

FOSTER PARENTS AND THE HOME ENVIRONMENT:

ONE WAY TO ASSESS THE QUALITY OF FOSTER CARE PLACEMENTS

By

Maureen C. Smith

Child Development
San Jose State University
One Washington Square
San Jose, CA 95192-0075
Tel: (408) 924-3374

msmith18@email.sjsu.edu

March 2001

This report was produced with the help of a 1999-2000 contract from the California State University Faculty Research Fellows Program for the California Senate Office of Research. Special thanks to Jack Hailey of the California Senate Office of Research, Robert Grannison of the San Mateo County Department of Social Services, and Brenda Mandak of Families First - San Jose. The opinions expressed in this report do not necessarily reflect the opinion of the California Senate, or the Senate Office of Research. This Coordinator of the Faculty Research Fellows program is Professor Robert Wassmer, Center for California Studies, California State University, Sacramento. For information on the Faculty Research Fellows Program and a list of all previous reports, see http://www.csus.edu/calst/Government_Affairs/faculty_fellows_program.html.

TABLE OF CONTENTS

LIST OF TABLES	3
EXECUTIVE SUMMARY	4
POLICY RECCOMENDATIONS	6
INTRODUCTION	7
The State of Foster Care	7
Questions Addressed in this Project	8
How Does The Child-Rearing Environment Relate To The Quality of the Placement?	9
Overview and Summary	14
METHODS	15
Subjects	15
Procedures	17
Measures	19
RESULTS AND DISCUSSION	26
IMPLICATIONS	38
RECCOMENDATIONS	40
REFERENCES	44
APPENDICES	48
Appendix 1: Foster Parent Consent Form	48
Appendix 2: Detailed Description of Measures and Scoring Procedures for Assessment of the Home Environment	50

LIST OF TABLES

Table 1: Foster child and foster mother demographic information	16
Table 2: Descriptive Statistics for the Infant Measures of the Quality of the Foster Care Child-Rearing Environment	30
Table 3: Descriptive Statistics :Preschool Measures of the Quality of the Child-Rearing Environment	32
Table 4: Descriptive Statistics for the Infant Outcome Measures	33
Table 5: Descriptive Statistics for the Preschool Outcome Measures	34
Table 6: Relation of Infant Outcome Measures to Indices of the Quality of the Home Environment: A Case by Case Comparison	36
Table 7: Relation of Preschool Outcome Measures to Indices of the Quality of the Home Environment: A Case by Case Comparison	37

EXECUTIVE SUMMARY

This project was designed to address the following questions about foster care in California: (1) What are the actual parenting skills and practices used by foster parents of children aged 1 month to 6 years? (That is, how do foster parents interact, in the context of child-rearing behaviors, on a day-to-day basis?) (2) How are these various foster parent practices (both skills and behaviors) related to different aspects of foster children's development (i.e., social, emotional, and cognitive abilities)? (3) Can the instruments and measures in this study be adopted quickly and used easily by caseworkers to help them with case management (i.e., assessing the quality of the foster care placement with respect to foster parent child-rearing practices) (4) Can the measures and instruments used in this study also be used by social service agencies dealing with foster parents and foster children for intervention (e.g., in situations when foster parenting is not adequate) or training purposes?

This project used currently available, reliable, and valid measures of the foster home care-giving environment as it relates to child developmental outcomes (social, emotional, and cognitive functioning). The measures can be used without extensive new costs or additional time on the part of the caseworker. These measures also are readily available and easily used by child welfare staff and outside researchers. There are two sets of measures. One set is appropriate for use with children between the ages of two months and three years. The second set of measures is appropriate for use with children between the ages of three and six years.

My analysis of the data indicates that foster parents can and do use high-quality child-rearing practices in naturally occurring situations and in their daily care-giving activities. Furthermore, these parenting practices are related to child functioning. Foster children living in homes that provide a higher quality child-rearing environment function at higher levels in respect to their cognitive, social, and emotional development.

The measures used in this study can be used to assess the quality of the foster care child-rearing environment. These measures were easy to learn and are simple to train others to use. The measures obtained adequate inter-rater reliability in this study and all have been well researched and validated in other research studies. When used for assessment purposes, these measures produced variability in parenting skills and practices and were able to reveal foster parents' strengths and weaknesses. Furthermore, the behaviors assessed in each measure are every-day care-giving behaviors that can be used to assist caseworkers in training foster parents or in designing intervention programs for foster parents needing assistance.

POLICY RECOMMENDATIONS

Based upon findings in the study that follows, I offer the following recommendations on what could be included in legislation that would be designed to better assist in the assessment of the quality of foster care placements in the state of California.

- Use the measures described throughout this report to assess the quality of the child-rearing environment to screen new foster parents, to determine optimal placements for high-risk children, to assess the placement of current cases, to facilitate intervention, and for training purposes.
- When making a placement assessment for foster care, take into account other important factors that may influence placement outcomes such as child ethnicity or gender.
- For maximum and lasting benefits, children need to be placed in high quality foster homes for sustained periods of time.
- Foster parents who have difficulty providing the kinds of sensitive and responsive care-giving behaviors need intervention and children should not be placed in these homes until these weaknesses are addressed.
- Facilitate further research on the foster care population by establishing a state-wide research consortium with access to foster care populations.

INTRODUCTION

The State Of Foster Care

The foster care population is one that has seen steady increases since the early 1990s (Tatara, 1994). Although the average length of stay has increased, permanency planning does not appear to have been achieved adequately (Rosenfeld et. al., 1997). Recent cohorts of children entering the foster care system are typically from low-income families (Lindsey, 1991) who also are likely to have experienced numerous other risk factors such as parental substance abuse, HIV infection, homelessness, and violent environments (Rosenfeld et. al., 1997). Maltreatment continues to be an issue in foster care placement. For example, the statistics for Alameda County (1987-1988) reveal that 27% of the foster children have been physically abused, 31% sexually abused, 20% neglected, 2% emotionally abused, and 22% have no parent or guardian actively involved in their care (Smith, 1991). These findings are quite similar to more recent statistics from a study conducted in San Francisco, CA (Takayama, *et al.*, 1998).

Foster children are placed into care at increasingly young ages. For example, in San Francisco CA, 50% of foster children are less than 6-years-old at the time of placement (Takayama *et al.*, 1998). The foster care population also is likely to consist of a high percent of ethnic minority children: by 1990, 61% of California foster children were African-American, Hispanic, or Native-American (Tatara, 1993). Finally, research on foster children has revealed disturbing trends with respect to their physical and mental health. Rosenfeld and colleagues' (1997) review of research on foster children indicated that foster children are likely to have three to seven times as many acute and chronic and health conditions, developmental delays, and emotional/social problems as other poor children. Although Phillips (1999) found that most of the foster children in his sample scored within the normal range on a measure of child behavior problems (CBCL), there was a wide range in scores and a large percentage exceeded borderline-

clinical thresholds. (For example, on the "total problem score", 54% of 479 children obtained scores that placed them above the borderline-clinical threshold). These borderline clinical rates were highest for those placed in programs for foster children with serious needs requiring specialized involvement with trained foster parent and casework staff (ITFC).

Questions Addressed in this Project

This project was designed to address the following questions about foster care in California: (1) What are the actual parenting skills and practices used by foster parents of children aged 1 month to 6 years? (That is, how do foster parents interact, in the context of child-rearing behaviors, on a day-to-day basis?) (2) How are these various foster parent practices (skills, behaviors) related to different aspects of foster children's development (i.e., social, emotional, and cognitive abilities)? (3) Can the instruments and measures used in this study be used quickly and easily by caseworkers to help them with case management (i.e., assessing the quality of the foster care placement with respect to foster parent child-rearing practices) (4) Can the measures and instruments used in this study be used by social service agencies dealing with foster parents and foster children for intervention (e.g., in situations when foster parenting is not adequate) or training purposes?

This project used currently available, reliable, and valid measures of the foster home care-giving environment as it relates to child developmental outcomes (social, emotional, and cognitive functioning). The measures can be used without extensive new costs or additional time on the part of the caseworker. These measures also are readily available and easily used by child welfare staff and outside researchers. There are two sets of measures. One set is appropriate for use with children between the ages of two months and three years. The second set of measures is appropriate for use with children between the ages of three and six years. Appendix 2 contains a complete description of each parenting measure as well as a complete description of how to score each measure.

How Does the Child-Rearing Environment Relate To The Quality of the Placement?

Foster Child Development and the Home Environment

There are several reasons to focus on the child-care environment in the foster home to determine what leads to better child adaptation in foster care. Previous research (e.g., Cooper, Peterson, & Meier, 1987; Doelling & Johnson, 1990; Halfon & Klee, 1987; Hochstadt, *et al*, 1987; Smith, 1994; Smith & Gutheil, 1988) indicates that foster parent child-rearing attitudes and practices have a strong impact on foster children's social, emotional, and cognitive functioning.

Unfortunately, some research on the broader ecological context of foster parenting (e.g., foster parent training and resources) suggests that foster parents are at risk for engaging in less than optimal child-rearing practices. For example, few foster parents receive adequate information about, or training to deal with, the specific children placed in their homes (Halfon & Klee, 1987; Hochstadt, *et al*, 1987). When Smith (1994) asked foster mothers about the training courses provided by their local Department of Social Services, the majority of foster mothers felt they learned more from actual experience and observation of other foster mothers than from the course itself. This lack of information may lead to an increased risk for placement termination and there is some indirect evidence for this hypothesis. Specifically, although just over 50% of foster care placements fail (Stone & Stone, 1983), both Eastman (1982) and Smith and Gutheil (1988) found fewer placement failures when foster parents receive extensive training before their first placement experiences.

In fact, Cooper, Peterson, and Meier (1987) noted that at least 25% of foster placement failures stem from child behavior problems the foster parent felt incapable of handling. Child-rearing attitudes, interacting with a lack of information, may partially explain why some foster parents feel they cannot cope with a foster child's problems. For example, Doelling and Johnson (1990) found that when a foster mother's expectations of what the child will be like are not met (e.g., the child is more difficult than she imagined) and the foster mother is described as rigid with stern child-rearing attitudes, the placement has a strong potential for termination.

Conversely, many foster parents are able to provide high quality care for the children placed in their homes. Successful foster parents (e.g., those without a history of placement failure) seem to be those parents who can manage a wide range of child behaviors, including serious maladaptive behaviors (Dando & Minty, 1987; Jordan & Rodway, 1984).

Therapeutic foster care programs have found that treatment was most successful when foster parents were mature, experienced, well socialized, and independent (Fine, 1993) — all traits likely to facilitate the provision of higher quality child-rearing environments. Fine (1993) demonstrated that enduring attachments to foster families were related to several long-term positive outcomes (e.g., positive morale). Vaillant (1993) found that the best predictor of positive outcomes for foster children was the ability to form or maintain a good, supportive relationship with at least one adult.

