

## RESEARCH NOTE

# Foster Parent College: Interactive Multimedia Training for Foster Parents

*Caesar Pacifici, Richard Delaney, Lee White, Kelli Cummings, and Carol Nelson*

Children are entering the child care system with increasingly serious physical, behavioral, and emotional problems (Barth, Freundlich, & Brodzinsky, 2000; Crase et al., 2000; Fees et al., 1998; Zukoski, 1999). Foster parents, with high hopes and little or no specialized training, are unexpectedly confronted by children who explode with anger, set fires, lie, steal, are cruel to animals, mutilate themselves, have severe eating disorders, or act out sexually (Crase et al.; Delaney, 1997; McNamara & McNamara, 1990). Up to 40% of new foster parents drop out of the system during their first year (Rhodes, Orme, Cox, & Buehler, 2003), with some agencies losing between 30% and 50% of their foster parents every year (Christian, 2002; Crase et al.).

Stanching the dropout rate, in part, will require changes in foster parent training. Parent training has been an essential feature of the foster care system since the mid-1970s (Zukoski, 1999). Today, most states require 12 to 30 hours of preservice training for licensure and six to 20 hours of in-service training annually (National Foster Parent Association, Inc., 2004). Much of the training, however, does not adequately address individual parenting needs and makes unrealistic demands on parents' time and budgets (Grimm, 2003).

### **BENEFITS OF FOSTER PARENT TRAINING**

Research studies have long demonstrated the benefits of training for foster parents, children, and agencies. Early landmark studies showed that training produced key changes within the family unit, such as improved parent attitudes, parent-child interactions, and a reduction of child problem behavior (Hampson & Tavormina, 1980), and that it also increased the stability of placement and foster parent retention (Boyd & Remy, 1978; Simon & Simon, 1982).

More recent studies continue to support these conclusions (see Cuddeback & Orme, 2002; Fees

et al., 1998; Puddy & Jackson, 2003; Zukoski, 1999). A comprehensive review of treatment foster care by Reddy and Pfeiffer (1997) showed that specialized training led to increases in placement permanency, as well as improvements in children's social skills and psychological adjustment. According to Sanchirico and Jablonka (2000), parent training was associated with increased foster parent involvement in keeping foster children connected to their biological parents, an important indicator of the children's well-being.

### **LIMITATIONS OF CURRENT TRAINING PROGRAMS**

Parent training activities today are a wide mix of programs that vary from state to state, and often from county to county (Zukoski, 1999). Some programs, such as PRIDE (Deluca & Spring, 1993), MAPP (Lillie, 1991), and PATH (Jackson & Wasserman, 1997), are nationally known and widely used, but the great majority are developed by individual agencies and use many different formats and methods (Zukoski). The quality and scope of these training programs vary widely, and their delivery depends largely on the ability and experience of individual trainers (Grimm, 2003; Puddy & Jackson, 2003).

Training programs also need to be updated to reflect the changing nature of foster care. For example, recently there has been a marked rise in placements with relatives. In some states, such as California, Illinois, and New York, nearly 50% of new placements are with kin (Berrick, 1998). Nationwide, about 36% of children placed in family foster homes are placed in the homes of relatives (Cuddeback & Orme, 2002). However, programs have scarcely begun to address the unique challenges these families face (Grimm, 2003).

There are also a host of very practical problems with current training programs. Foster parents frequently lack the transportation, time, or child care

services to attend continuing education courses away from home (Grimm, 2003; Kerman, 2000). Parents in rural areas are further inconvenienced by having to travel greater distances to get to the training and have fewer classes from which to choose (Delaney, 2000).

### **MULTIMEDIA APPROACHES TO TRAINING**

DVD and Web technology offer parents convenience and flexibility through home-based training. For the foster care agency, these formats are far more cost-effective than live training. Agencies can buy and then lend copies of a program or have low-cost site licensing arrangements.

