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FOSTER FAMILY ENVIRONMENTS IN RELATION TO SOCIAL COMPETENCE
OF ADOLESCENT FOSTER CHILDREN: PERCEPTIONS OF FOSTER
MOTHERS

The University of North Carolina at Greensboro

PH.D. 1983

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PERCEPTIONS OF FOSTER MOTHERS

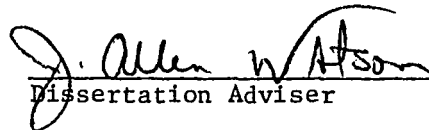
by

Rebecca T. Davis

A Dissertation Submitted to
the Faculty of the Graduate School at
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of the Requirements for the Degree
Doctor of Philosophy

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1983

Approved by


Dissertation Adviser

APPROVAL PAGE

This dissertation has been approved by the following committee of the Faculty of the Graduate School at the University of North Carolina at Greensboro.

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October 31, 1983
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The purpose of this study was to assess the relationship between factors of foster family environments and differential levels of social competence of adolescent foster children. Developed within a framework of normalcy, health, and competence, this investigation used measures that had been standardized on the normal population and resulted in a comparative profile of foster families and foster children. The independent variables were four factors of the foster family environment--cohesion, conflict, control, and organization--as measured by the Moos Family Environment Scale, and the age of foster mothers. The dependent measure--social competence--was measured by the Achenbach Child Behavior Checklist.

Hypotheses 1 through 5 addressed the bivariate relationships between the independent variables and social competence. Hypothesis 6 examined how much of the dependent measure could be explained by a combination of the independent variables.

The bivariate relationships were analyzed using Kendall Rank-Order Correlation, and the combined effects were analyzed using a multiple regression analysis. The significance level was set at $p < .05$.

The sample consisted of 50 foster families in Piedmont North Carolina who had had a foster child between the ages of 12 and 16 in their homes for at least one year. The data were collected in a personal interview with the foster mothers. The findings showed that perceived cohesiveness, by itself, was significantly related to social competence. That relationship was positive and not curvilinear as hypothesized. None of the hypotheses was supported as stated. A number of the variables were restricted in range and may have contributed to the low correlations.

The four factors of family environment hypothesized as discriminators of social competence were in fact those factors that differed the most from the norm. Because of the selection criteria, it may be that this was a sample of good foster parents, and these factors may be discriminators of competence among foster parents.

Nationwide, about 50 percent of all foster children are adolescents. Their needs differ vastly from those of infants and young children for whom the foster care system was developed. Direct application of this study could be used in the recruitment, screening, and selection of foster parents who serve this adolescent population.

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I am greatly indebted to those foster mothers and their families whose stories, in part, this study tells. They will dearly be remembered for their openness, their eagerness to learn about and

share themselves, and the countless hours of personal service they have given to those children in need of substitute parenting and to those social workers responsible for their well-being.

My deepest gratitude is expressed to my husband, Tom, for his continued support and encouragement and his willingness to share the joys and stresses that have been an integral part of this process. For my daughter, Jennie, for the times she has sat beside me with her pen and pad "writing her dissertation," and for the times she has spent in my absence, there is a special feeling; she has been a constant source of inspiration. From Tom, Jennie, and me, special consideration and thanks go to our families, friends, and neighbors who have been a constant source of support, eagerly anticipating our needs and wishes by providing some substitute care for each of us.

Patty Herring has spent countless hours typing and retyping the manuscript, and has directly shared the joys and anxieties throughout this endeavor from start to finish; her patience and flexibility have served to provide a much needed balance in producing the finished product.

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CHAPTER I
INTRODUCTION

The foster family is an anomaly when compared with the modern nuclear family. The middle-class family of today, the focus of most family studies, is a compact group with well-defined boundaries (Eastman, 1979; Fanshel, 1966). In contrast, the foster family willingly opens its family--its house, relationships, problems, accomplishments, income--to be shared by complete strangers. This includes unrelated children, and directly or indirectly, members of the child's natural family, as well as social services personnel. These foster children are at a higher risk of experiencing adjustment problems and handicapping conditions, yet the foster family willingly takes on the added responsibilities and increased unpredictability in day-to-day living. This openness fosters ambiguity in roles and responsibilities and difficulty in the integration of the child into the family system (Eastman, 1979).

Studies in foster care have emphasized psychological needs of the foster children, ignoring the needs of the substitute family and natural family and the reciprocal nature of these family relationships. This is reflected in the statistics on foster care that cite the number of children in care, but fail to cite the number of natural parents, natural siblings, foster parents, and foster siblings affected. The statistics would increase significantly if the latter information were included.

Guided by psychoanalytic theory, the foster care literature has emphasized the negative effects of separation from the natural parents as opposed to the positive effects of attachment to willing, loving surrogate parents and siblings. Practice has been guided by the assumption that maladjustment of foster children has been caused by separation, without regard for the preexisting family conditions and subsequent family experience. This tendency to avoid the integration of social psychological theories into research and practice is highly inconsistent with the philosophy of foster care. The Child Welfare League of America (1979) asserted that:

Good foster care . . . includes: continuous involvement of the biological parents (or legal guardians) in planning for and maintaining contact with their children; provisions of resources and rehabilitation supports to parents to help them assume or terminate their childrearing responsibilities; and an individualized plan of service for each child (p. 50)

Recognizing that there are variations in the child's experiences when he enters foster care and that the need for foster care indicates inadequacy in the parenting experience (Burland, 1980) for whatever reason, foster family care can and does positively impact on foster children, and foster children positively impact on the foster family. The deleterious effects of the previous family experience and separation can be compensated for if the foster care experience is positive (Mayer, 1977; Zimmerman, 1982). Therefore, it is the quality of the foster family environment that can significantly influence the child's development and subsequent adjustment.

The age of the child is also a significant factor in the relationship between the family environment and child adjustment. Developed to serve younger children, the foster care system is confronted with an ever-increasing number of troubled adolescents (Finkelstein, 1980). Nationwide, about half of all foster children are 11 years and older (Finkelstein, 1980; Hornby & Collins, 1981). The needs of these older children are significantly different from those of younger children, necessitating different foster care experiences (Hornby & Collins, 1981). The factors in family environment that influence positive adolescent adjustment in the face of adverse conditions have received little attention in both family and foster care literature. The foster family is an exceptional case for the family researcher to study, and therefore, may provide some answers that the study of the nuclear family does not address (Blood, 1976).

This investigation explores the environment of foster families and attempts to determine the significant factors that relate to social competence in adolescent foster children. Assuming a systems and symbolic interactionism framework, this study explores the theoretical connections between the foster family and the nuclear family.

Assumptions

The ecological environment provides significant influence on human development. The ecological model of human development has been expounded on by a number of social scientists. Germaine

wrote, "Ecology is the science concerned with the adaptive fit of organisms and their environment and with the means by which they achieve a dynamic equilibrium and mutuality" (Germaine, 1973, p. 326). According to Bronfenbrenner, the ecological framework:

involves the scientific study of the progressive, mutual accommodation between an active, growing human being and the changing properties of the immediate settings in which the developing person lives, as this process is affected by relations between these settings and by the larger contexts in which the settings are imbedded. (Bronfenbrenner, 1979, p. 21).

Therefore, single, objective experiences have little meaning without exploring the interconnections between the experiences and perceptions of the humans experiencing them.

The ecological model assumes the social systems and interactional framework with existential qualities. The focus is on normal family functioning (Hess & Howard, 1979).

It is a well-supported fact that the family environment is the most influential ecological factor in the psychosocial development and adjustment of children (Forman & Forman, 1981; Hess & Howard, 1981; Jackson, 1967; Moos, 1974b; Waller, 1938). This is further supported by the fact that enduring and affectional bonds that humans develop with particular individuals (Bowlby, 1978) tend to be "closer, deeper, more persistent and more inclusive of the whole person between family members than non-family members" (Waller, 1938, p. 25).

Family commitments are often assumed to be a function of kinship; family relationships are based on kinship and fixed by blood

and marriage (Allan, 1979). In the world of foster care, commitments based on structural definition and formal role positions lose their significance. According to Allan (1979), "kinship is the social interpretation of natural phenomena, rather than the natural phenomena themselves" (p. 32).

Healthy shifts in primary family attachments can occur (Hess & Howard, 1981) if the grief process following a loss is characterized by support of others and the provision of the opportunity for new attachments (Bowlby, 1979). An important influence on these shifts in attachment is the age of the child. For example, a child below the age of two years quickly attaches himself to a new caretaker. The child five years old and younger is not able to comprehend a two-month absence from the mother (Goldstein, Freud, & Solnit, 1973). The older the child, the more likely it is that he will be able to maintain a strong attachment to the birth parent, yet at the same time develop an attachment to a new caretaker such as a foster parent (Hess & Howard, 1981).

Therefore, it seems the psychology and sociology of family relationships can be applied to foster family relationships in the same manner in which it is applied to natural family relationships. There are a number of studies that give empirical support to this.

Research on the impact of the addition of children to the marital dyad (Christensen, 1968; Feldman, 1971; Luckey & Bain, 1970) and research on the effects of support networks (kin and friends) on family life (Bott, 1957; McLanahan, Wedemeyer, & Adelberg, 1981) are

consistent with findings in foster care literature. For example, placement success has been shown to increase with increased support from the social worker, with the early stages of the first placement being the most crucial (Hampson & Tavomina, 1980; Levine, 1972).

Statement of the Problem

A recurring problem in foster care is the number of times a foster care situation breaks down, necessitating replacement of a child. The older the child, the greater the chances are that replacement will be necessary. There have been a few investigations attempting to identify factors of family environment that relate to success of foster placement, yet none of these studies has integrated family research on family environment and individual adjustment.

A growing problem in foster care, as in the general population, is the increasing difficulties adolescents seem to be experiencing in coping with today's world. This is reflected in the ever-increasing rates of teenage pregnancy, suicide, delinquency, alcoholism, drug addiction, and other acts of self-destruction. The foster child is at an even higher risk of experiencing these problems.

The family environment the substitute family provides is crucial in providing the supportive and nurturant relationships

these teenagers need. What are the significant factors that contribute to varying levels of social competence in adolescent foster children? They have most likely already been faced with extremely adverse conditions. What factors have the most influence, and how do these factors covary?

The direct application of such information can assist in selecting foster homes that are most conducive to adjustment of teenagers. Equally important is knowing what factors contribute to the ongoing success of the foster placement. Given the high risk of family breakdown due to ambiguity of boundaries, roles, and responsibilities, this study will address systemic and interactional variables that relate to social competence of the adolescent in foster care.

Purpose of the Study

The literature indicates that a number of relationship and systemic factors of family environment influence child development and adjustment, and that these factors vary over the life cycle. Moderate levels of cohesion and adaptability are related to high functioning (Russell, 1979; Olson, Sprenkle, & Russell, 1979) with the more extreme levels indicative of low functioning. Cohesion is indicative of relationship qualities, and adaptability is indicative of systemic qualities. In foster families, boundaries are vague, and roles are ambiguous, leading to increased levels of stress and dissatisfaction. Also, the adolescents in care are at a higher risk

of experiencing adjustment problems. It may be that foster families differ qualitatively from natural families to compensate for increased levels of stress, ambiguity, and openness in order to foster a sense of closeness and support. Likewise, a more highly organized family system may be related to adolescent adjustment of foster children due to compensatory factors. Because foster parents can assume responsibility for a teenage child at any stage of life, the age of the foster mother will be used to assess variations of adjustment related to the family life stage.

The research measures utilized in this study have normative data thus providing a basis for assessing differences and similarities between natural and foster families. A profile of foster families and of the male and female foster children will enhance the ability to interpret the variations reported in this study. As a pilot study, this is an initial attempt to assess family functioning of foster families utilizing a framework that reflects a philosophy of health, competence, and normalcy.

Hypotheses

The five independent variables used in the analyses include cohesion, conflict, organization, control, and age of foster mothers. The dependent variable is social competence of the adolescent foster child. The following hypotheses will be tested in order to investigate the research questions.

- H₁ There is a curvilinear relationship between cohesion and social competence with moderate levels of cohesion as optimum.

- H₂ There is a curvilinear relationship between conflict and social competence with moderate levels of conflict as optimum.
- H₃ There is a positive relationship between organization and social competence.
- H₄ There is a negative relationship between control and social competence.
- H₅ There is a curvilinear relationship between the age of foster mothers and social competence.
- H₆ The independent variables in combination will explain a significant amount of the variance of the dependent measure--social competence.

CHAPTER II
REVIEW OF LITERATURE

The Foster Care Experience

Description of Population

In the United States, there are more than 500,000 children residing in foster care, a full-time child-care service for children whose responsibility for daily care has been transferred, voluntarily or by court commitment, from the biological parents. This includes children under the care and supervision of public and voluntary social agencies who are living in foster family homes (private family homes), group homes, and institutions (Costin, 1979; Levine, 1972; Rein, 1974; Shyne, 1980). This number represents a 200 percent increase over the 1961 statistic of 175,000. Today, 395,000 reside in foster family homes, as compared to 132,000 in 1961. The number in child care institutions and residential treatment centers increased from 45,000 to 73,000 within those same years (Shyne, 1980). The number in group homes jumped from fewer than 1,000 in 1961 to more than 34,000 in 1977 (Shyne, 1980). Although the actual numbers in institutional care increased, statistics show a decline in the percentage of all foster children in institutional care (Levine, 1972). This drop reflects a national trend toward deinstitutionalization.

Children in the foster care system tend to be poor (Rein, Nutt, & Weiss, 1974), illegitimate, from broken homes, and usually

socially maladjusted (Fanshel, 1966; Hampson & Tavomina, 1980). Reasons given for placement vary from (1) illness of the primary caretaker (usually the mother) (40%), (2) family problems (30%), and (3) child's problems (30%). The major problem that precipitates placement is child neglect, followed by an unwillingness to care for the child and abandonment of the child (Shyne, 1980). These findings were replicated in a study of foster care in North Carolina done by the Governor's Advocacy Council on Children and Youth (1978).

The foster care statistics represent only a part of the children and families who need substitute care. This service represents a continuum of services for problem and nonproblem child care situations from part-time care (nursery school, day care, after-school care, homemaker assistance, babysitting exchanges) to full-time care (private boarding school, residential facilities, and foster care). In the higher income bracket, one-third of all preschool children regularly spend time in substitute care (Rein, Nutt, & Weiss, 1974).

In 1980, 2,295,000 unmarried children under 18 years of age were living with neither parent. A majority of these children were black. Between 1968 and 1980, more black children ages birth to five years of age were likely to have lived apart from their parents. However, among whites, adolescents aged 14 to 17 years were in this category. In recent years, a dramatic increase in these statistics reflects a general trend in parent-absent children (Montemayer & Leigh, 1982).

There has been considerable criticism of foster care services as "poor services for poor children." The nonpoor have access to a

greater number of substitute care services that provide support, reducing the possibility of the need of full-time foster care. Also, the nonpoor have greater capability of purchasing full-time care for problem children or, in the presence of personal family problems, avoiding the foster care system (Rein, Nutt, & Weiss, 1974).

Philosophical and Value Base

Philosophically, foster care is based on the notion of "broad responsibility for nurturing" and reflects the importance of child-rearing responsibilities as a community value. If parents are unable or unwilling to provide or arrange appropriate care, substitute care should be shared by a number of community and governmental systems: foster parents, child caring staff, social workers, recreational services, and social and mental health agencies (Stone, 1970).

Foster care policy and practice have been guided by several values and assumptions: (1) the damaging effects of maternal deprivation on development; (2) the vital importance of the parent-child relationship; (3) the importance of the extended family as a substitute for the natural parents; and (4) the rights of the child over those of the parents (Stone, 1970).

The basic intent of foster care is to preserve and strengthen family life (Peterson, 1970). This is done by strengthening the parent-child relationship through intervention aimed at establishing or reestablishing the parents' ability to care adequately for their children (Child Welfare League of America (CWLA), 1977; Horejsi,

1979; Hubbell, 1981) through a number of supportive and preventive services. Its goal is to supplement, not supplant, family life by providing planned temporary care when the child's own family cannot care for him, and adoption is not an alternative (CWLA, 1977).

Foster family care reflects a commitment to the nuclear family (Rein, Nutt, & Weiss, 1974). Yet, it strikes at the very heart of family life by exercising control over who can live together as a family. Decisions to remove a child from the family have serious consequences in altering the family's opportunities to nurture its children (Hubbell, 1981).

Of all types of substitute child care--group, institution, and family--foster family care is the preferred placement, because it more closely resembles normal family living, reflecting the needs of the child in a family-centered society (CWLA, 1979). Social work services to natural families of children in placement and to the foster families are an integral part of foster family services.

Historical Development of Foster Care Services

The predominance of psychoanalytic theory and other theories of child development along with existing social and economic conditions have simultaneously influenced the historical development of foster care and its goals of practice (Morisey, 1970).

Early accounts of placing dependent children away from their natural families appeared in the Old Testament. Children were farmed out to live and work with a family and learn a trade. During the eighteenth and nineteenth centuries, children were placed in

almshouses where the poor went to live. The desire was to prevent the return of the child to his parents, even if both were living. Thus, parents were required to surrender their rights. This practice influenced the growth of institutions during the nineteenth century (Costin, 1979).

The free foster home movement was begun in 1853 by Charles Loring Brace. By the end of the nineteenth century, Charles Birtwell of Boston began a movement in foster home care that individualized children's needs. The 1909 White House Conference on Children affirmed this move, and the Social Security Act of 1935 made provisions for a variety of services for children (Costin, 1979; Morisey, 1970), giving impetus to the growth of a number of child welfare services.

