his or her foster home that comes with extended residence in the home (Marcus, 1991). One can speculate that the more months a child resides in one foster home, the greater the child’s strength and quality of attachment to his or her foster caregivers (Marcus, 1991). A positive relationship with a foster caregiver not only increases the chances of a successful foster care placement, but also has lasting effects on the foster child’s ability to form and maintain healthy relationships with others throughout childhood and in later adulthood (Marcus, 1991; Milan & Pinderhughes, 2000; Rosenfeld et al., 1997).

Another factor that may affect the success of a foster care placement is the presence of biological or adopted children in the foster home prior to the foster child’s arrival into that home. Having biological or adopted children in the foster home appears to have a positive effect on children in foster care mainly because of the foster parents’ prior parenting experience (Cautley & Aldridge, 1975; Guerney, 1982). Foster parents who are also biological or adoptive parents are more likely to be adept at dealing with problem behaviors in young children than are first-time parents.

One key to successful foster parenting is the foster parent’s ability to understand and cope with the defiant and withdrawn behavior that children in foster care are likely to display. Foster parents with prior parenting experience are more likely than first-time parents to effectively deal with and tolerate these difficult behaviors (Cautley &

Aldridge, 1975; Guerney, 1982). Foster parents who are biological or adoptive parents appear more likely than first-time foster parents to be able to function as loving and caring substitute parents because they have experience being a reliable caretaker, a bonding figure, and a stable figure in children's lives. Additionally, most biological parents have also demonstrated the ability to form quality attachments with children, another important attribute of a successful foster parent (Guerney, 1982).

A third factor that has the potential to influence the outcome of a foster care placement is the level of the foster parent's stress. Foster parents often encounter unique and specific stressors that affect their ability to provide consistent and loving care to their foster children. Foster parents are more likely than biological parents to experience stressors resulting from the challenges of working with the child welfare system and the foster child's biological family; the difficulties of introducing a temporary family member into the home; the challenges of parenting a child with possible behavior, developmental, and/or attachment disorders; and the emotional weight of knowing the foster child will eventually leave the household (Brown & Calder, 1999; McGlone, Santos, Kazama, Fong, & Mueller, 2002; Sidebotham, 2001). Foster parents who are overwhelmed by these stressors may be less likely to perform their duties as loving and stable caregivers, which is likely to have adverse effects on a foster child (Brown & Calder, 1999; McGlone et al., 2002).

The purpose of the current study is to explore the role of selected foster care risk and protective factors in predicting certain outcomes for children ages 8 through 12 in foster care, specifically their behavior problems and their attachments to foster caregivers. This age group is of particular interest because it is during middle and late

childhood years that children make some of the most monumental changes in the area of socioemotional development and begin to more fully understand and evaluate both peer and parental relationships (Santrock, 2000). Although many studies have examined the behavior problems and deficiencies in attachment formation of children in foster care, few have focused on how various factors in the foster home and foster family environment relate to these child outcomes for children in middle childhood.

The present study was designed to address these gaps by examining how certain aspects of the foster family arrangement predict foster children's behavior problems and attachment disorders. Specifically, this study will examine the role of length of time in the current foster home, presence or absence of biological and/or adopted children in the foster home, and parenting stress as predictors of the foster child's behavior problems and the nature of the foster child's attachment to foster parents. These relationships will be explored through a secondary analysis of data from a project conducted at the Center for Adoption Support and Education (CASE). Although CASE collected data at three-month intervals, this study will focus solely on the baseline data. Because the data are cross-sectional, no causal relationships between the variables can be inferred.

CHAPTER II: REVIEW OF LITERATURE

Children in foster care have disproportionately high rates of behavioral and psychological problems (Haerian, 1998; McIntyre & Keesler, 1986; Milan & Pinderhughes, 2000); however, it is often unclear as to what causes these disturbances and what might contribute to the healthy development of children in foster care. The purpose of the current study is to explore three factors that might relate to the socioemotional development of children in foster care placements. Specifically, this study will examine how the length of time a child has spent in a single foster home, the presence or absence of other children in the foster home, and foster parenting stress predict foster children's behavior problems and the nature of their attachments to foster caregivers.

The following chapter begins with an exploration of Bronfenbrenner's ecological model, which examines the individual, family, community, and societal factors that influence a child's development and the development of children in foster care in particular. The chapter then examines literature related to the development of children in foster care, including information on the well-being of children in the foster care system and an exploration of the behavior problems and attachment patterns of children in foster care. Other literature examines risk factors and protective factors related to the behavior problems children in foster care display and the nature of attachment children in foster care exhibit toward foster caregivers. Identifying factors related to a lower incidence of behavior problems among children in such arrangements and stronger attachments between children in foster care and their foster parents may be an important first step in

determining the types of foster families and foster homes that will be most conducive to healthy foster child development.

Theoretical Framework

Children do not develop in an isolated environment of family members alone, but rather they develop in an environment influenced by many different systems and factors. Children are not only shaped by their individual traits and immediate context, namely their family environment, but are also affected by influences outside the family.

According to Bronfenbrenner (1986), both familial and extrafamilial contexts influence child development, and children are shaped by four levels of influence: the microsystem, or individual level; the mesosystem, or family level; the exosystem, or community level; and the macrosystem, or the societal level.

It is evident that all four of Bronfenbrenner's levels affect foster children's lives and that there are various factors at each level that influence their development and outcomes. In terms of the microsystem, children in foster care have many individual factors that affect their placement in foster care and the ways in which they cope with the difficulties of being in the foster care system. These individual influences include genetic factors, such as temperament, physical or mental handicaps, and behavioral and affective disorders (Guerney, 1982; Haerian, 1998).

Perhaps the level most recognizable as influencing children in foster care is the mesosystem, as both the biological family and the foster family have an obvious effect on foster child development. As previously mentioned, three-fourths of children are placed into foster care because of problems in the mesosystem, most often related to parental inadequacy, disability, addictions, and mental deficiencies or family environment factors

that contribute to parental problems, such as being in a poor single-parent family (Guerney, 1982; Haerian, 1998; Hulsey & White, 1989; Simms & Halfon, 1994). One mesosystem level factor that may influence the behavior and development of children in foster care is the amount of time they spend with one foster family; longer periods of residence may predict more optimal attachment and adjustment.

Another factor that may influence children in foster care at the mesosystem level is family composition, specifically the presence or absence of biological or adopted children in the foster home. Having biological or adopted children in the foster home has the potential to influence children in foster care due to foster parents' previous parenting and child care experience (Cautley & Aldridge, 1975; Guerney & Gavigan, 1981). Although research in previous decades has explored the impact of parenting experience on children in foster care, there is sparse research on how the biological or adopted siblings in the foster family influence the foster child's behavior.

Another factor that may affect foster families within the mesosystem is parental stress. Foster parents are likely to experience unique and specific stressors that influence their ability to effectively parent their foster children, including difficulties in establishing their new role as parent, working with the child welfare system, and introducing a temporary member into the family (Brown & Calder, 1999; McGlone et al., 2002). This parental stress is likely to have an adverse effect on children in foster care who desperately need consistent caregivers with strong parenting skills.

In addition to household composition and parenting stress, other home and family characteristics that may influence the development of children in foster care include the marital status, educational level, and income level of foster parents, and level of family

cohesion (Barth, 2001; Lindsey, 2001). Higher levels of maternal education as well as higher levels of family income have been shown to provide a high quality environment for children in foster care (Barth, 2001). Children in the general population appear to thrive in households characterized by low levels of family and marital conflict and high levels of family cohesion (Lindsey, 2001).

Exosystem and macrosystem influences may be less obvious influences but are nonetheless important in shaping child development and outcome. Children in foster care become actively engaged in the exosystem as they are removed from their biological families and are placed into the foster care system. Children in foster care quickly become involved with and affected by social service agencies that are part of this community level. Their development and outcome is influenced by the characteristics of an often flawed foster care system, including high caseworker turnover and caseworkers' limited ability to maintain consistent contact with the foster child and family (Haerian, 1998). Children in foster care and their families are also clearly affected by the communities in which they live. Children in foster care often come from the most impoverished neighborhoods where many are exposed to crime, drug use, and violence (Simms & Halfon, 1994).

At the larger societal level, or macrosystem, children in foster care and their families, both biological and foster, are affected by societal beliefs about and reactions to foster families and children. For example, children in foster care often struggle with the different ways in which society views their foster mothers as “good” and their biological mothers as “bad” (Kates et al., 1991). This split maternal image often impedes children

in foster care from building relationships with their foster mothers or maintaining comfortable relationships with both their foster mothers and their biological mothers.

In light of these various levels of influence, it is important to view a child within both the familial and extrafamilial context and to recognize the influences that individual, family, community, and societal factors have on the foster child and his or her development (Bronfenbrenner, 1986). The present study will focus on three factors within the mesosystem, or family level, that may be related to the socioemotional development of children in foster care: the length of time in the current foster home, the presence or absence of biological or adopted children in the foster home, and the level of parenting stress reported by the foster parent. Specifically, this study will examine the extent to which these three variables are able to predict foster children's internalizing and externalizing behaviors and the nature of their attachment to foster caregivers.

Well-Being of Children in Foster Care

In order for optimal child development to occur, caregivers must address a spectrum of children's needs and meet those needs consistently over an extended period of time ("Developmental Issues," 2000). Child well-being includes several domains of children's lives, including overall functioning, physical health, mental health, cognitive functioning, emotional and psychosocial adjustment, and school performance (Altshuler & Gleeson, 1999).

For children ages 8 through 12, there are specific developmental milestones that occur in the areas of physical, cognitive, and socioemotional development. Physically, children's body weight doubles in middle and late childhood making proper caloric intake, regular exercise, and consistent doctor visits important (Santrock, 2000).

Cognitively, children ages 8 through 12 should have achieved concrete operational thought, which gives them the ability to classify, to consider interrelationships, and to perform reversible mental actions involving concrete objects (Piaget, 1952). During this period, children make major improvements in memory, scientific thinking, and language development, and most experience rapid advancement in reading ability (Santrock, 2000). Because children in middle and late childhood should be making such major improvements in cognitive ability and language development, learning disabilities often become evident during this period (Santrock, 2000).

Perhaps some of the most monumental developmental changes children make in middle and late childhood occur in the area of socioemotional development. Children ages 8 through 12 develop a sense of self-esteem, self-concept, and self-understanding and begin to participate in social comparison. Peer relations become important to children in middle and late childhood. Social-information processing skills and social knowledge, both of which are learned from interactions with adults inside and outside the family, are necessary in order for children to form friendships (Santrock, 2000). Children entering middle childhood switch from externally-controlled behavior to internally-controlled behavior as their awareness of morality increases (Santrock, 2000). Emotionally, children in this age group develop increased self-regulation of emotion, including a sense of personal responsibility and the ability to suppress or conceal negative emotional reactions (Santrock, 2000).

Studies have examined the physical, cognitive, and socioemotional development of foster children in middle and late childhood, and in each of these domains, children in foster care are often found to be lacking. Children in foster care have disproportionately

high rates of physical, developmental, and mental health problems even when compared to children of the same socioeconomic status (Altshuler & Gleeson, 1999; Bilaver, Jaudes, Koepke, & George, 1999; Chernoff, Combs-Orme, Risley-Curtis, & Heisler, 1994; Heflinger, Simpkins, & Combs-Orme, 2000). These children are likely to suffer greater psychological maladjustment and psychological disorders than children in the general population (Hochstadt, Jaudes, Zimo, & Schachter, 1987; Marcus, 1991; McIntyre & Keesler, 1986).

Many children in foster care have been found to exhibit psychological disorders, including mood disorders, disruptive disorders, and post-traumatic stress disorder (Bilaver et al., 1999; Heflinger et al., 2000; McIntyre & Keesler, 1986). Studies reveal they are two to 32 times more likely to suffer from psychological disorders than children raised in their biological families (Haerian, 1998; Kumpulainen, Rasanen, Henttonen, Hamalainen, & Roine, 2000; McIntyre & Keesler, 1986). Additionally, children in foster care have three to seven times as many developmental delays, adjustment problems, and chronic health problems as their counterparts in biological homes (Rosenfeld et al., 1997).

Although it is generally recognized that children in foster care suffer from emotional, physical, and psychosocial disorders, it is often difficult to determine the cause of or appropriate treatment for these disorders. Thorpe and Swart (1992) suggest that there are more than 14 risk factors that put children in foster care in danger of developing physical and mental health problems including poverty, mothers with low education levels, family discord, parental alcoholism, and parental mental illness. Furthermore, if children are the victims of neglect or chronic abuse, which is often the

case for children in foster care, they are at great risk for acquiring physical and mental health problems (Chernoff et al., 1994; Simms & Halfon, 1994).

Despite the seemingly bleak outcome for children in foster care, it is possible for these children to develop into healthy adolescents and adults. Foster parents can play an invaluable role in promoting foster children's healthy mental, psychosocial, and physical development. Many children in foster care demonstrate significant improvement in physical, socioemotional, and cognitive development when they are placed in a stable environment with capable and nurturing foster caregivers (Simms & Halfon, 1994). Children in foster care benefit from stable relationships with reliable caretakers who can advocate for and protect their health and well-being (Simms & Halfon, 1994). If children in foster care encounter nurturant, reliable caregivers while in the foster care system, they are more likely to develop healthy physical, social, emotional, and intellectual functioning.