The kinds of relationships described above are likely to stem from foster parent ability to be sensitive and responsive to the needs of their foster children (Stovall & Dozier, 1998). For example, Smith (1994) found that preschool-age foster children with fewer emotional and behavioral problems tended to live in foster homes that provided them with a higher quality child-rearing environment. Specifically, greater variety of stimulation was associated with less aggressive behavior (externalizing problems) and with greater social competence. Another interesting result was that greater provision of language stimulation was associated with fewer internalizing and externalizing problems. Finally, greater variety of stimulation and authoritative parenting attitudes (i.e., warmth and tolerance combined with the provision of clear limits and structure) are associated with more prosocial behavior.

Cognitive Development and the Home Environment in Non-Foster Care Settings

Research on diverse populations of children living with their biological parent(s) has demonstrated clear and consistent relations between the quality of the child-rearing environment (as assessed by a measure known as the HOME) and children's cognitive development. To illustrate, Bradley and Caldwell (1984) found that assessment with the HOME in infancy was associated with cognitive and language development through the preschool period (i.e., higher

HOME scores were associated with higher scores on measures of cognitive and language development three years later). Moreover, this association appears to become stronger over time, suggesting that the quality of HOME environment may stay stable across time (Bradley & Caldwell, 1984).

Johnson and colleagues (1984), working with a sample of low-income Mexican-American mothers and children, found similar relations as Bradley and Caldwell between the HOME and cognitive development. That is, when the HOME was measured in infancy, there was a substantial relation with preschool-age children's cognitive performance above and beyond the effects that maternal education, family income, sibling size, and crowding may have had on children's cognitive development. Some of the more interesting results included the finding that HOME ratings at 12-months are a good predictor of 36-month IQ scores. This suggests that the HOME environment sets the stage for later cognitive growth and functioning (Johnson, *et al.*, 1984). This study also revealed that early maternal involvement with her child's learning (an aspect of the HOME environment) is a key factor in the child's later cognitive development. Finally, in this sample of Mexican-American families, greater avoidance of restriction (e.g., structure and clear limits without over-control) at 12-months was associated with better cognitive outcomes at 36-months.

The association between the quality of the HOME environment and later cognitive development appear to hold true for infants born at biological risk for poor developmental outcomes. Siegal (1984) found in her sample of pre-term and full-term infants that there were no differences between parents of very-low-birth-weight (VLBW) pre-term and healthy full-term infants with respect to parental interaction patterns. However, there was clear evidence that parents responded differently to delayed- and non-delayed infants. Specifically, the child-rearing environments of the delayed infants differed from the child-rearing environments of the non-delayed infants. Siegal's (1984) results demonstrated that the delayed infants who functioned normally later came from more stimulating homes, whereas those infants who stayed delayed and/or infants who started out normally but who were later delayed came from less stimulating

homes. Siegal (1984) speculated that delayed children might not provide parents with sufficient cues for what is appropriate stimulation.

Other researchers provide additional evidence for the importance of the social environment of high-risk infants for cognitive development. Beckwith and Cohen (1984) examined the influence of biological risk (i.e., pre-term low-birth-weight - LBW) and social factors (SES, parental responsiveness, child-rearing practices) on infants' performance on tests of intellectual development over time. First, Beckwith and Cohen provided clear evidence that perinatal biological hazards (preterm, LBW) had little impact on test performance, even in first year of life. Instead, social factors seemed to be the factors that were most important for cognitive test performance of high-risk infants. Beckwith and Cohen (1984) suggest that the quality of the child's social environment may overshadow biological risk.

Moreover, Beckwith and Cohen (1984) showed that there was a notable decline in cognitive test performance from infancy to school age that occurred for children from the most disadvantaged homes. This decline seems to be directly related to the quality of the parent-child interaction. In this study, parents from disadvantaged homes engaged in fewer mutual social exchanges and provided lower levels of positive attention over time, possibly because these behaviors are harder to maintain after the first few months of life in high stress environments. However, it should be noted that even after accounting for socio-economic status (SES), there was still a strong relation between caregiver behavior and infant cognitive development. That is, when Beckwith and Cohen (1984) compared parents of different SES but similar interaction patterns with infants, they found that the infants who experienced consistently responsive interactions with their parents, regardless of SES, performed better on tests of cognitive performance at ages two and five. Finally, these results showed that parents' contingent response to infants' non-distressed vocalizations, as well as the infants' non-distressed vocalizations themselves, were highly predictive of increased competence on

cognitive tests, possibly because children who engage in higher levels of non-distressed vocalization may elicit more social interaction at an optimal level of arousal.

Social and Emotional Development and the Quality of Child-Rearing Environment in Non-Foster Care Samples

There is a growing body of research demonstrating the important influence that the quality of the child-rearing environment has on children's social and emotional development. One aspect of parenting, that is responsiveness (defined as a parent's prompt, contingent, and appropriate behaviors), appears to be an especially important predictor of children's more optimal development (Bornstein & Tamis-LeMonda, 1989). For example, greater maternal responsiveness to infant non-distress vocalizations has been associated with greater maternal stimulation at other times and more talk directed to the infants. Parents who talk to their children about other's emotional states tend to have children with greater understanding of feelings and emotions (Dunn, Brown, Slomkowski, Tesla, & Youngblade, 1991). Additionally, maternal responsiveness to 2- to 5-month-old infants' non-distress vocalizations was related to concurrent infant exploration and vocalization as well as later toddler representational capacities (Bornstein & Tamis-LeMonda, 1989).

Maternal responsiveness also has been found to be a strong predictor of toddlers' social-emotional competence (Denham, 1993). A related capacity (maternal perspective taking skills) has been associated with children's empathy (Eisenberg, Fabes, Carlo, Speer, Switzen, Karbon, & Trayer, 1993). Maternal empathy (an important component of responsiveness) appears to influence children's ability to cope with emotionally arousing situations with peers with more adaptive forms of behavior such as seeking instrumental help (Denham, Renwick-Dibardi, & Hewes, 1994).

Finally, less optimal forms of child-rearing practices may have a negative impact on children's social and emotional development. To illustrate, Miller, Eisenberg, Fabes, Shell, and Gular (1989) found that, in four- to five-year-old children, maternal endorsement of negative control child-rearing practices (e.g., withdrawal or threats, negative appraisal of the child's

behavior) was associated with their children making fewer empathic and sympathetic responses to witnessing a peer's distress on video. Similarly, a small study of preschoolers by Eisenberg, Fabes, Carlo, and Karbon (1992) demonstrated that parental punitive reactions to children's negative emotions were associated with avoidant and inappropriate (e.g., seeking revenge) behavioral regulation strategies.

Overview and Summary

Although there have been relatively few comprehensive studies of children's adaptation in foster care, there is a small body of evidence suggesting that the quality of the home environment (particularly foster parent child-rearing attitudes, practices, and beliefs) play an important role in foster children's developmental outcomes. There is strong evidence from studies of a diverse set of samples of non-foster families that the quality of the home environment and the nature of everyday child-rearing practices and behaviors has a profound influence on children's social, emotional, and cognitive development. Moreover, the quality of the home environment during early infancy and childhood may have a long-lasting impact on children's development. This project was designed to address the following questions:

(1) What are the actual parenting skills and practices used by foster parents of children ages 6 months to 6 years? (2) How are these various foster parent practices (skills, behaviors) related to different aspects of foster children's development? (3) Can the instruments and measures used in this study be used quickly and easily by caseworkers to help them with case management? (4) Can the measures and instruments used in this study be used by social service agencies dealing with foster families for intervention or training purposes?

METHODS

Subjects

The subjects were 20 foster children and their foster mothers. The average age of the foster children was 41.5 months and 40.0% were female. A little over one-third (35%) of the sample were Caucasian, 20% African-American, and 40% Hispanic/Latino. The average age for first placement was 18.1 months and the foster children had been placed in their current foster home and average of 15.3 months. The mean number of placements in this sample of foster children was 2.21. The cause for first placement in foster care was neglect for 40% of the children. The cause of first placement in foster care was drug exposure for 20% and was described as "other" (e.g., abandonment, mother in jail) for another 35% of the sample. Only 30% of the sample was placed with a sibling and only 15% of the sample was in a kinship placement.

The foster mothers participating in this study had an average age of 51.2 years. Most of the foster mothers had some college experience (30%) or an Associates Degree (15%). Twenty percent had a BA or BS degree and an additional 20% had an advanced (graduate) degree. A little over half (55%) of the foster mothers were married, 15% were divorced, and 25% were widowed. Thirty-one percent of the foster mothers had an annual income between \$25,000 and \$50,000, 53% earned between \$51,000 and \$75,000 per year, and 15% earned over \$75,000. These foster mothers had a mean number of 2.5 biological/adopted children of their own and were caring for an average number of 1.5 foster children. Generally, these foster mothers were quite experienced, having an average of 13.1 years experience in foster care.

Table 1 presents more detailed information about the demographic variables for the foster mothers and the foster children.

Table 1: Foster child and foster mother demographic information.

	Mean	SD	Range
<u>Foster Children</u>			
Age (in months)	41.5	43.9	1-144
First placement age (in months)	18.1	28.7	0-108
Number of placements	2.21	1.75	1-8
Months in current placement	15.3	27.7	1-120
% Female	40.0	N=8	
Ethnicity			
% African-American	20.0	N=8	
% Caucasian	35.0	N=7	
% Hispanic/Latino ^a	40.0	N=8	
% Asian	5.0	N=1	
Reason for 1 st placement			
% Neglected	40.0	N=8	
% Physically Abused	5.0	N=1	
% Drug Exposed	20.0	N=4	
% Other	35.0	N=7	
Kin placement (% yes)	15%	N=3	
Placed with siblings (% yes)	30.0	N=6	
	Mean	SD	Range
<u>Foster Mothers</u>			
Age	51.2	10.6	33-65
Number of years experience as foster parent	13.2	10.8	1-30
Number of children currently fostering	1.5	0.51	1-2
Number of biological/adopted children	2.5	2.1	0-6

Education

% High School	15.0	N=3
% Some College	30.0	N=6
% AA Degree	15.0	N=3
% BA/BS	20.0	N=4
% Graduate Degree	20.0	N=4

Marital Status

% Married	55.0	N=11
% Divorced	15.0	N=3
% Widowed	25.0	N=5

Income

% \$25,000-50,000	31.6	N=6
% > \$50,000-75,000	52.6	N=10
% > \$75,000	15.8	N=3

Procedures

Subject recruitment involved contacting local foster care agencies, explaining the project, and obtaining permission to conduct the research study. Of the local agencies contacted, one private (out of 5) and one public county agency (out of 5) agreed to participate. Once these two agencies agreed to participate, children's case records were searched by agency staff for children who fell into the two designated age groups and who had been in their current placements for at least one month. Children with severe physical or mental handicaps were not included in the study. Although the private agency actively recruited subjects (N=30), no families working with the private agency agreed to participate. Hence, all participating subjects (N=20) were recruited from the foster care division of the department of social services in San Mateo County (N =130).