Increasing knowledge about the effects of environment on separation and the introduction of the concept of maternal deprivation by Freud, Spitz, and Wolf has led to a shift from institutional care to small group or family care.

More recently, the complex issues of child placement and the need for continuity of relationships during placement have been better clarified by theoretical advances in ego psychology, socio-cultural aspects of family functioning, and role theory. In spite of these advances, systematic application to foster care has been slow in coming.

Legal Base of Foster Care

Children under 18 years of age can be committed to foster care by the courts, or children can voluntarily be placed in foster care by parents. Court decisions to remove a child are based on what is in "the best interests of the child." The emphasis is placed on the needs of the vulnerable child. Neither the needs of the natural family nor those of the receiving foster family have any influence in decision making (Hubbell, 1981). The agency and the courts have sole responsibility for determining the need for and the nature of care (Morisey, 1970).

When a child is committed by the courts, parents retain residual rights--visitation, information about the child, determination of religious affiliation, consent to adoption, inheritance, right to appearance at judicial proceedings involving the child, and support. Their rights are protected by the due process clause of the Fourteenth Amendment to the United States Constitution to insure parents' rights to custody are treated as "paramount and fundamental" (Morisey, 1970).

These two legal issues--parents' rights and "best interests of child"--set up a paradox that contributes to a number-one problem in foster care--"drift." This term refers to children who live away from their families for an extended length of time without any sense of stability and continuity. Termination of parental rights has not been sought as an alternative until the recent past. Considerable criticism of both aspects of the law has developed. The term "in the best interests of the child" is considered a "malleable concept"

that includes a complex array of variables including the child's emotional health, physical well-being, social competence, and optimal intellectual development (Hubbell, 1981). Are the best interests of children served by committing them to foster care (Rooney, 1982)?

There is a move to advocate for decisions based on needs of parents and children or the "least detrimental alternative" (Goldstein, Freud, & Solnit, 1979; Hubbell, 1981). This concept implies that the parent and child are involved in a mutually rewarding relationship (Bush & Gordon, 1982), and that separation involves severing reciprocal bonds and commitments.

Another legal (and practice) issue is related to the rights of foster parents. These parents have no legal rights or parental rights over foster children in their care. This leads to foster parents' sense of helplessness and lack of control regarding placement and care decisions, and contributes significantly to role confusion (Hampson & Tavomina, 1980).

In many states, changes in laws on parental rights have made much easier the termination of parental rights of a child who will not likely return home. The net result is the reduction of the number of children in "limbo" or "drift." The passage of the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) sanctioned a move to identify early those children who will not be returned home, terminating parental rights and placing the child for adoption or long-term foster care.

Practice and Policy: A Critical Review

Criticism abounds in the area of foster care. Peterson (1981) indicated that, in fact, the very existence of foster care is seen by some as a failure of other child welfare services. She criticized the methods of administration of foster care as eliciting negativism and low priority status.

Redl (1966) stated that foster home care is an "obsolete answer to a current problem of huge proportions" (p. 26). Others condemn foster care for a variety of policy and practice reasons (DeFries, Jenkins, & Williams, 1965), and feel it has not been "in the best interests of the child" (Mnookin, 1974).

Kadushin (1978), on the other hand, asserted that the foster care system works well, and criticism should take into account the very difficult situations with which a worker is confronted. A number of recent studies (Fanshel & Shinn, 1978; Zimmerman, 1982) indicated that some foster children have fared well in the system.

Agreement is general that there are wide discrepancies between policy and practice decisions and philosophical intent. In effect, many of the goals of foster care are not carried out. Experts do agree that children need continuity in placement which leads to continuity in environment and relationships (Fanshel & Shinn, 1978). A number of problems have been well documented related to these discrepancies in practice and philosophy.

Foster care "drift" or "children in limbo" has been identified as a major problem in foster care. In this situation, a child

enters foster care without a clear plan and remains in care for an extended period of time without a sense of stability or continuity in his living arrangements (Horejsi, 1979; Maluccio, Fein, Hamilton, Ward, & Sutton, 1982; Stone, 1970). The placement is viewed as temporary (CWLA, 1977), and the foster parents take a you-will-be-leaving-soon approach (Peterson, 1970). In fact, this tentative attitude has been actively encouraged, to the point of removing a child when a close attachment and sense of permanence would develop between parents and child. Being on the back-and-forth edge of "abandonment" results in a child's behavioral appeals for help and attention (Finkelstein, 1980). The child most often remains in "temporary" care for an average of two to three years (Fanshel & Shinn, 1978; Hampson & Tavomina, 1981).

Another critical concern related to "drift" is the frequency with which placements break down, resulting in a string of replacements (Bush & Gordon, 1982). This moving from one place to another interrupts and further compounds existing behavioral and emotional problems (CWLA, 1979; Hampson & Tavomina, 1980; Levitt, 1973). The longer the child is in placement, the more the child tends to be moved (Fanshel & Shinn, 1978). The average foster child is away from his parents for over two years. Within those two years, about one-half of the foster children live in at least two homes (Shyne, 1980). Eisenberg (1962) found that 36 percent of his sample had been moved four or more times. More aggressive children had more moves. Maas and Engler (1959), in their study of foster care in nine communities, found that problem behavior of foster children was

positively correlated with the number of different moves they made, and not their total length of time in foster care. Fanshel and Shinn (1978) found that 16 percent of the Jewish children, 22 percent of the whites or Protestants, 33 percent of the blacks, and 29 percent of the Puerto Ricans had three or more replacements. The minority children also tended to stay in care longer.

Criticism has led to "simplistic solutions" such as closing all institutions, placing all children up for adoption if unable to return home, and doing a better job more economically (CWLA, 1979). These solutions reflect a shortsighted perspective on the interrelationships of economic, social, medical, and familial conditions that contribute to family breakdown.

Foster care cannot solve all of society's problems, but indications are that good foster care will continue to be needed, particularly for the ever-increasing number of teenagers entering care (CWLA, 1979). With advances in the field, such as permanency planning, foster care can prove to be a valuable service for children and their families.

Permanency Planning: A Second Chance

A nationwide permanency planning move is underway to combat the problems of "drift," "children in limbo," and replacements. Legally sanctioned by the Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272), permanency planning programs have been and will continue to be developed that are designed to carry out the original intent of foster care--continuity of care (Emlen & Pike, 1977).

Permanence is defined as:

A sense of belonging and being a part of a group of people who are committed to each other and to dealing with problems caused by both internally and externally imposed stresses, regardless of what might occur. (Finklestein, 1980, p. 100)

Perhaps, psychoanalytic theory has been misinterpreted or misapplied. According to the above definition, stresses are a normal part of life. Problems are related to the lack of consistency of support and care in the face of stress. Growth implies internal difficulty: "Physical, emotional, intellectual, social, and moral growth does not happen without causing the child internal difficulties" (Goldstein, Solnit, & Freud, 1973, p. 32). Pressures that exceed a middle range disrupt development (Goldstein, Solnit, & Freud, 1973).

As part of the Adoption Assistance and Child Welfare Act of 1980, a number of support services are to be provided in an attempt to prevent placement (counseling, parent education, day care, assistance from homemakers). It has been shown that crisis intervention, counseling, and other support services prevent placement, and early identification of problems makes placement shorter (Pike, 1976). If placement is needed, these services will be offered to the child and the natural family to return the child home as soon as possible. A plan of care must be developed on each child in foster care and reviewed every six months. If the plan is not to return the child home, then every attempt is made to terminate parental rights so that the child is available for adoption. If this is not possible, long-term permanent foster care is the alternative plan.

Since its beginnings in the early 1970's, with the first organized program, the Oregon Project (Pike, 1976), permanency planning is working. The length of time in foster care has been reduced and the number of children available for adoption has increased (Stein, Gambrill, & Wiltse, 1978). However, there needs to be increased emphasis on those children who cannot be placed, as there are increasingly fewer resources (Rooney, 1982). The continued demands for foster care need not imply failure. These children should have quality foster homes in which they can experience a sense of permanence. Foster parents also need a sense of permanence and security, but this can happen only when a revision of goals is carried out. With these changes, there is a beginning confidence that long-term foster care can be an effective service (Morisey, 1970).

The relationship between achievement of permanent placement and a high sense of stability and continuity of care is not exactly correlated (Rooney, 1982). The fact that a child has a permanent placement does not mean that he feels a sense of security. Therefore, new emphasis needs to be on the quality of foster homes and those factors that influence a sense of security as measured by the child's social and emotional adjustment.

Research on Foster Parents

Although foster parents are not considered a homogeneous group, there are certain characteristics they share. They are, on the

average, blue collar or semi-skilled working class, and beyond middle-age (Levine, 1972). Of a sample of 101 foster parents in Pittsburgh, foster parents tended to be from a large family, had relatively small numbers of children, married early, and had a brief education (Fanshel, 1966). Hampson and Tavomina (1980) found that in Central, Virginia, of 44 active foster families, 65 percent lived in rural areas, mother's education was 10.3 years, father's education was 9.35 years, and the income was \$794.20 per month.

Problems foster parents experienced were (1) difficult behaviors --emotional and nervous problems (anxious and withdrawn), followed by acting out behavior and difficulty in interpersonal relationships; (2) lack of parental rights; (3) lack of support from the agency and no training; and (4) poor communication with agency staff--usually the social worker (Hampson & Tavomina, 1980).

The motivations of persons to become foster parents and the relationship to placement success has been the focus of a number of studies. Fanshel (1966) and Kraus (1971) found that older children did better (placement was more successful) with parents whose stimulus was social reasons (wanted to make things better). Younger children adjusted better with foster parents who were motivated by more personal reasons (wanted a child to love; wanted to be more fulfilled). Hampson and Tavomina (1980) found that, in general, placements were less stable when they were personally motivated. They suggested that these parents might have been more particular in their expectations and therefore terminated placement earlier and quicker.

Money has not been found to be a motive. Instead, most foster parents tend to feel that they would keep a child regardless of income from placement. In years past, adding to the family income may have been a motive, but with the cost of childrearing today, this appears highly unlikely. In a study done in North Carolina by the Governor's Advocacy Council for Children and Youth (1978), there is a gap of about \$1,733 per year or \$144 per month between the cost of foster care and state board payments to foster parents.

The gap widens as the child grows older. Moderate cost figures indicated an \$1,100 annual increase in cost of care between an infant and a 16-year-old. Thus, current average board costs represent only one-half of the estimated direct cost of caring for an infant and only one-third of the cost for caring for a 16-year-old.

One study indicated that money was highly associated with a favorable score on a parent attitude scale for a group of foster parents who cared for handicapped children (Hampson & Tavomina, 1980). It possibly reflects the greater need of financial support in meeting the medical needs of caring for handicapped children.

Therefore, motivation alone cannot operate as a predictor of success. It must be examined in the context of other variables (Kraus, 1971).

A number of studies have focused on the development criteria to predict the success of foster placement. Kraus (1971) developed a prediction table for the success of foster parents based on a

number of significant factors--mother's age of 46 years or older, two children of their own or family in which one or more foster children were already residing, more or less than four family residents, and foster parents being motivated by general interest rather than by a personal interest in a child. Factors not significant were socioeconomic status, employment status of mother, and age and sex of the foster child.

Cautley and Aldridge (1975) used multiple independent ratings by caseworkers and researchers. They listened to taped interviews with foster parents and evaluated style of discipline, degree of cooperation with the caseworker, affection style, and experience as a foster parent. Toutialos and Lindholm (1977) developed a Potential for Foster Parenthood Scale, including factors of physical health, marital stability, flexibility, ability to work with the agency and the child's own parents. Hampson and Tavomina (1980), critical of others' failure to ask foster parents what contributed to success, evaluated success by measuring skill of foster parents in handling major behavior problems. Foster parents identified discipline as the number one problem, and lack of agency support as a concern. Success in placement increased with increased agency support in the early stages of placement. This interrelationship between a particular foster home and the larger foster care system has been neglected, even though it has been shown to be a crucial factor.

The Adolescent Within the Family Context

There is little question that adolescence is increasingly difficult for both child and parents as evidenced by the rise in the incidence of abuse (40 percent of all abuse cases are of adolescents), depression, suicide, running away, delinquency (Wells & Stuart, 1981), and pregnancy within the adolescent population. Nationwide, for example, suicide is the second leading cause of death for the ten-to-19-year-olds, exceeded only by accidents (Dorman, 1982), some of which are suspected to be suicide.

Professionals, parents, relatives, and friends are often called upon to discriminate between an adolescent's difficulties as normal or abnormal. This is attributable to the traditional "storm and stress" view of adolescents (Lipsitz, 1980) characterized by lowered ego and increased aggressive and sexual impulses reflected in the psychoanalytic literature (Blos, 1970; Erickson, 1968; Freud, 1958). Adolescent self-destructive behavior has been frequently ignored because, in part, the adolescent is seen as being old enough to protect himself from the realities of life, to stand up to others, and to provoke adults' hostile, aggressive, and rejecting behaviors.

According to the psychoanalytic interpretation of adolescent turmoil, the adolescent ego structure is in a state of marked flux and weakness due to the growth process. The difficulties in adolescent assessment result because these conditions of flux cause psychiatric symptoms to be vague and ill-defined, shifting from one disorder to another. A determination of developmental crisis or psychopathology can only be determined after follow-up.

Masterson (1980) attempted to distinguish between adolescents whose psychiatric symptoms were an expression of illness and required treatment and those whose symptoms reflected turmoil or crisis. In a five-year follow-up study of 78 adolescents, adolescent turmoil was found to be subordinate to psychiatric illness. Problems in adolescence are the manifestation of lifelong psychopathology. In the healthy adolescent, the storm and stress produced, at most, are subclinical levels of anxiety and depression (Masterson, 1980).

Approximately 70 percent of all young people experience a relatively serene adolescence (Lipsitz, 1980). The notion is more and more accepted that the "generation gap," and "storm and stress" of adolescence are dysfunctional by-products of Western industrialized nations (Offer, 1969; Donovan & Adelson, 1966). There has been an overemphasis on adolescent problems, maladjustment, and social pathology. Rebelliousness is a catchall term, devoid of much real meaning, with its roots in psychoanalytic theory of detachment (emotional autonomy in ego psychology) depicting the second separation-individuation phase (Hill, 1980).

A number of investigations have addressed variations in family relationships as children grow older and the relationship to adolescent adjustment. There have been a number of studies related to parental control. As the adolescent shifts from family to peer-orientation, there are changing needs for parental control. Overcontrolling for too long adversely affects adolescents (Baumrind,

1975) as does overpermissiveness in early adolescence (Hill, 1973). The most distance between parent and child results from permissive parents (Kendel & Lesser, 1972). Baumrind (1975) found that there is a sex differential related to control--more independent girls have higher parental demands and a lack of overprotectiveness than is true for boys. In general, as the child ages, there needs to be a shift from more extreme parenting styles to more democratic and moderate attitudes and methods (Lipsitz, 1980).

Most studies have been conducted on white middle-class families, and cannot be generalized to low-income, minority group families. Childrearing practices have been shown to differ on a number of control variables relative to social class and race (Sears, Maccoby, & Levin, 1957).

Little attention has been given to parents' assessment of their own competencies with regard to tasks of parenthood. How parents feel about their ability to effectively fulfill their parenting role affects their role performance and thus influences interactions with their children (Ballonski & Cook, 1982). Chilman (1979) found feelings of competence as a parent to be significantly related to satisfaction with this role. Overall, mothers reported high levels of competence in their roles as parents, yet challenges of parenting varied with each developmental stage. The lowest competency ratings were reported by mothers of adolescents. The greatest difficulty came in dealing with issues and feelings related to independence, sexuality, drugs, and alcohol (Bartz, 1978).

Adolescent problems have increasingly been viewed as an interaction between the adolescent and middle-aged parents. Based on

Erickson's theory, both parent and child fear that life may be meaningless and feel a sense of despair about those limitations. There are, also, many similarities in the identification issues surrounding sexuality, self, and the future (Smith, 1976).

The adolescent foster child and foster family are at an even greater risk of experiencing crises. The adolescent in care, whether placed as a younger child or as an adolescent, has experienced separation trauma most often as a result of dysfunctional family relationships. The foster family environment must provide for the everyday needs as well as serving a therapeutic role.

The foster care system is experiencing an increase in adolescent population and changing needs for two reasons. First, due to permanency planning, many of the younger children placed in care are returned home sooner or adopted. Children placed in care prior to these changes are growing up in care (Thomas & Miller, 1980). Second, the foster care system is increasingly confronted with large numbers of teenagers who are placed as teenagers because of difficulties in coping with everyday life experiences (Finkelstein, 1980). These are adolescents who are angry, rebellious, nonconformist, and disobedient. With recent changes in state laws, these teenagers are being diverted from the juvenile justice system as a way of preventing institutionalization. These are the status offenders, a term applied to youths who have committed no act that would be considered criminal if the child were an adult (Scientific Analysis Corp., 1980). Statutory definitions of status offenders contain some

specifically described proscribed behavior such as runaway (28 states), truancy (41 states), and curfew violation (three states) as incorrigibility, in need of supervision, beyond control, and in danger of leading a corrupt or animal life (Thomas & Miller, 1980).