Our search of the relevant databases and indexes (Social Services Abstracts, Education Abstracts, ERIC, PsycINFO, PubMed, and WorldCat) turned up no evaluation studies of foster parent training delivered via the Web or DVD. However, in a meta-analysis of the evaluation data on Web-based instruction, Wisner and Olson (2003) computed an effect size for each of the 15 studies that met their standards for inclusion. The average effect size was .24, comparing online instruction with traditional classroom instruction. They concluded that Web-based instruction appears to improve learning, although additional studies are needed to fully understand the effect size. In the one published evaluation of DVD-based training, results indicated that it was effective for teacher training in counseling skills (Miyamoto, Harnisch, Yamada, & Hiraga, 2000).

Users of Web- and DVD-based courses generally gave positive reviews of the materials. Students liked the convenience and flexibility of the online courses (Lawson, 2000; Leasure, Davis, & Thievon, 2000; Stocks & Freddolino, 1998), and they felt that activities such as interactive exercises, chat sessions, and bulletin board discussions contributed to their learning (Lawson). There was some dissatisfaction with the lack of face-to-face interaction and technical problems (Graham, 2001; Lawson; Stocks & Freddolino). However, the flexibility and convenience of Web-based instruction seemed to outweigh these drawbacks (Digilio, 1998).

### **Foster Parent College**

Foster Parent College (FPC) was recently developed through Northwest Media, Inc. as an interactive multimedia training venue for foster parents. Users can take brief parenting courses, either online

(<http://www.FosterParentCollege.com>) or on DVD, on a variety of topics dealing with serious child behavior problems. Currently, these problems include eating disorders, lying, sexualized behavior, anger outbursts, fire setting, sleep problems, soiling and wetting, stealing, running away, and self-destructive behavior. Soon the site will offer other courses on coping with systemic issues related to school, kinship care, and the courts, as well as courses on managing problems such as reactive attachment disorder, mood disorders, and ADHD.

The courses on FPC are based largely on attachment theory, which provides a framework for understanding the process of parent-child bonding and the psychopathology that arises when that process fails or is interrupted. Children placed in foster care typically show a range of emotional and behavioral disturbances that reflect insecure, avoidant, or disorganized attachment to their biological parents (Palmer, 1995; Stovall & Dozier, 1998). Attachment is eroded further when children are separated from their abusive parents, and again through multiple separations from foster families over successive placements.

Clinicians who work from an attachment theory perspective generally gather as much information as possible about the child's early family history. Foster parents, however, are not accustomed to either asking for or using this information to understand their foster child's behavior problems, notably problems with anger expression (Greenberg & Speltz, 1988). Understanding the child's early attachment process can give foster parents a perspective for understanding the foster child's anger so that they, in turn, can learn to inhibit their own tendencies to respond negatively to it.

**Anger Outbursts Program.** The present study evaluated a course on dealing with serious anger problems. The course, titled *Anger Outbursts*, addresses four behavioral variations of anger: (1) temper tantrums, (2) assaultive behavior toward other children, (3) rage toward the mother, and (4) erratic or unpredictable anger. All the content was new and developed specifically for this course.

The program was presented through combining photographic montages with special visual effects, audio, and text overlays. An expert host provides a brief background on the course content and introduces the viewer to a set of fictional parents (paid actors) who are dealing with a specific problem. For each of the four types of anger, parents tell the

host their story, describing the problem situation and the child's history. The host then poses several follow-up questions to get more information about the child's background and family history, how the problem behavior is manifested, and how it is being managed. Using lay language, he or she synthesizes the information into a succinct set of clinical insights aimed at helping the parents better understand their child's behavior. For example, in a case demonstrating assaultive behavior toward other children, the host explains that the intimidations the child experienced in an orphanage may have led her to conclude that "bigger individuals hurt smaller ones," which the child in turn transferred to other smaller children to feel "safe."

The host then suggests a number of steps parents can take to deal with the problem, including having the parents find an experienced therapist, through their local adoption support group or caseworker, who can provide a thorough assessment of the child's anger and show them how to encourage the child to express feelings toward the parents. The parents are also advised to carefully supervise the child's behavior around other children.

These points are displayed in bulleted text on the screen. The sequence is repeated for each behavior type. After all four types of behavior are presented, the program host recapitulates a few essential steps that parents can take to deal with their children's anger outbursts.