When children who met the above criteria were identified, the staff at the county agency sent those foster families cover letters from the principal investigator (PI) of this project explaining the study and requesting their participation as well as agreement to participate/consent forms. Copies of the consent forms can be found in Appendix 1. Foster parents who were interested in participating returned the consent form and provided a contact phone number. These foster parents were then contacted and home visits were scheduled at their convenience. In an attempt to recruit additional subjects, the county agency sent out one set of follow-up letters from the PI to those parents who had not yet agreed to participate in the project. This yielded another 10 subjects. (We are in the process of contacting four other foster families and attempting to schedule home visits.) Foster parents were paid a \$20 honorarium as a token of appreciation for their time and participation.

A trained research assistant who has a strong background in child development conducted the foster home visits. Before working with the foster families, the research assistant and PI conducted a small pilot study on six children and their mothers. These sessions were videotaped and inter-rater reliability was calculated for all measures that involved scoring measures of behavioral observation.

The foster home visits lasted approximately one hour (for infant/toddler visits) to two hours (for preschool age visits). During the home visit, the researcher observed the foster parent and foster child interacting and/or engaging in several tasks that are designed to assess the quality of the parent-child relationship. (Note that it was not feasible to obtain biological parents' and county court permission to videotape the actual foster home visits). The researcher also interviewed the foster mother about the child-rearing environment she provides for the children. Finally, the foster mother was asked to complete a questionnaire about the child's potential behavioral problems as well as cognitive, social, and emotional competence. Appendix 2 contains complete copies of the measures assessing the quality of the home environment.

Measures

Child Demographics

Case records were searched for information about the child's age, race/ethnicity, and gender. Information also was collected about the child's placement: (1) age of first placement, (2) number of placements, (3) length of time in current placement, (4) reason for first placement, (5) reason for current placement, (6) kin foster placement, (7) placement with siblings (age, gender, and number), and (8) previous physical health and psychological status.

Foster Mother Demographics

Information (gathered in an interview with the foster mother) was collected about the foster mother's age, race/ethnicity, number of own biological children, years of education, marital status, and income. Additional information was collected with respect to the foster mother's years of experience as a foster mother and number of children currently fostering. Foster mothers also were interviewed about services that may assist them in their role as foster mothers: respite care, physical and mental health services for the children, quality of the training services, and caseworker contact.

Assessment of the Child-Rearing Environment

The HOME Inventory (Caldwell & Bradley, 1984) was used to rate the child-rearing environment. The HOME is a combination of behavior-based observation of the mother and child and mother interview. This kind of information gives researchers a deeper understanding of the ongoing parent-child relationship in terms of the quality of the care-giving environment (demonstrated in child-rearing practices and beliefs) provided by the parent (McGillicuddy-DeLisi, 1985). The HOME scale has proved to be a reliable predictor of children who are at risk for behavioral and emotional problems (Mulhall, Fitzgerald, & Kinsella, 1988). The infant scale consists of six sub-scales: (1) emotional and verbal responsiveness of parent, (2) acceptance of child's behavior, (3) organization of physical and temporal environment, (4) provision of appropriate play materials, (5) parent involvement with the child, and (6) opportunities for variety in daily stimulation. The preschool scale consists of eight sub-scales: Learning

Stimulation, (2) Language Stimulation, (3) Physical Environment, (4) Warmth and Acceptance, (5) Academic Stimulation, (6) Modeling, (7) Variety in Stimulation, and (8) Avoidance of Punishment. The items on each scale are marked as present or absent. In addition to the subscale scores, the HOME can be scored for overall quality of the child-rearing environment (Total).

Parenting Practices — Infants

Two measures were used to assess foster mothers' parenting styles with their infants. First, a task designed by Smith and Pederson (1988) — the questionnaire situation — was used to assess the quality of the mother-infant relationship in a situation in which the infant experiences mild distress and the caregiver is occupied with a task. Specifically, the researcher (stranger) remains with the infant while the foster steps out of the room for three minutes. When the foster mother returns, she was asked to complete a brief questionnaire (The Yale Inventory — concerns checklist: Provence, *et al.*, 1987). Infant behavior was scored for: (a) crying, (b) whimpering, (c) non-distressed vocalization, looking at mother's face, and (d) proximity to mother — beyond her arm's length, within arm's length, or touching. Mother's behaviors were scored for: (a) vocalizing to the infant, (b) looking at baby, (c) offering hand, (d) touching, (e) picking up, and (f) holding.

On this measure, mothers' behavior was classified as appropriate, insufficient, or intrusive. Appropriate classifications were made when the mother responds to attention demands but does not initiate interactions. Examples include (a) the infant does not emit a mother-directed vocalization or only vocalized and mother did nothing or only looked, (b) infant looked, looked/touched, or vocalized/touched the mother and the mother either made no response, looked, vocalized, or looked/vocalized, (c) the infant whimpered or simultaneously looked and vocalized, and the mother performed at least one behavior, or (d) the infant cried and the mother did something more than look and touch or look and vocalize. If the infant's behavior persists over the three minutes of observation, the mother must increase the intensity of her response to qualify as appropriate. An Insufficient classification occurs when the infant's behavior requires a response (c and d above or from the persistence of the behavior) and the mother's behavior do not

meet the criterion for an appropriate response. Intrusive classifications occur when mother's response is more intense than required (**a** and **b** above). In previous research, this measure achieved adequate reliability (Smith & Pederson, 1988)

The second measure to assess parenting styles with infants comes from work by Beckwith and Cohen (1984, 1989). Mothers and infants are observed interacting in naturalistic caregiving experiences (e.g., feeding, playing, diaper change). Mothers' behavior was scored for: (a) contingency to distress (percentage of infant fuss/cry episodes in which mother responded in 45 seconds or less); (b) contingent vocalization (percentage of infant non-distress vocalizations in which mother responded vocally or verbally in 15 seconds); and (c) mutual visual regard (percentage of time spent in shared glances). Beckwith and Cohen (1984; 1989) demonstrated high reliability with this measure.

Parenting Practices — Preschoolers

Two measures were used to assess foster mothers' parenting styles with their preschoolers. The first was Maternal Supportive Presence (Ainsworth et al., 1978), which consists of five broad categories of maternal supportive behavior (awareness, accessibility, cooperation, sensitivity, and acceptance). The foster mother and foster child were asked to engage in a short game that involves matching words and pictures. Supportive Presence was scored by observing the mother-child dyad in terms of such maternal behaviors as her ability to (1) stay calm, (2) set a positive mood, (3) tuning the child into reinforcing aspects of the task, (4) provide a supportive physical presence, (5) anticipate the child's frustration, (6) encourage and support the child's efforts, (7) help the child focus on the task, (8) help the child achieve a sense he/she has solved the problem/completed the task him/herself, and (9) share in the joy of completion or solution. Ratings are made on the basis of the quality of the mother's behavior with respect to the level of support she provides the child: 3=yes, 2=minimal, and 1=no. Summing the scores in the sub-scales derives a total score for supportive presence. Summing together the sub-scales created a total support scale. Numerous studies have demonstrated high reliability for this measure (Ainsworth et al. 1978).

The second measure to assess foster mothers' parenting styles with older children is based on the work of Koschanka (1997). Foster mothers and their foster children were observed in a "kitchen scene" in which the mother and child jointly prepare a snack, eat the snack, and clean up after. Mothers' responses to child related events (distress/negative affect, bids for attention, attempts to influence mother behavior, and need for instrumental help) were coded as: **poor** (ignores, avoids, reprimands), **fair** (responds in a perfunctory, half-hearted way), **good** (response is adequate), or **excellent** (response is prompt, contingent, warm, supportive, interested, and empathic). Koschanka (1997) achieved good reliability and validity with these two coding schemes. Summing together the sub-scales created a total responsiveness scale.

Child Outcomes — Infants

The Denver Developmental Screening Test (Frankenburg, Thorton, & Cohrs, 1981) provides a global assessment of a child's adaptive behaviors in four broad domains: (1) personal/social (e.g., smiles responsively), (2) fine motor skills (e.g., reaches for object), (3) language (e.g., imitates speech sounds), and (4) gross motor skills (e.g., sits without support). A shortened version of the DDST has been found to be appropriate for screening purposes and is a reliable indicator (90%) of the need for further in-depth evaluation of infant functioning (Committee on Children with Disabilities, 1986). The Denver was adapted to questionnaire format on which parents rated the presence (1 = yes) or absence (0 = no) of a behavior. (Parents also could indicate that the behavior/skill was 'not applicable'). Information from the original Denver is obtained through a combination of observation and interview techniques, therefore only items that were obtained by parent report were included on the questionnaire form of the Denver. Saudino and colleagues (1998) demonstrated that parent reports and parent administered tasks obtained through the mail of child cognitive functioning predicted Bayley MDI (a measure of cognitive development) two weeks later. Parent reports of language development significantly improved prediction of MDI. Thus, there is evidence that parent report of child cognitive competence in infancy is a reliable source of information. The questionnaire form of Denver was

scored by creating a percentage score for each sub-scale (i.e., number of items passed by each child divided by number of items typically passed by children that age).

Infant temperament (specifically social/emotional competence) was assessed with several sub-scales of the Bayley Scales of Infant Development (IBR: Bayley, 1969): (a) social orientation: general responsiveness to people, responsiveness to mother, and responsiveness to observer; (b) cooperativeness, (c) fearfulness, (d) tension, (e) general emotional tone, (f) object orientation, (g) activity, and (h) reactivity. The researcher completed this measure at the end of session based on overall observations of the child's behavior. To simplify the data, the Bayley sub-scales reflecting social competence (i.e., general responsiveness to people, responsiveness to mother, and responsiveness to observer; cooperativeness, fearfulness, general emotional tone) were summed together to create a total social score for temperament. This is a well-established measure with strong reliability and validity.

Child Outcomes — Preschoolers

The 13-item Empathic/Prosocial Response to Another's Distress scale from the Conscious Measure (Kochanska, DeVet, Goldman, Murray, and Putnam, 1994) was used to obtain parent ratings of the children's empathy. Items on this scale include statements such as "This child will attempt to comfort or reassure another in distress" and "This child is likely to ask, "What's wrong?" when seeing another in distress." The items are rated on a 4-point scale with (1) indicating "never true" and (4) "almost always true." This measure has demonstrated good reliability and validity (Kochanska et al., 1994).