Studies in foster care showed significant differences in decision making relative to the age of the child. Older children are more likely to be recommended for out-of-home placement than are younger children. Out-of-home placement recommendations involving younger children occur in approximately 21 percent of all case openings at intake and 30 percent of all cases receiving on-going services. Yet, for older children, 28 percent of all case openings at intake are referred for placement, and 48 percent of those receiving ongoing treatment are referred for placement (Thomas & Miller, 1980). The older the child is at placement, the longer will be the stay. As length of time in care increases, and as the age of the child increases, the greater the number of placements the child experiences (Olsen, 1982).

Older children were disproportionately placed in congregate care (group homes and institutions) when compared to younger children (Thomas & Miller, 1980). As the child ages, the cost of care increases, and so does the differential between the monthly board payment and actual expenditures. In some states, there is an adjustment relative to the child's age, but this is not true in North Carolina.

The disparity between social, psychological, and economic needs of adolescents and the available services developed for infants and young children has become increasingly obvious. Changes need to be based on family theory and empirical studies in order to serve these children more effectively. Just what some of the variables are is the subject of this investigation.

Theoretical Framework

The separation of children from their parents and their subsequent adjustment has been a concern of psychologists rather than sociologists. This has led to an emphasis on the trauma and negative effects of children separated from their parents due to the foster care experience.

Psychological Orientation

Attachment is an ongoing mutual process that initially occurs between parent and child during infancy and toddlerhood. For healthy attachments to develop, Hess (1982) described three prerequisites: (1) continuity of the parents' presence for a sufficient amount of time to allow for repetitious parent-child interactions; (2) stable environmental supports lacking in extreme changes and excessive stress; and (3) mutual interactions between parent and child that reinforce attachments from both directions. A lack of these in various combinations interferes differentially with attachment (Hess, 1982).

When a child enters foster care,

[the] separation forces a break in continuity in the parent-child relationship, instability in environmental supports for the relationship, and a loss of opportunities for each to initiate mutually gratifying interactions with the other. (Hess, 1982, p. 48)

These experiences significantly influence the child's subsequent attachment behavior and social adjustment (Bowlby, 1978, 1979; Burland, 1980; Goldstein, Freud, & Solnit, 1973; Levitt, 1973; Lieberman, 1980). The effects of separation are differentially influenced by the age of the child at separation (Fanshel & Shinn, 1978), the nature and frequency of parent-child contacts after placement, the nature of experiences prior to separation, and the family life experiences after separation (Hess, 1982).

Based on the psychoanalytic theory of Freud, once the trauma had been experienced, there was no mending. Therefore, Freud left his followers at a dead-end by the assumption that "neuroses cannot be cured" (Burland, 1980, p. 29). Advances in psychoanalytic theory, most particularly ego psychology, have provided a framework which addresses social/emotional problems as developmental failures that can be treated (Ballen, 1980). It poses a more positive outlook on development characterized as deprived. If a socially and emotionally deprived child is provided with the adequate and necessary nurturing and parenting, adjustment will improve (Burland, 1980).

It is, therefore, shortsighted to base the outcome of foster care on the separation experience. Maladjustment and developmental delays are not caused by foster care, but other factors that are a

function of other environmental influences. Fanshel and Shinn (1978) found that the same proportion of foster children (25 percent to 33 percent) were emotionally impaired as were children from similar socioeconomic levels who remained in their own homes. Fox and Arcuri (1980) found that the foster child's general level of academic and cognitive functioning was similar to that of low-income and minority children. The assertion that foster care is a depriving world (Burland, 1980) in part results from failure to keep up with theoretical advances, and misinterpretation and misapplication of existing theory.

Laird (1979) asserted that "practice" has relied on a misinterpretation of Bowen's theory. According to Bowen's (1960) theory, individuals who are poorly differentiated have made intense unresolved emotional attachments, and are "stuck together." The interpretation has been that it is best handled by separating the child from the abusing or neglecting family. In other words, putting physical distance between them. Yet in the family therapy literature, physical and emotional distancing promote rather than weaken emotional dependency. When the emotional cutoff is more intense, "the child may be even more prone to duplicate family patterns in his/her own adult interpersonal and family relationships" (Laird, 1979, p. 191).

Foster children have normative emotional and behavioral problems based on their experiences and environments (Maluccio, 1966), and separation is neither the culprit nor the cure-all. There is a need

to integrate family theory into the foster care experience in order to better understand the relationship between the foster care experience and adjustment. Jackson (1967) cautioned against imposing individual theories onto the family model. There is no evidence that the shift from the individual, psychological perspective to the interactional perspective is continuous. They are actually exclusive of each other and significant transactions may be omitted in the shift. Jackson (1967) wrote:

Since the family is the most influential learning context, surely a more detailed study of family process will yield valuable clues to the etiology of such typical modes of interaction. Whether one thinks in terms of "roles," "tactics," or "behavior repertoire," it is obvious that the individual is shaped by, and in turn, shapes his family.
(p. 140)

Sociological Orientation

There have been few sociological investigations of foster care and little application of family theory and research. Fanshel's (1966) extensive study of foster parents, based on the sociological context of a Gemeinschaft-Gesellschaft typology, utilized role theory and a systems perspective. They cited Bossard and Boll's (1956) findings that large family systems (six or more) were structurally different from smaller families and needed to be treated differently. In large families, conformity is valued above self-expression, and listening is the rule rather than talking. Fanshel based his study on family rules (first-level ground roles). Respondents were asked to agree or disagree to "men going off together fishing or hunting without the women folk is my idea of a vacation," or "a man should 'rule the roost' in the home" (p. 71).

Eastman's (1979) very timely article on the foster family from a systems perspective focused on the differences of the foster family from the nuclear family in terms of boundaries and roles.

In Zimmerman's (1982) study of the outcome of foster care, he emphasized the reciprocal nature of the foster child and the foster family environment. The sociological parents play a "significant role in altering, renewing, and obliterating their place in society" (p. 2). He found long-term foster care in and of itself not to be injurious to the foster child. Of all the conditions in foster homes, the emotional climate was the most crucial element. Acceptance was most significant, followed by a sense of fairness and equality. Coercion by physical means was a significant concern of foster children. The physical conditions and community access, which are by far the elements given the most emphasis in screening foster parents, were not a significant concern.

With increasing complexities in foster care services and changes that more closely reflect its true philosophy and intentions, there is a need to apply theories that can handle these increased transactions. Systems theory and symbolic interactionism can be integrated to provide a social psychological study of transactional and systemic properties that are crucial in understanding foster care and predicting outcome.

Jackson (1967) viewed the two theories as complementary and almost synonymous. Symbolic interactionism (SI) assumes a system and process type of approach. In fact, interactionists assume a

systems perspective as an obvious presupposition (Burr et al., 1979). Although the two theories overlap and complement each other, they are not mutually inclusive. They each provide a differential understanding of similar phenomena. Systems theory assumes that there are general laws that apply to all human systems (Burr et al., 1979), whereas, SI does not.

The "social act" is a concern of both systems theory and symbolic interactionism. According to Kantor and Lehr (1975), the "act" is part of the basic interaction process of the family. It is defined as the manipulation of the environment that only has meaning within the context of others, whether present or not, and executed in participation with others. The "act" in systems theory refers to "the act of acting on, the act of taking in, and any other event that is felt by those participating in the sequence to be a potential source of subsequent action" (Kantor & Lehr, 1975, pp. 16-17). It is viewed as a process of feedback control that serves a distance regulation function. Therefore, it is concerned with the arrangement of the component parts and the process.

In contrast, SI concerns itself with the private aspects that are not overtly accessible. The "social act" is the nature of human action--as opposed to organization and process. The act begins with the organism in a state of disequilibrium of varying degrees. This discomfort leads to an impulse to respond. The organism perceives and interprets the situation at hand, then responds to the environment, resulting in restoration of equilibrium (Charon, 1979).

Rules are central to both SI and systems theory. Burr et al. (1979) pointed out that the contributions of modern systems theory were concepts such as the difference between content and relationship messages and between metacommunication processes. Therefore, systems theory is concerned about the presence or absence of rules, the nature of the rules, and what they communicate. SI concerns itself with one's perceptions and feelings about roles and the nature of interaction around these roles. Perceptions and feelings will influence one's understanding and behavior relative to rules.

Roles, central to SI, are more or less an integrated set of social norms that are distinguishable from other sets of norms that constitute other roles. In systems theory, roles are a way with which to deal with all the comings and goings. All families develop within their boundaries "a standardized set of positions or roles" (Burr et al., 1979, p. 113) as a way of managing fluctuating memberships which result in disequilibrium within the system (Broderick & Smith, 1979). The study of roles permits one to study the system minute-by-minute; members can come and go without disturbing the system; the structure of the player parts remains stable (Kantor & Lehr, 1975). In SI, the content, perceptions, and feelings are central to role and role performance.

Feedback is a concept in both SI and systems. In SI, the nature of feedback from significant others influences perceptions, values, roles, and behavior. Feedback serves control and system maintenance functions in systems theory. The nature of feedback is reciprocal in both orientations.

The Foster Family: A Systems and Symbolic
Interactionist Perspective

From a systems perspective, the family is a purposive system; it is goal-oriented and goal-seeking in its attempt to achieve control over its environment. Foster family goals take on an altruistic dimension that has not been assessed from a systems framework. Goals have been researched from a motivational perspective--why foster parents say they do it. Psychological research has emphasized individual motivations and not systemic goals. Placed in a systems perspective, motivation can be explained in terms of morphogenesis and morphostasis, the processes that regulate and control behavioral structure and family functioning.

Morphogenetic processes are regulatory corrections occurring in situations in which the family has to make new choices for action. Morphostatic responses are processes to conserve existing systemic properties. The foster family reflects a morphogenetic purpose--opens itself to continued change; sets up morphogenetic features not present in nuclear families.

In analyzing a system, one of the first tasks is to determine the boundaries of the system: what belongs to the environment, and what belongs to the system? Methods of analysis include frequency of interaction with a higher level of interaction among individuals characterizes those within the system; or the household kin group as the system (Broderick & Smith, 1979). Both of these pose problems for identification of boundaries of the foster family. For the

foster family, part of their system is the social worker or other social services representative. The presence of a child or children may be temporary in nature; at least, that is the expectation based on the philosophy and is often the case.

Family boundaries are classified on a continuum from open to closed based on the permeability of boundaries. Families with a high level of exchange with the external environments are labeled open, and those with limited interaction with the environment are closed (Broderick & Smith, 1979). Family theorists have been inconsistent in how they classify family boundaries. Waller (1938) viewed the family as "a more or less closed" system, allowing for variations between families. Fanshell (1966) characterized the modern urban middle-class family as a compact nuclear group enclosed in a tight circle. Hill (1971) described families as partially closed and semi-autonomous. Wertheim (1975) assessed the family as open in a network of other systems which included other individuals and the larger community.

A number of authors have focused on family variations in degree of openness and its influence on process and outcome. Farber (1964) described the closed system as one that duplicates itself fostering isolation and preservation of the status quo. Open families foster innovation, modification, and deviation. Kantor and Lehr (1975) have characterized the family boundaries from closed to open to random.

From a system's perspective, foster families differ on a number of conceptual levels from nuclear families. Eastman (1979) and Fanshel (1966) described the foster family as an open system in contrast to modern nuclear families who are semi-closed (Eastman, 1979) or tightly enclosed (Fanshel, 1966). The entry of a child fosters openness, and it increases with each addition of a child (Schvaneveldt & Ihinger, 1979). The boundaries are open not only to permit the entry of children, but also to allow agency personnel, the natural family of the child, and the judicial system to permeate its boundaries. Boundaries tend to be vague, leading to difficulty for foster families to identify themselves. The gate-keeping function fails to adequately control entrances and exits. This is particularly true in the early stages of placement when children tend to make the most moves. There is at least the impending expectation of constant loss and separation and addition and a temporariness leading to expectations of actual quantitative and qualitative changes. Ambiguity that results from excessive openness may be detrimental and lead to dissatisfaction (Eastman, 1979).

This adding and subtracting of family memberships has dramatic effects on family structure, as well. Even the addition or subtraction of a single member significantly changes the structure of interactions. For example, the birth of the first child to a couple increases the reciprocal interactions 300 percent. If a child leaves a three-child family, there is a 40 percent decrease in reciprocal interactions (Broderick & Smith, 1979).

In natural families, there are a lot of comings and goings so that the number of reciprocal interactions are constantly in flux. Within families, they develop a "standardized set of positions or roles" as a way of managing fluctuation of membership. In systems theory, the way in which roles are divided or shared has great significance (Broderick & Smith, 1979). A study of roles permits one to study the system minute by minute. Members can come and go without disturbing the system if the structure of the "player parts" remains stable (Kantor & Lehr, 1975), providing increased equilibrium (Broderick & Smith, 1979).

A recurring problem in foster care is the lack of role clarity and clearly defined norms (Katz, 1976). Developing a "standardized set of positions and roles" within these families is complicated because of the increased amount of change, and if not real, at least expected amount of change and exchange relative to structure, number in the family, role expectations, and task assignments. For example, the sharing of the parental role by the natural parents, foster parents, and social worker increases ambiguity. This vagueness of boundaries and role expectations centers around making and arranging doctor appointments, going to school conferences, managing disobedient behavior (some social workers insist on specific behavior management approaches), deciding academic curriculum, deciding about telephone contacts with parents and other family members, taking a child to church, and arranging for baptism. Do these decisions belong to the foster parents, natural parents, or social worker?

Who is perceived as the parents? Is there a need for a higher level of organization to compensate for the role confusion and ambiguity of boundaries? How are conflicting values managed? In many cases, the social worker functions as the authoritarian parent (Malluccio, 1966), yet the foster parent manages the child on a daily basis.

This confusion over roles creates role conflict (Galaway, 1976), and leads to stress and breakdown in the parent-child relationship, threatening the identification of the foster parent (Stryker, 1959). Children reared in homes of norm-clarity have been found to be happier and more successful in adjusting to school, play, and home (Monane, 1967). Therefore, if a foster family develops clear-cut role responsibilities with outside systems and a standardized set of roles within the family, the instability of the comings and goings, real or expected, will be minimized, and family boundaries adequately maintained.

These problems of role ambiguity and confusion are reinforced by the lack of parental rights of foster parents. Until recently, foster parents have been nonpersons under the law. Foster parents were considered hired hands. Due to the work of foster parents' organizations, changes in case law have resulted in improvements. Court rulings on legal status are giving greater definition to their role, their norms, their identity, producing greater satisfaction for foster parents and children. For example, in some states, pre-removal procedures have been set up so that foster parents have some input regarding the removal of a child. It appears that there is a trend toward making foster parents a partner of child welfare

agencies, providing the recognition of foster parents as serving an important role (Katz, 1976). Norms and expectations can be more clearly specified, increasing the predictability of the system.

According to both SI and systems theory, values are basic to understanding the characteristics and quality of the relationship dimension. In SI, values are inherent in symbols and influence perception, expectations, and behaviors. In systems theory, values are expressed in the varying levels of roles which are the prescription of familial behavior. Therefore, values play a significant role in foster care. There has been conflict between social workers who learn they are supposed to be "value free," and foster parents who are accused of being "so hung up on values" (Felker, 1978).

As a group, foster parents do attend church more frequently and subscribe to the morals of organized religion more than the general population, but this is a very narrow view of values. It seems the issues need to be addressed in terms of the nature of values, the differences and similarities between all the parental figures, how they are expressed, and the influence on the family environment and child's adjustment. A study of family rules and perceptions of rules can shed some light on the differential effects of the value structure.

Through the "process of transformation," rules govern the processing of input from the environment (Jackson, 1967). Rules exist in a hierarchy, and have morphostatic and morphogenetic properties. The first order or first level are the ground rules. They carry

specific prescriptions for behavior and are concrete. The first order rules are governed by "rules about the rules" at the next level, meta rules. They serve as the family system's conscience by explicating the principles and moral code of the family. Meta-rules are governed at the next highest level (meta-meta rules) which is even more abstract. The principles become more abstract and differentiated as one goes up the hierarchy. Variations in families may exist in the extent to which family members are conscious of the rules, whether they are expressed in emotional language or propositionally, how sensitive the system is to deviations from the rules, and how time influences rules in terms of constancy and consistency (Wertheim, 1975). A large body of research exists on the systemic differences relative to factors such as education, income, social class, race, and employment.

The family exists as an "arena of interacting personalities" not a collection of personalities with its own history and existing ritualistic behaviors (Dollard, 1935). Therefore, in family life, there exists a certain amount of shared learning of symbols, values, and roles. Individuals learn from each other through communication of symbols and integrate an infinite number of meanings and values and, hence, manners of behaving (Rose, 1962). These interlocking habit systems are habitual patterns of behavior that do not require covert symbolic activity (Charon, 1979). Newly formed systems are faced with integrating these various roles and habits that are brought from previous family experiences (Bossard & Boll, 1950). Foster children do not necessarily share the same level of learning,

the same symbolic meaning as their foster family. This development of shared symbolic meaning is somewhat enhanced, because foster children tend to be from the same socioeconomic level, and foster children are most often placed with families of the same race.

Family Environment and Adjustment

There is general agreement that family environment has a critical influence on the development of children and their adjustment as adults. Attempts to systematically assess significant factors in the family social climate have been in the clinical areas. Pless and Satterwhite (1973) identified five dimensions of family functioning labeled communication, togetherness, closeness, decision making, and child orientation. Deykin (1972) identified six major areas of family life functioning: decision making, marital interaction, childrearing, emotional gratification, perception of and reference to crisis, and perception of and reaction to community. He found family functioning scores were significantly related both to the type of antisocial behaviors seen in delinquent children and to the degree of behavior change after treatment.