Behavior Patterns of Children in Foster Care

Children in foster care have been found to exhibit high rates of behavioral problems in their foster homes (Altshuler & Gleeson, 1999; Haerian, 1998; Kates et al., 1991; Milan & Pinderhughes, 2000). The most common forms of such behavioral problems are temper tantrums, destructiveness, crying, verbal aggression, school difficulties, enuresis, and stealing (Haerian, 1998; Kates et al., 1991). Although behavioral problems are present in most children in foster care, it is difficult to determine the origin of their problems. Behavioral problems among children in foster care have been linked to the number of placements a child has experienced, infrequent parental visiting, placement due to abuse, and marital instability of the biological parents

(Altshuler & Gleeson, 1999). Behavioral problems may also be a manifestation of a longing for a lost attachment figure, a result of unresolved mourning of separations, or a representation of disordered attachment as delineated in the DSM-IV (Kates et al., 1991; Milan & Pinderhughes, 2000).

Although it is not known whether the behavior problems of children in foster care stem from preplacement experiences, foster care placements, or separation from their parents, it does appear that changing family structures and an unstable family environment have an adverse effect on foster children's behavior (Hulsey & White, 1989). Instability, inconsistency, and disruptions in the foster child's home life, either prior to placement or during placement, are likely to negatively affect children's behavior and their attachment to their foster caregivers (Hulsey & White, 1989; Marcus, 1991).

Achenbach (1991) has identified two categories of behavior problems that are measured by the Child Behavior Checklist (CBCL): internalizing and externalizing behavior problems. Internalizing behavior problems include withdrawal, somatic complaints, anxiety, and depression. Externalizing behavior problems include symptoms related to delinquency and aggression, including impulsivity and antisocial behavior. Children in foster care are most likely to be rated in the clinical range for the Aggressive, Delinquent, and Withdrawn behavior subscales of the CBCL and are more likely to demonstrate externalizing rather than internalizing behavior problems (Heflinger et al., 2000; Hulsey & White, 1989; McIntyre & Keesler, 1986).

McIntyre and Keesler (1986) performed one of the first studies assessing children in foster care using the CBCL. In their study, they analyzed a sample of 158 children in foster care between the ages of 4 and 18 residing in a mid-South city. Their sample

consisted almost entirely of white, Protestant children. Seventy-seven (48.7%) of the children in foster care in their sample manifested behaviors on the CBCL narrow-band scale, including symptoms such as social withdrawal, hyperactivity, depression, aggressiveness, and delinquency. Externalizing behavior problems were exhibited more often than internalizing behavior problems in McIntyre and Keesler's population and at a significantly higher rate than children who were not in the foster care system. According to McIntyre and Keesler (1986), 45.7% of children in their foster care sample displayed internalizing behavior problems while 53.8% of children within their sample displayed externalizing behavior problems.

Heflinger and colleagues (2000) conducted a similar study which evaluated foster children's behavior using the CBCL. Their study was a secondary analysis of data collected through the Children's Program Outcome Review, which assessed children and youth, ages 2 to 18, in state custody in Tennessee. Children were randomly selected to participate in the study, and the sample totaled 330 children. This study, like the previous investigation, found that children in foster care more frequently have scores in the clinical range for externalizing rather than internalizing behavior problems. Nineteen percent (19%) of their sample had scores in the clinical range for internalizing behavior problems while 23% had scores in the clinical range for externalizing behavior problems.

Hulsey and White (1989) attempted to compare the CBCL scores of a group of children, ages 4 to 8, living with their biological parents to those of a group of children in foster care. Participants in the foster care group were gathered from the Baltimore city foster care program, and participants in the biological families were gathered from a Baltimore City Health Department well-child clinic. All of the children in the sample

were eligible for Medicaid. Although Hulsey and White, like the previous researchers, found that children in foster care scored higher on internalizing and externalizing behaviors than children living with their biological families, they also found that when they controlled for the differences in family characteristics between the two groups of children, such as maternal marital and educational status, there was not a significant difference in the behavior scores of the two groups of children. The researchers reported that differences in family characteristics accounted for many of the differences in behavior and concluded that the effects of an unstable family environment appear to affect behavior more than placement in foster care.

Attachment Patterns of Children in Foster Care

According to attachment theory, attachment to a primary caregiver is necessary in the life of a child in order for that child to develop emotional security and a social conscience (Bowlby, 1988). Within this attachment framework, attachments formed in early childhood affect later relationships and adjustment, and children who do not form healthy attachments to caregivers often suffer from unhealthy cognitive, social, and emotional functioning (Marcus, 1991; Milan & Pinderhughes, 2000).

Insecure Attachment

Many children enter foster care with both good and bad memories of their former family life. It is common for children in foster care to enter foster care with handicapping experiences prior to placement that may affect the child's ability to relate to his or her foster family (Cautley & Aldridge, 1975). A child often enters foster care from a neglectful or abusive family in which the parent-child relationship is unhealthy, thus making the foster child reluctant to establish a cooperative and productive relationship

with a new adult (Kates et al., 1991). Children in foster care who come from neglectful, abusive, and chaotic homes may have preestablished conceptions of caregivers as uncaring, unreliable, and insensitive and come to see themselves as undeserving of love and a stable family (Pilowsky & Kates, 1996). These dysfunctional models of caregiving lead to tentative attachments to foster parents at best, as children in foster care often remain guarded around and unable to relate to their foster parents for an indefinite period of time (Cautley & Aldridge, 1975; Pilowsky & Kates, 1996).

Children who do not develop healthy attachments to their primary caregivers are categorized as having insecure attachments. Such insecure attachments have been linked to avoidant, ignoring, or angry behavior (Marcus, 1991). In a series of studies of infants and young children, Sroufe and Waters (1977) found that children with insecure attachments are likely to engage in hostile behavior, misread environmental and interpersonal cues, and behave aggressively.

Consistent with Bowlby's ideas about attachment is the link between maltreatment, insecure attachments, and later maladjustment (Milan & Pinderhughes, 2000). Attachment theory suggests that young people with attachment problems have internalized a view of the world as a "hostile, rejecting place and that these behaviors are evidence of alienation from others. The behaviors also have the effect of alienating others and reinforcing the worldview" (Penzerro & Lein, 1995, p. 363). In other words, children with insecure attachments often display negative behaviors and these negative behaviors serve to alienate others and reinforce the children's beliefs that adults cannot be reliable and stable.

Children in foster care are likely to develop insecure attachments because most of these children have been the victims of abuse or neglect and have not experienced a nurturing, stable, and reliable caregiver (“Developmental Issues,” 2000). Because children in foster care are generally removed from abusive or neglectful families, they are likely to bring issues to their foster family surrounding maltreatment, including feelings of rejection, mistrust, and resentment (Marcus, 1991). Milan and Pinderhughes (2000) assert that children in foster care often experience unstable and insensitive parenting and are therefore likely to have dysfunctional working models of interpersonal relationships. Although children in foster care may not directly express negativity about their new foster relationships, their ability to relate to others may be characterized by a lack of felt security because they have not formed secure attachments.

Children in foster care who enter foster families with insecure attachments often see adults as “unavailable, unreliable, and even punitive” (Rosenfeld et al., 1997, p. 452). If children in foster care view adults in this light due to their impaired working model of interpersonal relationships, they are likely to expect their foster parents to let them down and eventually reveal that they are truly uncaring and abusive (Rosenfeld et al., 1997). Because children in foster care often expect relationships to be followed by loss, they may be unwilling to risk becoming attached to a foster parent (Kates et al., 1991).

In addition to developing insecure attachments with foster parents because of insecurity and an inability to trust, children in foster care may also be hesitant to attach to foster parents due to loyalty conflict (Kufeldt, Armstrong, & Dorosh, 1995; Leathers, 2003). Many children in foster care feel a sense of ambiguity about their status in both their biological and foster families, leading them to feel a lack of resolution or certainty

in their relationships with either set of parents (Leathers, 2003). Leathers (2003) suggests that children in foster care may feel they are betraying their biological parents if they develop close bonds with their foster parents, and feel they are betraying their foster parents if they maintain a bond to their biological parents. In fact, contact with both biological and foster parents negatively affects the foster child's level of affective involvement with each set of parents (Leathers, 2003). Children in foster care who remain highly involved with their biological parents tend to develop weaker bonds with their foster parents (Kufeldt et al., 1995; Leathers, 2003).

Secure Attachment

Unlike insecurely attached children, children who are securely attached show active attempts to gain proximity and positive contact with caregivers (Bowlby, 1988; Marcus, 1991). Children who develop secure attachments in early childhood are likely to develop healthy social, emotional, and cognitive functioning as well as positive relationships with others as they get older (Marcus, 1991). Although there are many elements that impede children in foster care from developing secure attachments, many researchers believe that children in foster care can attain secure attachments despite prior negative and unreliable experiences with caregivers. In other words, attachment styles can change over time from insecure to secure, assuming that the foster child has a consistent and predictable caregiver ("Developmental Issues," 2000; Marcus, 1991; Milan & Pinderhughes, 2000). For children in foster care who have had experience with a dysfunctional caregiver, establishing a positive and reliable relationship with a foster parent can enable them to develop more adaptive and healthy relationships with others (Milan & Pinderhughes, 2000).

Children in foster care who are secure in their attachments to their foster parents, receive physical affection from them, and establish emotional ties to them are likely to develop into healthy adolescents and adults (Marcus, 1991). Rosenfeld and colleagues (1997) found that a child's ability to form a positive relationship with someone, not necessarily a biological parent or relative, was the single strongest predictor of positive, long-term child outcomes; therefore, "encouraging children to form or maintain a good, supportive relationship may be the most positive force in these children's lives" (p. 452). In fact, the quality of the attachment a foster child forms with his or her foster parents is one of the greatest predictors of the success of the placement experience. It is this relationship between foster parent and foster child that has the greatest potential to promote healthy development in the foster child (Milan & Pinderhughes, 2000; Rosenfeld et al., 1997; Simms & Halfon, 1994).

Marcus (1991) studied the positive influence of secure attachments in children in foster care using a sample of 52 foster children ranging in age from 4 to 13. Sixty percent (60%) of his sample was Caucasian, 28% was Black, and 12% classified themselves as Other. His results demonstrated that there is a correlation between measures of attachment and a child's adjustment to foster care. Not only did Marcus find that secure attachments were linked to positive adjustment to foster care, he also found that behavior problems exhibited in the foster home were related to insecure attachments. Marcus concluded that the quality of the relationship and strength of attachment for children in foster care were predictors of child behavior problems. In this sample, the quality of attachment to foster parents, not biological parents, predicted children's problems, with poorer attachment to the foster parent linked to more child behavior

problems. Based on Marcus' results, it appears that secure attachments can positively influence child outcome and child behavior for children in foster care.

Potential Protective Factors

Two factors that may have an influence on foster children's behavior and attachment are the length of time a child spends in a single foster home and the presence of biological or adopted children in the foster home. The first potential protective factor concerns the length of time a foster child remains in a single foster home. One can speculate that the longer time a child in foster care resides in a single foster home, the more likely he or she is to have strong attachments to foster caregivers and the less likely he or she is to have internalizing and externalizing behavior problems. Another potential protective factor is the presence of biological or adopted children in the home. Based on several studies in the literature (e.g., Cautley & Aldridge, 1975; Guerney, 1982), one can predict that the presence of biological or adopted children in the foster home will be related to more secure attachment patterns and fewer behavioral problems among children in foster care than the absence of other children in the home.

Stability: Extended Time in Single Foster Home

It is apparent that secure attachments can promote healthy development in children in foster care, but secure attachments take time to build. In order for a child to feel a sense of continuity with an attachment figure, it is essential that a sense of permanence is established and that the foster child feels that his or her current placement is somewhat stable ("Developmental Issues," 2000). Unfortunately, the foster care system does not always emphasize the importance of permanency in the lives of children, even though permanency would give children in foster care the chance to form solid

bonds with their foster parents. Although multiple placements may be necessary, “the child can experience each one as a rejection that may interfere with the child’s later capacity to form intimate relationships” (Rosenfeld et al., 1997, p. 450).

McIntyre and Keesler (1986) assert that certain experiences intrinsic to the foster care experience put children at risk for developing attachment disorders. These risks include multiple and frequent placement changes, unpredictable contact with the biological family, frequent changes in the members within a household, and the uncertainty about the length of time a child will remain in foster care. In general, “placement in foster care undermines the children’s interpersonal trust, sense of mastery, and control over events within the environment,” all of which make the development of insecure attachments more likely in the foster care population than in the general child population (Kates et al., 1991, p. 585). It is important that a foster child feel a sense of security and permanency in his or her foster home in order to establish secure attachments to foster caregivers.

Instability within a foster home affects a child’s behavior and his or her ability to attach to foster caregivers. Many children in foster care experience multiple foster care placements, which undermine their sense of security and exacerbate their sense of ambiguity and not belonging (Haerian, 1998; Rosenfeld et al., 1997). Children in foster care may experience unique stressors due to their ambiguous status in both their biological and foster families. They are likely to experience uncertainty about their future which may hinder their ability to connect with and attach to their foster caregivers (Haerian, 1998). In addition to feeling out of place after being displaced from multiple foster homes, children in foster care struggle to adjust to new families. They have to deal

with recurring feelings of sadness, rejection, and abandonment, all of which affect their ability to adequately adjust to a foster family, attach to foster caregivers, and exhibit positive socioemotional behavior (Haerian, 1998).