Viewers can navigate through the program segments in sequence or go directly to a segment by either using the chapter menu on their DVD remote control or, for the Web version, by clicking an on-screen virtual remote control. Viewers can repeat segments, pause the program, or exit from the program. The estimated viewing time for the whole program is about 30 minutes.

## RESEARCH QUESTIONS

For the present study, we asked two main research questions regarding the outcomes of the DVD training course:

1. Does watching a brief training course on DVD about children's serious anger problems increase foster parents' knowledge about these problems?
2. Does watching a brief training course on DVD improve foster parents' perceptions about their children's serious anger problems?

We were also interested in two questions about how the program was used:

1. How much time did foster parents spend viewing the DVD training materials?
2. To what extent were foster parents satisfied with the DVD training materials?

## METHOD

### Sample

The final sample consisted of 74 foster parents affiliated with either the National Foster Parent Association (NFPA) or the Colorado Coalition of Adoptive Families (COCAF). Although some of the parents in the sample had adopted children, all had provided foster care to the children before the adoption and were currently serving as foster parents to at least one child. Six parents in the original sample did not complete the study because they could no longer be reached by phone to complete the posttest assessments. Attrition rates were low (fewer than 8% of the original sample). Analyses indicated no differential dropout between groups, and we found no differences between completers and noncompleters on demographic information. As expected, participants were predominantly foster and adoptive mothers (about 92%). This finding was likely due to their greater availability in the home during the day, which is when the assessments took place. On average, parents in the sample were 46 years of age, had two years of college education, and were currently caring for two foster children.

With respect to ethnicity, approximately 90% of the parents were non-Hispanic, 3% were Hispanic, and 7% were categorized as unknown or unreported ethnicity. The sample was also fairly racially diverse, with 20% of the parents reporting races other than white. We were not able to assess how representative the sample was, because there are no national statistics available on the ethnicity and race of foster and adoptive parents; national organizations such as NFPA and Casey Family Programs are just beginning to gather this type of information (personal communication with K. Jorgenson, Executive Director, National Foster Parent Association, Gig Harbor, Washington, August 30, 2004).

The foster children of parents in the sample were mostly boys (57%), had a mean age of 10 years, and had been in foster care an average of 5<sup>1</sup>/<sub>2</sub> years.

Participation in the study was voluntary. Parents who completed the study received credit for two

continuing education hours at their local agencies, a copy of the training program and viewer guide, and \$50 compensation.

### Procedure

NFPA and COCAF announced the study to their members through monthly newsletters, and the opportunity was met with popular response from foster and adoptive parents. Parents were considered eligible to participate in the study as long as they were currently providing care for a foster or adopted child five years of age or older and had access to a DVD player. Qualified participants were randomly assigned to either an intervention or a control group and to one of two trained phone interviewers.

Following an introductory call, interviewers administered a demographics questionnaire and pretest measures on parents' knowledge and perceptions of children's anger outbursts. The calls took 20 to 30 minutes.

The intervention period began the following week and continued for two weeks. Parents in the intervention group received the *Anger Outbursts* DVD and were instructed to view the training materials at least once a week. Parents in the control group received no materials during this time. To check the fidelity of treatment, callers phoned parents in the intervention group once each week to make sure they were viewing the DVD. Parents in the control group were also phoned once each week. They were asked only about their involvement, if any, in other foster parent training activities.

During the third and final week of the study, all parents were again administered the parent knowledge (PK) and parent perceptions (PP) questionnaires. In addition, parents in the intervention group completed a user satisfaction questionnaire on the relevance and quality of the DVD materials.

Once the study was completed, parents in the control group were given complimentary copies of the *Anger Outbursts* training materials.

### Measures

**Background Information.** This questionnaire included demographic items (age, gender, ethnicity, and race) referring to both the foster parent and the target foster child. It also included questions about the parent's and the child's experience with the foster care system.

**Parent Knowledge.** The PK questionnaire included 20 multiple-choice and true or false items based on content from all segments in the *Anger Outbursts* program (for example, "Which is the most likely reason for erratic anger outbursts in children?" (a.) Temperament, (b.) Observing domestic violence, (c.) Being a victim of child abuse, (d.) Brain chemistry). Scores were reported as the percentage of items correct out of 20. High scores on this measure indicated greater knowledge about anger issues in children. Three researchers reviewed the items until reaching a consensus on the appropriateness of language and format. We then conducted group interviews to assess the measure's face validity.