The 20-item scale devised by Kochanska and colleagues (1994) was used to assess children's Spontaneous Self-Correction (4 items: e.g., "This child can stop him or herself in the middle of doing something forbidden without any intervention from an adult"), and Self-Regulation (4 items: e.g., "This child rarely repeats previously prohibited behaviors even if an adult is not present"). The measure is rated by the parent on a 4-point scale with (1) indicating "never true" and (4) "almost always true." A seven-item measure of children's Concern/Corrections Occasioned by Other's Transgressions (e.g., "This child is likely to scold

another child who violated a household rule") from the Kochanska, *et al.*, (1994) Conscious Measure also will be assessed by caseworkers and parents. This measure is rated on a 4-point scale with (1) indicating "never true" and (4) "almost always true." Koschanska and colleagues (1994) obtained good reliability and validity with this measure.

Foster mothers completed the Child Behavior Check List (CBCL: Achenbach, 1991). The CBCL was scored for Total, Internalizing (e.g., depression), and Externalizing (e.g., aggression) problem scores. The CBCL uses a 3-point rating system with (1) indicating "not true or never" and (3) indicating "very true or almost always." There are 100 items on the 2-3 year old version and 113 items on the 4-6 year old version. Both versions of the scale are age normalized and neither scale appears to assess the same variance assessed by measures of cognitive development. The CBCL consistently has demonstrated good reliability and validity (Achenbach, Edelbrock, & Howell, 1987).

Social competence was assessed by the Adaptive Social Behavior Inventory (ASBI: Hogan, Scott, & Bauer, 1992). The ASBI is sensitive to populations who have low income and educational levels and is appropriate for mothers of preschool aged children. The content is relevant to home, family, and neighborhood settings. The ASBI items sample a range of behaviors that are related to social skills with adults and children, social knowledge, positive emotions, and self-control. Each item is rated on a 3-point scale with (1) indicating "rarely" and (3) indicating "almost always." The ASBI is scored for Total Prosocial Behavior, which includes expressive (e.g., "says nice or friendly things to others") and compliant (e.g., "follows household rules) behavior. The ASBI demonstrated adequate reliability in a large and diverse sample of preschoolers (Hogan, et al., 1992).

Foster mothers rated three aspects of emotion regulation on the 24-item Emotion Regulation Checklist (Shields, & Cicchetti, 1994): Modulation (e.g., "exhibits wide mood swings"), Flexibility or situationally appropriate expression (e.g., "is empathic towards others") and Organization (e.g., "is easily frustrated"). The measure is rated on a 4-point scale: 1 = never, 2 = sometimes, 3 = often, and 4 = always. Shields and Cicchetti (1994) have demonstrated

adequate reliability and validity with this measure. A total score was calculated for the measure of emotion regulation. Shields and Cicchetti (1994) provided evidence for high reliability and validity for this measure.

Language development was assessed with the Denver Developmental Screening Test (Frankenburg, Thorton, & Cohrs, 1981). As with the use of the infant version of the Denver, the language component of the Denver was adapted to questionnaire format on which parents rated the presence (1 = yes) or absence (0 = no) of a behavior. (Parents also could indicate that the behavior/skill was 'not applicable'). The questionnaire form of Denver language sub-scale was scored by creating a percentage score for each sub-scale (i.e., number of items passed by each child divided by number of items typically passed by children that age).

RESULTS AND DISCUSSION

Currently, the data set is too small to conduct meaningful statistical analyses. Thus, the results will be discussed with respect to the usefulness of the measures of the child-rearing environment as tools for assessing the quality of the foster care placement. That is, variability and ease of use of the measures as well as a case-by-case analyses of the relation between the measures of the child-rearing environment and the measures of child outcome.

The behavioral observation measures (i.e., Smith and Pederson (1988) — the questionnaire situation; Beckwith and Cohen (1984; 1989) — the naturalistic situation for infants; Ainsworth et al., (1978) — maternal supportive presence for preschoolers; and Koschanka (1997) — kitchen scene for preschoolers) were evaluated for inter-rater reliability. Inter-rater reliability is calculated by having two separate raters (blind to the other's ratings) rate a sub-group of the entire sample. (In this case, ratings were made from videotapes of pilot subjects who are not in the foster care sample). Inter-rater reliability is calculated as the percent of perfect agreement for each rating (i.e., the number of exact matches divided by the total number of possible ratings.). In standard psychological practice inter-rater reliability above 70% is consider adequate/acceptable and inter-rater reliability above 90% is considered excellent. Overall, inter-rater reliability was 91%. For the Smith and Pederson (1988) questionnaire situation, inter-rater reliability was 100%. Inter-rater reliability for the Beckwith and Cohen (1984; 1989) naturalistic situation was 97%. For the Ainsworth, *et al.* (1978) maternal supportive presence measure inter-rater reliability was 86%. Finally, inter-rater reliability was 75% for the Koschanka (1997) kitchen scene measure. Thus, these measures of parenting practices appear satisfactorily reliable for use in foster care populations.

The interview with the foster mothers about the availability of, as well as their use of, support services (i.e., mental/physical health care for the children, caseworker contact, quality of

training, and respite care) revealed several important pieces of information. First, 50% of the sample reported that their foster children's mental and physical health care needs were being met. However, many of these respondents also noted that the needs were met currently but that there had been problems in the past, that they were expecting problems in the future, or that their needs were met because the foster mother made private arrangements. Second, 10% (N=2) of the mothers indicated they almost never have contact with the child's caseworker and another 20% (N=4) indicated contact once every other month. Forty percent (N=8) indicated they had contact with the caseworker once or twice a month and 25% (N=5) reported weekly contact with the caseworker. Only one foster mother (5%) reported having contact with the child's caseworker more than once a week. Third, 70% of the sample (N= 14) felt that the training they received as new foster parents was not adequate. Reasons for the inadequacy included the training being too general, not enough real world examples, and too little information about how to get assistance for their foster children.

Finally, 65% of the sample (N= 13) reported that their foster care agency provided respite care services for foster parents. However, 50% (N=10) of the sample reported that the number of hours the agency permitted foster parents to use respite care were so limited (or the restrictions were so stringent) that essentially there were no (zero) allotted hours available for use. One foster mother was not even aware of respite care and asked it to be described to her because she had no knowledge of the service. Two foster mothers reported that their agencies allotted them 15 hours per month and one foster mother reported that her agency allowed her 20 hours of respite care per month. The remaining mothers, 23.5% (N=4) indicated that their agency allowed them to use up to 48 hours of respite care per month. Fifty percent of the sample (N=10) reported that they did not use respite care. Of the foster mothers who reported making use of respite care, five used it more than twice a month, one mother used it monthly, and the other four

mothers used it once per month. All eight mothers who used respite care services found it very helpful and reported that the foster children also seemed to benefit from the experience.

Before discussing the results directly related to assessing the quality of the child-rearing environment, it is important to emphasize that is a very small sample and that this sample is likely to be highly self-selected. That is, this group of foster mothers is one that is particularly well-educated, experienced in foster care, and dedicated. Moreover, each of these foster mothers is older and fosters a very limited number of children. Thus, there is good reason to believe that this group of foster mothers is **not representative** of the larger population of foster mothers in northern California.

Assessing the Quality of the Child-Rearing Environment

There is evidence from this data that this sample of foster mothers is providing high quality child-rearing environments. If one examines the mean scores, standard deviations, and range of scores presented in Table 2 (infants) and Table 3 (preschool), it becomes clear that these mothers consistently score at the higher end of the possible scale and total scores.

Starting with the data for the foster mothers caring for infants, Table 2 presents mothers' scores on the HOME. In this case, mothers' average Total score falls into the range scores considered to be indicative of the highest quality child-rearing environment. This also was true for the sub-scale measure of Acceptance. The other average sub-scale scores fell into the middle half, and were only just short of meeting the criteria to be in the upper fourth (top) range. Foster mothers caring for infants also scored quite well with respect to engaging in appropriately responsive behavior during the questionnaire situation. During the naturalistic situation (e.g., feeding, diapering), this sample of foster mothers did quite well responding contingently to infants' non-distress vocalizations. (As noted in the literature review, contingent response to infants' non-distress vocalizations is a strong predictor of later cognitive competence.)

Similar results to those described for the infants can be found for the foster mothers caring for older (preschool-aged) children. Again, mothers' average Total HOME score, as well as scores for Learning, Warmth, Modeling, and Variety fall into the range of scores considered to be indicative of the highest quality child-rearing environment (the upper fourth). The other average sub-scale scores fell into the middle half, and were only just short of meeting the criteria to be in the upper fourth (top) range. Foster mothers caring for preschool-aged children also engaged in fairly high levels of supportive behavior during the problem-solving task (game). For mood setting, focusing on the task, tuning into the child's signals, physical proximity, and control of frustration, mothers' average scores were rated as "present", sometimes just short of "high". These mothers did appear to have a little more difficulty sharing joy (excitement over success on the task) and helping the child experience a sense of self-mastery as indicated by somewhat lower average scores on these two sub-scales. Finally, foster mothers caring for preschool-aged children in this sample did well with respect to engaging in appropriately responsive behavior during a "natural" situation (i.e., preparing, eating, and cleaning up a snack). These foster mothers consistently had average scores that indicated "good", and often were close to attaining average scores indicating "exceptional" on measures of child distress, bids for attention, attempts to influence maternal behavior, and requests for help.

Although the average scores on the measures of the child-rearing environment tended to place these foster mothers at the higher end of the continuum (e.g., they were providing higher quality child-rearing environments), there was a range (variability) in scores even in this high quality sample. That is, not every mother scored at the high end of the quality continuum on every measure. More importantly, individual mothers showed variability within a measure as evidenced by different scores on the sub-scales of each measure. The concept of within-sample

Table 2: Descriptive Statistics for the Infant Measures of the Quality of the Foster Care Child-Rearing Environment

Infants Mean	Standard Deviation		Range
Home Total ^a	38.4 (37-45)	5.8	27-43
Responsivity	9.7 (10-11)	1.6	7-11
Acceptance	7.2 (7-8)	0.94	5-8
Physical Environment	5.6 (6)	0.79	4-6
Play Materials	7.8 (8-9)	1.8	4-9
Involvement with Child	4.5 (5-6)	1.5	1-6
Variety in Stimulation	3.5 (4-5)	1.9	0-5
Contingency (Questionnaire) ^b	1.1 (1)	0.29	1-2
Response to Distress (%) ^c	0.41 (1.0)	0.52	0-1
Response to Vocalization (%) ^c	0.58 (1.0)	0.52	0-1
Mutual Visual Regard (%) ^c	0.23 (1.0)	0.19	0-.50

^a Scores in **bold** indicate the upper fourth scores — highest quality environment.

^b Score in **bold** indicates the high score — appropriate.

^c Scores are calculated in terms of percent of mothers' responses that were contingent on the infants' behavior. A score of 1 represents a perfect score.

and within-person variability is very important for understanding foster parents' strengths and weaknesses. A comparison across mothers, even in this sample of foster mothers who provide high quality child-rearing environments, indicates that not all mothers bring to the foster care experience the same level of skills and resources. A foster mother's resources and skills may be affected by her age, level of education, years of experience as a foster parent, income, or marital status. Furthermore, a comparison of scores obtained by an individual foster mother on the different measures of the child-rearing environment, indicates whether she is consistently able to provide a high quality environment and/or her relative strengths and weaknesses in different areas of child rearing.