Because of the tumultuous and unstable life the foster child has likely experienced prior to placement in his or her foster home, it is essential that foster parents attempt to stabilize the foster child's life. One way to work toward stabilizing a foster child's life is through stability in placement, or having the child remain in one foster home for an extended period of time until adoption can be arranged or the child is returned to his or her biological family.

Marcus (1991) conducted a study examining the relationships between the months children had spent in foster care and their attachment to foster mothers. His sample consisted of 52 children between the ages of 4 and 13 residing in foster homes. Sixty percent (60%) of the sample was Caucasian, 28% was Black, and 12% of children in the sample were classified as Other. In this study, Marcus found that the longer a child resided in a single foster home, the stronger the child's attachment was to the foster caregiver and the better the quality of the attachment. Marcus concluded that the passage of time is related to improved attachment, suggesting that spending longer periods of time in a single foster home can be a protective factor.

Because it appears that attachments can change with time, it seems that poorer quality attachments to biological parents can be replaced by more secure attachments to foster parents. During the time children remain in a single foster home, their quality of attachment to their foster parents increases (Marcus, 1991). Thus, "foster parents can provide much more than a temporary shelter and may make the difference in terms of

providing the nurturance necessary to heal the scars of rejection and emotional unavailability” (Marcus, 1991, p. 391).

Presence of Biological or Adopted Children in the Foster Home

A growing literature has examined home and family characteristics that are most conducive to the optimal and healthy development of children in foster care. In the general population, it appears that children who live in safe environments have fewer social and emotional problems than those who live in inadequate homes. Safety seems to be a significant concern for children in foster care as well, as there are guidelines that regulate the types of homes into which children in foster care may be placed (Lindsey, 2001).

Family and household composition, namely the number of people living in the home, including children other than the foster child, is another factor that influences the family and home environment. Several studies point to the positive influence of having children already present in the home when a foster child arrives (Cautley & Aldridge, 1975; Guerney & Gavigan, 1981). However, one study (Smith, 1994) found that foster children had better psychological adjustment when placed in homes without other children.

Cautley and Aldridge (1975) performed one of the first studies that assessed foster families and explored the components of a successful foster family. In this study, the researchers tape recorded interviews with 963 couples and individuals who were in the process of applying to become foster parents. No racial, ethnic, or socioeconomic information was provided about the participants. After children ages 6 to 12 were placed in these foster homes, interviews were conducted at six month intervals to determine how

the foster parents and children placed in their care were functioning. The family characteristics were measured by demographic questionnaires including information on educational achievement, occupation, and motivation for being foster parents. The researchers found that it is advantageous for foster children to be placed in a home in which there are already children present. They concluded that the major reason it is desirable to place foster children in such homes is the foster caregiver's familiarity with child care. Cautley and Aldridge (1975) found that foster parents with prior parenting experience were more skilled at dealing promptly and appropriately with common childhood problems and understanding and accepting withdrawn and defiant behavior which children in foster care commonly exhibit. Findings further revealed that if there are biological or adopted children present in the home prior to the arrival of the foster child, it is desirable that the foster child be the youngest child and that the other children in the home are older than preschool age (Cautley & Aldridge, 1975).

Other studies have supported Cautley and Aldridge's findings. For example, Guerney and Gavigan (1981) examined the effects of having children in the home prior to the arrival of the foster child. In this study, the researchers included participants who attended the Foster Parent Skills Training Program between 1974 and 1977, which included 79 parents. There were nearly twice as many women as men, and almost all of the parents in the sample were from the middle and upper classes. The researchers found that a previous positive experience with children led to successful foster parenting. Specifically, a foster family was most successful if they had at least two children of their own because the parents were more likely to be familiar with parental roles and comfortable with child care. Foster parents with biological or adopted children often saw

child care as a life task that they found fulfilling, encouraging them to seek foster children as a way of improving a child's life and gaining self-satisfaction. These motivations lead to an attitude of acceptance toward children in foster care and ultimately successful foster parenting.

Although these studies support the idea that having biological or adopted children in the foster home is a protective factor for children in foster care, both studies are dated and one focused on middle to upper-class families. A more recent study about child-rearing practices associated with better outcomes for foster children pointed to the potential advantages of not having multiple children present in the foster home. Smith (1994) examined the relationship between parenting practices and developmental outcomes for preschool-age foster children. His sample consisted of 38 foster children, ages 3 to 6, and their foster mothers. Forty-seven percent (47%) of the children were Caucasian, 37% were African American, and the remaining children were either Native American or Hispanic. Smith (1994) concluded that the more children living in the home, including additional foster children, the lower the quality of the overall child-rearing environment and the less intellectual stimulation provided by the foster mother. More recent studies focusing on the presence or absence of biological or adopted children in foster homes with older children have not been conducted.

Potential Risk Factor

Just as children in foster care thrive in certain foster home environments due to protective factors, there are also factors within the foster home environment that may put children at risk for developing behavior problems and insecure attachments. As the research above has demonstrated, foster parents may have a significant influence on the

lives of foster children in their care. Unfortunately, foster parents, like biological parents, are sometimes overwhelmed with the responsibilities and stresses that come along with raising children. When foster parents become burdened by the stresses of their parental duties, the foster children in their care may be at risk.

Foster Parenting Stress

Positive parenting has been shown to protect children from developing antisocial traits as well as behavioral and psychological disorders despite other negative living conditions to which they may be exposed (Lindsey, 2001; Thorpe & Swart, 1992). One potential barrier to effective foster parenting is parenting stress. Although all parents raising children are likely to experience a certain degree of stress, such as stresses arising from difficult parent-child interactions and pressures concerning time and finances, foster parents often face specific stressors unique to the fostering experience (Sidebotham, 2001).

Brown and Calder (1999) conducted a study aimed at uncovering the specific stressors foster parents experience. They interviewed 49 parents from 30 foster families and asked these individuals to identify factors that would cause them to consider giving up their roles as foster parents. The participants were all members of the Alberta Canada Foster Family Association living in rural, urban, and Native American reservation areas and were randomly selected to be a part of the study. Twenty-seven (27) females and 22 males participated, and the years they had been fostering children ranged from less than one year to 25 years. No racial, ethnic, or socioeconomic information was given about the participants.

The researchers found that foster parents struggle with stressors surrounding four major themes: the challenges of working with the child welfare system; their feelings that their work with foster children had low value to other people; their experience of threats to family and personal safety, including physical, emotional, and legal safety; and other personal and familial stress-related challenges. Among the most commonly mentioned stressors for foster parents were personal emotional issues that arose after accepting the foster child, difficulties with immediate family members accepting the foster child, the fear of experiencing hurt when the foster child leaves, and fatigue experienced due to caring for another individual in the home (Brown & Calder, 1999). Foster parents in this sample frequently mentioned that they were unaware of the specific challenges their foster child faced when accepting him or her into their home, which added to the stress of caring for the child as well as to the difficulty of the family's adjustment.

In a similar study, McGlone, Santos, Kazama, Fong, and Mueller (2002) explored the unique stressors foster parents face as well as the relationship between parental stress and child behavior problems. The researchers conducted in-depth face-to-face interviews with 25 sets of adoptive parents of 35 children. All the adopted children were a part of the Casey Family Program in Hawaii, which focuses on children who cannot live safely in their biological homes. All of these adopted children had at one time been in the foster care system, and all had at least one previous placement. The children in the sample were bi-racial, and the households they were placed into ranged in size from two to eight people.

The researchers found that parental stress was caused by unmet expectations, difficulties in establishing the new role of parent, lack of time to nurture the marital or

other family relationships, and lack of social support (McGlone et al., 2002). Stressors were not only generated by the changes to the family but also by stressors from the community, the child's biological family, and social service agencies. Stressors within the family concerned family cohesion, with parents complaining of child disobedience, stubbornness, and pushing the limits. Parents with biological children in the home often experienced stress due to difficulties with sibling adjustment, sibling rivalry, and competition for attention.

McGlone and colleagues (2002) also found a relationship between parenting stress and child behavior problems using the Parenting Stress Index (PSI) and the Child Behavior Checklist (CBCL). Parenting stress was related to more child externalizing behavior problems, such as lying, stealing, physical and verbal aggression, and tantrums, as well as more child internalizing behavior problems, such as threats of violence to self, sleeping problems, fears, insecurities, and lack of self-confidence. Parents in this sample also experienced a clinically significant amount of stress concerning their child's developmental issues and attachment disorders.

Although foster parents face many stressors, there are certain factors that can mitigate the amount of stress a foster parent experiences. Having positive interactions with one's foster child and experiencing fostering a child as rewarding can protect foster parents from the negative effects of parenting stress (Guerney & Gavigan, 1981; Lindsey, 2001). Since many foster children have behavioral problems and difficulty attaching to parental figures, the foster parent's interpretation of this behavior can also become important in determining the amount of stress he or she experiences (Lindsey, 2001; McGlone et al., 2002). If the parent interprets the child's negative behavior and difficulty

attaching to the parent as a rejection of the parent, the parent will most likely experience the parenting role as less rewarding, increasing parenting stress (McGlone et al., 2002). On the other hand, when a foster parent experiences his or her parenting role as rewarding and feels positively reinforced by the child for the work he or she is doing, that foster parent is less likely to experience parenting stress (Abidin, 1995; Brown & Calder, 1999).

Parenting stress affects parents' ability to practice good parenting skills, and for children in foster care, this can be particularly detrimental (Brown & Calder, 1999; McGlone et al, 2002; Sidebotham, 2001). In order to thrive, children in foster care need caregivers who are consistent, caring, accepting, and tolerant (Barth, 2001; Guerney, 1982; Guerney & Gavigan, 1981; Lindsey, 2001). If foster parents are experiencing high stress, their ability to function as capable, consistent, and loving caregivers may be compromised, putting their foster children at risk for developing insecure attachments and behavior problems (Brown & Calder, 1999; McGlone et al, 2002).

Purpose of Study

The purpose of this study is to examine two protective factors and one risk factor within a larger ecological framework that may influence the development of children in foster care. This study focuses on the length of time in the current foster home, the presence or absence of biological and/or adopted children in the foster home, and foster parenting stress as potential influences on the behavior problems and attachment patterns of 8 to 12 year old children in foster care. This study examines the extent to which these factors predict the frequency of foster children's internalizing and externalizing behavioral problems and the nature of their attachment to foster parents. It should be

noted that the current study does not examine the number of foster children in the home because of speculation that the protective benefits of additional siblings comes from parents' greater experience in the parenting role. Additionally, due to the cross-sectional nature of the data, no causal relationships can be inferred.

Definition of Variables

Independent Variables

Length of Time in Current Foster Home

The amount of time, in months, that the foster parent has been fostering the target foster child.

Presence or Absence of Biological and/or Adopted Children

The presence or absence of biological and/or adopted children in the foster home.

Parenting Stress

The extent to which the parent fails to experience the child as a source of positive reinforcement and perceives his or her parenting as unrewarding.

Dependent Variables

Child Behavior Problems

Internalizing problems. The child's manifestation of symptoms related to withdrawal, somatic complaints, anxiety, and depression.

Externalizing problems. The child's manifestation of symptoms related to delinquent and aggressive behaviors, such as impulsivity and antisocial behaviors.

Attachment

Positive attachment. The parent's perception of the child as positively bonding with the parent and attempting to develop a positive relationship with the parent.

Negative attachment. The parent's perception of the child as resisting bonding and avoiding attempts to develop a positive relationship with the parent.

Hypotheses

Based on the prior research, the study has eight major hypotheses:

1. Foster children's positive attachment scores will be related to their levels of internalizing and externalizing behavior problems. Specifically, there will be a significant negative correlation between positive attachment and internalizing and externalizing behavior problems.
2. Foster children's negative attachment scores will be related to their levels of internalizing and externalizing behaviors. Specifically, there will be a significant positive correlation between negative attachment and internalizing and externalizing behavior problems.
3. The length of time the target foster child has been residing in the foster home will predict a significant amount of the variance in the child's behavior problems. Specifically, the longer a foster child has been living with his or her current foster parent(s), the lower his or her levels of internalizing and externalizing behavior problems.
4. The length of time the target foster child has been residing in the foster home will predict a significant amount of the variance in the child's levels of attachment to his or her foster caregiver(s). Specifically, the longer a foster child has been living with his or her current foster parent(s), the higher his or her level of positive attachment and the lower his or her level of negative attachment.

5. The presence of biological and/or adopted children residing in the foster home will predict a significant amount of the variance in the foster child's behavior problems. Specifically, the presence of biological and/or adopted children in the foster home will be negatively related to the foster child's levels of internalizing and externalizing behavior problems.
6. The presence of biological and/or adopted children residing in the foster home will predict a significant amount of the variance in the foster child's levels of attachment to his or her foster caregivers. Specifically, the presence of biological and/or adopted children in the foster home will be positively related to higher levels of positive attachment and lower levels of negative attachment in the foster child's relationship to his or her foster caregiver(s).
7. The foster parent's level of parenting stress will predict a significant amount of the variance in the foster child's behavior problems. Specifically, the higher the levels of parental stress, the higher the foster child's levels of internalizing and externalizing behavior problems.
8. The foster parent's level of parenting stress will predict a significant amount of the variance in the foster child's levels of attachment to his or her foster caregiver(s). Specifically, the higher the levels of parenting stress, the lower the foster child's level of positive attachment and the higher the foster child's level of negative attachment.