**Parent Perceptions.** The PP questionnaire included eight items to assess three aspects of parents' self-perceptions regarding their children's angry behavior: parents' *confidence* in having the relevant parenting skills (three items, for example, "I can recognize the different types of anger outbursts in children."); parents' *comfort* with having a child with serious anger problems (two items, for example, "It would affect my child's placement if he or she had a serious problem with anger."); and parents' *objectivity* in situations involving a child with serious anger problems (three items, for example, "I feel my child's anger is aimed personally at me."). Parents rated on a four-point scale (1 = not at all; 2 = a little; 3 = mostly; 4 = very much) how well each statement described the situation with their foster or adopted child. Scores were reported as the average rating over all items. Higher scores on this measure indicated a more positive attitude toward parenting an angry child.

**User Satisfaction.** Parents rated their satisfaction with seven aspects of the program on a similar four-point scale, with higher scores representing greater user satisfaction. An additional item asked parents to rate the overall quality of the program on a scale ranging from 1 = poorest to 10 = best.

**Implementation Fidelity.** We used two versions of this questionnaire: one for the intervention group and one for the control group. One question, common to both versions, asked parents whether they had been involved in any other parent training activity during the past week. For the intervention group, it also asked parents whether their DVD was working correctly and how much time they spent on the materials in the preceding week (0 = not at all, 1 = 15 to 30 minutes, 2 = 30 to 60 minutes, 3 = more than 1 hour).

## RESULTS

We found only one significant difference between the intervention and control groups on demographic information. Children in the control group were significantly less likely to have been previously placed with another foster family [ $\chi^2(1, N = 74) = 4.11, p = .04$ ]. Significance for this and all other analyses was based on a .05 alpha level.

### Outcome Analyses

We addressed our research questions using a one-way multivariate analysis of covariance (MANCOVA), which allowed us to detect differences on multiple dependent variables in our study (Campbell & Stanley, 1963; Shadish, Cook, & Campbell, 2001). Based on the results of some preliminary analyses, we standardized the quantitative pretest scores on the PK measure and the Confidence subscale of the PP questionnaire to form a composite covariate and used posttest scores on these same measures as dependent variables.

When assessing the reliability of our covariates, we found low internal consistency for the PK measure (unequal-length Spearman-Brown = .22) and the PP measure (equal-length Spearman-Brown = .41), indicating that the items may not be internally consistent. Although low coefficients might be expected for a knowledge measure because it taps various aspects of knowledge, further analyses were conducted to identify additional factors on the PP measure. An exploratory factor analysis yielded three components for the PP measure—confidence, objectivity, and comfort. Problems with the wording of the questions for the Objectivity subscale and low reliability coefficients for the Comfort subscale (less than the total scale) precluded their use in further analyses. Therefore, we proceeded with outcome analyses using only the Confidence subscale of the PP measure ( $\alpha = .62$ ).

We also examined test-retest reliability using Pearson product moment correlations for the overall scores from the control group. Test-retest reliability was low for the PK measure ( $r = .32$ ) and moderate for parent confidence (PC) ( $r = .79$ ). It is important to note that MANCOVA is robust to violations of reliable covariates when there are no missing data and sample sizes are large and equal (Keppel & Zedeck, 1989). In this case, sample sizes were not large, but they were relatively equivalent between groups ( $n_{\text{intervention}} = 34, n_{\text{control}} = 40$ ),

and there were no missing data from pre- to posttest.

Using visual analysis of histograms, we found that the distribution of pre- and posttest scores on both quantitative measures was approximately normal for both groups. Regarding homoscedasticity, Levene's test of Equality of Error Variances was nonsignificant [PK:  $F(1, 72) = 3.09, p = .08$ ; PC:  $F(1, 72) = 0.13, p = .72$ ], indicating that the assumption of equal variance covariance matrices was tenable.