Child Outcomes

Similar to other studies of foster children, this sample of children is not functioning at optimal levels of adaptation. As can be seen in Table 4 (infants) and Table 5 (preschool), these children's scores on the various measures of adaptation are not uniformly at the high end of the positive measures (e.g., social competence) or the low end of the measures of problems (e.g., behavioral problems). However, as was the case with the foster mothers, and as has been found in other studies of foster children, there was a range in scores that indicate variability in children's functioning. Some children were doing quite well (e.g., few behavioral problems, good social and emotional skills, adequate language development), whereas others were having problems in multiple areas. Of particular interest are the children who are functioning well in one or two areas (e.g., language and social competence) but who are faring less well in other areas (e.g., behavioral problems and emotional regulation).

It is important to realize that foster children's current functioning is likely to be affected by multiple factors. Some of these factors stem from their history (e.g., age at first placement in foster care, reason for placement in foster care, number of placements, prenatal drug exposure).

Other factors that may impact foster child current functioning include the child's age, gender, length of time in the current placement, degree of contact with the biological parents, placement

Table 3: Descriptive Statistics - Preschool Measures of the Quality of the Child-Rearing Environment

Preschoolers	Mean	Standard Deviation	Range
Home Total ^a	49.0 (46-55)	5.8	38-54
Learning Stimulation	10.0 (10-11)	1.2	8-11
Language Stimulation	6.5 (7)	0.55	6-7
Physical Environment	6.3 (7)	1.4	4-7
Warmth and Affection	6.0 (6-7)	1.2	4-7
Academic Stimulation	4.6 (5)	0.74	3-5
Modeling	4.0 (4-5)	0.76	3-5
Variety in Stimulation	8.0 (8-9)	1.3	6-9
Acceptance	3.6 (4)	0.74	2-4
Maternal Supportive Presence	24.5	3.5	18-29
Mood ^b	3.4 (4)	0.74	2-4
Focusing ^b	3.1 (4)	1.0	1-4
Tuning ^b	3.0 (4)	1.4	0-4
Encouragement ^b	3.1 (4)	0.35	3-4
Sharing Joy ^b	2.9 (4)	0.64	2-4
Mastery ^b	2.9 (4)	0.64	2-4
Physical Proximity ^b	3.0 (4)	0.77	2-4
Control Frustration ^b	3.1 (4)	0.62	2-4
Maternal Responsiveness	11.0	1.7	9-13
Child Distress ^{c, d}	1.63 (4)	1.8	0-4
Child Bid for Attention ^c	3.3 (4)	0.46	3-4

Child Attempt to Influence ^c	3.1 (4)	0.35	3-4
Child Request for Help ^c	3.0 (4)	0.54	2-4

^a Scores in **bold** indicate the upper fourth scores — highest quality environment.

^b Scores in **bold** indicate the highest level of maternal supportive behavior.

^c Scores in **bold** indicate the highest level of maternal responsive behavior.

^d Almost no children showed any signs of distress in this sample.

Table 4: Descriptive Statistics for the Infant Outcome Measures

Infants Mean	Standard Deviation		Range
Bayley Total Social	30.3	5.4	24-40
Social Orientation	4.2	2.7	1-8
Social to Mother	3.1	0.67	3-5
Social to Experimenter	2.9	1.2	1-5
Emotional Tone	6.1	1.7	4-9
Cooperation	6.1	1.9	4-9
Toy Orientation	4.2	2.4	1-9
Fearfulness (low)	7.3	2.5	1-9
Activity Level	4.1	2.9	1-9
Reactivity	4.5	2.3	1-8
# of Mother Concerns	0.97	1.5	0-5
Language (Denver)	0.88	0.25	0-1

with siblings, and placement with kin. Finally, and most relevant to this report, the quality of the child-rearing environment currently provided for the child is likely to impact the child's level of functioning in foster care.

Table 5: Descriptive Statistics for the Preschool Outcome Measures

Preschoolers	Mean	Standard Deviation	Range
CBCL	45.8	39.5	2-135
Language (Denver)	0.87	0.28	0-1
Concern over Peer Behavior	21.4	2.1	18-24
Internalized Self-Control	19.1	2.7	15-23
Empathy	19.3	4.1	13-24
Social Competence	71.6	7.3	61-85
Emotion Regulation	64.9	12.8	48-87

The Relation Between Quality of the Child-Rearing Environment and Child Outcome

Discussion of the relation between the quality of the child-rearing environment and child outcome must be done within the context of an important caveat. Specifically, this is a correlation study. Hence, no statements regarding cause and effect can be made; one can only state that there is an association between the constructs of interest in this sample.

Table 6 (infants) and Table 7 (preschool) present children's scores on the outcome measures (e. g., behavior problems on the CBCL) with their corresponding foster mother's scores on measures of the quality of the child-rearing environment (e.g., HOME) on a case-by-case basis (i.e., individual scores). Although the sample is too small for comprehensive statistical analyses, one sample correlation coefficient was calculated. This coefficient revealed a significant (but moderate) positive association between the quality of the home environment (as

assessed by the total HOME score) and children's language skills ($r = .40$, $p = .05$). That is, the higher the quality of the child-rearing environment, the better the child's current language skills.

When the data is examined on a case-by-case basis, one can see that children who are doing better tend to live in foster homes with mothers who provide a higher quality child-rearing environment. To illustrate, infants with higher scores on various measures of functioning (e.g., higher scores on the IRB measure of social orientation) tend to be placed in homes where the foster mother provides a higher quality child-rearing environment (e.g., high scores on mutual regard (looks) and total HOME score). Similar patterns can be found for the preschool-age subjects. For example, the preschool-age children with lower scores on the CBCL (indicating fewer behavioral problems) tend to be placed in homes where the foster mother was rated higher on the total HOME score and maternal supportive presence.

Thus, this data suggests that better child functioning is, at least in part, associated with placement in a foster home that provides a high quality child-rearing environment. However, the data also suggests that, as a group, these children are functioning fairly well for a high-risk foster care sample. It may be easier to provide a higher quality child-rearing environment when the foster child enters the placement with better or more optimal functioning. It also is important to notice the cases where foster mothers with high scores for quality of the child-rearing environment are caring for children who are faring less well with respect social, emotional, or cognitive development. In these situations, it may be that the child came into the placement too recently to have yet been able to benefit from the child-rearing environment or has not yet been able to overcome previous risk factors (e.g., trauma associated with abuse, multiple previous placements, separation from siblings). The situations where currently lower functioning children are living in high quality child-rearing environments may also indicate that the foster mother has the skills and resources to maintain a high quality child-rearing environment, despite the fact that she is challenged by caring for a more difficult foster child. Finally, it needs to be noted that foster mothers provided the information regarding child functioning. There was no independent assessment of foster child functioning from other raters (e.g., teachers, case workers,

pediatricians). This may make a difference because recent research has demonstrated that community care providers and foster parents are less likely to identify developmental and mental health needs than specially trained foster care providers (Horowitz, Owens, & Simms, 2000). Thus, there may have been over or under-reporting of foster children's developmental status in this sample.

Table 6: Relation of infant outcome measures to indices of the quality of the home environment - A case-by-case comparison

ID#	IRB	YALE	DENVER	HOME	QS	DS	V	MR
001	23	2	1.0	32	1	0	1	0
002	25	0	0.0	27	1	0	0	0
004	34	1	1.0	36	1	0	0	.40
005	36	2	1.0	43	1	1	1	.50
007	29	1	1.0	30	2	1	1	.33
009	26	5	0.43	43	1	1	0	.11
011	28	0	1.0	43	1	0	1	0
012	25	0	1.0	41	1	0	0	.13
013	27	0	1.0	43	1	1	1	.20
014	29	0	1.0	43	1	0	1	.25
017	24	0	1.0	41.	1	1	0	.33
018	37	0	0.80	39	1	0	1	.50

Note: IRB = Bayley Temperament, YALE = concerns checklist, DENVER = language sub-scale (percentage of items passed for the child's age), QS = questionnaire situation, DS = contingent response to distress, V = contingent response to non-distress vocalization, MR = percent of "looks" that meet the criteria for mutual regard.

Table 7: Relation of preschooler outcome measures to indices of the quality of the home environment - A case-by-case comparison

ID	CBCL	DENVER	HOME	MSP	MR
003	48	0.87	51	25	10
006	72	0.90	42	23	9
008	21	0.71	38	24	10
010	2	1.0	51	25	12
015	27	1.0	51	18	12
016	135	1.0	52	29	9
019	38	1.0	54	29	13
020	96	0.87	53	23	13
005 ^a	16		43		
007 ^a	63		30		
014 ^a	22		41		
018 ^a	10		39		
ID	SC	ER	HOME	MSP	MR
003	72	69	51	25	10
006	68	61	42	23	9
008	76	70	38	24	10
010	85	87	51	25	12
015	75	75	51	18	12
016	61	48	52	29	9
019	66	54	54	29	13
020	70	55	53	23	13

Note: Denver = language development sub-scale, MSP = maternal supportive presence total score, MR = maternal responsiveness total score, SC = total social competence score, ER = emotion regulation total score. ^a These children were 24 months and were old enough to be assessed on CBCL (2-3 year-old version) but were assessed as infants on the other measures.

IMPLICATIONS

These data have several important implications with respect to assessment of the child-rearing environment in the context of foster care. First, previous research in non-foster care settings found variations in the relation between the quality of the child-rearing environment and child outcome. For example, the effects of the child-rearing environment on children's cognitive development have been found to differ by the child's developmental status - delayed versus typically developing (Siegal, 1984), socio-economic status (Bradley and Caldwell, 1984), and ethnicity (Bradley & Caldwell, 1984; Johnston et al., 1984). Children's age and gender may also influence these relations. Hence, to understand these relations and to use these measures for training and assessment, caseworkers need to take into account these other factors (e.g., ethnicity, age) to establish a more complete picture of the foster care placement dynamics.

A second important implication of these data comes from the current finding that not all children placed in foster homes that provide a high quality child-rearing environment are functioning at adequate levels. Beckwith and Cohen's (1984) longitudinal research clearly indicated that the optimality of early social interactions did not influence children's later cognitive test performance, unless those experiences were maintained over time. Thus, foster children need sustained periods in high quality child-rearing environments to reap the maximum benefits from those placements. Conversely, Beckwith and Cohen (1984) clearly showed that maternal inattention and lack of response was detrimental to the child's development, regardless of the age it occurred or the timing of assessment of the child-rearing practices. Children may be harmed by placement at any point in foster homes where the foster parent lacks the knowledge and skills to provide optimal levels of attention and appropriately responsive and sensitive caregiving behaviors. This may be true, even if the child is currently placed in a high quality child-rearing environment.