CHAPTER III: METHOD

Sample

The current study is a secondary data analysis from a four-year (2000-2004) project in which the Center for Adoption Support and Education (CASE) provided support services for children in foster care and the foster families in which they were placed. Specifically, the project focused on aiding children in addressing issues related to grief, loss, attachment, and loyalty. Children in foster care were placed into this program, called Lifelines for Kids, while receiving concurrent planning services. Concurrent planning is a process intended to lessen the number of disruptions children in foster care experience and reduce the amount of time children are in foster care by working toward reuniting children in foster care with their parents or finalizing adoption within an 18-month period (AFCARS, 2003). The University of Maryland partnered with CASE to evaluate this program through a grant CASE received from the US Department of Health and Human Services under the Adoption Opportunities Demonstration Project.

CASE's Lifelines for Kids program provided interventions to foster parents and children in an attempt to reduce the stress experienced during changes in family composition. This program targeted children in foster care between the ages of 7 and 15 who were receiving concurrent planning services through the Prince George's County Department of Social Services or the Montgomery County Department of Health and Human Services. One hundred and fourteen (114) foster families were referred to the program by their caseworkers in these county agencies. Seventy-four (74) children and 71 caregivers participated in the study by completing the first set of questionnaires. The present study examines 50 of these cases due to the focus on children ages 8 to 12.

Children were expected to participate in the Lifelines for Kids program for one year, and outcome measures were collected at baseline, three months, six months, and nine months. Data were collected from children in foster care and foster parents and included demographic information about children in foster care and foster parents as well as behavioral and psychological characteristics of the children in foster care. The current study utilized only baseline data collected from foster caregivers that examined parent and child status and functioning.

Constructs and Measures

The Lifelines for Kids program utilized four child measures and five parent measures. For the purposes of this study, three baseline parent measures were used, including the Parenting Stress Index (PSI), Child Behavior Checklist (CBCL), and the Beech Brook Attachment Disorder Questionnaire. This study also utilized a demographic questionnaire administered to the foster parents. Constructs and associated measures are as follows:

1. Length of Time in Current Foster Home
2. Presence of Biological and/or Adopted Children in the Foster Home
3. Parenting Stress
4. Child Behavior Problems
5. Nature of Attachment to Foster Parents

Independent Variables

The first independent variable examined in this study, the length of time in current foster home, was measured with a question on the parental demographic questionnaire.

The question read, “For how many months have you been a foster parent to the target child?” The number of months was recorded as a continuous variable.

The parental demographic questionnaire was also used to measure the second independent variable, the presence of biological and/or adopted children residing in the foster home. The questionnaire asked parents to list all of the children currently living in their home and to indicate each child’s age, gender, and status (biological, adopted, or foster). This item assessed the composition of the foster family household and indicated the number and status of children with which the foster child was currently residing. This variable was measured dichotomously as either presence or absence of other children in the foster home.

A subscale of the Parenting Stress Index (PSI) was used to measure the level of parenting stress the foster parent experienced (Abidin, 1995). The PSI is a 120-item questionnaire that has been used for parents of children ranging in age from one month to 12 years. The PSI is scored in two separate areas: Child Domain and Parent Domain. Scores in the Child Domain measure stress created by child behavior such as distractibility/hyperactivity, adaptability, reinforces parent, demandingness, and mood. Scores in the Parent Domain assess stress related to parental competence, isolation, attachment, health, role restriction, depression, and spouse. There is also a Total Stress score that evaluates the parent’s level of stress based on both the Child Domain and the Parent Domain (Abidin, 1995). The PSI has been validated in a variety of US samples as well as various diverse cultural populations, including Chinese, Portuguese, and Latin American Hispanic (Abidin, 1995).

Data from only two of the PSI subscales were collected in the larger study: the Reinforces Parent and Adaptability subscales. The current study used one of these subscales from the Child Domain: the Reinforces Parent subscale. This subscale was chosen because the foster parent's perceptions of their child's behavior influences the amount of parenting stress he or she experiences, as well as the degree to which the parent experiences his or her role as rewarding. The Reinforces Parent subscale evaluates the degree to which the parent experiences the child as a source of positive reinforcement, whether or not the parent feels rejected by the child, and the extent to which the parent-child interactions produce good feelings on the part of the parent about himself or herself (Abidin, 1995). The caregiver rated each of five items on the PSI subscale as (SA) strongly agree, (A) agree, (NS) not sure, (D) disagree, or (SD) strongly disagree. A sixth and final question asks parents to evaluate how frequently the child likes to play with the parent (in this case, the foster parent). Sample items on the subscale include, "My child rarely does things for me that make me feel good" and, "Most times I feel like my child likes me and wants to be close to me." The scores on the Reinforces Parent subscale range from 0 to 29. A copy of the subscale is presented in Appendix A.

The Parenting Stress Index has been found to have adequate reliability and internal consistency. Cronbach's alpha reliability coefficients were calculated in previous research for each subscale domain as well as the Total Stress score. The coefficients for the subscales of the Child Domain ranged from .70 to .83. The reliability coefficients for the total stress score were .90 (Abidin, 1995). In addition to being a reliable index for parenting stress among parents in the general population, the PSI has

also been used to assess the stress levels of foster and adoptive parents (McGlone et al., 2002).

Dependent Variables

Child behavior problems were measured using the Child Behavior Checklist (CBCL; Achenbach, 1991), a 113-item checklist that a parent or close caregiver completes. The CBCL is one of the most widely used child assessments in the world and has been shown to measure behavior and psychological problems in children ages 4 through 18 (Heflinger et al., 2000).

Parents or caregivers rate the child on each of the 113 behaviors as (0) not true (as far as you know), (1) somewhat or sometimes true, or (2) very true or often true, based on the child's behavior in the past six months. Most of the CBCL problem behavior items are grouped into subscales of related items. This study utilized scores on two major CBCL subscales: internalizing and externalizing behavior problems. Internalizing behavior problems are indicated by items such as, "cries a lot," "clings to adults or too dependent," and "acts too young for his/her age." Externalizing behavior problems are indicated by items such as, "deliberately harms self or attempts suicide," "physically attacks people," and "demands a lot of attention." Due to copyright laws, the CBCL does not appear in the appendices.

The CBCL has been found to have both high reliability and validity for children in the 4 to 18 age range, with alphas for internalizing behavior problems of .90 for girls and .89 for boys in the normative sample, and alphas for externalizing behavior problems of both boys and girls of .93 (Achenbach, 1991). In addition to being reliable and valid for children in the general population, the CBCL has also been used effectively to assess

the behavioral functioning of children in foster care (Heflinger et al., 2000; Hochstadt et al., 1987; Hulsey & White, 1989; McIntyre & Keesler, 1986). Heflinger et al. (2000) assert that the CBCL has major advantages in assessing the behavioral functioning of children in foster care because it has extensive support for its psychometric properties and has nationally-based norms on thousands of referred and nonreferred children.

Nature of attachment to foster parents was measured using the Beech Brook Attachment Disorder Questionnaire, which assesses the degree to which children are positively and negatively attached to their caregivers (Hussey, Moss, Weinland, & Lester, 1997). The Beech Brook is a 72-item questionnaire that is completed by the child's parent or other primary caregiver and is one of the few attachment questionnaires available. Because this scale was developed at a clinic specifically treating children with attachment disorders, it was normed on children with behavioral and emotional disturbances. A review of the literature failed to reveal information about the reliability of the Beech Brook.

The nature of attachment to the parent or caregiver is assessed along two subscales: positive attachment and negative attachment. Positive attachment is characterized by indicators such as the child's display of trust and affection, ability to form and maintain friendships with others outside the family and to ask for and accept comfort when hurt or upset, and the desire to initiate positive interactions with the caregiver. Conversely, negative attachment is characterized by indicators such as excessive fearfulness, worry when separated from the caregiver, withholding of affection except when he or she has something to gain, and the caregiver's feelings of extreme rejection by the child.

The parent or caregiver responding to the questionnaire indicates how often the child exhibits the behaviors or attitudes listed in the statement on a scale indicating (0) never, (1) rarely, (2) occasionally, or (3) frequently. Examples of statements measuring positive attachment include: “The child seems to feel that his/her caretaker will continue to care for him/her no matter what” and “The child naturally sits close to a caretaker or family member, or shows signs of affection.” Examples of statements measuring negative attachment include: “No matter what caretaker does for the child it is never enough” and “The child seeks negative attention over positive.” The item scores (0,1,2,3) for each scale are totaled and divided by the number of scale items to arrive at a mean score ranging from 0 to 3. A copy of the Beech Brook Attachment Disorder Questionnaire is presented in Appendix B.

Procedure

Approval for this study was obtained through the University of Maryland Institutional Review Board (IRB). The data were collected by staff from the Center for Adoption Support and Education (CASE) and scored by University of Maryland professors and graduate assistants associated with the project. As noted earlier, the current study used all 50 cases of foster children between the ages of 8 and 12 and their foster caregivers. Although data were collected at three-month intervals, this study utilized only the baseline data.

Children in foster care and their foster families were referred to CASE by their caseworkers in Montgomery County Department of Health and Human Services and Prince George’s County Department of Social Services, who had partnered with CASE to recruit families into this program. Written consent was obtained from these county

agencies for the children's participation, and foster parents' written consent was obtained by CASE at the time their children in foster care entered the Lifelines program. The consent form is presented in Appendix C. Foster parents received a \$1 McDonald's coupon for each quarterly assessment visit during which they provided information about the child's behavior. Parents completed all paperwork at CASE.

Children and parents were expected to participate in the program for one year. Outcome data were collected at the end of the year, and interim outcome measures were collected at baseline, three months, six months, and nine months. CASE workers began administering the questionnaires to parents and children in October 2000 and continued through March 2004. The present study utilized the parent questionnaires completed by the foster parents at the time of entry into the program, including only questionnaires that were completed for foster children between the ages of 8 and 12.

To protect participants' confidentiality, each child and parent participating in the program was assigned an identification number by a CASE worker at the time of intake. Parents' information corresponds with the child's identification number. The notebook that links the child's name to his or her identification number is kept in a locked cabinet to which only CASE employees working with the Lifelines program have access. No reports identify participants by name.

Data Analyses

The data used in the current study come from the Center for Adoption Support and Education's four-year Lifelines for Kids program. The present study utilized data from October 2000 through March 2004, which is 50 cases of children in foster care ages 8 through 12. The data collected from the parents of these children in foster care were

entered into SPSS using participant identification codes so that statistical analyses could be performed.

Descriptive statistics were used to summarize the demographics of the participants in the sample as well as to summarize the sample's scores on the CBCL, Beech Brook, PSI, and other study measures assessing the length of time in the current foster home and the presence or absence of biological and/or adopted children. Cronbach's coefficients were used to compute the internal consistency of the Parenting Stress Index, the Child Behavior Checklist, and the Beech Brook Attachment Disorder Questionnaire. A correlation matrix of all of the variables, both independent and dependent, enabled examination of all possible relationships between the variables. Although analyses were used to test the relationships between variables, no causal relationships can be inferred due to the cross-sectional nature of the data.

In order to test the hypotheses, multiple linear regression analyses were used to study the strength of independent variables (length of time in current foster home, the presence or absence of biological or adopted children in the foster home, and parenting stress) in predicting the dependent variables (foster children's internalizing and externalizing behavior problems and positive and negative attachment) using a forced fit model. Separate regression models were tested for the internalizing and externalizing behavior problem subscales of the CBCL and the positive and negative attachment subscales of the Beech Brook.

CHAPTER IV: RESULTS

Demographic Characteristics

The demographics of the sample, which included foster children ages 8 to 12 and their caregivers from the larger study, are presented in Table 1. The sample consisted of 50 children in foster care and their corresponding foster caregivers. The exact number of foster caregivers that were included in this sample is unknown because some of the foster children were in the same family and parents were not given codes separate from their children. The children ranged in age from 8 to 12 years, with an average age of 9.7 years. Of the children that participated in the study, 22 or 44% were male and 28 or 56% were female. Approximately 72.4% of the caregivers that completed questionnaires on the child were female and 27.6% were male. As Table 1 indicates, 74.5% of the children participating in the program were African American, 13.7% were multi-racial, 7.8% were Caucasian, and 3.9% were Latino or Hispanic. Of the foster caregivers in this sample, 77.4% were African American, 19.4% were Caucasian, and 3.2% were multi-racial. The length of time these foster caregivers had been providing foster care to any foster child ranged from 2 to 96 months, with an average of 28.6 months.

In terms of marital status, 58.6% of the foster caregivers in the study were married, 20.7% were single/never married, 10.3% were divorced, and 10.3% were widowed. Data on the foster caregivers' highest level of education revealed that 7.2% of caregivers in the sample had not completed high school, 10.7% had graduated from high school, 46.4% had completed some college, 28.6% had a college degree, and 7.1% had a graduate degree. It should be noted that the number of participants that answered each

demographic question varies for each item because caregivers chose not to answer certain questions.