Cohesiveness has been studied as an important factor in family life, most particularly by family specialists such as Bowen, Minuchin, Vogel, and Bell. The extreme ranges of cohesiveness have received the most attention with little understanding of the middle ranges.

Cohesiveness and unity between family members develop as a result of the mutual meeting of needs within the family (Waller, 1938). The family develops "a conception of itself, a conception of its role in society and in all groups which it is a member" (Burgess, 1926, p. 5).

Cohesion has been studied as a function of relational style in a number of empirical investigations. Cuber and Harroff's (1965) study of enduring marriages showed that cohesiveness varied for five styles of interaction--low on cohesiveness (devitalized) to high cohesiveness (vital relationship) to extremely high cohesiveness (total relationship) in which the relationships are more enmeshed. Infidelity, separation, and divorce were found in all five types. The conclusion was that an understanding of marital unity could only be understood in the context of a particular set of experiences and meanings.

Using a field theory framework, Levinger (1965) viewed group and marital cohesiveness as "the total field of forces which act on members to stay in a group" (p. 19). The strength of the marital relationship is a function of the social and psychological barriers (forces to remain outside the group) and bonds (forces to remain in the group).

A number of family sociologists have identified cohesion as an important variable. Although the concepts explained a similar phenomenon, they were labeled differently: (1) family integration (Angell, 1936); (2) adaptability and integration (Hill, 1971); and (3) separateness and connectedness (Hess & Handel, 1959).

There are a number of systemic qualities that are important in family functioning and effect relational variables. The control function has been focused on from a number of different perspectives. Calibration is a control function that refers to "how deviant the output has to be before corrective action is taken" (Broderick & Smith, 1979, p. 117). If calibration is too narrow, then family members have difficulty achieving independence and a sense of separate self-identity in acceptable ways. If calibration is too broad, then the result is inadequate socialization.

Rollins and Thomas (1979) referred to the control function in terms of parenting style. There is a curvilinear relationship between control attempts and behavior problems in children. The greater the control attempts, the greater the behavior problems. Increased parental support leads to decreased behavior problems.

Boundary maintenance is an important family system function, and consists of keeping harmful influences out and keeping supportive nurturant elements inside and active. The importance for the family system is how the extremes balance out and how they work together (Broderick & Smith, 1979). The difference between the demands of the family and those of the external world were labeled "paradoxical pressures" by Broderick and Krager-Pulliam (1979). The child needs to be shielded from the harmful external influences, yet also there is a need to be exposed. The outcome is somewhat dependent on the nature of family boundary maintenance. A number of researchers

have focused on these dimensions of family environments that influence a number of outcome variables.

Moos (1981) has identified three underlying domains of family environment: (1) relationship, (2) personal growth, and (3) system maintenance. He has developed a 90-item Family Environment Scale with ten subscales that measure people's perceptions of their conjugal or nuclear family environments. This work has stimulated a significant amount of research on the relationship between the three dimensions of family environment and treatment outcomes, as well as a number of other aspects of family life.

Moos and Moos (1976) have developed a typology of family social environments based on the study of 100 families measured on ten dimensions of the FES. The Moos' FES has been used extensively to assess family environments and its relationship to a number of relational and systemic factors.

Olson, Sprenkle, and Russell (1979) have delineated two significant dimensions of family behavior, cohesion and adaptability, that appear to underly a number of different concepts in the family field. They developed their concepts from inductive reasoning rather than from factor analytic research. Using general systems theory, they have organized family cohesion and family adaptability into a circumplex model that facilitates the identification of 16 types of marital and family systems.

Cohesion is "the emotional bonding members have with one another and the degree of individual autonomy a person experiences in the family system" (Olson et al., 1979, p. 5). Adaptability is

"the ability of the marital/family system to change its power structure, role relationship and relationship rules to situational and developmental stress" (Olson et al., 1979, p. 13).

Russell (1979) compared 31 families with adolescents who were divided into high functioning and low functioning groups. Middle ranges of cohesion and adaptability were characteristic of high functioning. They were also high on support and creativity.

Focusing on the adaptability dimension, Sprenkle and Olson (1978) found a moderate level of adaptability characteristic of non-clinic couples and also found higher levels of creativity and support related to the nonclinic group.

Druckman (1979) used the FES to assess the two dimensions of the circumplex model. Assessing 29 families with female juvenile offenders before and after family-oriented treatment, she found that low and moderate cohesiveness were associated with positive outcome and extremely high cohesion was associated with recidivism.

Fowler (1980) studied relationships between family environment and early behavior development of young children. He found that the "organization-control" indices (analogous to Olson's 1979 adaptation dimension) had higher predictive value for adjustment than did the interpersonal relationship dimension (analogous to cohesion dimension). Therefore, this may have higher predictive value for adolescents.

Forman and Forman (1981) found that child behavior was attributed to family social system functioning, but no one variable

accounted for a major portion of the variance. It is the total system functioning that is most important, not any one separate system factor. Families in which the relationship dimension was emphasized to a moderate degree have children relatively free from anxiety. The open expression of conflict was related to self-assurance in children and to independence and achievement.

There has been a tendency to avoid the conflict area in family research, yet conflict is a normative family process. Conflict is a way to regulate the family system and is very much a matter of negotiation as is confrontation with members and the outside world. Orden and Bradburn (1968) found that positive (or supportive) and negative (or conflictual) communication seem to occur independently of each other rather than at opposite ends of a continuum. Therefore, it appears that conflict may be extremely high with a corresponding level of high cohesiveness and high support. The same may be true of low conflict and low cohesiveness. It seems that the system maintenance functions would, in part, mediate between the two.

Bell and Bell (1982) found that cohesiveness, expressiveness, independence, and a lack of rigid control all seem to be aspects of family climate conducive to improved adolescent functioning. Conflict was not a significant discriminator.

The literature strongly supports the hypothesis that adolescent functioning is higher given moderate levels of cohesiveness and system maintenance functions. Also, not one variable can be used to

explain differential effects, but it is how they fit together and balance each other out that is important.

In foster families in which stress and conflict may be above the norm, are there certain family factors that occur in the extreme that help balance them out? For example, will organization be high to balance out the stress-resulting role ambiguity and confusion of family boundary? How will the measures of family environment factors compare to the norm?

CHAPTER III

METHODOLOGY

Study Design

The research design for this study was an ex post facto design (Campbell & Stanley, 1963). This method attempts to examine and measure phenomena without intervention. Kendall correlation coefficients were computed to determine the relationship of four measures of family environment (cohesion, conflict, organization, and control) and the age of the foster mother with the dependent variable, a measure of social competence of the adolescent foster child. It was also hypothesized that the five independent variables in combination would account for a significant amount of the variance. A multiple regression analysis was done to test for these effects.

Sample

A total of 50 foster mothers who had an adolescent foster child between the ages of 12 and 16 years living with them at least one year were interviewed. The subjects were randomly selected from a total of 90 possible subjects in the Counties of Alamanace, Davidson, Forsyth, Guilford, and Randolph in Piedmont North Carolina. Of those contacted, 90 percent agreed to participate.

In planning for this study, a description of the 7,837 children in foster care in North Carolina as of September 30, 1982, was obtained (see Table 1). A review of the statistics showed that 48 percent of all foster children were 13 years and older. That statistic would increase if 12 year olds were included. Although a specific figure is not known, a large percentage of adolescent foster children are in group and institutional care, thus reducing the pool of possible subjects that fitted the specified criteria for this study. That number was further reduced by the requirement that they must have been residing in their current placement at least one year.

Procedure

The names of potential subjects were obtained from the Foster Care Section of the North Carolina Department of Social Services. The researcher requested and received permission from the director of each county agency to do the study. The potential subjects were then sent a letter requesting their participation (see Appendix A). Each was telephoned, and those who agreed to participate were given an appointment for the interview.

All of the interviews were done at a time and location that afforded the necessary privacy. The interview was semistructured and characterized by a great deal of spontaneity and anecdotal storytelling. Forty-seven of the 50 interviews took place in the foster family's home. Two were done at the local social services agency and one at the foster mother's place of employment. The interviews lasted an average of 1.8 hours with a range of .9 hours to five hours and the majority lasting two hours.

Table 1
Foster Children in Care in North Carolina
Quarter Ending 9/30/82

Placement Reason	Ages			Total
	0-6	7-12	13-Over	
Abused	191	191	283	665
Abandoned	44	29	75	148
Neglected	1,026	1,255	1,708	3,989
Dependency	442	498	1,125	2,065
Adoption	276	49	62	387
Respite Care	15	9	16	40
Special Medical Care Needed	8	22	29	59
Diverted from Court	9	29	415	453
Mentally Retarded/ Emotionally Disturbed	1	8	42	51
Totals	2,012	2,090	3,755	7,851
Permanent Plan				
Return to Home	951	854	998	2,803
Placed with Relative	247	300	430	977
Adoption	455	430	210	1,095
Adoption/Both Parents Needed	197	191	75	461
Adoption/Mother Needed	41	34	13	88
Adoption/Father Needed	72	40	19	131
Independent Living Arrangement	1	8	280	289
Emancipation	0	3	102	105
Long-Term Foster Care	50	230	1,628	1,908
Totals	2,012	2,090	3,755	7,857

Each foster mother signed an Informed Consent Form (see Appendix A), and then was asked to provide information about herself, her husband (if present), her family, and her perceptions of the social functioning of the identified adolescent foster child.

Instrumentation

The information was obtained by having parents respond to four questionnaires--(1) information on the foster mother and father (if present), (2) information on the foster child, (3) Moos (1981) Family Environment Scale (FES), and (4) Achenbach Child Behavior Checklist (Achenbach, 1978; Achenbach & Edelbrock, 1979). (See Appendix A.)

Demographic Characteristics

Information on the foster family and on the foster child was obtained in order to provide a description of the sample. Each foster parent provided information regarding his or her age, race, sex, marital status, employment, education, income, size of family, nature of the foster-home license, length of time as a foster parent, reasons for being a foster parent, and activities in a foster parents' association. The foster parents were asked to provide information on the foster child's sex, race, age, school placement, age at placement, length of time in placement, and the reasons the child was placed in their home (see Appendix A).

Moos Family Environment Scale

Each foster mother was administered the Moos Family Environment Scale (1981), which is a 90-item, true-false instrument that requests family members to rate their family as they perceive it. This scale focuses on the measurement and description of the family's functioning in three areas--(1) the relationship dimension is measured by three subscales of cohesiveness, expressiveness, and conflict; (2) the personal-growth dimension is assessed on five subscales of independence, achievement-orientation, intellectual-cultural, active-recreational, and moral-religious; and (3) the systems maintenance dimension is measured by the subscales of control and organization.

The FES has ten subscales each of which yields a score of zero to nine. The four subscales of cohesion (zero to nine), conflict (zero to nine), organization (zero to nine), and control (zero to nine) were used in this analysis. The subscales of cohesion and conflict are two parts of the relationship dimension. Cohesion refers to "the degree of commitment, help, and support family members provide for one another" (Moos, 1981, p. 2). Conflict refers to "the amount of openly expressed anger, aggression, and conflict among family members" (Moos, 1981, p. 2). The subscales of organization and control make up the system maintenance dimension. Organization is defined as "the degree of importance of clear organization and structure in planning family activities and responsibilities" (Moos, 1981, p. 2). Control is "the extent to which rules and procedures are used to run family life" (Moos, 1981, p. 2).

Reliability of FES

Normative data on the ten subscales of Form R (perception of current family functioning) were collected for 1,125 normal and 500 distressed families representing a diverse group relative to race, geographic region of the United States, age, and marital status. As expected, distressed families were lower on cohesion, expressiveness, independence, and intellectual and recreational orientation, and higher on conflict and control (Moos, 1981).

The internal consistencies were all within the acceptable range (from .64 to .79). Test-retest reliabilities of individual scores for the ten subscales were calculated for 47 members in nine families who took Form R twice within an eight-week interval between testings. The test-retest reliabilities ranged from a low of .68 for independence to a high of .86 for cohesion. Test-retest stabilities for a four-month interval ranged from .54 for independence to .91 on moral-religious emphasis; and for 12-month interval the range was from .52 on independence to .89 on moral-religious emphasis.

Construct Validity of FES

A strength of the FES is that it provides a way to study ten factors of family environment, recognizing the multivariate nature of family relationships and their influence on child and adolescent behavior (Forman & Forman, 1981; Moos, 1981). A number of studies utilizing the FES have been done to look at such family systems' influences that indicate the ability of the FES to successfully

discriminate between family environments that differ on a number of factors and the relationship to social and psychological functioning of family members.

Janes and Hesselbrock (1976) found that teenagers who exhibited high reasoning ability, verbal interaction, and independent thought were from families they perceived to stress independence in thought and action. Draper (1977) studied known groups of academically successful and unsuccessful children and found that the families of nonachievers to be higher on conflict and lower on intellectual-cultural orientation. Tabachman (1976) compared normal and gifted students and found the families of the high achievers to be more cohesive, structured, and conflict free. In addition, they perceived their families to be less communicative and less socially and recreationally oriented. Moos and Billings (1981) found that children from families low on cohesion and organization and high on conflict were more likely to experience anxiety and depression.

Family cohesiveness was found to discriminate significantly between children with varying degrees of problematic behavior such as developmental delay, speech and language deficits, and aggressiveness. Shyness and anxiety were associated with lower family organization. Nonclinic families reported more cohesiveness, expressiveness, and organization, and lower conflict than members of clinic families (Scoresby & Christensen, 1976). Forman and Forman (1981) found that anxiety-free children were from families that emphasized the relationship dimension: independence and achievement were

correlated with assertiveness and self-sufficiency. Children in families high on organization and control were judged to be relaxed indicating the positive impact of clear rules and well-defined limits. Black adolescents from families perceived to be low on organization and cohesion reported high levels of conflict (Dancey & Handal, 1980).

Additional construct validity was demonstrated in a study of normal and alcoholic families. Moos and Billings (1981) developed indices of family role and social functioning. They measured levels of religious participation, joint social and recreational activities, social resources of the families, and levels of disagreement over money, politics, sex, and relatives. For example, the measure of religious participation was highly related to moral-religious emphasis (average $r = .62$) for both groups. The relationship between joint family activities was $.39$ and family arguments in the stated areas were related to conflict ($r = .49$).

Achenbach Child Behavior Checklist

The foster mothers were asked to complete the Achenbach Child Behavior Checklist for Boys and Girls ages 12 to 16 years. It was administered by the researcher.

The Child Behavior Checklist (CBCL) is a 130-item scale designed to record in a standardized format the social competencies and behavior problems of children ages four to 16 years (Achenbach, 1978; Achenbach & Edelbrock, 1979). Separate editions are standardized for

each sex at ages four to five, six to 11, and 12 to 16 years. The CBCL is designed to be administered to the child's parent or parent surrogate. Obtaining the information directly from the parent or parent surrogate increases the ability of the CBCL to discriminate between children whose parents can report some evidence of social competencies and those who could not. Parents' perceptions of these competencies and problems are crucial in determining whether or not and when they will request external assistance (Achenbach, 1978).

The scale was designed to screen children between four and 16 years of age with behavior problems. The CBCL is composed of two parts. Part I (Social Competence Scale) was used in this analysis, but both parts were administered when time permitted.

Part I includes three social competence subscales--(1) the activities' scale (scores of zero to 12) reflects the degree and quality of involvement in jobs and chores, sports, and nonsports activities; (2) the social scale (score zero to 12) reflects the degree of involvement in social relationships; and (3) the school scale (score zero to six) measures academic performance and behavior problems in school (Achenbach & Edelbrock, 1979). A total number of points (zero to 30) is used as a measure of social competence.

Part II is made up of 113 items describing a variety of behavioral problems. The parent rates each item on a three-point scale of zero (not true of my child), one (sometimes true), and two (very true or often true of my child). The time period assessed is "now or within the past 12 months."

The CBCL is on a precoded form and data can then be entered onto a Child Behavior Profile. The profile provides a description of the child's behavior, shows how the problems and competencies cluster, and indicates how the child compares with normal children his or her own age. The profile shows in graph form the raw scores with percentile listing and T (or transformed) scores.

Norms on the CBCL are based on data obtained from 1,100 children in randomly selected homes. So far, the sample includes 50 normal children of each sex and at each age (six to 16).

Short-term (about one week) test-retest reliabilities on normal children ranged from .72 to .97, varying according to sex and age of child and the particular subscale. Long-term (six to 27 months) test-retest reliabilities on clinic children ranged from .26 to .79 with most correlations above .5. Interrater reliabilities (mothers versus fathers) ranged from .54 to .87, varying with sex and age of child and subscale used. The sample sizes in the various reliability studies tended to be quite small (eight to 37 children per group). The scales have been shown to adequately discriminate between clinic and nonclinic children.

Construct Validity of CBCL

Normalized T scores for social competence scales, behavior problem scales, and internalizing and externalizing scores were derived from nonclinical samples. Comparisons of clinical and nonclinical samples showed differences ($p < .001$) on all social competence and behavior problem scores. Clinical subjects scored higher on behavior

problem scores ($p < .001$) and lower on social competence ($p < .001$). One week test-retest correlations averaged .67, and interrater correlations averaged .67. In the clinical samples, with treatment there was an increase in the social competence scales in eight of nine comparisons (Achenbach & Edelbrock, 1979). A later study by Edelbrock and Achenbach (1980) attempted to construct a typology of behavior problem patterns. Good agreement was found between classification based on ratings by mothers and a clinician. Social competence scales were found to negatively correlate with the behavior problem scales: the higher the social competence score, the lower the behavior problem score. Significant differences in social competence ratings favor internalizers over externalizers--particularly in the areas of school performance and social relations. These differences are consistent with previous findings that children classified as internalizers have better school performance, are more popular with teachers and peers, and have fewer social problems than are children classified as externalizers (Achenbach, 1966).