We used visual analysis of scatter plots to examine linearity of relations between and among dependent variables, covariates, and dependent variable and covariate pairs. All scatter plots indicated moderate linear relations. The dependent variables were correlated without being redundant,  $r = .14, p = .22$ , and the covariate was found to correlate modestly with both dependent variables, PK:  $r = .05, p = .68$ ; PC:  $r = .33, p = .01$ .

Convinced that our statistical analysis was appropriate, we chose to analyze our data using a model that assumed equal slopes and unequal intercepts, given that the differences in slopes for the groups were neither significant [ $F(2, 69) = 1.43, p = .25$ ] nor important ( $\eta^2 = .04$ ) and the slope of the covariate for at least one of the measures was significantly different from zero [PK:  $t(70) = 1.18, p = .24$ ; PC:  $t(70) = 3.31, p < .00$ ].

**Multivariate Results.** We examined the multivariate effect for group using an equal slopes MANCOVA model. Based on Pillai's trace, we found a significant multivariate effect of group, [ $F(2, 70) = 9.96, p < .00$ ], as well as a large, overall effect size for the model,  $\eta^2 = .22$ .

Based on the significant multivariate effect, we conducted follow-up univariate analyses of covariance to determine on which dependent variables (or linear combination of variables) the groups differed. We found significant group differences for the PK measure [ $F(1, 71) = 16.65, p < .00, \eta^2 = .19$ ], and the PC subscale [ $F(1, 71) = 4.14, p < .05, \eta^2 = .06$ ]. All mean differences were in the expected direction with medium to large effect sizes as measured by the standardized mean difference statistic ( $d$ ) (Table 1).

**Implementation Fidelity.** On average, participants in the treatment group viewed the *Anger Outbursts* DVD 30 to 60 minutes per week. In addition to our training, parents also reported other types of training activities in which they participated during the intervention period. Out of the 74 parents

**Table 1: Mean Performance on Parent Knowledge and Confidence Scales at Posttest, for the National Sample of Foster Parents**

Scale	Intervention			Wait-List Control		
	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>
Parent Knowledge <sup>a</sup>	71.32**	12.39	34	61.38	9.41	40
Parent Confidence <sup>b</sup>	2.99*	0.42	34	2.84	0.49	40

<sup>a</sup>Standardized mean difference statistic (*d*) = 0.91.

<sup>b</sup>*d* = 0.33.

\*Differences are significant at *p* < .05. \*\*Differences are significant at *p* < .01.

in the sample, 36% reported involvement in other training activities throughout the time of this project. There were no significant differences between the two groups in terms of the number of additional training activities, [ $\chi^2(1, N = 70) = 1.89, p > .05$ ].

**User Satisfaction.** The majority of participants responded favorably to the DVD training (*M* = 3.56, *SD* = 0.41, *n* = 34) (Table 2). Using a scale ranging from 1 = not at all to 4 = very much, no participant had an average satisfaction rating below 2.5. A final question on this measure asked parents to rate the overall quality of the DVD using a scale ranging from 1 = poorest quality to 10 = highest quality. More than two-thirds of the respondents gave the DVD a rating of 8 or higher, with only 6% giving it a rating below 6.

## DISCUSSION

The results of our evaluation supported the efficacy of DVD as a means of providing in-service training to foster parents at home. The course, which

was fairly brief and self-regulating, increased parents' knowledge about the types and causes of serious anger problems in children and what appropriate preliminary interventions parents can use. This was notable, in part, because it is very difficult for parents to look past the stresses caused by a child with explosive anger and consider aspects of the child's early attachment process.

Another important finding was that parents gained confidence in their ability to understand and handle their child's anger outbursts. This outcome was especially encouraging because self-report measures may not easily detect change. Indeed, the study's two main results were both statistically significant and, based on indicators of effect size, clinically important. According to Cohen (1992), effect sizes of .35 are considered large in a multivariate analysis. We found effect sizes (as measured by an estimate of eta-squared) of .22, well within the medium-to-large range. The fact that parents in the intervention group viewed the DVD

**Table 2: Means and Standard Deviations for Individual Items and Overall User Satisfaction of Foster Parents in the National Sample**