Table 1

Demographic Characteristics of the Sample

Demographic Characteristic	Participants (N=50 children)*	Range
	Mean (Standard Deviation)	
Child's Age in Years	9.6 (1.37)	8-12
Length of Time as Foster Parent to Any Foster Child in Months	28.6 (25.66)	2-96
	Number (Percentage)	
Child Gender (N=50)		
Male	22 (44.0%)	
Female	28 (56.0%)	
Parent Gender (N=29)		
Male	8 (27.6%)	
Female	21 (72.4%)	
Child Race (N=50)		
African American/Black	37 (74.5%)	
Caucasian/White	4 (7.8%)	
Latino/Hispanic	2 (3.9%)	
Multi-Racial	7 (13.7%)	
Parent Race (N=31)		
African American/Black	24 (77.4%)	
Caucasian/White	6 (19.4%)	
Multi-Racial	1 (3.2%)	
Parent Marital Status (N=29)		
Single/Never married	6 (20.7%)	
Married	17 (58.6%)	
Divorced	3 (10.3%)	
Widowed	3 (10.3%)	

Table 1 (continued)

Highest Level of Education (N=28)		
11 th grade or less	2	(7.2%)
High school	3	(10.7%)
Some college	13	(46.4%)
College degree	8	(28.6%)
Graduate degree	2	(7.1%)

*Exact number of parents is unknown because parents were not given separate codes; all data were coded to the foster child

Reliability of Study Measures

In order to determine the internal consistency of the study measures, Cronbach's coefficient alphas were computed. Parenting stress was measured using the Reinforces Parent subscale of the Parenting Stress Index (PSI), behavior problems were measured using the internalizing and externalizing subscales of the Child Behavior Checklist (CBCL), and the nature of attachment to foster parents, both positive and negative, was measured using the Beech Brook Attachment Disorder Questionnaire. The reliability measures for these scales are presented in Table 2. The Reinforces Parent subscale of the PSI had an alpha of .65, which is a modest reliability score for this subscale. The internalizing subscale of the CBCL had an alpha of .98, and the externalizing subscale of the CBCL had an alpha of .97. These scores reveal a high level of internal consistency for items on the internalizing and externalizing subscales of the CBCL. The Beech Brook Attachment Disorder Questionnaire had an alpha of .86 for the positive attachment subscale and .73 for the negative attachment subscale. The Beech Brook reliability coefficients are also in the acceptable range.

Table 2

Reliability Scores for Study Measures

Measure	Number of Items	Cronbach's Alpha
Independent		
Parenting Stress Index		
Reinforces Parent	6	.65
Dependent		
Child Behavior Checklist		
Internalizing	31	.98
Externalizing	33	.97
Beech Brook		
Positive Attachment	17	.86
Negative Attachment	16	.73

Length of Child Time in Current Foster Home

Table 3 presents the mean, range, standard deviation, median, and mode of children's length of time in their current foster home. The shortest amount of time any child had been in his or her current foster home was 2 months, and the greatest amount of time any child had been in his or her current foster home was 84 months. The mean amount of time a child in this study had been residing with his or her current foster parent(s) was 23.5 months, the mode was 2 months, and the median was 19 months.

Table 3

Length of Child Time in Current Foster Home (in months, N=46)

Mean	Range	SD	Median	Mode
23.5	2-84	20.3	19	2

Presence of Other Children in the Foster Home

Table 4 presents information about the presence or absence of biological and/or adopted children in the foster home. Out of 44 foster families that responded to the

question about children living in the home, 13 foster families (29.5%) had adopted children and 14 foster families (31.8%) had biological children in addition to the foster child. Twenty-four (24) families (54.5%) in this sample had biological and/or adopted children living with them in addition to the foster child while 20 foster families (45.5%) had only foster children residing in their homes.

Table 4

Presence of Children in Foster Home in Addition to Foster Child (N=44)

Biological Children	Adopted Children	Biological and/or Adopted Children	Foster Children Only
14 (31.8%)	13 (29.5%)	24 (54.5%)	20 (45.5%)

Children's Scores on Study Measures

Table 5 presents means and standard deviations for child scores on one independent variable (parenting stress) and both dependent variables (child behavior problems and nature of attachment to foster parents). The PSI measured the level of parenting stress related to the ways in which the child does or does not reinforce the parent, with a possible range of scores from 0 to 29. Higher scores indicate a higher level of parenting stress. On the six items on the Reinforces Parent subscale, the mean score was 13.6 with a sample range of 0 to 24 (SD=4.7).

Behavior problems were measured using the internalizing and externalizing subscales of the CBCL. On the internalizing subscale, sample scores ranged from 37 to 77 with a sample mean of 56.3 (SD=9.5). On the externalizing subscale, sample scores ranged from 37 to 88, with a sample mean of 62.1 (SD=12.1). For both of these subscales, higher scores indicate more behavior problems. Of the foster children in this

sample, 15.3% were in the clinical range for internalizing behavior problems and 35.2% were in the clinical range for externalizing behavior problems.

Nature of attachment to foster parents was measured using the positive and negative attachment subscales of the Beech Brook Attachment Disorder Questionnaire. The item scores (0,1,2,3) for each scale were totaled and divided by the number of scale items to arrive at a mean score. There were 17 items on the positive attachment subscales, with higher scores indicating higher levels of positive attachment. Sample scores ranged from .82 to 2.82 with a sample mean of 2.08 (SD=.50). There were 16 items on the negative attachment subscale, with higher scores indicating higher levels of negative attachment. Sample scores ranged from .06 to 2.13 with a sample mean of .78 (SD=.49).

Table 5

Children's Scores on Study Measures

Measure	Number of Items	Sample Range	Subscale Mean	SD ¹
PSI				
Reinforces Parent	6	0-24	13.6	4.7
CBCL				
Internalizing	31	37-77	56.3	9.5
Externalizing	33	37-88	62.1	12.1
Beech Brook				
Positive Attachment	17	.82-2.82	2.08	.50
Negative Attachment	16	.06-2.13	.78	.49

¹Standard Deviation

Relationships Between Independent and Dependent Variables

Table 6 presents a correlation matrix showing the interrelationships among the independent and dependent variables of this study. Pearson's correlation coefficients

were calculated to examine the relationships between the variables. Time spent in a single foster home was negatively related to positive attachment ($r = -.43, p < .01$) and positively related to negative attachment ($r = .39, p < .05$) and externalizing behavior problems ($r = .33, p < .05$). The presence of biological and/or adopted children in the foster home approached significance (at the $p < .05$ level) related to negative attachment ($r = .28, p < .07$). Parenting stress, as measured by the Reinforces Parent subscale of the PSI, was positively correlated with negative attachment ($r = .39, p < .01$) and externalizing behavior problems ($r = .34, p < .05$).

Table 6 also reveals significant relationships between the dependent variables. As hypothesized, negative attachment was significantly positively correlated with internalizing behavior problems ($r = .34, p < .05$) and externalizing behavior problems ($r = .70, p < .001$). Also consistent with expectations, positive attachment was negatively related to internalizing behavior problems ($r = -.47, p < .01$) and externalizing behavior problems ($r = -.52, p < .01$). Additionally, internalizing behavior problems and externalizing behavior problems were significantly correlated ($r = .48, p < .01$), and positive attachment and negative attachment were negatively correlated ($r = -.61, p < .001$).

Table 6

Correlation Coefficients for Predictor and Outcome Variables

Variables	1	2	3	4	5	6	7
Predictors							
1. Length of time in current foster home	--						
2. Presence of biological and/or adopted children	-.23	--					
3. Parenting Stress	.28	.17	--				
Outcomes							
Behavior Problems							
4. Internalizing	.29	-.06	.26	--			
5. Externalizing	.33*	.19	.34*	.48**	--		
Attachment							
6. Positive	-.49**	.25	-.19	-.47**	-.52**	--	
7. Negative	.39*	.28	.39**	.34*	.70***	-.61***	--

* $p < .05$ ** $p < .01$ *** $p < .001$

Regression Models

The major purpose of this study was to examine specific factors among children in foster care that may predict their behavior problems and the nature of their attachment to caregivers. These factors included length of time in a single foster home, the presence or absence of biological and/or adopted children in the foster home, and parenting stress. Multiple linear regression analyses using a forced fit model were used to predict the strength of the independent variables (length of time in current foster home, the presence or absence of biological and/or adopted children in the foster home, and parenting stress) in predicting the dependent variables (foster children's behavior problems and nature of attachment to their foster caregivers). Four separate regression models were tested, one for each of the subscales of the CBCL (internalizing and externalizing behavior

problems) and one for each subscale of the Beech Brook Attachment Disorder Questionnaire (positive and negative attachment).

Table 7 presents the results of the regression model for the internalizing behavior problem subscale of the CBCL. The overall model was not significant with an adjusted R^2 of .028. This model explains only 2.8% of the variance in internalizing CBCL scores. Contrary to three of the study's hypotheses, the length of time the child had been in his or her current foster home, the presence or absence of biological and/or adopted children in the foster home, and foster parenting stress were not significant predictors of the foster child's CBCL score on the internalizing subscale.

Table 7

Regression Analysis Examining Predictors of Internalizing Behavior Problems

Predictor Variables	B	SE ¹	Beta	P
Length of Time in Foster Home	.030	.041	.146	.467
Presence of Other Children	-2.344	3.737	-.118	.535
Parenting Stress	.474	.383	.246	.225

$n = 50$

$R^2 = .116$

Adjusted $R^2 = .028$

¹Standard Error

Table 8 presents the results of the regression model for the externalizing subscale of the CBCL. The overall model was not significant with an adjusted R^2 of .074. This model explains 7.4% of the variance in externalizing behavior scores. Contrary to three of the study's hypotheses, the length of time a child has been in his or her current foster home, the presence or absence of biological and/or adopted children in the foster home,

and foster parenting stress do not significantly predict the foster child's CBCL score on the externalizing subscale.

Table 8

Regression Analysis Examining Predictors of Externalizing Behavior Problems

Predictor Variables	B	SE	Beta	<i>P</i>
Length of Time in Foster Home	.058	.048	.230	.239
Presence of Other Children	2.234	4.338	.092	.610
Parenting Stress	.550	.445	.236	.226

n = 50
 $R^2 = .158$
Adjusted $R^2 = .074$

Table 9 presents the results of the regression model for the positive attachment subscale of the Beech Brook Attachment Disorder Questionnaire. The overall model was significant with an adjusted R^2 of .201 ($p < .02$). This model explains 20.1% of the variance in positive attachment scores. In this model, the length of time the foster child had been residing in his or her current foster home was found to be a significant predictor of his or her positive attachment score ($p < .05$). However, contrary to expectations, the longer a child had been residing in his or her foster home, the lower his or her level of positive attachment. The presence of other children in the foster home and the amount of parenting stress were not found to be significant predictors of foster children's levels of positive attachment.

Table 9

Regression Analysis Examining Predictors of Positive Attachment

Predictor Variables	B	SE	Beta	<i>P</i>
Length of Time in Foster Home	-.004	.002	-.392	.037
Presence of Other Children	.235	.160	.253	.151
Parenting Stress	-.003	.017	-.026	.883

$N = 50$
 $R^2 = .276$
Adjusted $R^2 = .201$

Table 10 presents the results of the regression model for the negative attachment subscale of the Beech Brook Attachment Disorder Questionnaire. The overall model was significant with an adjusted R^2 of .198 ($p < .05$). This model explains 19.8% of the variance in foster children's negative attachment scores. Although no individual independent variables were found to be significant predictors of foster children's negative attachment scores (at the $p < .05$ level), the length of time in the current foster home and the presence of biological and/or adopted children in the foster home approached significance ($p < .06$, $p < .07$ respectively). Contrary to expectations, these results indicate that the longer a child had been residing in his or her foster home and the presence of biological or adopted children in the home, the higher the levels of the foster child's negative attachment. Parenting stress was not found to be a significant predictor of foster children's negative attachment scores.

Table 10

Regression Analysis Examining Predictors of Negative Attachment

Predictor Variables	B	SE	Beta	<i>P</i>
Length of Time in Foster Home	.004	.002	.339	.058
Presence of Other Children	.317	.169	.306	.070
Parenting Stress	.023	.019	.207	.229

$n = 50$
 $R^2 = .269$
Adjusted $R^2 = .198$

CHAPTER V: DISCUSSION

The current study utilized an ecological model to examine potential predictors of the behavior problems and attachment patterns of children in foster care. In order to understand the experience of children in foster care, it is necessary to examine the wider context of their lives, including specific individual, family, community, and societal factors that are likely to affect foster children in ways that may differ from how they influence children in the general population. In an effort to understand the context of foster children's lives, this study examined three family level factors that may protect foster children from behavior problems and attachment disorders or place them at greater risk for negative outcomes. The two hypothesized protective factors were extended time in a single foster home and the presence of biological and/or adopted children in the foster home. The hypothesized risk factor was parenting stress, which examined the extent to which the foster caregiver failed to experience his or her foster child as a source of positive reinforcement and found his or her parenting unrewarding.

Although previous studies have described the behavior and attachment problems of children in foster care, few have examined the relationship between family factors in the foster home and children's behavior problems and attachment disorders. The purpose of this study was to examine family factors that may predict certain outcomes for children in foster care who are between the ages of 8 and 12. Specifically, this study examined the role of the length of a child's time in a single foster home, the presence or absence of biological and/or adopted children in the foster home, and foster parenting stress as predictors of foster children's internalizing and externalizing behavior problems, as well as their positive and negative attachment patterns.