Social Competence: A Dependent Variable

Social competence is defined as the degree of involvement and level of attainment in areas that are socially and developmentally significant in the overall adjustment of a child. The three areas of focus are (1) the amount and quality of the child's participation in age-appropriate social activities; (2) the nature and quality of the child's interpersonal behaviors when in the presence of others

(siblings, parents, and peers) and when alone; and (3) the child's level of academic performance and social and behavioral adjustment in school (Achenbach, 1978). Social competence is a continuous variable that varies between the extremes of very low to very high.

The social competence scale was used in this study as a measure of the dependent variable. It provided information in three areas: (1) activities scale (scores of zero to 12) reflects the degree and quality of involvement in jobs and chores, sports, and nonsports activities; (2) social scale (zero to 12) reflects the degree of involvement in social relationships; and (3) school scale (zero to six) reflects school performance and problems (Achenbach & Edelbrock, 1979). A total number of points (zero to 30) was obtained as a measure of social competence.

There has been a recent shift in theory and research in child development toward an emphasis on positive capacities and away from the pathological and defective individualistic approach. This is, in part, a manifestation of the community health movement, increased autonomy of developmental psychology from psychiatry, the growth of humanism, increasingly complex social-learning models of Bandura and Mischel, and emphasis on cognitive factors in behavioral psychology (Wine, 1981). The social competence model stretches the concept of mental health beyond the absence of problems to include the broader range of human functioning, stressing positive capacities and healthy development. It is an interactive model emphasizing the interdependence and reciprocity between the individual and the environment, consistent with the ecological model.

Social competence is the "identification and development of social skills, problem solving capacities, and strategies for coping with interpersonal stress" (Wine & Smye, 1981, p. ix). Competence is a biological concept of the human urge to effect control over one's environment. Inherent in competence is skill. But social competence has implications for values and judgment related to what is morally acceptable (White, 1979). Treatment focuses on development of skills in everyday living as opposed to the elimination of pathology (Wine, 1981).

Parent As Informant

The information on the child was obtained by report from the foster mother. A major methodological issue in research with children and adolescents is who the informer or rater should be. Data come from a number of sources--(1) interview with a parent or parents, or surrogate; (2) school record data; (3) classroom teacher; and (4) self-report and sociometric data (Cowan, Beach, Huser, & Rappaport, 1979). Recent diagnostic criteria for some children's disorders have emphasized the need to use parents' and teachers' reports as opposed to direct interviewing of the child (American Psychiatric Association, 1980). Children's behavior disorders have few signs or symptoms that can be recreated in the clinical setting. Unless one directly observes the child in his or her natural environment, information necessary to diagnose rests largely on the significant adults in a child's life.

The people who generally know the child best are the child's own parents (Ruther, 1977). Parents usually have a more comprehensive picture of the child's problems and abilities than do other informants (Achenbach, 1978). Parents' or parent substitutes' perception is considered important in and of itself, whether in agreement or not with the child's view or views of other significant adults (Dreger, 1980). For one, their views and biases are crucial in deciding whether or not clinical or related services are sought and obtained, and which treatment options are implemented. Likewise, the long-term prognosis is directly influenced by the parent's or parent substitute's perception of the child (Achenbach, 1978).

There have been a number of studies that have attempted to assess the reliability of different informants. Research has indicated that relations between parents' attitude about their children's behavior and other criterion measures, including teachers' reports and indices of adjustment, vary as a function of certain specified parameters as sex and socioeconomic status. Cowan et al. (1970) had 395 parents of primary grade school children complete a battery of tests pertaining to actual behavior and perceived attitudes of their children, and compared them with several criterion instruments (achievement measures, self-report rating scales, and peer reports). The parent measures consistently discriminated between third grade children judged by teachers to be well or poorly organized. The parent measures correlated with teacher, peer, and self-measures of adjustment and indices of academic achievement. The finding was more clear-cut for males than for females.

Glow and Glow (1980) found that although teacher-parent agreement was significant, higher correlations were found between peer and teacher ratings of behaviors relevant to hyperactivity than between peer and parent, or teacher and parent. It gives support to the view that hyperactivity-inattentive behavior is determined interactively by the person in the situation rather than being a context-general trait. Agreement is enhanced when two adults in the child's natural environment who share roles can provide information. This is supported by high agreement between mothers and fathers (Edelbrock & Achenbach, 1979).

In a pilot study of 28 children, males and females between six and 17 years with a psychiatrically ill parent, the researchers attempted to assess the relationship between children's responses about themselves and mothers' responses about their children on symptom and social functioning scales. The agreement between mother and child was poor--but agreement across the different scales used was good for the same informant. They concluded that mothers may be more sensitive informants about their children's psychopathology than children report on themselves. Yet, children can provide valuable information about their internal feeling states than mothers and others that may be crucial.

Cattell (1973) emphasized the need to use different media in personality research--life data or observations by others, questionnaire data or self-report, and test data or infallible objective tests. They constitute "different colored glasses to view the same scenery."

Rutter (1977) recognized that it is rarely acceptable to use just one informant. Children behave differently in different situations, and because informants will be biased by their particular attitudes and preconceptions.

Parents' reports can be reliable. Achenbach (1980) found good agreement between classifications of children's disorders based on parent and clinician ratings. If parents are the informants, one can discriminate better between those parents who feel they have children who have fewer problems and are better adjusted than those who do not.

Research shows that, if there is one informant, reliability is significantly increased with the use of standardized questionnaires (Cattell, 1947; Glow & Glow, 1980).

Reliability of Self-Report Measures

Data on the family environment for this study were obtained by self-report of foster mothers. Family studies have relied heavily on self-report measures which utilize questionnaires and interviews to obtain data, as opposed to direct observation of the subjects. The reliability of such measures have been called into question by a number of researchers (Levinger, 1963; Olson, 1969). Kenkel (1963) found little relationship between the roles subjects reported themselves playing and those they actually played as measured by observation. He suggested that couples lack practice in analysis which is a necessary prerequisite to reliable self-perceptions in social interactions. In a study of authority patterns in three

generations of families, Hill (1975) found less egalitarianism and substantially more wife-centeredness in all three generations than was revealed by self-report.

Olson (1967) explained the lack of a relationship between a self-report and behavioral measure of power of couples by perceptual bias and empathy. Empathy was found to be a necessary but not sufficient condition for increasing congruence between behavioral and actual measures. Perceptual variations were found based on sex (husbands overestimated actual power and wives underestimated actual power) and variables being investigated (strong relationship between who was considered to be the authority and who actually exercised the power).

This phenomenon in itself is important because it points out the significance of the interaction between the perceived and actual. Individuals are not accustomed to conceptualizing family behaviors and thus may tend to respond by giving socially acceptable answers.

A number of behavioral studies have investigated the reliability of self-report, peer reports, and experimenter reports. In much of applied behavioral research, the target behavior is measured by using human observers and the reliability of the recording instrument is measured by having a second observer simultaneously but independently record the same behavior. Broden, Hall, and Mitts (1972) found low agreement between self-reports and observer reports on classroom behavior. Initially, the self-reporting affected behavior without long-term benefit. Risley and Hart (1968) found a low degree of

correspondence between subject and observer reports during baseline but demonstrated it could be trained. Azrin and Powell (1969) found 98 percent agreement between adult subjects and fellow employees on recorded behavior. Surratt, Ulrich, and Hawkins (1969) found a 95 percent agreement between peer observers in the fifth grade, classroom teachers, and the experimenters in recording studying behavior in four first graders.

Fixen, Phillips, and Wolf (1972) studied the reliability of boys reporting their own behavior and the behavior of peers. Their findings indicated that the boys were not "naturally" reliable observers, the use of training and contingencies for accurate reporting improved peer reporting, and the use of contingencies improved self-reporting.

The FES is theoretically based on the assumption that one's perception significantly influences one's thoughts, feelings, and behavior. The self-report measures utilized in family studies are to be treated as self-report and not assumed to be objective measures. If responses tend to be socially acceptable responses, that in and of itself is a reflection of the values, judgments, and expectations to which respondents ascribe.

The strength of a personal interview that uses a semistructured format is that it allows the researcher to observe the physical surroundings, the subject to tell anecdotal stories, and the researcher to interact with the subject with probing questions and qualifications of answers. This provides some criteria for assessing consistency in answers.

Data Analysis

To test the relationship between the perceived family environment factors of cohesion, conflict, control, and organization and the age of foster mothers and the perceived level of social competence of their adolescent foster child, Kendall Correlation Coefficients were computed. Scattergrams were done to check for curvilinearity. To test for the combined effects of the independent variables on the dependent variable, a multiple regression analysis was done. The .05 level of significance was used.

Multiple regression is often used in ex post facto research to determine the strength and direction of relationships between variables. A strength of multiple regression analysis is that it is not necessary to categorize the measurement variables. Categorization of measurement variables is to some degree arbitrary and therefore may be viewed as yielding a somewhat less sensitive analysis (Kerlinger & Pedhazur, 1973).

Because of the exploratory nature of this study, an extensive analysis of the sample of foster children and foster families was done. Crosstabulations of descriptive information of the children were also done to yield a more comprehensive understanding of certain segments of this sample of foster children.

CHAPTER IV

RESULTS

General Description of the Sample

There were 50 foster mothers who participated in this study. Of this sample, 36 percent lived in urban areas (Greensboro, Winston-Salem, and High Point), and 64 percent lived in small towns and rural areas. Fifty-eight percent were white, and 42 percent were black. Sixty-six percent were married and living with their spouse. All were Protestant. The mean family income for both foster parents (excluding board payments) was \$15,800 with 74 percent earning \$20,000 or less. The average board payment was \$165 per month per child with each family receiving an average of \$417

The foster mothers in this sample ranged in age from 27 to 76 years with a mean age of 49.7 years. The foster fathers ranged in age from 26 to 69 years with a mean age of 47.9 years (see Table 2).

The mean number of years of education for foster parents in this sample was 11.6 years for mothers and 11.7 years for fathers. Sixty-four percent of the foster mothers were high school graduates, and 44 percent of the sample had received some type of post-high school education. Sixty-four percent of the foster fathers were high school graduates, and 54 percent of the sample had received some type of post-high school education.

Table 2
Ages of Foster Parents

Ages	<u>Foster Mothers</u>		<u>Foster Fathers</u>	
	N	Percentage	N	Percentage
20 - 30 Years	4	8	3	9.1
31 - 40 Years	9	18	5	15.2
41 - 50 Years	12	24	12	36.3
51 - 60 Years	14	28	10	30.3
61 - 70 Years	9	18	3	9.1
71 - 80 Years	<u>2</u>	<u>4</u>	<u>0</u>	<u>0.0</u>
	50	100	33	100

Note. Mean for foster mothers = 49.7; mode = 43.
Mean for foster fathers = 47.9; mode = 55.

Among the foster mothers, 74 percent had been or were in the job market; 40 percent were employed full-time, 24 percent were employed part-time, and ten percent were retired. Of the foster fathers, 88 percent were employed full-time, and 12 percent were retired or disabled; six percent of those retired were also employed part-time.

Of the 38 foster mothers who listed an occupation, 50 percent were employed in semiskilled jobs, 16 percent worked in clerical jobs, 13 percent were administrators or minor professionals, five percent worked as business managers, and three percent were considered to be in a major profession. For fathers, 62 percent worked in skilled manual jobs, and 16 percent were administrators and minor professionals.

Seventy-six percent of these foster families had natural children, with an average of 2.97 and a range of one to eight. Ten (or 20%) had adopted children with a range of one to four. These 50 families had served a total of 1,550 foster children for an average of 31 and a range of one to 215. They had served an average of 9.78 years as foster families with a range of one to 32 years. Forty-four percent had served ten years of more.

Characteristics of the Foster Children

The 50 children in this study ranged in age from 12 to 16 years. Four percent were Hispanic, 42 percent were black, 52 percent were white, and two percent were of mixed racial background. Thirty-four percent were male; 66 percent were female.

Eighty percent of the children were aged 14 to 16 years. Twenty-two percent of the children were considered to have either a physical, emotional, or mental handicap or a combination of each of those. Eighty-four percent attended a regular public school, two percent attended private school (funded by the foster parents), and 12 percent attended special schools for the handicapped.

Twenty percent of this sample had been in the present foster home for approximately one year; 18 percent had been in their current placement two to five years; 30 percent had been there six to ten years; 12 percent had been there 11 to 16 years. The mean number of years in present foster placement was 5.24 years. Forty-four percent of the children had been placed in foster care at age six or younger. Twenty-two percent were placed between the ages of seven and 11; 18 percent were placed as teenagers (ages 12 to 15 years); 16 percent of the sample did not have that information. The mean age of placement was seven years.

This was the only foster-home placement for 22 percent of the foster children; 54 percent had been in two to three placements; 30 percent had been in four or more placements with 11 as the maximum number of placements. The mean number of placements for this sample was 2.75, and the mode was three. Four percent of the foster mothers did not know.

Hypotheses

Data Analysis

This section provides the information regarding the statistical analyses of the six hypotheses in this study. The major hypotheses were that four factors of the foster family environment--cohesion, conflict, organization, and control--and the age of foster mothers would each be significantly related to social competence of the adolescent foster child. Those relationships would be curvilinear for cohesion and conflict. Furthermore, a significant amount of the variation of the dependent measure--social competence--would be explained by the combination of the five independent variables.

Distribution of Responses

Table 3 contains the means, ranges, and standard deviations for each of the independent variables and the dependent variable. In general, the responses were normally distributed on all measures. Cohesion and organization were moderately skewed to the right.

It is assumed in multiple regression analysis that the sample be drawn at random and that the independent measures be normally distributed. Pedhazur (1982) stated that "multiple regression is robust in the presence of departures from assumptions except for measurement errors and specification errors" (p. 54). The data in this sample for these specific variables appeared to meet these given assumptions.

Table 3
Means, Ranges, and Standard Deviations for Family
Environment Measures, Age of Foster Mothers,
and Social Competence of Foster Children

	N	Mean	Range	SD
<u>Independent Variables</u>				
Cohesion	50	8.14	5-9	1.26
Conflict	50	2.74	0-9	1.74
Organization	50	7.08	3-9	1.63
Control	50	6.18	4-9	1.20
Age of Foster Mothers	50	49.7	27-76	12.84
<u>Dependent Variable</u>				
Social Competence	50	18.92	7.4-30	5.67

Interrelationships Between Independent Measures

Another requirement of multiple regression analysis is that the independent variables not be highly correlated (Pedhazur, 1982). The Pearson Product-Moment Correlations (done as part of the regression procedure) are reported in Table 4. The highest correlations are between conflict and cohesion ($r = -.44$) and conflict and organization ($r = -.34$). The findings are consistent with previous studies using the Moos (1981) FES and lend additional support for construct validity as detailed earlier, although the correlations are not very high. In general, the correlations indicated that the independent measures were not highly correlated; therefore, the regression analysis was considered to be appropriate.

Relationships Within the Dependent Measure

As stated earlier in the section on construct validity of the CBCL, it was found that social competence negatively correlated with the behavior problems scale. A Spearman rank-order correlation coefficient was computed on the relationship between the Sum of the Behavior Problems Checklist and the three scales of social competence and also the Total Sum of the Social Competence Scale. The results reported in Table 5 indicate a significant negative relationship between the behavior problem scores and all measures of social competence.

Table 4
 Pearson Product-Moment Correlations for
 Independent Variables and Social
 Competence (N = 50)

	Cohesion	Conflict	Organization	Control	Mother's Age
Sum of Social Competence	0.243	-0.175	0.113	-0.005	0.129
Cohesion		-0.440	0.183	-0.137	0.135
Conflict			-0.347	0.003	-0.292
Organization				0.252	0.278
Control					-0.149

Table 5
Spearman Rank-Order Correlations for Sum of
Behavior Problems and Measures of Social
Competence

	Social Competence Scores			
	Activity	Social	School	Total
Sum of Behavior Problems	-.65*	-.64*	-.54*	-.73*

*Significant at the .001 level.

Examination of Hypotheses

To test the relationships between the independent variables and social competence, a Kendall Rank-Order Correlation was done. The results are reported in Table 6.

The Kendall Rank-Order Correlation is a nonparametric technique of hypothesis testing that is particularly useful in behavioral science research. Nonparametric tests have fewer assumptions about the population and are computed by ranking the values. According to Siegel (1956), they do not require a population to be normally distributed, they are useful with small samples, and are most useful in collecting data for a pilot study. The Kendall Correlation Coefficient is 91 percent as efficient and sensitive a test of the presence of a relationship between two variables in a bivariate normal population as the Pearson-Product Moment Correlation Test.

Table 6
 Kendall Correlation Coefficients for Each of the
 Independent Variables and Social Competence
 (N = 50)

	Independent Measures				
	Cohesion	Conflict	Organization	Control	Foster Mother's Age
<u>Dependent Measure</u>					
Social Competence	.28*	-.11	.03	-.04	.10

* $p < .01$

Several of the variables in this study were moderately skewed and tended to have very restricted ranges. For example, the range for cohesion was five to nine with 84 percent scoring eight to nine.