The third implication from these data is that assessment of the child-rearing environment needs to move beyond global measures of the safety of the physical environment and lack of punitive or harsh discipline practices. Instead, assessment of the child-rearing environment needs to examine parenting practices at a more micro level to determine the level of sensitive and appropriate responsiveness the foster parent provides for the children placed in his/her home. The measures used in this study provide a reliable and easy method to implement this type of assessment. The research assistant, with minimal training on the measures, was able to use these measures to reliably rate the quality of the child-rearing environment in contexts similar to what caseworkers making home visits would encounter.

RECCOMENDATIONS

These measures can be used to assess the quality of the foster home/placement in four situations for different, but related, purposes. One, use the measures as an initial screening of prospective foster parents. Two, use the measures to determine placement options for very high-risk or poor functioning children. Three, use the measures as way to make an on-going evaluation of foster parents in the system. In this situation, the assessment can be used to help foster parents who are struggling by revealing their strengths as well as areas of weakness that may need additional training. Fourth, use these measures as a part of the training that new or returning foster parents receive prior to having a child placed in their homes. (Note that foster parents identified on these measures as those who provide high quality child-rearing environments would be a good source to utilize in the context of training or intervention with other foster parents).

These measures also can be used to assess other aspects of parenting that are important influences on child functioning — specifically discipline. For example, foster mothers' use of **power** (physical and verbal) can be assessed from interactions involving clean up (snack and toys) or during play with younger infants (Koschanka, 1997). Specifically, physical power assertion would be scored for every instance of enforcing, taking objects away, or restraining the child. Verbal power assertion would be scored for every instance of verbal interventions expressing power (i.e., direct commands, direct prohibitions, and commands for attention). Thus, caseworkers can obtain an estimate of the degree to which foster mothers rely on verbal and physical power assertion as a means of controlling the child in everyday, naturally occurring situations such as feeding and playing times.

An additional recommendation is that caseworkers allow others (e.g., counselors, child psychologists, etc.) to make assessments of actual child development. One possible exception

would be to use the CBCL as a screening tool. Phillips' (1999) research indicated that the CBCL, especially non-internalizing scores (e.g., aggression) is especially effective at discriminating children who entered different programs (e.g., RFC — for children who are fairly well-adapted versus ITFC for children with severe emotional and behavioral problems) as well as different discharge settings (e.g., less restrictive — home to the biological parents, versus more restrictive — discharge to a residential treatment facility). Thus, the combined use of the CBCL to screen for children at risk for placement problems with a micro-level assessment of the quality of the child-rearing environment may yield the greatest amount of casework relevant information.

Moreover, the question needs to be addressed regarding who needs intervention. Macphee and colleagues (1984) make the following suggestions.

1. Use a two-tier screening system.
2. Examine family demographics (e.g., low SES, low parental education, family size, years of experience foster parenting) to determine risk for problems foster parenting.
3. Those families who are at risk for using the HOME inventory should then assess problems based on these types of factors. Families with low scores may need further intervention and training.
4. Foster parents who need additional training need education about how to provide sensitive and appropriate caregiving. The following items should be included in the initial intervention and training:
 - A How to provide contingent verbal responsiveness to child overtures and bids for attention.
 - B. The need (and how) to engage in active, mutual participation with the child in intellectual activities (e.g., reading, social games, toys) on a regular basis.
 - C. How to have fun with infants to promote warm responsive relationships — give and take games, mutual activities such as cooking, storytelling, play

— activities that require parental involvement with the child.

- D. In crowded living conditions, help the foster parent understand the importance of designating a corner of a room as the child's own. Help the foster parent figure out how to implement this idea in his/her own home.
- E. Encourage the foster parent to make judicious use of television and to provide a predictable routine and structure in the child's life. Provide concrete examples and guidelines which will facilitate implementation of these practices.
- F. Show parents how to baby-proof the environment so they do not have to confine infants/young children to a playpen to promote safe exploration.
- G. Help foster parents find and gain access to toy and book lending libraries to increase variety and appropriate stimulation in the home

Finally, it can not be emphasized enough the lack of research on foster children and foster families. To date, very little is known about the dynamics of foster care and the influences that seem to make the biggest difference in foster child adaptation. Much of the extant research is derived from studies of case records or comes from very small and unique samples (e.g., this sample of foster families). To truly understand foster children and to be able to serve those children in the most effective way, there needs to be more research. However, currently it is difficult to obtain access to foster care populations — at all levels, State, County, Agency, and even the foster families themselves. Therefore, the final recommendation is that a statewide research consortium be created. This research consortium, comprised of experts in various relevant fields, would then be given access to the foster care population which would allow the consortium to coordinate, administer, and conduct studies aimed at providing a clearer understanding of the foster care population in California. Under these conditions, it may be

possible to gain the kind of information that will facilitate structuring the foster care system in such a way that the best interests of the child are truly met.

REFERENCES

- Achenbach, T. (1991). Manual for the Child Behavior Checklist/4-18 and 1991 Profile (2-3). University Of Vermont: Thomas Achenbach.
- Achenbach, T., Edelbrock, C., & Howell, C. (1987). Empirically based assessment of the behavioral and emotional problems of 2-and 3-year old children. Journal of Abnormal Child Psychology, 15, 629-650.
- Ainsworth, M. M., Blehar, M., Waters, E., & Wall, S. (1978). Patterns of attachment: A psychoanalytic study of the Strange Situation. New Jersey: Lawrence Erlbaum Associates.
- Bradley, R. H., & Caldwell, B. M. (1984). 174 children: A study of the relationship between home environment and cognitive development during the first 5 years of life. In A. W. Gottfried (Ed.) Home environment and early cognitive development. (pg. 5- 56). Orlando, FLA: Academic Press.
- Bayley, N. (1969). Bayley Scales of Infant Development. New York: Psychological Corporation.
- Beckwith, L., & Cohen, S. (1984). Home environment and cognitive competence in preterm children during the first 5 years. In A. W. Gottfried (Ed.) Home environment and early cognitive development. (pg. 235-268). Orlando, FLA: Academic Press.
- Beckwith, L., & Cohen, S. (1989). Maternal responsiveness with preterm infants and later competency. In M. H. Bornstein (Ed.) Maternal responsiveness characteristics and consequences. New Directions in Child development (43). San Francisco: Jossey-Bass.
- Bornstein, M., & Tamis-leMonda, C. (1989). Maternal responsiveness and cognitive development in children. In M. H. Bornstein (Ed.) Maternal responsiveness characteristics and consequences. New Directions in Child development (43). San Francisco: Jossey-Bass.
- Caldwell, B., & Bradley, R. (1984). Home observation for measurement of the environment. Little Rock, Arkansas: University of Arkansas.
- Cooper, C. S., Peterson, N. L., & Meier, J. L. (1987). Variables associated with disrupted placement in a select sample of abused and neglected children. Child Abuse and Neglect, 11, 75-86.
- Committee on Children with Disabilities (1986). Screening for developmental disabilities. Pediatrics, 78, 526-528.
- Denham, S. (1993). Maternal responsiveness and toddlers' social-emotional competence. Journal of Child Psychology and Psychiatry, 34, 715-728.

Denham, S., Renwick-DeBardi, S., & Hewes, S. (1994). Emotional communication between mothers and preschoolers: Relations with emotional competence. Merrill-Palmer Quarterly, *40*, 488-508.

Doelling, J. L., & Johnson, J. H. (1990). Predicting success in foster placement: The contribution of parent-child characteristics. American Journal of Orthopsychiatry, *60*, 585-593.

Dunn, J., Brown, J., Slomkowski, C., Tesla, C., & Youngblade, L. (1991). Young Children's understanding of other people's feelings and beliefs: Individual differences and their antecedents. Child Development, *62*, 1352-1366.

Eisenberg, N., Fabes, R. A., Carlo, G., & Karbon, M. (1992). Emotional responsivity to others: Behavioral correlates and socialization antecedents. In N. Eisenberg & R. A. Fabes (Eds.) Emotion and its regulation in early development. New Directions for Child Development, *55*, (pp. 57-74). San Francisco: Jossey-Bass.

Eisenberg, N., Fabes, R., Carlo, G., Speer, A., Switzen, G., Karbon, M., & Trayer, D. (1993). The relations of empathy-related emotions and maternal practices to children's comforting behavior. Journal of Experimental Child Psychology, *55*, 131-150.

Fine, P. (1993). A developmental network approach to therapeutic foster care. Washington DC: Child welfare League of America.

Frankenberg, W., Thorton, S., & Cohrs, M. (1981). Pediatric developmental diagnosis. New York: Thieme-Stratton, Inc.

Halfon, N., & Klee, L. (1987). Health services for California foster children: Current practices and policy recommendations. Pediatrics, *80*, 183-191.

Hochstadt, N., Jaudes, P., Zimo, K., & Schraeder, J. (1987). Medical and psychological needs of children entering foster care. Child Abuse and Neglect, *11*, 53-62.

Hogan, A., Scott, K., & Bauer, C. (1992). The Adaptive Social Behavior Inventory (ASBI): A new assessment of social competence in high-risk three-year-olds. Journal of Psychoeducational Assessment, *10*, 230-239.

Horwitz, S. M., Owens, P., & Simms, M. D. (2000). Specialized assessments for children in foster care. Pediatrics, *106*, 59-66.

Johnson, D., L., Breckenridge, J. N., & McGowan, R. L., (1984). Home environment and early cognitive development in Mexican-American children. In A. W. Gottfried (Ed.) Home environment and early cognitive development. (pg. 151-196). Orlando, FLA: Academic Press.

Kochanska, G. (1997). Mutually responsive orientation between mothers and their young children: Implications for early socialization. Child Development, *68*, 94-112.

Kochanska, G., DeVet, K., Goldman, M., Murray, K., & Putnam, S. P. (1994). Maternal reports of conscience development and temperament in young children. Child Development, *65*, 852-868.

Lindsey, D. (1991). Factors affecting the foster care placement decision. American Journal of Orthopsychiatry, 61, 272-281.

MacPhee, D., Ramey, C. & Yeates, k. O. (1984). Home environment and early cognitive development: Implications for intervention. In A. W. Gottfried (Ed.) Home environment and early cognitive development. (pg. 343-270). Orlando, FLA: Academic Press.

McGillicuddy-DeLisi, A. (1985). The relationship between parental beliefs and children's cognitive level. In I. Sigel (Ed.), Parental belief systems. Hillsdale, New Jersey: Lawrence Erlbaum Associates.

Miller, P., Eisenberg, N., Fabes, R., Shell, R., & Gular, S. (1989). Mothers' emotional arousal as a moderator of the socialization of children's empathy. In N. Eisenberg (Ed.) Empathy and Related Emotional Responses (pgs. 65-83). New Directions for Child Development, #44. San Francisco: Jossey-Bass.

Mulhall, D., Fitzgerald, M., & Kinsella, A. (1988). A study of relationships between the home environment and psychiatric symptoms in children and parents. Irish Journal of Psychiatry, 9(1), 13-16.