Satisfaction Items and Overall Satisfaction Rating	Intervention Group		
	<i>M</i>	<i>SD</i>	<i>n</i>
Items <sup>a</sup>			
Helpfulness of materials	3.06	0.85	34
Effectiveness of DVD instruction	3.59	0.70	34
Relevance of parent stories	3.26	0.96	34
Ease of using DVD	3.82	0.39	34
Helpfulness of addressing different anger problems	3.88	0.33	34
Recommendation to other foster parents	3.65	0.73	34
Desire for more DVD instruction	3.68	0.68	34
Average satisfaction rating (based on the seven items listed)	3.56	0.41	34
Global rating of program <sup>b</sup>	7.97	1.55	34

<sup>a</sup>Rated on a four-point scale, ranging from 1 = not at all to 4 = very much.

<sup>b</sup>On a 10-point scale, ranging from 1 = lowest to 10 = highest.

for one to two hours (or about twice in its entirety) probably contributed to these effect sizes. It also seemed to indicate significant interest in the materials and receptivity to training provided at home.

Parents were surprisingly eager to get involved in the study, considering that it would demand some of their time, and needed no prompting to view the DVD. Satisfaction ratings for the program were generally very high. Among other things, parents indicated that they wanted to see more of this type of training. For some time after the study, parents from various state foster parent associations who had heard about the study continued to inquire about the DVD training (personal communication with K. Jorgenson, executive director, National Foster Parent Association, Gig Harbor, Washington, August 19, 2003).

Overall, we attributed the robustness of our findings to several possible factors. Parents in the study had the convenience of being able to access a structured training program in their home. The importance of accessibility to this population cannot be overstated. Faced with improbable demands on their time and resources to complete in-service training requirements, foster parents too often resort to materials with marginal relevance (Grimm, 2003). Moreover, few states have the resources to adequately monitor the quantity or quality of parent training. Although there is some concern that distance learning, in pursuit of convenience, may undermine the importance of human contact, the current approach was not meant to be a substitute for live training, but as a viable option for in-service training.

Another possible boost to the approach's impact might have come from foster parents' appreciation that DVD, which they are familiar with as a popular way to view movies, was used for an educational purpose designed specifically for them.

Furthermore, the program's use of expert-parent interviews may have provided viewers the needed assurances about the information's substance and credibility. Our own experiences indicate that foster parents want input from experts on their children's behavior problems, but can rarely obtain it.

Finally, the use of a multimedia slide-show format seemed to be a welcome change from video dramatizations, many of which, based on early feedback in our review groups, are viewed as artificial and dated.

Although our study provided encouraging indications of the power of this approach, the results should be understood in light of certain limitations. First, our design did not include a comparison of DVD training and standard training; thus we cannot say, for example, that DVD training is more effective than traditional approaches to training. Next, all measures were created specifically for this study; therefore we have only limited information concerning their psychometric properties. In addition, the pre- to postassessment period was fairly brief, so it is uncertain how long parents will maintain the gains they made. Finally, although it is likely that Web-based delivery of the program would produce similar results, our study included only DVD.

Across the nation, states want to increase training requirements for foster parents in an effort to improve the quality of foster care and give parents the skills they need to manage the serious behavior problems among children in foster care. But that intention has to be reconciled with long-standing obstacles. More training translates into higher costs for agencies and for parents. Also, it is harder to control the quality of training when programs depend on local resources and staffing. One hoped-for goal is to give parents sufficient choice to be able to match training opportunities with their particular parenting needs.

Electronic training offers some practical solutions. There is little doubt that interactive multimedia training materials are more cost-effective for agencies than traditional classroom approaches. Agencies can also easily review and distribute electronic training to their parents, which brings an element of quality control that is often missing with traditional training activities. As content for electronic training is developed further, it can offer parents many more topics that meet their specific needs. Foster Parent College, for example, is continually adding courses for parents and plans to introduce specialized courses for mental health professionals on the foster child and the foster care system.