Two relationships were hypothesized to be curvilinear. The correlation coefficient would be close to zero if the bivariate relationship were curvilinear. The construction of scattergrams provided the simplest procedure for examining the shape of the curve for any departures from a straight regression line (Isaac, 1975). Scattergrams were done for each of the regression lines to assess visually trends that departed from the straight line and to assess whether a test of significance of nonlinearity should be done (see Appendix B). Because of the problems with the Type I--Alpha error--only the necessary statistical tests were performed that directly addressed the hypotheses.

A multiple regression analysis was done to see how much variance in the dependent measure could be explained by the combination of the independent measures. Each of the hypotheses is examined separately.

Hypothesis 1. There is a curvilinear relationship between cohesion and social competence with moderate levels of cohesion as optimum.

The Kendall correlation coefficient was .28 ($N = 50$) and was significant at the $p < .006$ level, indicating a positive relationship between social competence and cohesion. The higher the cohesion in the foster family environment, the higher the social

competence of the adolescent foster child. Thus, Hypothesis I was not supported. Rather, for this sample, there was a positive linear relationship (see Table 6).

Hypothesis 2. There is a curvilinear relationship between conflict and social competence with moderate levels of conflict as optimum.

The Kendall correlation coefficient was $-.11$. This relationship was not significant (see Table 6). The scattergram indicated there was not a curvilinear relationship; rather, there was a negative linear trend: the lower the conflict, the higher the social competence (Appendix B). Hypothesis 2 was not supported by these data.

Hypothesis 3. There is a positive relationship between organization and social competence.

The Kendall correlation coefficient was $.03$, indicating there was practically no linear relationship (see Table 6). The scattergram showed no trends toward curvilinearity (Appendix B). Hypothesis 3 was not supported.

Hypothesis 4. There is a negative linear relationship between control and social competence.

The Kendall correlation coefficient was $-.04$, indicating a negative trend, but this was not significant (see Table 6). The scattergram revealed no curvilinear trend (see Appendix B). Hypothesis 4 was not supported.

Hypothesis 5. There is a curvilinear relationship between the age of the foster mother and social competence.

The Kendall correlation coefficient was .10 (see Table 6). It was not significant. The scattergram indicated that of all the bivariate relationships, there was more of a trend toward curvilinearity with social competence being higher for those foster children placed with foster mothers between the ages of 40 and 60 years (see Appendix B). Hypothesis 5 was not supported.

Hypothesis 6. These variables in combination will account for a significant amount of the variance in social competence.

This hypothesis was tested by a multiple regression analysis. Table 5 contains the bivariate correlations between the independent variables and social competence. These associations are the Pearson Product-Moment Correlation Coefficients which were used in the multiple regression analysis. Kendall Correlation Coefficients were computed (refer to Table 6) to test the first five hypotheses and a comparison between the two indicates they are similar.

Table 7 indicated that seven percent (R^2) of the variance in social competence was explained by these five independent variables. The F-statistic ($F = .69$) indicated this proportion of the variance was not statistically significant. Therefore, Hypothesis 6 was not supported by the data.

An examination of the regression analysis indicated that none of the independent variables contributed very much to the variance of social competence. Cohesion came the closest to being significant and was, in fact, significantly correlated with social competence in the bivariate analysis. This would indicate that there was

Table 7
Multiple Regression Analysis of Predictors
of Social Competence

		Analysis of Variance	DF	Sums of Squares	Mean Square	F
Multiple R	.27	Regression	5	115.28	23.05	.69 NS
R ²	.07	Residual	44	1459.73	33.18	
Adjusted R ²	-.03	Total	49	1575.01		
Standard Error 5.76						

Variables in the Equation					
Variable	B ^a	Beta ^b	Std. Error B ^c	T ^d	Sig. T
Mother's Age	0.03696	0.08367	0.07014	0.527	0.6009 NS
Cohesion	0.94042	0.20931	0.73747	1.275	0.2089 NS
Control	0.13920	0.02963	0.73695	0.189	0.8511 NS
Organization	0.09500	0.02726	0.58086	0.164	0.8708 NS
Conflict	-0.15987	-0.04894	0.56497	-0.283	0.7785 NS
(Constant)	8.38534		9.80596	0.855	0.3971 NS

^aB unstandardized regression coefficient; ^bBeta standardized regression coefficient;
^cStandard error of B; ^dT-value for Beta; NS = Not significant at the .05 level.

sufficient overlap with other variables to render the proportion of variance it explained as not significant.

In combination, they explained only a small portion of the variance. Cohesion was significantly correlated with social competence in the bivariate analysis but lost its significance in the regression analysis. Based on this analysis, a measure of cohesion by itself would be most useful as a predictor variable of differential levels of social competence.

Foster Family Profile

Comparing the mean profile of the foster families in this sample with the norm using raw scores indicated that they differed little on the relationship dimension with cohesion being a little higher (Table 8, Figure 1). The differences in profile were greatest on two subscales of the personal growth dimension--active-recreational and moral-religious. The system maintenance dimension indicated that foster families tended to perceive themselves to be higher on control and organization than the average family.

A comparison of these foster families to Moos and Moos' (1976) study of family types, which yielded six distinct clusters of families, showed some interesting results. The profile of the structure-oriented type most closely resembled that of the foster family with the exception of the active-recreational subscale (see Figure 2). The structure-oriented family is high on cohesion and moral-religious emphasis with above-average levels of expressiveness

Table 8
 Comparison of the Mean Scores and Standard
 Deviations of Foster Families and Normal
 Families Using Raw Scores

FES Subscale	Foster Families		Norm	
	\bar{X}	SD	\bar{X}	SD
Cohesion	8.14	1.26	6.61	1.36
Expression	6.06	1.57	5.45	1.55
Conflict	2.74	1.73	3.31	1.85
Independence	6.44	.99	6.61	1.19
Achievement-Orientation	6.38	1.12	5.47	1.61
Intellectual-Cultural	6.30	1.89	5.63	1.72
Active Recreational	6.76	1.83	5.35	1.87
Moral-Religious	7.68	1.09	4.72	1.98
Organization	7.08	1.63	5.41	1.83
Control	6.18	1.02	4.34	1.81

Figure 1. A comparison of the Mean Profiles of Foster Families With the Mean Profiles of Normal Families Using Raw Scores (Moos & Moos, 1981).

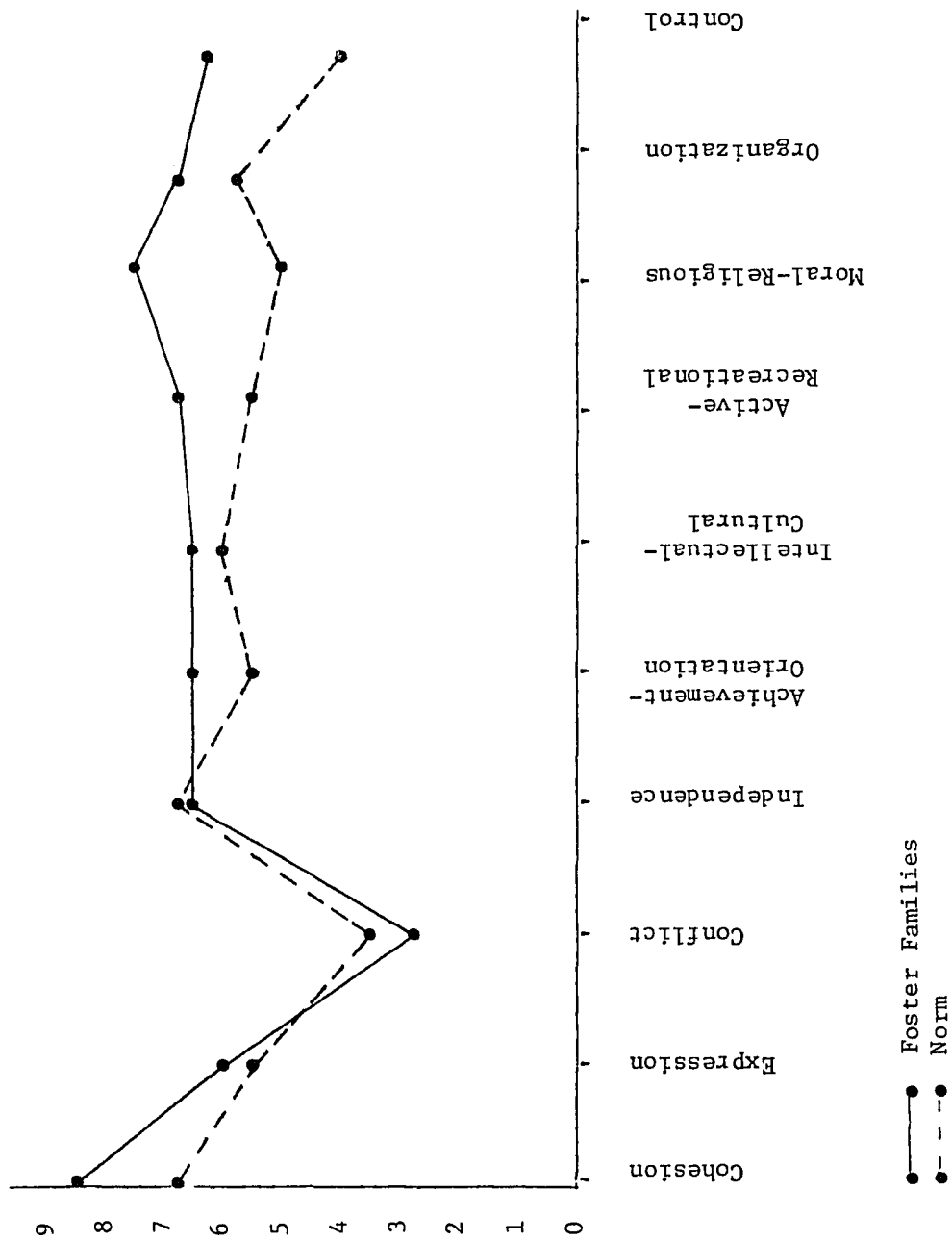
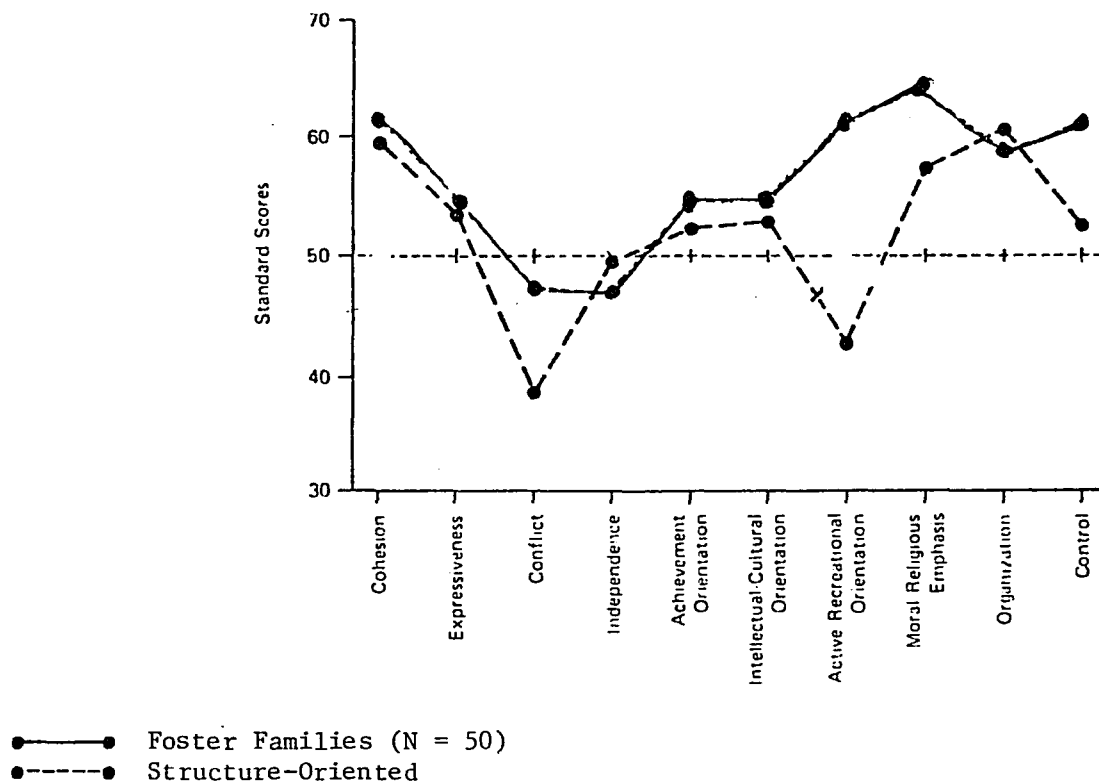


Figure 2. A Comparison of Mean Family Environment Scale Profiles for Structure-Oriented Clusters (Moos & Moos, 1981) and Foster Families in This Sample.



and control, as well as achievement-orientation and intellectual-cultural.

It was expected that these families would be higher on cohesion because of the nature of the choice these families had made for themselves. Also, it has been shown previously that foster families tended to be higher on religiosity. The emphasis on the achievement-orientation and intellectual-cultural orientation was somewhat unexpected in light of the socioeconomic level of this sample, as well as the indications from previous research. But these families are a "special population" among the working-class group from which they tend to come. The fact is that these families have in and of themselves taken on these added responsibilities as a response to a significant social problem, no matter what their "personal reason" was for doing it. Thus, their being a foster family may be a manifestation of their greater-than-average emphasis on achievement and cultural and intellectual values.

Moos and Moos (1981) further indicated that the structure-oriented family tends to be below average on conflict, emphasizing structure in family activities and relationships. Although family rules and responsibilities are clearly defined and there is a clear hierarchical structure, control is not manifested in a rigid, autocratic way. There is a strong feeling of support and room for expressiveness, but anger and conflict appeared somewhat inhibited.

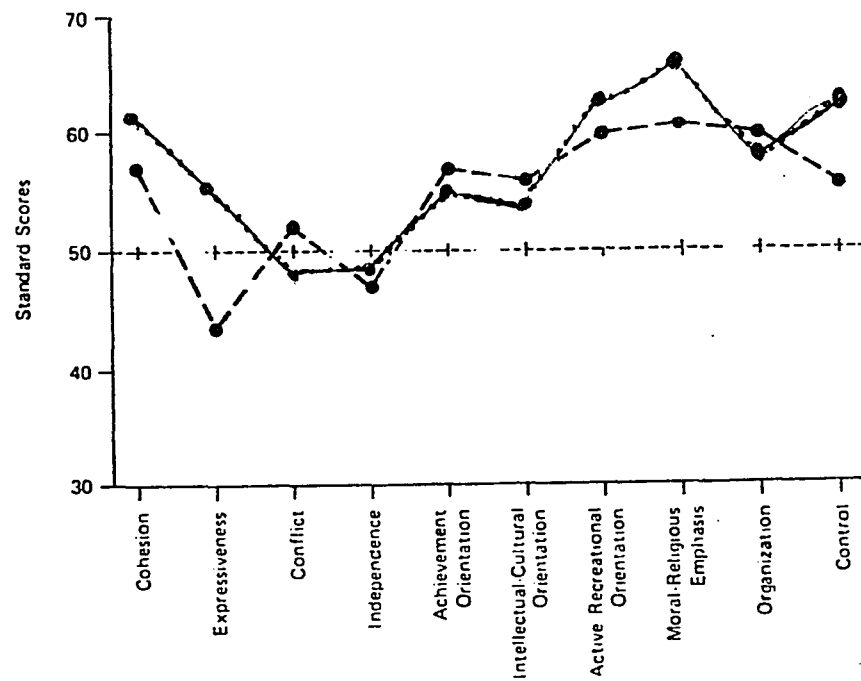
It would seem that the higher-than-average degree of structure would be necessary to compensate for the comings and goings of these

families and the lack of structure and the high degree of risk these foster children bring to a family. It also may be a manifestation of these families' confidence and willingness to participate in this social service. Their family relationships are utilized as the mechanism for increasing social/emotional adjustment of high-risk children.

Another family type (Moos & Moos, 1976) the foster family resembled was the Structured-Moral-Religious family. There is a strong emphasis on religious and ethical values. (Refer to Figure 3.) "This set emphasizes ethical and religious issues within a more balanced orientation stressing both achievement and recreational and leisure activities in addition to intellectual and cultural activities" (Moos & Moos, 1976, p. 365).

The family profiles were then analyzed by splitting the sample into two groups on four variables--(1) small family (one to three children)/large family (four to eight children), (2) rural/urban, (3) two parents/one parent, and (4) white/black. A comparison of the means of the subscales yielded very little difference on any of the variables (see Table 9). Yet, there is considerable evidence that indicates families do differ on these variables. Again, perhaps foster families who have been successful to some degree with adolescents are very similar and these characteristics manifest themselves in the decision to provide this service to children.

Figure 3. A Comparison of Mean Family Environment Scale Profiles for Structured Moral-Religious Oriented Subclusters (Moos & Moos, 1981) and Foster Families in this Sample (Moos & Moos, 1976).