Characteristics of Foster Caregivers and Children in Foster Care

Because this study examined family level factors that may influence foster child outcomes, it is important to examine the characteristics of the foster parents, foster children, and foster families in this sample. Unlike many of the participants in previous studies, which were primarily Caucasian foster families (Cautley & Aldridge, 1975; Guerney & Gavigan, 1981; Marcus, 1991; McIntyre & Keesler, 1986), this study focused primarily on African American foster families. Approximately three quarters (74%) of the children in this sample were African American, as were slightly over three quarters of the foster parents (77.4%). All of the children in the study were ages 8 through 12, with an average age of 9.7 years. The majority (58.6%) of foster parents who participated in the study were married, and almost all had completed high school (92.8%) with an average of some college completed. Similar to previous studies (Brown & Calder, 1999; Guerney & Gavigan, 1981; Marcus, 1991; Smith, 1994) most of the foster parents who completed the survey instrument were female (72.4%).

In terms of household composition, more than half (54.5%) of the foster families in this study had biological, adopted, or biological and adopted children living in their home in addition to their foster children. The length of time these families had been foster families to any foster child varied greatly, ranging from 2 months to 8 years with an average of almost five years (59 months). The amount of time the foster child participating in the study had lived with his or her current foster family also varied greatly, ranging from 2 months to 7 years and averaging at almost two years (23 months). Although most of the children in this study were available for adoption and were involved in concurrent planning, which attempts to either reunite foster children with

their parents or have them adopted into a permanent home within 18 months, it is evident from the average length of time these children were in their foster homes that successful concurrent planning had not occurred for many of the children in this sample. In the United States, the average length of time a child will spend in the foster care system is 33 months before being reunified with his or her parents, being adopted into a permanent home, or being emancipated (AFCARS, 2003). For children in foster care waiting to be adopted in the United States, the average length of time in foster care is 44 months and only 18% of the children exiting foster care in 2003 were adopted (AFCARS, 2003). These data indicate that the goal of concurrent planning, or placing children with their biological or adoptive parents within 18 months, is not being achieved for the majority of children in foster care in the United States, including the children in this sample.

Parenting Stress

The foster parents in this study generally experienced high levels of parenting stress, as indicated by an average score of 13.6 on the Reinforces Parent subscale of the Parenting Stress Index. These levels of parenting stress, based on the degree to which the parent feels reinforced by the child, are high compared to a nationally representative sample of 255 parents in which the mean score for the Reinforces Parent subscale was 10.2 (Abidin, 1995). It is not surprising that the stress of foster parents in the current sample would be higher than that of an average parent since foster parents face unique stressors. For example, foster parents are more likely than biological parents to be parenting a child with developmental and attachment disorders; dealing with the emotional weight of knowing the child may eventually leave the home; living with the challenges of working with the child welfare system; and dealing with the difficulties of

introducing a temporary family member into the home (Brown & Calder, 1999; Sidebotham, 2001). Additional stressors unique to the foster parenting experience include foster children's disproportionate display of extreme behavioral problems and attachment disorders, difficulties in establishing the new role as parent to the foster child, and unmet expectations of support from the child welfare system (McGlone et al., 2002). Taken together, these factors appear likely to create significant stress for foster parents who are attempting to help their foster children cope with the difficulties of adjusting to their placement into the foster family.

Behavior Problems of Children in Foster Care

The average internalizing and externalizing behavior problem scores of foster children in this sample were higher than the scores of children in the general population but were not in the clinical range (Achenbach, 1991). Despite the averages, there were a significant number of children in the sample that were in the clinical range on the internalizing and/or externalizing subscales of the CBCL. Of the foster children in this sample, more than one in six (15.3%) were in the clinical range for internalizing behavior problems and more than a third (35.2%) were in the clinical range for externalizing behavior problems. These findings are similar to those of Heflinger et al. (2000) who studied children and youth ages 2 through 18 in state custody in Tennessee. The researchers found 19% of the foster children in their sample to be in the clinical range for internalizing behavior problems and 23% to be in the clinical range for externalizing behavior problems. McIntyre and Keesler (1986) also studied the behavior problems of children in foster care using primarily Caucasian children between the ages of 4 and 18. Although the researchers found many more of the foster children in their sample to score

in the clinical range for both internalizing and externalizing behavior problems (45.7% and 53.8%, respectively), they, too, found foster children to exhibit more externalizing than internalizing behavior problems.

One reason children in foster care may display more externalizing than internalizing behavior problems concerns their previous living situations. Many of the children in foster care come from neglectful families in which their needs were not met (Haerian, 1998; Marcus, 1991). For these children, displaying aggressive or defiant behaviors may have been the most effective way to gain their parents' attention and have their needs fulfilled. In their current foster homes, externalizing behavior problems may serve the function of gaining the attention of their foster caregivers. This may be especially true in homes with multiple children. While children displaying internalizing behavior problems, such as withdrawal and depression, may be overlooked in their foster homes, children displaying externalizing behavior problems demand the time and attention of their foster caregivers. Current results support previous research revealing that children in foster care are more likely to display externalizing rather than internalizing behavior problems and have more behavior problems, both internalizing and externalizing, than children in the general population (Altshuler & Gleeson, 1999; Haerian, 1998; Hulsey & White, 1989; Kates et al., 1991; Milan & Pinderhughes, 2000).

Attachment Patterns of Children in Foster Care

On average, the foster children in this sample were very similar in terms of their positive attachment and lower on negative attachment than the children used for the norms on this measure (Hussey et al., 1997). It should be noted that the Beech Brook Attachment Disorder Questionnaire was normed on emotionally and behaviorally

disturbed children. The Hussey et al. (1997) sample of troubled children had an average score of 2.03 for positive attachment (compared to 2.05 for the current sample) and 1.44 for negative attachment (compared to .78 for the current sample). Although the positive attachment scores are similar, the lower negative attachment scores of children in the sample indicate that the children in this sample have more healthy attachments to their caregivers than the children in the Hussey and colleagues' sample.

One explanation for the less negative attachment patterns of children in this sample is the care and concern the foster caregivers in this study displayed for their foster children. All the foster caregivers in this sample voluntarily participated in the Lifelines for Kids program with their foster children, indicating their concern for their foster children's well-being and their willingness to put time and energy into building relationships with these children. The concern and caring demonstrated by the study's foster parents for their foster children likely reduced patterns of negative attachment exhibited by the emotionally and behaviorally disturbed children in the Beech Brook normative sample.

Relationship Between Behavior Problems and Levels of Attachment

It was hypothesized that foster children's attachment scores would be significantly related to levels of internalizing and externalizing behavior problems. Consistent with expectations, the higher foster children's positive attachment to their foster caregivers, the lower their levels of internalizing and externalizing behavior problems. The higher foster children's negative attachment, the greater their levels of both internalizing and externalizing behavior problems. Current findings support previous research involving foster children of various races between the ages of 4 and 13,

demonstrating that stronger attachments are related to fewer behavior problems (Marcus, 1991). Although Marcus (1991) determined that the strength of attachment foster children have to their foster caregivers predicts behavior problems, the current study did not employ attachment as a predictor (independent) variable. Thus, findings suggest only a relationship between behavior problems and attachment. It is not possible to determine whether the nature of attachment to foster caregivers leads to behavior problems, whether behavior problems affect the nature of attachment to foster caregivers, or whether some third factor significantly influences both attachment patterns and behavior problems. Despite the inability to assess causality with the current study design, it was evident that levels of attachment and behavior problems were related for the current sample of children in foster care.

Predictors of Foster Children's Behavior Problems and Attachment Patterns

Length of Time in Current Foster Home

A major goal of this study was to explore the ways in which various family factors predict the behavior problems and attachment patterns of children in foster care. It was hypothesized that if a child remained in a single foster home for an extended period of time, he or she would have fewer internalizing and externalizing behavior problems. However, contrary to expectations, length of time in the current foster home was not found to be a significant predictor of foster children's internalizing and externalizing behavior problems. This finding is inconsistent with earlier studies which found that stable family structures and environments, including extended time in a single foster home, had positive effects on foster children's level of behavior problems (Hulsey & White, 1989; Marcus, 1991).

One possible explanation as to why longer periods of time in a single foster home may not have affected behavior problems as predicted concerns the foster child's personal sense of stability. In order for foster children to thrive in their foster homes, it is essential that they themselves feel a sense of permanency in their living situation ("Developmental Issues," 2000; Marcus, 1991). For children in this study, it appears that permanency was not often promised or granted. Although children in the study were supposed to be involved with concurrent planning, in which their foster homes would become their adoptive homes within 18 months, this was not often the case, and many of the children in this study continued in their status as foster children for two years or more. Because many of the foster children in this study had already had multiple placements and were unsure of their status in their current foster home, it is probable that they did not feel a sense of permanency in their foster homes. Thus, longer terms spent in foster care were not related to lower behavior problems.

A similar explanation for the discrepant results concerns the stability of the home environment. Although living in a single foster home for an extended period of time may appear to provide stability, it is possible that the foster families into which the children in this sample were placed could not be characterized as stable or consistent with respect to parenting. For example, due to the cross-sectional nature of the study, the current study did not look at the household composition, marital status, or parenting practices throughout the time the foster child was residing with the foster family. Even if the child's placement did not change during the time period in which the foster child was living in a single foster home, it is possible that the home environment itself was unstable

and inconsistent, which would not be expected to facilitate positive socioemotional development.

Concerning the length of time in the current foster home and foster children's attachment patterns, it was hypothesized that longer periods of time in a single foster home would lead to higher levels of positive attachment and lower levels of negative attachment. The length of time in the current foster home was a significant predictor of levels of positive attachment and approached significance concerning levels of negative attachment. However, the child's length of time in his or her current foster home did not have the hypothesized relationship to levels of positive or negative attachment. In this study, the longer a child spent in his or her foster home, the lower his or her level of positive attachment and the higher his or her level of negative attachment.

The current findings are inconsistent with an earlier study which examined the length of time in a single foster home and the strength and quality of attachment patterns using participants who had been living in their current foster homes for at least one month (Marcus, 1991). In that study, Marcus (1991) found that extended periods of time in a single foster home improved foster children's quality and strength of attachment to their foster caregivers. One possible explanation for the discrepancy between the results is the different age groups studied. Marcus looked at children ages 4 through 13 while the current study included children ages 8 through 12. It is possible that the length of time spent in a single foster home has a more positive influence on younger children who are in a different developmental stage and have different developmental needs than the children in the current study. For example, during the early childhood years, parent-child relationships are the basis for enjoying and exploring the world and enable children to

establish a solid sense of self (Santrock, 2000). While children in middle and late childhood begin to focus more on peer relationships, children in early childhood rely heavily on their relationships with consistent caregivers to help them understand and interpret the world. Children in early childhood also begin to express, understand, and reflect on emotions, and their relationship with their parent plays an important role in how they learn to discuss their feelings (Santrock, 2000). Thus, more time in a single foster home may be more beneficial to younger children, whose worlds are more parent-centered and less peer-centered than those of children in the middle childhood and early adolescent years.

Another possible explanation for the differing results involves the way in which attachment was measured in the current study and other investigations. In this study, the Beech Brook Attachment Disorder Questionnaire was used to measure the caregivers' perception of the attachment behaviors of their foster children. In the Marcus (1991) study, the researchers used data collected from foster care workers' interviews and observations to chart the attachment patterns of children in foster care. After observing and interviewing foster parents, foster children, and biological parents, the workers rated the intensity of emotional bonds as well as the quality of that relationship on a scale from 5 (no emotional ties) to 1 (quite strong emotional ties). The differing reporters on children's attachment behavior (mothers, social workers) and the different methods of collecting data on attachment behaviors could contribute to the discrepancy in the results. While the current study used a standardized measure to examine the nature of attachment, Marcus' study (1991) used subjective reports to compare children's nature of attachment.

A final reason why greater length of time in foster care with the current foster caregivers was not predictive of more positive attachment patterns concerns the psychological presence of the foster children's biological parents. Children in foster care may feel they are betraying their birthparents if they develop close bonds with their foster parents, impeding attachment (Kufeldt et al., 1995; Leathers, 2003). Even if the foster child is not in contact with his or her biological parents, the parents' psychological presence may create a loyalty conflict and hinder attachment. This loyalty conflict may be especially salient for children in the larger Lifelines for Kids study who often reported feeling their birthmothers and birthfathers in their "hearts and minds." Approximately 90% of children in the larger study felt the psychological presence of their birthmothers and 40% felt the psychological presence of their birthfathers (Wallen, 2004). The foster children's continuing attachments to their biological parents, coupled with their failure to find an adoptive family (in most cases), may have contributed to the relationship between more time in a single foster home and less positive patterns of attachment. These results demonstrate the importance of acknowledging the attachment of foster children to their birthparents when attempting to understand their attachment patterns to their foster parents.

Presence or Absence of Biological or Adopted Children

Another factor that was expected to predict the behavior problems and attachment patterns of children in foster care was the presence or absence of biological or adopted children in the foster home. It was hypothesized that the presence of biological and/or adopted children in the foster home would be related to lower levels of internalizing and externalizing behavior problems, higher levels of positive attachment, and lower levels of

negative attachment. However, the presence of biological and/or adopted children in the foster home was not found to be a significant predictor of levels of internalizing and externalizing behavior problems or positive attachment. The influence of the presence of biological and/or adopted children approached significance concerning levels of negative attachment but not in the direction predicted. In this study, the presence of biological and/or adopted children was associated with higher levels of negative attachment.