Phillips, R. (1999). Behavioral difficulties among children in foster care. Poster presented at the biennial conference of the Society for Research in Child Development, Albuquerque: NM

Provence, S., Palmeri, S., Erickson, J., & Epperson, S. (1987). Connecticut Infant-Toddler Developmental Assessment Program (IDA): Procedures manual for the IDA assessment. New Haven, Connecticut: Yale Child Study Center.

Rosenfeld, A., Pilowsky, D., Fine, P., Thorpe, M., Fein, E., et al., (1997). Foster care: An Update. Journal of the American Academy of Adolescent and Child Psychiatry, 36, 448-457.

Saudino, J., Dale, P., Oliver, B., Petrill, S., Richardson, V., Rutter, M., Simonoff, E., Stevenson, J., & plomin, R. (1998). The validity of parent-based assessment of the cognitive abilities of two-year-olds. British Journal of Developmental Psychology, 16, 349-363.

Shields, A., & Cicchetti, D., (1995). The development of an emotion regulation assessment battery: Reliability and validity among at-risk grade-school children. Poster presented at the Society for Research in Child Development. Indianapolis: March 1995.

Siegel, L. (1984). Home environmental influences on cognitive development in pre-term and full-term children during the first 5 years. In A. W. Gottfried (Ed.) Home environment and early cognitive development. (pg. 197-234). Orlando, FLA: Academic Press.

Smith, M. C. (1991). Foster Parent-Foster Child Interaction and Child Adjustment. Unpublished Master's Thesis: Cornell University.

Smith, M. C. (1994). Child-rearing practices associated with more positive developmental outcomes in preschool-age foster children. Child Study Journal, 24, 299-326.

Smith, E. & Gutheil R. (1988) Successful foster parent recruiting: A voluntary agency effort. Child Welfare, LXVII (2), 137-146.

Smith, P. B., & Pederson, D. R. (1988). Maternal sensitivity and patterns of infant-mother attachment. Child Development, 59, 1097-1101.

Stovall, K., C., & Dozier, M. (1998). Infants in foster care: An attachment theory perspective. Adoption Quarterly, 2, 55-88.

Takayama, J., Wolfe, E., & Coulter, K., (1998). Relationship between reason for placement and medical findings among children in foster care. Pediatrics, 101, 201-207.

Tatara, T. (1993). Characteristics of children in substitute and adoptive care, fiscal year 1989. Washington DC: American Public Welfare Association.

Tatara, T. (1994). Child substitute care flow data for FY 1993. American Public Welfare Association (APWA), Voluntary Cooperative Information System; December.

Vailliant, G. (1993). Wisdom of the ego. Cambridge, MA: Harvard University Press.

APPENDICES

Appendix 1: Foster Parent Consent Form.

AGGREEMENT TO PARTICIPATE IN RESEARCH

Responsible Investigator: Maureen Smith, Ph.D.

Assistant Professor, Child Development

Project Title: FOSTER PARENT CAREGIVING EXPERIENCES

I have been asked to participate in a research study concerning foster parent care-giving practices that lead to more positive developmental outcomes for young foster children. I understand I will be visited at home. During that visit I will be asked questions about my child-rearing practices, observed interacting with my foster child in everyday situations, and asked to complete a questionnaire about my foster child.

I understand that all information that could be identified with me or my foster child will remain confidential (names will be eliminated and code numbers assigned). In addition, information from this study will be reported only in terms of groups and individual responses will not be reported in published or unpublished papers. No risks or direct benefits are anticipated from my participation in the project.

I understand that participation is voluntary. I can refuse to participate in the study or any part of the study at any time without pressure. This decision will in no way affect our relations with San Jose State University or the Department of Social Services. A \$20 donation will be made to me as token of appreciation for my assistance with the project.

If I have questions, I can call the principal investigator, Dr. Maureen Smith at (408) 924-3774. If I have questions or complaints about this research project, I can call the Child Development Chairperson, Dr. Chung-Soon Kim at (408) 924-3718. If I have questions or complaints about the rights of research participants, or in the event of a research related injury, I can call Dr. Nabil Ibrahim, Associate Academic Vice President for Graduate Studies and Research, at (408) 924-2480.

(turn page over and sign your initials above)

The signature of the foster parent on this document indicates agreement to participate in the project is freely willing to participate.

FOSTER PARENT SIGNATURE:

FOSTER PARENT NAME (PRINT):

DATE: _____

CONTACT PHONE NUMBER: _____

CHILD'S NAME:

NAME OF CHILD'S CASEWORKER

INVESTIGATOR'S SIGNATURE

DATE

Foster Mother Demographic Information

ID #: _____

Date of Birth: _____

Ethnicity _____

Number of biological children _____

Years of education 8th grade or less _____
High School _____
Some college _____
Associates Degree _____
BA/BS _____
Graduate Degree _____

Marital Status married _____
Divorced _____
Separated _____
Widowed _____
Single _____

Yearly income _____

Number years experience fostering _____

Number of children currently fostering: _____

Infant Parenting Practices: Questionnaire Situation

- A. Ask the foster mother to step out of the room for 3 minutes, remain w/infant.
- B. When the foster mother returns, ask her to complete a brief questionnaire (The Yale Inventory — concerns checklist). Tell mother to respond to infant but not to initiate interaction.
- C. As the foster mother completes the questionnaire, observe the infant and note any instances of the following behaviors:
 - 1. crying yes:_____ no:_____
 - 2. whimpering yes:_____ no:_____
 - 3. whimpering yes:_____ no:_____
 - 4. non-distressed vocalization yes:_____ no:_____
 - 5. looking at mother's face yes:_____ no:_____
 - 6. proximity to mother beyond her arm's length: _____
within arm's length: _____
touching: _____

D. Simultaneously, observe the mother's behavior and note any instances of the following behaviors:

- | | | | |
|----|--------------------------|------------|-----------|
| 1. | vocalizing to the infant | yes: _____ | no: _____ |
| 2. | looking at baby | yes: _____ | no: _____ |
| 3. | offering hand | yes: _____ | no: _____ |
| 4. | touching | yes: _____ | no: _____ |
| 5. | picking up | yes: _____ | no: _____ |
| 6. | holding | yes: _____ | no: _____ |

E. Score mother's behavior as (*circle correct classification*):

1. Appropriate:

Mother responds to attentional demands but does not initiate interactions. Examples would include (a) the infant does not emit a mother-directed vocalization or only vocalized and mother did nothing or only looked, (b) infant looked, looked/touched, or vocalized/touched the mother and the mother either made no response, looked, vocalized, or looked/vocalized, (c) the infant whimpered or simultaneously looked and vocalized, and the mother performed at least one behavior, or (d) the infant cried and the mother did something more than look and touch or look and vocalize. If the infant's behavior persists over the three minutes of observation, the mother must increase the intensity of her response to qualify as appropriate.

2. Insufficient:

the infant's behavior requires a response (c and d above or from the persistence of the behavior) and the mother's behavior does not meet the criterion for an appropriate response.

3. Intrusive:

Classifications occur when mother's response is more intense than required (a and b above).

Infant Parenting Practices: Naturalistic Situation

A. Ask the mother to engage in one of the following three tasks (note activity):

feeding, _____

playing (a game foster mother usually engages in with her infant) _____

diaper change _____

B. Score mother's behavior in the following categories:

contingency to distress: # infant cries: _____

45 sec. responses: _____

(percentage of infant fuss/cry episodes - mother responded in 45 seconds or less)

contingent vocalization: # nondistress: _____
15 sec. responses: _____

(percentage of infant nondistress vocalizations - mother responded vocally or verbally in 15 seconds);

mutual visual regard: (percentage of time spend in shared glances).

infant looks to mother: _____

mother looks to infant: _____

mother-infant shared glances: _____

Parenting Practices (Preschoolers) - Maternal Supportive Presence

1. Ask the mother and child to work together on the language game.
2. Inform the child he/she will receive a prize for completing the task.
3. Observe maternal behavior and note the presence of the following characteristics (*circle the appropriate category for each characteristic*):

A. Mood Setting:

Yes: This should occur within 60 seconds. Sometimes the child Does not understand that there is a problem to be solved. The mother can help start the session by communicating to the child that there is a problem to be solved and that is can be fun, interesting, or rewarding. She may also indicate that she is available for assistance if needed. Mother sets the mood by investing her attention in an interested or excited manner. She points out there is a reward and reassure the child there is a way to obtain the reward. Ideally, she should let the child know that she will help if desired/needed or that it can be a group effort (not required for scoring yes).

Minimal: The mother alerts the child to the task at had but does not indicate much interest or excitement in the process. She may simply point out the prize and ask the child to solve the task. No offer of help is made.

No: Mother does not attempt to let the child know that there is a problem to be solved which can be fun, or she does not reassure the child that this work can bring reward. Because of the mother's lack of interest or involvement the child does not perceive the task, is slow to begin working, or remains hesitant about working.

N/A: The child does not need clarification prompting to begin.

B. Focusing child on task:

Yes: Mother refocuses and re-interests the child in working on the problem if child engages in off-task behavior. Mother can distinguish on-task and off-task behavior and minimizes off-task time. If child is working on the problem, but is going in a non-productive or dead-end direction, mother directs child's attention to a more productive direction.

Minimal: Mother is slow to take action to re-interest the child in the problem or a more productive part of the problem. She may seem inconsistent in her attempts to refocus the child, sometimes doing it appropriately while being slow or unresponsive at other points.

No: Mother makes weak, unsuccessful or no attempts to re-interest the child when off-task behavior occurs. She does not seem to realize that off-task behavior will not lead to solution or seems to too tired or disinterested to bother.

N/A: The child does not require focusing during the task

C. Tuning child to reinforcing aspects of the task:

Yes: Mother calls attention to the positive aspects of the prize or the pleasurable consequences contingent on solving the task. She may not only point out the prize, but could mention that the child may keep the prize if he/she solves the task. She may remind the child that it could be fun to play with the prize. In general she helps the child understand why all the work required is worth it.

Minimal: Mother calls attention to the prize but shows little or no positive affect to help the child become motivated to try and solve the task to acquire the prize. Although she may point out the prize, she does not remind the child of the connection between solution and reward. She may tell child to get the prize, but offer no reasons why child might want it.

No: Mother offers little to add to the child's desire to obtain the Prize. She may rarely, or never, point out the reward or any of its intrinsic values. She does not help the child become excited or interested in the prize.

N/A: The child is already self-motivated/interested in the prize.

D. Encouraging and supporting the child's efforts:

Yes: Mother responds to the child's discreet actions and efforts to solve the problem by showing positive affect or some verbal praise or reinforcement. She lets the child know that he/she is working in the right mode and helps the child learn a sense of mastery by communicating "See what you are doing? Keep it up!" "Try again" or "That's right!" The responses are well-timed so the child is able to see the relationship between his/her actions and the mother's response. They also contain some positive social

reinforcement for trying.