●—● Foster Families (N = 50)
 ●- - ● Structured Moral-Religious

Table 9
Mean Raw Scores on FES

FES Subscale	Race		Geography		Marital Status		Size of Family	
	White N=29	Black N=21	Rural N=32	Urban N=18	Two Parents N = 33	One Parent N = 17	Small N=25	Large N=25
Cohesion	8.14	8.14	7.90	8.44	8.73	7.88	8.12	8.16
Expression	6.38	5.62	5.94	6.28	6.18	5.82	6.28	5.84
Conflict	3.14	2.19	2.90	2.44	2.69	2.82	2.76	2.72
Independence	6.48	6.38	6.50	6.33	6.64	6.06	6.40	6.48
Achievement-Orientation	6.38	6.38	6.44	6.28	6.42	6.29	6.20	6.56
Intellectual-Cultural Orientation	6.32	6.29	6.16	6.56	6.79	5.35	6.32	6.28
Active-Recreational	7.07	6.33	6.75	6.78	7.33	5.65	6.44	7.08
Moral-Religious	7.62	7.76	7.80	7.56	7.58	7.88	7.68	7.68
Organization	6.52	7.86	6.84	7.50	7.15	6.94	6.92	7.24
Control	5.79	6.71	5.94	6.61	6.30	5.94	6.12	6.24

Adolescent Foster Child Profile

A mean level of social competence and a mean for each of the three scales (activities, social, and school) were obtained in order to get a profile of these children (refer to Table 10). Compared to other children their own age, both male and female foster children fell close to the norm on the activities and social scales (see Figures 4 and 5). School was the area of most difficulty for both boys and girls when compared to other children their age. A comparison of boys and girls in this sample indicated they have similar profiles with girls being a little more competent in the social area.

Table 10
Means and Standard Deviations of the Social
Competence Scores and T-Scores

	<u>Boys Aged 12-16 (N=17)</u>		<u>Girls Aged 12-16 (N=33)</u>	
	\bar{X}	SD	\bar{X}	SD
Activities	8.43	2.08	8.94	2.30
Social	7.04	2.66	7.15	2.94
School	2.68	1.59	3.72	1.72
Total Social Competence Scores	18.15	4.86	19.40	6.07
T-Scores	44		47	

Figure 4. Social Competence--Girls Aged 12 to 16 years.

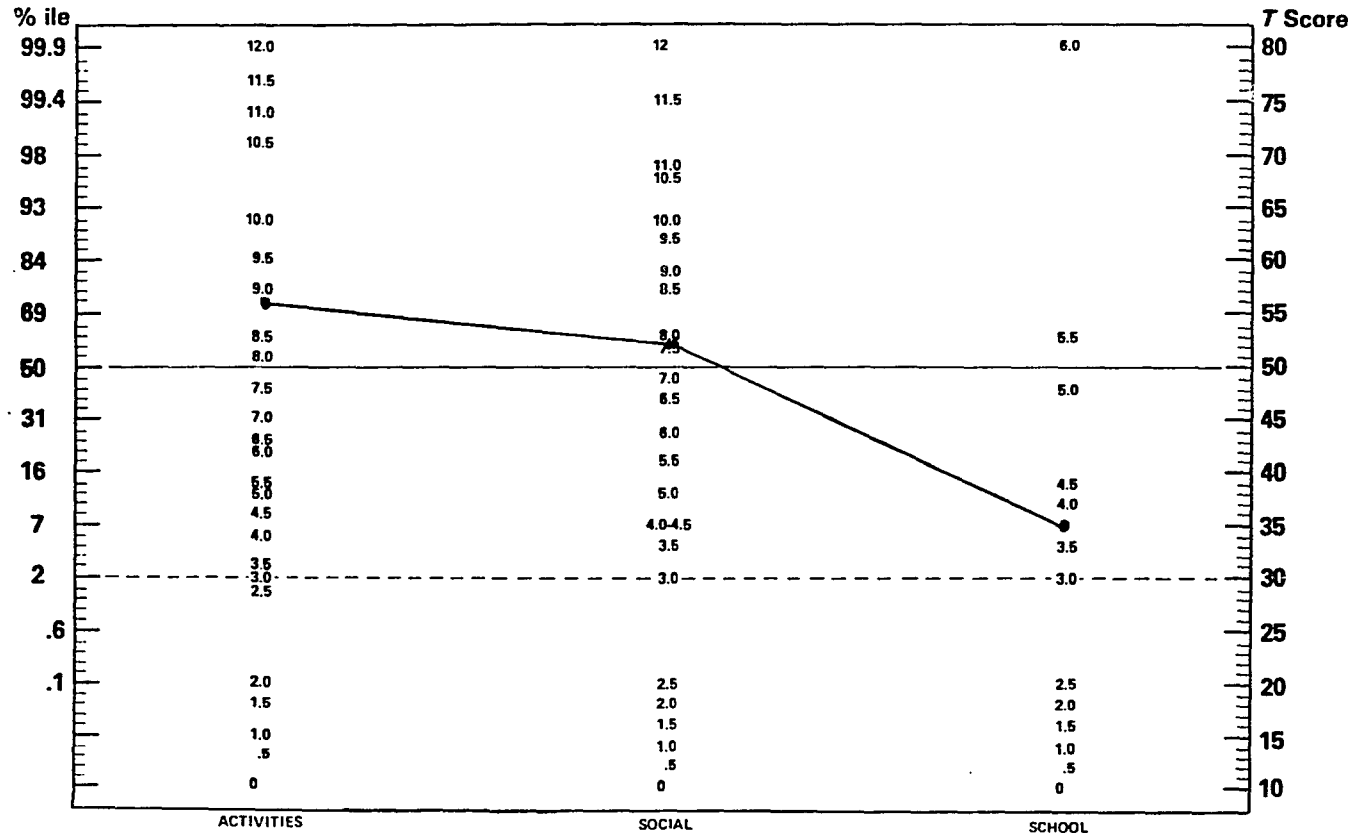
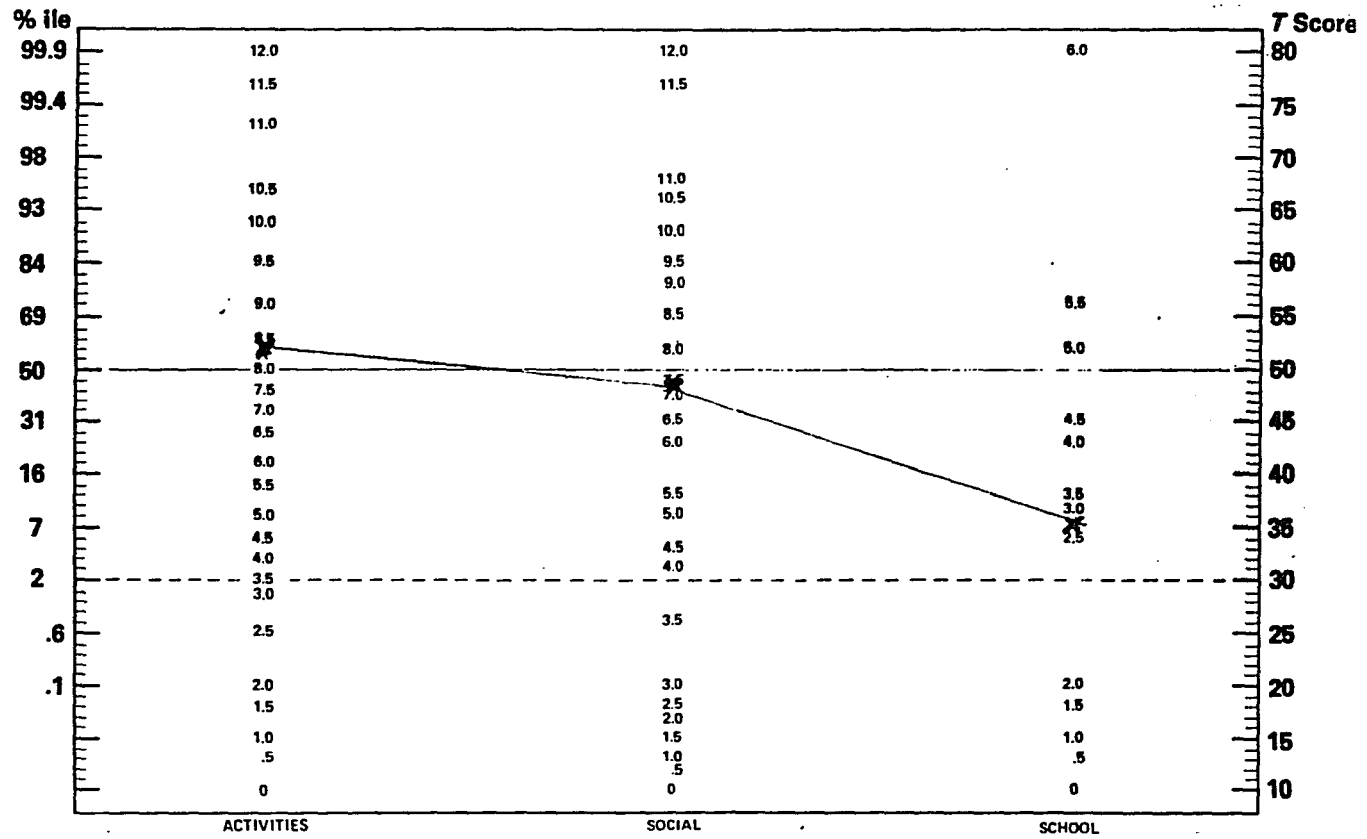


Figure 5. Social Competence--Boys Aged 12 to 16 Years.



Compared to the norm on social competence, both boys and girls were within one standard deviation below the mean (girls' T-score = 47; boys' T-score = 44). Thirty-four percent of the males were more than one standard deviation below the mean. Of the girls, 42 percent scored lower than one standard deviation below the mean. The higher scores were made by girls (11 percent of the girls scored one standard deviation above the mean but only five percent of the boys did). In other words, more males (51%) tended to score within the normal range (one standard deviation above and below the mean), whereas more girls tended to make extreme scores (only 33 percent scored within the normal range of one standard deviation above and below the mean).

On the average, both boys and girls were above the mean on the behavior problems' score although not significantly. Girls were within one standard deviation of the mean (T-score = 57), and boys were within two standard deviations (T-score = 61). Fifty-three percent of the boys were more than one standard deviation above the mean on the behavior problems' score with 13 percent of those more than two standard deviations above. Of the girls, 32 percent were more than one standard deviation above the mean on the behavior problems' score; 13 percent of those were more than two standard deviations above.

If you combine the two, only about 13 percent of the children have behavior problems' scores more than two standard deviations above the mean, and about ten percent of boys and girls scored

lower than two standard deviations below the mean. In general, it seems that a number of these children have significant problems related to behavior and adjustment but also a large number of these children are doing well in spite of the stresses and trauma.

A set of crosstabulations was done to assess differences on a number of variables by different groups. There appeared to be little differences in scores on social competence based on race, but the handicapped children tended to cluster in the lower categories and the nonhandicapped fell into the medium and high categories. The handicapped child tended to score lower on the school scale and activity scale, but appeared to be equally represented with the nonhandicapped on the social score.

CHAPTER V
DISCUSSION

This investigation was an assessment of the relationship between five factors of the foster family environment and adjustment of adolescent foster children. Research measures were utilized that had been standardized on the normal population. Normative data were used as a basis for comparison of foster families and their adolescent foster children with natural families and their adolescent children.

The variables studied were four factors of the family environment--cohesion, conflict, organization, and control--and the age of foster mothers. Hypotheses 1 through 5 addressed the bivariate relationships between each of the independent variables and the dependent variable. Hypothesis 6 examined how much of the total variability in the dependent measure could be explained by a combination of the five independent variables.

Based on the statistical analysis, the findings indicated that this model did not contribute significantly to an understanding of the factors that relate to differential levels of competence in adolescent foster children as hypothesized. Perceived cohesiveness in families was, by itself, most highly correlated with social competence. The significant relationship was a positive linear relationship and not curvilinear as hypothesized.

In view of previous findings, the results in this study represented a number of discrepancies that raise a number of methodological and conceptual issues. They will be discussed as they relate to each hypothesis.

Relationship Dimension

Hypotheses 1 and 2 addressed the relationship dimension of foster family environments. Two factors--cohesion and conflict--were the focus of these hypotheses. Previous findings have indicated that families in which the relationship dimensions are emphasized to a moderate degree are most conducive to positive adjustment (Forman & Forman, 1981). Therefore, it was hypothesized that the relationship between the two variables--control and conflict--would be curvilinear.

Hypothesis 1

Hypothesis 1 reflects the idea that extreme levels of cohesiveness in the family environment are dysfunctional and that moderate levels are related to higher levels of individual and family adjustment (Cuber & Harroff, 1965; Druckman, 1979; Levinger, 1965; Olson, Sprenkle, & Russell, 1979; Russell, 1979; Scoresby & Christensen, 1976).

The positive relationship between cohesion and social competence may be a function of this particular group studied, and may reflect some differences between the foster family and natural

family. As discussed previously, goals in the foster family system are different from those in the natural family system. Boundaries are more vague due to the increased intimate involvement with a number of external systems. All the comings and goings result in increased openness of the family system.

All the scores on the cohesion subscale were within the upper half of the scale. This may have reduced the discriminatory power of this subscale. What it does tell us is that for those foster families in which foster mothers perceive high levels of cohesiveness, the higher the cohesion, the higher the adjustment of the adolescent foster child. This study does not tell us anything about foster families low or moderate on the cohesion subscale.

Given that (1) foster children are at a higher risk of experiencing adjustment problems, (2) being an adolescent increases that risk, and (3) foster children bring extremely varied experiences into care, is the difference for this sample a reflection of compensatory factors that are operating? In some respects, the foster family takes on a therapeutic role. These children bring with them special needs as a result of pre-existing conditions. They all have experienced trauma of separation from their parents, siblings, school, and community. Thus, it may follow that high levels of cohesiveness provide the "healing" necessary to compensate for the experienced losses.

It may be that the high scores on cohesion were a function of the unique significance family symbolizes. Being a foster family

indicates some degree of deviance from the norm in terms of roles, goals, and expectations. As a result, it may be that scores are elevated toward the ideal. Foster families' mean scores were 1.53 points higher than the norm or 17 percent higher. Did they in fact give socially accepted answers? The fact that these families are aware of and desire these characteristics is one indication of an attempt to emulate the ideal

The self-reports of these foster mothers are behaviors in and of themselves which is the focus of this study. Whether they are valid or not is not central here (Thomas, 1974). There is an indication that mothers have the greatest influence on the interpersonal life of the child (Wolford, 1948), and their perceptions are important in how well one functions in monitoring one's own behavior (Thomas, 1974).

Hypothesis 2

These data failed to show a significant relationship between conflict and social competence as indicated by Hypothesis 2. There were several factors operating that may have accounted for this.

In general, these mothers reported low levels of conflict. Although there was only .5 of a point difference between foster families and the norm, they tended to cluster on the lower-end of the scale. This may have served to reduce the discriminatory power of these variables. This tells us that for this sample of foster families low on conflict, this variable does not discriminate between different levels of adolescent functioning. As for cohesion, it tells us little about those high on conflict.

The developmental literature indicates that conflict during adolescence may be normative. Although this notion has been challenged, it may be that the important factor is the degree of conflict rather than presence or absence.

Looking at the two relationship variables together reveals that cohesion was found to be a significant discriminator of adolescent functioning while conflict was not. Conflict and cohesion are often viewed as opposites on the same continuum (Sprey, 1979). High levels of conflict are related to low levels of cohesion and vice versa. For this sample, the Pearson Correlation between conflict and cohesion was $-.44$, thus supporting previous findings.

Orden and Bradburn (1968) found that positive (supportive) and negative (conflictual) communications occur independently of each other. They can occur in all combinations--high support/high conflict, high support/low conflict, low support/high conflict, and low support/low conflict. The variation in one does not imply variation in the other. There are qualitative concerns that quantitative measures--more or less--cannot address (Kantor & Lehr, 1976; Sprey, 1979). Dysfunction can be found in all levels of cohesiveness (Cuber & Harroff, 1965) and conflict (Sprey, 1979). Bell and Bell's (1982) findings showed that cohesion was a significant discriminator of adolescent functioning but conflict was not.

Forman and Forman (1981) found that among normal adolescents, those from families in which conflict was openly acknowledged and expressed were less troubled and more self-assured, yet somewhat detached. Therefore, open conflict may interfere with support and cohesiveness in family relationships.

There is evidence that the relationship dimension is an even more complex phenomenon than is often addressed. Interpersonal competence has several dimensions that occur as separate phenomena: general social relationships and intimate social relationships (Filsinger & Lamke, 1983). Filsinger and Lamke (1983) found no direct lineage transmission of parental competence in intimate interpersonal relationship to children's level of competence in intimate relations. There was a direct transmission of competence in general social relationships from parents to children. This lends further support to the significance of the relationship dimension in this study since the measures focused on general interpersonal competence.

Systems Maintenance Dimension

Hypotheses 3 and 4 addressed the system maintenance dimension of the family environment and its relationship to adolescent functioning. Neither of the variables--organization and control--was found to be a significant discriminator. This lends some support to the finding of Fowler and Fowler (1976) that the interpersonal dimension has greater predictive power for individual adjustment than does the system maintenance dimension.

These foster families scored well above the norm on the system maintenance dimension. The mean for the norm on the organization subscale was $\bar{X} = 5.41$; for foster families, it was $\bar{X} = 7.08$. On the control subscale, the norm was $\bar{X} = 4.34$, and for foster families it was $\bar{X} = 6.18$.

Similar to the other factors, it would appear that the lack of significance would be a function of the fact that these families tended to see themselves as high on control and organization. The result is a reduction in the discriminatory power of these variables.