Additional research needs to be done on the effectiveness of the Web and DVD as teaching tools in this field. Over the next few years, high-speed Web transmission and the growing popularity of DVD have the potential to revolutionize the way foster parents are trained and supported. *Anger Outbursts* provides a promising glimpse of this type of visually enhanced and interactive approach. **SWR**

## REFERENCES

- Barth, R. P., Freundlich, M., & Brodzinsky, D. (2000). *Adoption and prenatal alcohol and drug exposure: Research, policy, and practice*. Washington, DC: Child Welfare League of America and Evan B. Donaldson Adoption Institute.
- Berrick, J. D. (1998). When children cannot remain home: Foster family care and kinship care. *Future of Children, 8*(1), 72-87.
- Boyd, L. W., Jr., & Remy, L. L. (1978). Is foster-parent training worthwhile? *Social Services Review, 52*, 275-296.
- Campbell, D. T., & Stanley, J. C. (1963). *Experimental and quasi-experimental designs for research*. Boston: Houghton Mifflin.
- Christian, S. (2002, April). Supporting and retaining foster parents. *NCSL State Legislative Report, 27*(11). Retrieved July 13, 2004, from <http://www.ncsl.org/programs/cyf/fosterparents.pdf>
- Cohen, J. (1992). A power primer. *Psychological Bulletin, 112*, 155-159.
- Cruse, S. J., Lekies, K. S., Stockdale, D. F., Moorman, D. C., Baum, A. C., Yates, A. M., Gillis-Arnold, R., & Riggins-Caspers, K. (2000). The effects of foster parent preservice training on parenting attitudes, foster parenting attitudes, and foster care knowledge. In J. M. Mercier, S. B. Garasky, & M. C. Shelley II (Eds.), *Redefining family policy: Implications for the 21st century* (pp. 135-154). Ames: Iowa State University Press.
- Cuddeback, G. S., & Orme, J. G. (2002). Training and services for kinship and nonkinship foster families. *Child Welfare, 81*, 879-909.
- Delaney, R. J. (1997). *The healing power of the family: An illustrated overview of life with the disturbed foster or adopted child* (2nd ed.). Oklahoma City: Wood 'N' Barnes.
- Delaney, R. J. (2000). *Wyoming post-adoption survey*. Unpublished manuscript.
- Deluca, B., & Spring, B. (Eds.). (1993). *Parent Resources for Information, Development, and Education: Preservice training for prospective foster parents and adoptive parents trainer's guide*. Washington, DC: Child Welfare League of America.
- Digilio, A. H. (1998). Web-based instruction adjusts to the individual needs of adult learners. *Journal of Instruction Delivery Systems, 12*(4), 26-28.
- Fees, B. S., Stockdale, D. F., Cruse, S. J., Riggins-Caspers, K., Yates, A. M., Lekies, K. S., & Gillis-Arnold, R. (1998). Satisfaction with foster parenting: Assessment one year after training. *Children and Youth Services Review, 20*, 347-363.
- Graham, T. A. (2001). Teaching child development via the Internet: Opportunities and pitfalls. *Teaching of Psychology, 28*, 67-71.
- Greenberg, M. I., & Speltz, M. L. (1988). Attachment and the ontogeny of conduct problems. In J. Belsky & T. Nezworski (Eds.), *Clinical implications of attachment* (pp. 177-218). Hillsdale, NJ: Lawrence Erlbaum.
- Grimm, B. (2003, April-June). Child & family services reviews: Foster parent training—What the CFS Reviews do and don't tell us (Part 2 of a series). *Youth Law News: Journal of the National Center for Youth Law, 24*(2).
- Hampson, R. B., & Tavormina, J. B. (1980). Relative effectiveness of behavioral and reflective group training with foster mothers. *Journal of Consulting and Clinical Psychology, 48*, 294-295.
- Jackson, R. P., & Wasserman, K. (1997). *Parents As Tender Healers: A curriculum for foster, adoptive, and kinship care parents trainer's guide*. Southfield, MI: Spaulding for Children.
- Keppel, G., & Zedeck, S. (1989). *Data analysis for research designs: Analysis of variance and multiple regression/correlation approaches*. New York: W. H. Freeman.
- Kerman, B. (2000, August). *Foster care program needs assessment: Results of the foster parent and foster youth interview*. Retrieved June 30, 2004, from [http://www.caseyfamilyservices.org/pdfs/foster\\_care\\_assessment.pdf](http://www.caseyfamilyservices.org/pdfs/foster_care_assessment.pdf)