Current findings are inconsistent with the outcomes of previous studies examining the presence of other children in foster homes which pointed to the positive influence of having biological and/or adopted children in the foster home (Cautley & Aldridge, 1975; Guerney & Gavigan, 1981). Cautley and Aldridge (1975) and Guerney and Gavigan (1981) found that foster children benefited from living in homes with biological and/or adopted children because of the foster parents' familiarity with parental roles, comfort level with child care, and experience at dealing with withdrawn and defiant child behavior. One possible explanation for the differing results concerns the way in which data were collected. Both previous studies used interviews with the foster families to determine the well-being of the foster child, and Cautley and Aldridge (1975) performed a longitudinal study in which they collected data every six months. However, neither study used measures to assess behavior problems or attachment levels, and both studies were conducted more than 20 years ago. While Cautley and Aldridge's study (1975) and Guerney and Gavigan's study (1981) used subjective interview data to examine the benefits or difficulties of having multiple children in the home, the current study used standardized measures to examine the relationship between the presence of other children in the home and specific behavior problems and attachment patterns.

Another explanation as to why foster children in homes with biological and/or adopted children may not fair as well in terms of their attachment to foster caregivers concerns their status in the family. It is possible that foster children may experience more negative feelings about their ambiguous status in their foster families when they compare themselves to the permanent children (biological or adopted) in the family. Peer comparisons are especially salient among children ages 8 through 12 who have increasing social knowledge and a growing understanding of social status. Children in this age group often engage in social comparison and use this comparison as their basis to determine where they stand and if they are normal and acceptable (Santrock, 2000). Because children in middle and late childhood engage in this comparison process, the anxiety, insecurity, identity confusion, and inferiority children in foster care often experience may be exacerbated by the presence of permanent children in the home (Kates et al., 1991). If foster children feel unsure about their status in the family and uncertain about their future with that family, this may hinder their ability to connect with foster caregivers and may contribute to negative attachment (Haerian, 1998; Marcus, 1991).

Although much of the literature highlights the benefits of having children present in the foster home, one study points to the advantages of foster families that do not have other children present in the home. Smith (1994) studied 38 foster families with preschool-age foster children and determined that homes without other children provided a better child-rearing environment for foster children than homes with other children. Although the samples used to obtain the findings are different, the results of the current study are consistent with Smith's findings and suggest that older foster children may also

develop more secure attachments to foster caregivers in homes without biological or adopted children.

Parenting Stress

A third factor expected to predict behavior problems and attachment patterns of children in foster care was foster parenting stress. It was hypothesized that parenting stress would be positively related to internalizing and externalizing behavior problems and negative attachment and negatively related to positive attachment. However, parenting stress was not found to be a significant predictor of child behavior problems or levels of attachment in this study. This finding is inconsistent with an earlier study that found a significant relationship between parenting stress and children's behavior problems, specifically externalizing behavior problems, as well as attachment disorders (McGlone et al., 2002). McGlone and colleagues (2002) studied children of various ages who had been adopted out of the foster care system and found that parenting stress and behavior problems, as well as parenting stress and attachment disorders, were related. Specifically, the researchers found that children's behavior problems and attachment disorders were related to a significant amount of parenting stress.

One possible explanation for these discrepant results is the difference in the two samples. McGlone and colleagues' (2002) participants were families that had once been foster families but had since adopted their foster children. Children in the McGlone study had a very different status as "adopted" family members than did the majority of children in the current study. As previously mentioned, although the children in this sample were involved in concurrent planning and were supposed to be adopted into their foster homes, most continued in their status as foster children beyond the expected time

period (18 months). Parenting stress may be less predictive of the child behavior problems and attachment patterns of foster children as compared to adopted children because of the temporary nature of the foster parent-foster child relationship.

Another explanation for the differences in findings involves the measures used to collect data. While the current study and McGlone's study both used the Child Behavior Checklist (CBCL) and the Parenting Stress Index (PSI), the current study used only one subscale of the Child Domain of the PSI. McGlone's study looked at total parenting stress across parent and child domains while the current study looked only at the amount of parenting stress caused by the degree to which the parent feels reinforced by the child. The current study's focus on only one domain of parenting stress seems likely to have contributed to differences in the outcomes of the two investigations.

Summary

This study utilized an ecological model to examine family level characteristics that might predict foster children's behavior problems and the nature of their attachment to foster caregivers. Results demonstrated that foster children in this sample had high levels of behavior problems, with one in six children in the clinical range for internalizing problems and one in three children in the clinical range for externalizing problems. As hypothesized, children with higher levels of positive attachment to their foster parents had lower internalizing and externalizing behavior problems. Also consistent with expectations, higher levels of negative attachment to foster caregivers were associated with greater internalizing and externalizing behavior problems among the 8 to 12 year old children in this study.

Using an ecological approach, the current study examined family level factors that might predict the behavior problems and attachment patterns of children in foster care. Contrary to predictions, the length of time in a single foster home, the presence of biological and/or adopted children in the foster home, and foster parenting stress were not significant predictors of foster children's behavior problems and levels of attachment. However, results demonstrated that in this study, the longer a child spent in a single foster home, the lower his or her level of positive attachment. Findings also revealed trends concerning the length of time in a single foster home and the presence of other children as predictors of negative attachment. The longer a child remained in a single foster home, the higher his or her level of negative attachment. Similarly, the presence of biological and/or adopted children in the foster home was related to higher levels of negative attachment. One can speculate that as children remain in a single foster home for an extended period of time and compare themselves to the permanent children in these families, their hopes for becoming a permanent member of the family may diminish making it more difficult for them to form strong attachments to their caregivers.

Current findings emphasize that investigators who adopt ecological theory to examine children in foster care placements should consider the complexity of family life for these children and their foster caregivers. Several variables generally thought to have a protective effect on children in biological or adoptive families (and particularly adoptive families where children were adopted at birth) were not found to be predictive of positive child outcomes for the 8 to 12 year old foster children in the current study. Extended time in a single foster home was predicted to benefit children in foster care, but did not do so for children in this sample. It is likely that foster children's preplacement

experiences and their ongoing attachments to biological parents continue to affect their attachment to foster caregivers and their behavioral adjustment, even after extended time in a foster care placement. Moreover, long periods of time in foster care may discourage foster children hoping to become members of permanent families. Similarly, the presence of biological and/or adopted children in the foster home was expected to have a protective effect for foster children because of prior parenting experience and the benefits of positive peer relationships. However, for children in foster care, it appears that living with biological and/or adopted children can hinder healthy attachment to caregivers due to the detrimental effects of sibling comparison. Finally, contrary to expectations, parenting stress was not a significant predictor of child behavior problems and attachment to foster caregivers. Findings suggest the need to examine broader aspects of parenting stress, including stress created by additional areas of parent-child interaction and other domains of the parents' lives, in order to fully understand how foster parenting stress may influence foster children.

Thus, future studies using ecological theory to examine predictors of foster children's behavior and well-being should consider the complex nature of the lives of both foster children and their foster parents, including the many relationships that foster children and their caregivers must negotiate, the enduring effects of the foster children's preplacement experiences, and children's hopes for permanent families. Additional investigations of the impact of individual, family, community, and societal level variables on foster families should explore both the differences between foster and biological/adoptive families, as well as the diversity within foster family arrangements.

Limitations

The findings of this study contribute to the literature on the well-being of children in foster care by examining foster children's behavior problems and attachment patterns, and by exploring the role of several family factors in predicting child outcomes. Despite the contributions of this study, there are several limitations that should be noted. First, it is important to note that this study explored relationships between family characteristics and foster children's behavior problems and attachment patterns, but did not examine directionality between the variables. Because of the cross-sectional nature of the data, no causal relationships can be inferred. In order to determine causation, it would be necessary to employ a longitudinal design.

A second limitation involves the use of the Parenting Stress Index (PSI). For the current study, only the Reinforces Parent subscale of the PSI was used to measure parenting stress. This made it impossible to explore how parenting stress is related to foster child outcomes in areas other than the parent-child interactions concerning the ways in which the child does or does not reinforce the parent. It would be useful to explore how parenting stress on other subscales of both the parent and child domain, as well as total parenting stress, predict the behavior problems and attachment patterns of children in foster care.

A third limitation is the small sample size and nature of the sample. This study has a small sample size of 50 cases and all the participants were from two counties in Maryland. Thus, it may be difficult to generalize the findings to a wider population of children in foster care. Also, this study looked primarily at African American foster children and families, as three quarters of the parents and children in this sample were

African American. Finally, all of the participants were voluntarily part of the Center for Adoption Support and Education's Lifelines for Kids program. It is possible that the foster parents who agreed to join this program are more likely than other foster parents to seek therapeutic services for their children. This may distinguish the foster parents in this sample from foster parents in the general population.

Still another limitation of this study involves the preplacement experiences of the foster children in this sample. There are a myriad of factors that affect the potential behavior problems and attachment disorders of children in foster care prior to the time they are placed into their foster homes. Children in foster care are often removed from abusive and neglectful homes and bring these prior negative experiences into their foster homes, including feelings of rejection, mistrust, and resentment (Marcus, 1991). They often suffer from behavioral problems and attachment disorders when they enter into the foster care system (Haerian, 1998). In addition to prior psychological and behavioral disorders, many children in foster care experience multiple foster care placements, which undermine their sense of security and exacerbate their sense of ambiguity, adversely affecting their behavior and ability to attach to caregivers (Haerian, 1998; Rosenfeld et al., 1997).

The current study did not examine factors relating to the nature and duration of foster children's preplacement experiences, including the total length of time the child had been in foster care, the number of previous placements the foster child had experienced, the situation from which the foster child was originally removed, and the quality of each foster care placement. Data collected on the foster children in this sample looked only at children's current situation without considering preplacement experiences

and, although it is probable that some of the children in the study had behavioral problems and attachment disorders prior to placement in their current foster home, these problems were not accounted for in this study.

Clinical and Policy Implications

Despite limitations of the current study, the findings have some important implications for foster parents, mental health professionals working with foster families and children in foster care, and policy makers. One important finding concerns the well-being of children in foster care. Like many previous studies, the current study found that children in foster care had high levels of internalizing and externalizing behavior problems and had some difficulty positively attaching to foster caregivers (Heflinger et al., 2000; Hulsey & White, 1989; Marcus, 1991; McIntyre & Keesler, 1986). These behavior and attachment disorders often cause significant problems for children in foster care throughout childhood and later in life, making these important issues to assess for and address in this population. In this sample, one in three of the foster children were in the clinical range for externalizing behavior problems and one in six were in the clinical range for internalizing behavior problems. Mental health professionals working with children in foster care and their foster families should place special emphasis on behavior problems that foster children are likely to display as well as their potential difficulty attaching to foster caregivers, recognizing the mutual influence of behavior and attachment.

Because it is probable that children in foster care may have behavior problems and attachment disorders, foster parents should be trained to deal with issues surrounding these two problem areas. If foster parents are prepared for the types of problem

behaviors children in foster care may display and understand the ways in which foster children may have difficulty connecting with and attaching to caregivers, they may be better prepared to handle these difficulties, potentially reducing the number of placement disruptions foster children experience.

This study also points to the need for policy makers and mental health professionals to recognize the diversity of foster families. Although all foster families are similar in that they each have a foster child, the composition of these families varies. In this study, there were four types of foster families: those with only foster children, those with foster and biological children, those with foster and adopted children, and those with foster, biological, and adopted children. It is likely that these different types of foster families have varying needs, such as assistance with sibling adjustment and sibling comparisons, that should be recognized and acknowledged by mental health professionals and policy makers in addressing foster family needs.

Perhaps the most important implications of this study concern the considerations that policy makers and mental health professionals should take into account when determining the homes into which foster children should be placed. The first consideration concerns concurrent planning. Although children in foster care are often involved in concurrent planning, which is intended to limit the amount of time children are in foster care to 18 months, this planning is not always successful. Foster children may be placed with foster parents for an extended period of time without plans for adoption even when the children are available for adoption, as was the case for most of the children in this sample. The current study found that the longer these children spent in a single foster home into which they were not going to be adopted or adoption was

uncertain, the less positive attachment and more negative attachment they displayed toward their caregivers. As these foster children, who were already prone to behavior problems and attachment disorders, continue in their ambiguous status as foster children, they become less able to form healthy attachments to adults which affects their later ability to form healthy relationships with others (Bowlby, 1988; Marcus, 1991; Milan & Pinderhughes, 2000). Policy makers and mental health professionals should examine concurrent planning policies as well as the foster families participating in concurrent planning to ensure that foster children are being placed into homes in which permanent placement is a viable option so that these children have a chance to form strong attachments to their caregivers without the fear of displacement.

When deciding on the eligibility of adults to become foster parents, mental health professionals should also consider household composition. In this study, the presence of biological and/or adopted children in the home did not have the expected positive relationship to behavior or attachment, but findings indicated a trend for foster children living in homes with biological or adopted children to have higher levels of negative attachment. It is possible that children who are prone to or have attachment disorders at the time of placement into foster care may do better in homes in which they are the only child so they will not compare themselves to the permanent children living in the household. Foster parents who have biological and/or adopted children living in their home should be educated about and trained to deal with sibling comparisons so that they are prepared to help both their foster children and their biological and/or adopted children cope with and understand the comparisons that are likely to take place between siblings. It is also possible that foster children with attachment disorders may need more personal

time and attention in order to attach to their foster caregivers, which may be more easily accomplished in homes with fewer children.