Hypothesis 3

Hypothesis 3 stated that in foster families with adolescent foster children, positive adjustment and adaptability are related to higher levels of organization. In foster families, there are a lot of structural changes which result in lack of role clarity and clearly defined norms (Katz, 1976). It would follow that an organized set of positions and roles, rules, and expectations are even more crucial in foster families. More successful and happier placements are related to high levels of organization (Monane, 1967). In general, these families were higher on organization than the norm. The mean for organization for the normals was $\bar{X} = 5.41$, and for foster families, it was $\bar{X} = 7.08$, a differential of 1.67 on a nine-point scale.

The foster mothers in this sample perceived their families to be highly structured. Therefore, for highly structured families, it

was not a discriminator of differential levels of social competence. This sample did not provide us information on how much it contributes to an understanding of families with low levels of structure.

Hypothesis 4

Control was hypothesized to be a significant discriminator with lower levels of control as most conducive to positive adjustment. This is consistent with the literature of adolescent development.

The lack of a significant relationship raises some important issues. Control is multidimensional in and of itself and needs to be assessed as such. Smith (1983) identified three dimensions of control--(1) amount and technique, (2) compliance and emotional acceptance, and (3) variations between maternal and paternal behavior.

Bell and Bell's (1982) findings that a lack of rigid control was conducive to improved functioning of adolescents raises this issue of multidimensionality. The term rigid implies there are qualitative differences in control--not just differences in terms of degree. Smith (1983) also pointed out the importance of distinguishing between the "amount of control attempted by the parent" (p. 533) and the control technique used.

There has been substantial research in the child development literature that addresses qualitative differences in discipline. The use of induction (appealing to the child's guilt potential

through reasoning and explanation) is associated with advanced moral development (Aronfreed, 1961; Hoffman & Saltzstein, 1967). Inductive techniques (nonpower assertive techniques) relate to a high degree of internally motivated self-corrective action, whereas power-assertive techniques are related to externally motivated corrective action (Hoffman & Saltzstein, 1967).

Perhaps it is the combination of the different factors of the system maintenance dimension that is important. Structure could be viewed as a mediating variable for control. Control can be high but if things are highly organized and structured, how control gets played out in the relationship may take on some qualitative differences. Therefore, if organization is high as it was for this sample, then control loses its significance.

It may be that practitioners and researchers are emphasizing the wrong things. Developmentally, as children age and their lives expand and become more complicated and at odds with those in control, the need for control and structure increases and so does the significance of their interaction.

Hypothesis 5

Hypothesis 5 addressed the relationship between the mother's stage of the life cycle as measured by age and adolescent social competence. It was hypothesized that the relationship would be curvilinear with those children placed with foster mothers in the middle-age ranges scoring higher on social competence. There was not a significant linear relationship, and an examination of the

scattergram (refer to Appendix B) indicated a definite trend toward curvilinearity. It may be that with a larger sample, this would have attained a level of significance. Although not significant, this trend indicated that the normal age range for having adolescent children is, in fact, the age range most conducive to positive adolescent functioning.

Foster parents within the middle-age range are most likely to have adolescent children themselves. Even if they had no children, having adolescent foster children would appear to be more normative in the eyes of others. Therefore, they may "fit" better within the family system psychologically and socially. The external world may respond more spontaneously to the adolescent foster child as a natural part of that family than if the foster parents were either too young or too old to have natural adolescent children themselves. This may serve to reduce discrimination the foster child is likely to experience. Also, foster parents in the middle-age range are most likely to have close friends and relatives with adolescent children with whom they can compare experiences for support. They may be better able to handle relationship issues of control and conflict because they are neither too close nor so far removed from their age.

Yet, there is some indication that these foster mothers are a special group in terms of personal and marital adjustment. There appeared to be a highly egalitarian relationship between mothers and fathers relative to child-care responsibilities. Husbands were reported to (and observed to on several occasions) participate fully

in nurturing and disciplining of the children. Yet, in the marital relationship, they tended to be traditional. There is little known about foster fathers, and this group of parents may provide some interesting insights into how families can successfully blend the traditional and modern characteristics. Are foster fathers more nurturing and able to serve an expressive role in the family? Research in this area may contribute some understanding of functional blending of roles.

Foster mothers, as a group, seemed to take good care of their own psychological and emotional needs through involvement in activities they enjoyed. There was often a great deal of spontaneous discussions of their own interests. They tended to have hobbies that did not involve the children. As a group, they saw their needs as a separate entity, and did not seem to have a total involvement with the children. They were not completely immersed in taking care of these children, but rather, tended to find adequate time for themselves and their spouses and friends.

These families were, in general, highly active and involved in sports and recreational activities on a regular basis. In part, this may reflect the stage of family life. Teenagers are exploring relationships outside the family, and sports and recreational activities are very positive group experiences in which they can become involved. These families tended to encourage participation in recreational activities individually and as a family group. Given the number of risk factors children bring, perhaps, the high degree of recreational participation is another compensatory factor. It

reflects increased involvement with other, increasing the exposure to varied social situations and increased experiences for modeling of appropriate social skills.

Because foster parents can serve in the parental role at any stage of the life cycle, a study of these relationships from a child and family developmental perspective may contribute some important information in this area. The field of foster family care has tended to focus on the relationship between foster mother's age and adjustment of the foster child from the perspective of one dimension--control. Developmental theory can provide a multidimensional view.

Hypothesis 6

Hypothesis 6 addressed the significance of the combination of these variables as a discriminator of differential levels of adolescent functioning and adjustment. Combined they explained only seven percent of the variance and the only significant bivariate relationship (cohesion and social competence) was washed out in the regression analysis.

The discussion of the other five hypotheses was indicative of the expected significance of all the variables in combination. The lack of significance could be related to several factors. An analysis of the total picture indicated that these families all scored in the extreme ranges--in the ideal or desired direction. The result is a reduction in the discriminatory power of these variables.

Those factors in the family environment that were hypothesized as discriminators of social competence of adolescent foster children were, in fact, some of those factors that differed the most from the norms. Since these families are most likely the best and most successful foster families, perhaps these factors are in the final analysis significant discriminators of competence among foster parents.

The fact that these are competent foster parents is supported in the sample selection process. The requirement for this study that teenagers had to be living in the current foster home for at least one year further biased the sample. It could be said that all of these foster placements were relatively "successful" if the criteria of "length of time in present home" is used. Yet, a number of these children had significant behavior problems. In fact, there was a great deal of variability of adjustment of these children; yet, there was a commitment to maintain the placement in spite of the problems. Of all 50 families, there were only five who indicated the placement may be in trouble. One of those was going to terminate because of problems at school, not in the foster home. Another was to be terminated because of the lack of support the foster mother felt the social worker was providing and the great needs of the child due to cerebral palsy.

In general, these foster families could be identified as good foster homes, and the placements as relatively "successful" for children of varying degrees of adjustment. Whether these

relationships differ from normal families should be further investigated. The compensatory nature of foster families and qualitative differences from a systems perspective all contribute to some need to further assess similarities and differences.

It would appear that the interaction of these variables is where the importance lies. The literature and some of the implications from this study support this notion.

The relationship dimension has been shown to significantly contribute to the control function of discipline. Sears, Maccoby, and Levin (1957) found that warm, affectionate mothers reported physical punishment (a power-assertive technique) to be a more effective means of control than for cold, hostile mothers.

For this sample, there was an indication that these foster parents used reasoning as a control technique. The term foster mothers used repeatedly in discussing childrearing techniques was, "I talk to them." This indicated that these foster mothers used reasoning with children in conjunction with other techniques of disciplining, such as physical punishment and withdrawal of love. This may be another factor that contributes to their success of foster parenting. Particularly as the child grows older, he is better able to use and benefit from reasoning. There tended to be a great deal of warmth expressed by these families and an emphasis on the relationship factors. This was also reflected in the scores on the relationship dimension of the FES.

It may be that high levels of control can be mediated by intervening variables, one of which may be the relationship dimension

and type of control techniques used. At least for this sample, the control dimension did not significantly contribute to an understanding of variations in social competence for those low on control. For those high on control, it contributed very little.

The foster family may need to be relatively free of conflict with above-normal levels of structure and control to compensate for the lack of stability and increased levels of stress many of these children have experienced. Therefore, moderate levels of cohesiveness and conflict, and structure with a decreasing need for control as the child ages, do not apply to foster families.

Perhaps, some aspects of the foster family environment need to be examined within the framework of the therapeutic milieu. Literature on institutional and group-home care emphasizes the therapeutic nature of the "family environment" and could possibly provide additional understanding of the factors operating that increase the success of the foster-family experience.

The impact of foster children on family environmental factors is an important factor in any assessment of foster families. Their influence is inherent in the systems and interactional framework which assumes reciprocity between parents and children. For foster children, it is an even more crucial issue, because they bring such a variety of experiences and expectations to their foster care experiences.

It may be that a foster child who comes with a higher degree of adjustment may influence the family in such a way that the family

becomes more cohesive. On the other hand, a foster child may serve to increase levels of conflict because of issues of control and related factors. It may be that the child needs greater control and a higher degree of structure. Therefore, the foster family may respond to those needs in order to increase the chances the placement will be successful.

In order to control for these interactional influences, studies need to be done that are designed to account for the child's prior experiences and the foster family's environment before placement. This would necessitate carefully planned studies developed as an integral part of the practice setting.

The field of family theory and research has much to offer to the field of foster family care. Advances in research methodology and theory can provide a framework of competence and normalcy that is clearly lacking in foster care practice and literature. This would serve to increase the emphasis on the positive influences of foster family care on foster children and foster families alike. The result would, it is hoped, be in services that more consistently reflect the philosophy of foster family care.

CHAPTER VI
SUMMARY AND CONCLUSIONS

It appeared that the foster families in this study were a random selection of relatively successful and adequate foster families. It may be that these factors discriminate between adequate and inadequate foster parents. The scores clustered around desired extremes of the scales for all except control where the scores were higher than expected. It may be that these factors in these amounts help foster parents meet the needs of children with extreme variability in experience and levels of adaptability and pathology.

Much of what we know from studies on family environmental factors have come from clinical studies. The methodology usually involves comparing the good and bad, highs and lows, or adequate and inadequate. This study indicates that when we look at these same variables, but on one end of the scale or at least within a narrow range, the results are different. Research studies outside of the clinical domain are needed to further assess how these factors relate to positive adjustment.

The limited sample size may be a factor in the limited discriminatory power of these variables. These variables also may interact with each other, and cannot best be understood as they stand alone. For example, do conflict and structure interact in such a way that

higher levels of conflict may be compensated for by increased structure? To test for interaction effects in this study, a sample size of 150 would have been needed. Future research needs to be done using larger sample sizes in order to test for interactions among variables.

Overall, these foster children had made many positive adjustments given the trauma they had experienced. Longitudinal studies are needed to follow children over time and across different placements. Application of this knowledge will help deepen understanding of the psychological and social results of separation and the mending that can take place given certain family conditions. Practice decisions increasingly need to be based on research studies that incorporate findings from the family field and treatment area.

This investigation was undertaken as a pilot study of the positive influences of foster family care of the adolescent who is increasingly at risk of experiencing adjustment problems in today's society. It seems that, at least with this sample, foster families are adequately serving the needs of this high-risk group, and are competently fulfilling this goal. It does indeed seem to be qualitative factors that need further emphasis in foster family research.

An application of the results of this study would be to use the Moos' FES as one of the screening devices for selection. At least for those with adolescents, those who score high on control, organization, and cohesion, and low on conflict would be good candidates. Given the fact most of the families had younger children

also, these factors may also be applicable for adjustment of young children.

Foster care for troubled adolescents is an ever increasing social services need. Provisions for these services have undergone tremendous controversy (Redl, 1966) and change. The foster-care system can work well (Kadushin, 1978) and adjustment of children who have suffered trauma can improve with adequate nurturing (Burland, 1980) as a result of the compensatory element in foster care (Mayer, 1977; Zimmerman, 1982). This study serves as a beginning point in emphasizing the importance of qualitative factors within family systems and the multidimensionality of their effects.

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APPENDIX A

Informed Consent Form for Foster Parents

Mrs. Rebecca Davis, a doctoral student at the University of North Carolina at Greensboro is prepared to interview you for the purpose of getting information about your family and your teenage foster child. You will be asked some general questions about yourself and your family and then some questions about your teenage foster child. You will then be asked to answer some true-false questions about rules in your family that you have. Next you will be asked to respond to a questionnaire developed for adolescent boys and girls to find out how the teenager is doing at home, at school, and with friends.

Your participation in this study is voluntary. Your license as a foster parent will not be affected by your decision. You may choose to refrain from answering any or all questions. You may withdraw from this study at any time.

The information you give me about your family environment is strictly confidential. The forms used to record your answers will not have your name on them. An identification number will be put on the forms. No information you provide will be used to evaluate your license as a foster parent. Because the Department of Social Services is the legal guardian of the child, the information on the foster child will be made available to them.

When this study is completed, the findings will be available to you if you are interested in knowing them. Your caseworker will be able to give you the results of the major findings or Mrs. Davis will mail you a copy of the major findings. Please indicate if you would like to have a copy mailed to you by signing your name at the bottom of the page in the appropriate place.

It is important that we have your written consent to participate in this study. If you give your consent to participate, please sign your name.

I, _____, do choose to participate in the Foster
Foster Parent's Signature
Care Study described above.

I, _____, would like to have a copy of the
Foster Parent's Signature
results mailed to me.

Date

_____ County Department of
Social Services
Address
Date

Dear (Foster Parent):

The _____ County Department of Social Services is assisting Mrs. Rebecca Davis in a study she is doing on Foster Care in North Carolina. Mrs. Davis, a social worker, has a special interest in foster families who keep teenage foster children. This study is part of her work as a doctoral student in the Department of Child Development and Family Relations at the University of North Carolina at Greensboro.

Being a foster parent is an important job in which the whole family takes part. We want to find out how foster mothers feel things usually go in their families and how their teenage foster children are doing. This study is to help those of us working with foster families do our jobs better by helping us understand how foster parents feel and think about themselves, their families, and their foster children.

We would like for you to help her in this study. Mrs. Davis would like to interview you at some time over the next month at a time and place convenient to you. In talking with you, she will ask you questions to find out how you feel about your family, the kinds of rules you have in your family, and how you feel name of child is doing at home and in school. The interview should take about one hour of your time.

It is entirely your decision whether to participate in this study or not. Your license as a foster parent will not be affected by what you say in the interview or by your decision to participate or not.

Mrs. Davis will be calling you some time over the next few weeks to see if you want to participate. If you agree to take part, she will schedule an appointment with you and decide on a convenient place to meet with you. She can meet you at the Social Services Office, a local community center or church, or in your home at a time when you can meet in privacy.

We hope you will take time from an already busy schedule to talk with Mrs. Davis. Your participation is vital in helping us serve you as foster parents better and also serve the foster children better.

Thank you for your continued service as a foster parents. Mrs. Davis hopes to have the opportunity to meet with you personally.

Sincerely,

Mr./Mrs. Social Worker

Mrs. Rebecca Davis
Doctoral Student

ID Number _____

Information to be Obtained for the
Foster Child

1. Sex
 - 1 Male
 - 2 Female

2. Race
 - 1 Asian
 - 2 American Indian
 - 3 Hispanic
 - 4 Black
 - 5 White

3. Child's birthdate _____ Age _____

4. What is the grade your foster child is in?
 _____ Grade
 _____ Special Education
 _____ Gifted and Talented
 _____ Other

5. Length of time in your home _____

6. Age at placement _____ (in your home)

7. Is child available for adoption? _____

8. Is the child handicapped? _____

9. Number of homes child has been in? _____ (including yours)

10. Why was child placed in your home?

ID Number _____

Information to be Obtained for
the Foster Mother

1. Your sex
 - 1 Male
 - 2 Female

2. Your present marital status
 - 1 Married
 - 2 Divorced
 - 3 Separated
 - 4 Widowed
 - 5 Never Married

3. Are you presently . . .
 - 1 Employed Part Time
 - 2 Employed Full Time
 - 3 Unemployed
 - 4 Retired
 - 5 Full-Time Homemaker

4. Your race
 - 1 Asian
 - 2 American Indian
 - 3 Hispanic
 - 4 Black
 - 5 White

5. Your religious preference
 - 1 None
 - 2 Protestant (Write in denomination below)

 - 3 Jewish
 - 4 Catholic
 - 5 Other (Specify)

6. Your approximate family income from all sources before taxes in 1982 was:

_____ Dollars (excluding board payments)

_____ Dollars (total board payments)

7. What is the highest level of education that you have completed?
 (Circle the appropriate number.)

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20+

Vocational or Trade School Degree (if one) _____

College Degree (if one) _____

Please Write in the answer for the following questions.

8. Your present age: _____ years.

9. Your present occupation: _____

10. Number of years you have been married to your present mate
 (if married): _____

11. The sex and ages of all your own children (indicate the ones
 living at home by placing a (✓) check over the number):

Male 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18+

Female 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18+

12. The sex and ages of all the foster children in your home now
 (indicate the ones living at home by placing a (✓) check over
 the number):

Male 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18+

Female 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18+

13. The number of years you have been a foster parent: _____

14. Do you belong to a foster-parents' association?

Yes No

15. Would you like to belong?

Yes No

16. Are you licensed to keep handicapped children?

Yes No

17. Why are you a foster parent?

18. How many foster children have you had since becoming a foster parent? _____

PLEASE NOTE:

Copyrighted materials in this document have not been filmed at the request of the author. They are available for consultation, however, in the author's university library.

These consist of pages:

Pages 136-139 - Family Environment Scale-Form R

Pages 140-149 - Child Behavior Checklist for Ages 4-16

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APPENDIX B