Minimal: The mother comments on what the child is doing, but does not add the positive element of support. She may say "Look" or "Try again" but does not praise or encourage the child for trying. Or the mother is inconsistent in her encouragement.

No: Mother makes weak, affectless, or no responses to a child's specific efforts to solve the task. If she responds, it is with directive rather than reinforcement.

E. Sharing in the joy of solution:

Yes: Mother offers a clear and positive expression of pleasure, pride, or excitement when the child solves the problem regardless of the extent of her role in the solution. This may take the form of a large smile, a gasp, a positive statement, or applause. *Nervous laughter does not fulfill this requirement.* The communication of this pleasure must be timed so the child can perceive the connection between the mother's affective expression and his/her own acts.

Minimal: Mother offers a weak expression of pleasure regarding the child's solution — a small smile or positive but fairly non-affective comment. Again, it must be timed properly to relate to the solution.

No: Mother makes no reaction to the child's solution or reacts negatively when the child finishes. If a child is agitated/upset when the problem is solved, the mother may smile or sigh with relief. This is not sharing joy.

F. Helps the child achieve a sense of having solved the problem her/himself:

Yes: Mother makes every possible effort to engage or involve the child actively in the solution without: (1) refusing bids and leaving him/her to his/her own resources; or (2) forcing the child to attempt something beyond the appropriate developmental level. The mother may need to assume an increasingly active role in the solution if the child is hesitant or resistive. She should, however, attempt to create an active role for the child by "helping mommy solve the problem" or somehow cooperatively solving the problem. She can also help the child by pointing out that he/she as solved the problem (e.g., "look what you did!")

Minimal: The mother may be somewhat passive and not point out clearly that the child mastered the task, but she does let the child know that she/he played a part in the solution. The mother may not be totally passive, and must be actively involved at some level in communicating to the child she/he had some role in the solution.

OR

The mother issues directives, yet allows the child to

manipulate and explore between compliances with her instructions. She may mention that the child played a part in reaching the solution. It is fairly obvious that her directions are more aimed at moving the child through the required actions rather than leading her/him to solution.

No: Mother does not acknowledge the child's role in the solution. She does not offer congratulations and does not point out to the child any hint of connection between his/her actions and solution. A mother may give verbal instructions in such a directive manner that the child goes through the motions needed for a solution yet does little discovery or experimentation on his/her own. Although she may say "See there you go" she would not receive a YES because the child has finished only through compliance. Little learning has occurred.

G. Physical presence:

Yes: Mother moves closer to child when the child gets stuck or appears frustrated (whining, hesitation, off-task behavior, repetitive actions, pounding, shrugging, approach mother). She may move her chair closer, lean forward in her chair, sit on the floor closer to the child and task, or by intervening physically with demonstration if necessary.

Minimal: The mother is slow to move closer to the child when the child is frustrated or stuck.

No: Mother does not move closer to the child when the child is frustrated or stuck.

H. Control of frustration:

Yes: Mother is quick to anticipate or read signs of the child's Frustration and is quick to respond (e.g., reassuring doubts, tuning the child back to the task, reinforcing the fun/reward, providing assistance, staying calm and confident, encouraging the child's efforts).

Minimal: The mother is slow to move closer to the child when the child is frustrated or stuck. She may seem unaware that the child is frustrated. She does not reassure or encourage the child when the child's motivation drops or frustration builds.

No: Mother does not move closer to the child or attempt to alleviate the child's frustration. Mother may become angry and frustrated herself. Mother may demand that the child perform at above age level and expect the child to work without encouragement.

Parenting Practices (Preschoolers) — Maternal Responsiveness

1. Ask the foster mother to prepare, eat, and clean up a snack with the foster child.
2. Code all maternal responses to child-related events. A child-related event is one in which the child is the agent. The events must originate in the child and call for response on the mother's part. The following are child-related events:

- A. *child's negative affect/distress.* The child is upset, sad, angry, fussy, crying, whining, or apathetic. Include bids toward mother that are affectively negative. Also include child's resistance to maternal caregiving or discipline (e.g., pushes away mother's hand).
- B. *child's bid for attention/unspecified overture to mother, affectively neutral or positive.* Child vocalizes toward mother, clearly references mother or orients toward her. Child directly addresses mother and expresses positive affect, laughs, smiles, etc. Child clearly is initiating social interaction. Child asks for information, asks questions. Avoid verbalizations directed to self, consider overtures when accompanied by a look or gesture to mom if child does not directly address mother.
- C. *child's influence attempt.* Child attempts verbally or non-verbally to influence mother's behavior. Include requests to stop/change activity, provide resources, stop preparing/eating, get mom to clean up, requests to do something. Just refusing maternal influence is not enough, child must elaborate on refusal (e.g., suggest mom do something else, or both do something else — negotiation.)
- D. *child's requests for instrumental help.*

3. Code maternal responses to these child related events.

- A When making the ratings, bear in mind the following conceptual issues: (1) maternal sensitivity to child signal (detects, interprets, appropriate/contingent response); (2) acceptance (degree of warmth, support, enjoyment, affection versus rejection, aloofness, negative feelings); (3) cooperation (respects child as an individual, acknowledges choices, discounting autonomy, mother imposes own agenda); (4) emotional availability (supportive emotional resource whenever needed), and (5) ability to follow the child's lead. .
- B Consider the mother's response as a whole, not necessarily the first thing she says or does. Avoid the halo effect (3 should be the most frequent and 4s not assigned in more than 8-15% of cases). Ideally try to use the full range of codes for each mother.

4. Circle the appropriate rating for each type of child-related event.

- A. *child's negative affect/distress.*
 - 1 **poor:** Mother is not aware of child's distress, ignores completely, becomes angry or annoyed, dismissive (e.g., "Stop it", "What's your problem?"). Vocal tone is neither soothing nor soft. Mother may force child to do something, ignoring the negative affect, spank or threaten the child for crying/whining, ridicule the child, or in general avoid comforting the child.
 - 2 **fair:** Mother is aware of and may even acknowledge the child's

distress, but she responds w/out genuine concern and continues with her own agenda regardless of level of distress displayed by the child. Mother is not sensitive to the child's signals and does not allow the to initiate interaction. Mother response is perfunctory or slightly dismissive (e.g., "It is not that bad". "okay, okay"). Mother seems somewhat distracted or irritable, and is not truly engaged in the situation and in the child's comfort or pleasure. There is a delay in responding and mother seems to want child to stop behavior because she finds it aversive. (Also code as fair if mother just tries to distract the child without address source of distress)

3. **good:** Mother verbally cheers up the child, soothes, comforts, offers verbal suggestions, or explanations (e.g., "Maybe you will feel better after a glass of juice"), offers physical affection, or redirects. The mother stops or pauses her activity to orient to the child and to help the child to return to a normal level of arousal. Even if engaged in a task the mother must complete, she pauses and gives child full attention — redirects, soothes, holds the child. May try to finish quickly so she can devote attention to the child. Mother is not irritable and appears genuinely concerned about the child 's distress.
4. **exceptional:** Mother responds in a contingent, empathic manner; her full attention is on the child, she monitors the child's needs, feelings, wishes, and preferences; she comforts and validates the child's feelings (e.g., "I know you don't like this"). She shows physical affection. Her behavior is eager and prompt — she is genuinely concerned and shows empathy for the child's distress. She actively listens to the child and provides undivided attention to the child. The mother makes the situation better or makes repeated attempts if the child continues to be distressed. Mother goes 'above and beyond' to make the child feel better.

B. *child's bid for attention.*

- 1 **poor:** Mother ignores the child's bid, refuses to be attentive to the child's needs, or appears to respond irritably, impatiently, or in a dismissive manner. Mother vocalizes something, but continues her own activity without looking at the child.
2. **fair:** Mother postpones attention and finishes her own activity prior to attending to the child. Her response is automatic, perfunctory — exhibited while she preoccupied with her own activity. Mother temporarily shifts her attention from her activity to the child to acknowledge the child's bid for attention — but it is done somewhat reluctantly or irritably. Mother may also ignore the bid by attempting to redirect the child's attention as her response. (e.g., the child insists mother share her food and mother says "I said NO. Mommy doesn't want it).
3. **good:** Mother addresses the bid, directs her attention to the child regardless of her current activity, answers questions in a neutral affective tone, offers verbal suggestions, explanations, or advice, or validates the child's desires. Response reflects and engaged but matter-of-fact interaction. Mother responds to the child's needs without going further than what the child has initiated. (e.g., the child insists mother share her food and mother responds "No thank you! I'm

full. You eat it.")

4. **exceptional:** Mother goes beyond the child's needs, initiating further interaction, making the task an enjoyable one or expressing delight at being addressed by the child. She monitors the child's needs, feelings, wishes, and preferences; her full attention is directed toward the child. Her answers are thorough and genuine. Mother responds enthusiastically or in a stimulating manner, shares the focus of attention with the child and assumes the child's perspective. Response reflects positive affect and in vocal tone and facial expression. Response reflects a desire for continued interaction. . (e.g., the child insists mother share her food and mother responds "No thank you! That's really nice of you to share. Here, you try this one. Is this your favorite food?")

C. *influence attempt.*

1. **poor:** Mother ignores/dismisses the child completely, refuses to perform the action (unless request impossible, dangerous to mother or child), appears irritable with child for requesting attention. May seem truly uninterested in the child.
2. **fair:** Mother performs task but reluctantly, with impatience, without enthusiasm, attempts to ignore, negotiates in order to not have to perform task but with offering another option, behaves passively. Code if mom refuses pleasantly but gives no explanation for refusal..
3. **good:** Mother complies matter-of-factly (e.g., child says "let me see" and mother hands the child the object without hesitation), negotiates/bargains (e.g., "I will do this for you if ___"), directs attention to the child, answers questions. Mother explains her actions.
4. **exceptional:** Mother enthusiastically engages with child and the suggested activity, she shows genuine interest, is warm and supportive, appears to be truly enjoying herself. Even if she does not comply, she responds promptly, warmly, gently, shows respect for the child.

D. *need for instrumental help.*

1. **poor:** Mother is not aware of need, ignores completely, becomes impatient with child's need for help, dismisses/refuses to help, threatens, punishes, ridicules, or negates/denies.
2. **fair:** Mother attempts to ignore or gives a perfunctory response (e.g., child says "will you open this?" and mother responds "In a minute" and continues her own activity). Mother may assist child but reluctantly (e.g., child asks for a wrapper to be opened and mother does so saying "Don't ask me to do this again.")
3. **good:** Mother performs task the child requests, answers questions, negotiates/bargains, attends to the child..
4. **exceptional:** Mother encourages mature solutions, monitors feelings wishes, preferences, directs full attention to the child, expresses physical affection to the child, helps subtly so the child experiences a sense of mastery and satisfaction.