Current findings also suggest that some foster children may benefit from learning how to engage in healthy peer relationships. Social skills building and group psychotherapy are two interventions that mental health professionals can utilize to help foster children relate to their peers, build friendships, and interact positively with the other children in their household who can then become a source of support, friendship, and companionship (Clausen, Landsverk, Ganger, Chadwick, & Litrownik, 1998; Price & Brew, 1998).

A final implication of this study concerns foster parenting stress. Previous studies have shown that foster parents have unique stressors related to the foster care experience (Brown & Calder, 1999; McGlone et al., 2002). In the current study, foster parents scored higher on the parenting stress measure than the national norm, suggesting that foster parents in this sample experienced specific stressors relating to their interactions with the foster child. Because parenting stress can have a negative effect on children, foster parents should be trained in managing stress and should be educated about the unique stressors they are likely to experience as foster parents. Stress management skills may be especially important for foster parents who have biological and/or adopted children in the home because they often experience stress due to difficulties with sibling adjustment, sibling rivalry, and competition for attention (McGlone et al., 2002).

Directions for Future Research

The current study revealed that certain factors were predictive of the attachment patterns of children in foster care. The findings demonstrate that the longer a child is in a

single foster home, the lower his or her level of positive attachment. Results also suggest that foster children's levels of negative attachment increase the longer they stay in a single foster home and with other biological and/or adopted children in the home. However, further research is necessary in order to fully understand and explore how various individual, family, home, and environmental factors influence children in foster care.

One area for future research involves examining the behavior problems and attachment patterns of children in foster care over time. It would be useful to chart foster children's scores on the CBCL and Beech Brook Attachment Disorder Questionnaire at specific time intervals to examine how their levels of internalizing and externalizing behavior problems, as well as positive and negative attachment, change over time. It would also be useful to chart the changes that occur in foster family or household composition over time to more fully understand how characteristics of the foster family influence foster children's behavior and attachment. In order to accomplish this, longitudinal research is necessary.

Concerning foster family and household composition, it would be useful to examine specific characteristics of the biological and/or adopted children living in the foster home to determine how they relate to various outcomes for children in foster care. Characteristics that may be useful to study include the number and ages of the other children present in the foster home, as well as their gender. Although this study revealed a trend relating foster children's negative attachment to biological and/or adopted children in the home, it would be interesting to see how attachment patterns change for foster children based on the specific characteristics of the biological and/or adopted

children residing in the foster home, such as how close in age other children are to the foster child. It would also be useful to examine how foster children are affected by the presence of any other children in the foster home, including additional foster children, rather than looking solely at the presence of biological and/or adopted children.

The current study briefly examined the psychological presence of foster children's birthparents, but future research should examine the extent to which psychological presence of birthparents influences foster children's ability to attach to their foster caregivers. Based on prior research, it appears that loyalty conflict hinders foster children's ability to attach to foster caregivers when foster children are in contact with their birthparents (Kufeldt et al., 1995; Leathers, 2003). However, further research is needed to determine how the psychological presence of birthparents affects foster children's ability to attach to their foster caregivers. This research would enable mental health professionals and foster parents to understand the importance of grieving the loss of and acknowledging the attachment to birthparents when children enter foster families and are expected to attach to their new caregivers.

Another area for future research involves examining the breadth of foster children's preplacement experiences, including the quality of their previous placements and the reasons for placement disruptions. It has been noted throughout the literature that preplacement experiences are highly influential and often handicapping in the lives of children in foster care, particularly concerning their behavior and attachment patterns (Cautley & Aldridge, 1975; Kates et al., 1991; Pilowsky & Kates, 1996). Examining the preplacement experiences of children in foster care to explore how experiences prior to the placement in their present foster home relate to their current functioning would

provide useful information to foster families, mental health professionals working with foster families, and policy makers establishing guidelines for child placement in foster families. It would also be useful to explore which children were prone to behavior problems and attachment disorders prior to their placement in the current foster home. Factors such as the number of prior foster care placements, the reasons for being removed from the biological home, the quality of individual foster care placements, and prior psychological, behavior, and attachment disorders should be considered.

Although the current study did not find the parenting stress measure used to be a significant predictor of behavior problems and attachment patterns, it would be useful to examine how additional areas of parenting stress influence the behavior and attachment of children in foster care. Research examining how various dimensions of parenting stress predict foster child outcomes would further help policy makers and mental health professionals understand and prepare foster parents for the unique stressors foster parents experience. It would be valuable to evaluate the extent to which both child factors and parent factors contribute to parenting stress and predict outcomes for children in foster care.

Finally, future researchers should examine other home and family characteristics that may influence the well-being of children in foster care. Such factors include demographic characteristics of the foster parents as well as characteristics of the foster families. Specific characteristics that may be explored include marital status, educational level, income level, parent(s) employment status, family conflict, and level of family cohesion (Barth, 2001; Lindsey, 2001).

Conclusion

The major purpose of this study was to examine the roles of length of time in a single foster home, presence or absence of biological and/or adopted children in the foster home, and parenting stress in predicting foster children's behavior problems and attachment patterns to foster caregivers. This study makes a unique contribution to the literature on children in foster care by addressing these relationships in a sample of predominantly African American foster care children between the ages of 8 and 12. Contrary to expectations, longer time spent in a single foster home and the presence or absence of biological and/or adopted children were not predictive of more positive attachment patterns or fewer behavior problems among children in foster care. Findings revealed that the longer a child spends in a single foster home, the lower his or her level of positive attachment. Additionally, trends indicated that longer time spent in the foster home and the presence of biological and/or adopted children were associated with greater negative attachment. Findings point to the need for policy makers, foster parents, and mental health professionals to address the prevalent behavior and attachment problems of children in foster care, to focus on potential detrimental effects of extended periods of time in foster care and the presence of other children in the foster home, and to conduct additional research on specific home and family characteristics that may produce optimal outcomes for children in foster care.

APPENDIX A: PARENTING STRESS INDEX
Reinforces Parent Subscale

Circle the SA if you strongly agree with the statement.

Circle the A if you agree with the statement.

Circle the NS if you are not sure.

Circle the D if you disagree with the statement.

Circle the SD if you strongly disagree with the statement.

1. My child rarely does things for me that make me feel good.
2. Most times I feel that my child likes me and wants to be close to me.*
3. Sometimes I feel my child doesn't like me and doesn't want to be close to me.
4. My child smiles at me much less than I expected.
5. When I do things for my child, I get the feeling that my efforts are not appreciated very much.

For statement 6, choose a response from choices 1 to 4 below.

6. Which statement best describes your child?
 1. almost always likes to play with me
 2. sometimes likes to play with me
 3. usually doesn't like to play with me
 4. almost never likes to play with me

*Indicates that reversed scoring was used for this item

APPENDIX B: BEECH BROOK ATTACHMENT DISORDER QUESTIONNAIRE

When answering these questions, think about how this child compares to other children his/her age, and *check* the frequency that most applies to the child's behavior during the past three months (unless the question directly refers to a time period).

Never Rarely Occasionally Frequently

1. The child seems to trust that his/her caretaker truly cares for him/her.
2. The child seems to feel that his/her caretaker will continue to care for him/her no matter what.
3. The child typically hugs only when it is his/her idea, or when he/she has something to gain.
4. The child expresses affection, concern, or closeness to a family member or caretaker.
5. The child initiates positive interactions.
6. The child only acts affectionate if he/she is trying to avoid punishment or gain something (e.g., a privilege or a gift or permission to do something).
7. The child holds back and/or seems awkward when hugging (e.g. uses one arm or holds body stiff).
8. The child naturally sits close to a caretaker or a family member, or shows signs of affections.
9. Child clings to caretaker.
10. No matter what caretaker does for the child it is never enough.
11. The child demands attention when the caretaker is busy or paying attention to someone else.
12. The child steals outside the home.
13. The child asks for or accepts help or comfort from caretaker when ill, injured, frightened, or upset.
14. The child is fearful in new or strange situations.

15. The child is usually worried when separated from caretaker.
16. The child likes to be cuddled or hugged by caretakers or family members.
17. Caretaker feels “used” and is wary of the child’s motives if affection is expressed.
18. The child has the “give and take” skills in a relationship (e.g., smiling in response to smiles, or matching mood, behavior, or rhythm to that of someone he/she is close to).
19. The child engages in persistent, meaningless chatter, or asks many nonsense questions, especially when the person he/she is talking to is busy.
20. The child makes eye contact during conversation.
21. The child tries to be the boss even when it may get him/her into trouble.
22. The child lies even when the truth is obvious; not just to get out of trouble.
23. The child seeks negative attention over positive.
24. The child steals from home or from household members.
25. The child sets fires.
26. The child openly destroys property of other household members.
27. The child hurts others.
28. The child seems unusually interested in themes of danger, violence, or death.
29. The child is cruel to animals.
30. The child can turn on the charm for strangers.
31. The child is friendly and affectionate with strangers.
32. The child creates special struggles over food.
33. The child threatens others.
34. The child makes eye contact when he/she is lying.
35. The child hurts himself/herself.
36. The child has an unusually high tolerance for pain.

37. Caretakers find themselves feeling more angry and frustrated with this child than with other children.
38. The child seriously hurts or kills animals.
39. The child destroys his/her own things.
40. The child learns from his/her mistakes.
41. The child increases aggravating behavior until it is dangerous or cannot be ignored.
42. Caretaker finds things that work with other children in the household don't work with this child.
43. Household members become worried when things are going well with this child, knowing it is the "calm before the storm."
44. The child destroys property of other household members secretly when no one is looking.
45. The child is able to put himself/herself in someone else's place (see from another person's point of view).
46. The child is learning at the expected level.
47. The child's speech is odd or immature.
48. The child gets excessively angry or has temper tantrums over seemingly small things.
49. The child goes from one extreme to another in his/her view of other, from thinking they are good (perfect) to thinking they are bad (hateful).
50. The child avoids being alone.
51. The child draws pictures or tells stories in which he/she is left out or seems alone.
52. The child is more upset by change than other children his/her age.
53. The child expresses normal feeling like other children his/her age (e.g., smiling, crying).
54. The child gets into physical fights.
55. The child follows the caretaker's reasonable rules and requests.

56. The child seems to know what is right and wrong.
57. The child gets very upset when he/she can't do things his/her own way.
58. The child distances himself/herself from others in relationships where closeness is expected (such as in a family).
59. Ignoring negative or aggravating behaviors helps the child stop doing them.
60. The child realizes that negative or aggravating behaviors generally bring about unpleasant consequences.
61. The child seems to know exactly the negative behavior the caretaker cannot stand ("button pushing").
62. The child admits fault when he/she makes a mistake.
63. Intense emotional or physical reactions are generated between caretaker and child during negative interactions (e.g., yelling or spanking).
64. After a negative interaction, a period of emotional distance, non-communication or avoidance of contact occurs.
65. How often do well-laid plans about how to handle chronic problems go out the window?
66. Patterns of difficult behavior are easily interrupted by improved communication or parenting techniques within the household.
67. Child blames the caretaker for a negative interaction rather than take responsibility for his/her own behavior.
68. Negative behaviors by the child follow situations where people usually feel close (like family parties).
69. The child takes credit when he/she does something well.
70. The child expresses sorrow or guilt after he/she has damaged property or he/she has hurt people or animals.
71. Caretaker feels intensely rejected by this child.
72. The child can maintain friendships over time.

APPENDIX C: CONSENT FORM

Lifelines For Kids Demonstration Project

I state that I am over 18 years of age, in good physical health, and wish to participate in the Lifelines for Kids Demonstration Project conducted by the Center for Adoption Support and Education (C.A.S.E.). I understand that the Department of Family Studies at the University of Maryland, College Park, Maryland 20742, is conducting an evaluation of the Lifelines for Kids Demonstration Project in order to learn how the program was implemented and whether it was helpful to participants. I also understand that information I provide to the program may be used by the Department of Family Studies to conduct evaluation research.

The purpose of the Lifelines for Kids Demonstration Project is to provide a comprehensive system of support for children who are experiencing the ambiguities of concurrent planning (the simultaneous exploration of family reunification and permanent placement for the child) in the child welfare system. The program will help children address the issues of grief, loss, attachment, and loyalty that arise in the process of moving from foster care to a permanent home. It will also provide training and educational sessions for foster/adoptive parents and social workers concerning the needs of children in concurrent planning.

For the purposes of evaluating education and training sessions I will be asked to complete assessment forms before and after sessions.

All information collected for the purposes of evaluation Lifelines for Kids Demonstration Project will be confidential and my name will not be used at any time. An identification number will be used on my forms in order to link the before and after assessments by this number. This number will not be linked to my name in any of the program records. The data I provide will be grouped with data provided by others for the purpose of any papers, reports, or presentations so that no one person's responses can be identified.

There are no known risks associated with participation in the Lifelines for Kids Program.

I understand the completion of the assessment forms is voluntary and that I can withdraw from responding to these forms at any time and still participate in the sessions. There is no penalty for not completing forms.

Printed signature of participant: _____

Signature of participant: _____

Date: _____

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