- Lawson, T. J. (2000). Teaching a social psychology course on the Web. *Teaching of Psychology, 27*, 285-289.
- Leasure, A. R., Davis, L., & Thievon, S. L. (2000). Comparison of student outcomes and preferences in a traditional vs. World Wide Web-based baccalaureate nursing research course. *Journal of Nursing Education, 39*, 149-154.
- Lillie, L. (Ed.). (1991). *Model approach to partnerships in parenting: Group preparation and selection of foster and/or adoptive families leader's guide* (3rd ed.). Atlanta: Child Welfare Institute.
- McNamara, J., & McNamara, B. (Eds.). (1990). *Adoption and the sexually abused child*. Portland: University of Southern Maine.
- Miyamoto, T., Harnisch, D. L., Yamada, T., & Hiraga, Y. (2000, February). Issues in the design and development of DVD-materials for teacher training in counseling. In Society for Information Technology & Teacher Education International Conference, *Proceedings of SITE 2000*, San Diego, CA. (ERIC Document Reproduction Service No. ED 444 519)
- National Foster Parent Association, Inc. (2004). *State foster parent training requirements*. Retrieved August 9, 2004, from <http://www.nfpainc.org/aboutFP/stateReqs.cfm?page=4>
- Palmer, S. E. (1995). *Maintaining family ties: Inclusive practice in foster care*. Washington, DC: Child Welfare League of America.
- Puddy, R. W., & Jackson, Y. (2003). The development of parenting skills in foster parent training. *Children and Youth Services Review, 25*, 987-1013.
- Reddy, L. A., & Pfeiffer, S. I. (1997). Effectiveness of treatment foster care with children and adolescents: A review of outcome studies. *Journal of the American Academy of Child & Adolescent Psychiatry, 36*, 581-588.
- Rhodes, K. W., Orme, J. G., Cox, M. E., & Buehler, C. (2003). Foster family resources, psychosocial functioning, and retention. *Social Work Research, 27*, 135-150.
- Sanchirico, A., & Jablonka, K. (2000). Keeping foster children connected to their biological parents: The impact of foster parent training and support. *Child & Adolescent Social Work Journal, 17*, 185-203.
- Shadish, W. R., Cook, T. D., & Campbell, D. T. (2001). *Experimental and quasi-experimental designs for generalized causal inference*. Boston: Houghton Mifflin.
- Simon, R. D., & Simon, D. K. (1982). The effect of foster parent selection and training on service delivery. *Child Welfare, 61*, 515-524.
- Stocks, J. T., & Freddolino, P. P. (1998). Evaluation of a World Wide Web-based graduate social work research methods course. *Computers in Human Services, 15*(2/3), 51-69.
- Stovall, K. C., & Dozier, M. (1998). Infants in foster care: An attachment theory perspective. *Adoption Quarterly, 2*, 55-89.
- Wisher, R. A., & Olson, T. M. (2003). *The effectiveness of Web-based instruction* (Research Report 1802). Alexandria, VA: U. S. Army Research Institute for the Behavioral and Social Sciences.



Zukoski, M. (1999). Foster parent training. In J. A. Silver, B. J. Amster, & T. Haecker (Eds.), *Young children and foster care: A guide for professionals* (pp. 473-490). Baltimore: Paul H. Brookes.

**Caesar Pacifici, PhD**, is director of research, Northwest Media, Inc., 326 West 12th Avenue, Eugene, OR 97401; e-mail: [research@northwestmedia.com](mailto:research@northwestmedia.com). **Richard Delaney, PhD**, is research associate and **Lee White, BA**, is president, Northwest Media, Inc, Eugene, OR. **Kelli Cummings, PhD, NCSP**, is assistant professor, School Psychology Program, Department of Psychology, University of Montana, Missoula. **Carol Nelson, PhD**, is research associate, Northwest Media, Inc., Eugene, OR. This research project was supported by Small Business Innovation Research Grant 1 R43 HD41335-01 from the National Institute of Child Health and Human Development at the National Institutes of Health. The authors thank Karen Jorgenson and the parents from the National Foster Parent Association, as well as parents from the Colorado Coalition of Adoptive Families, for their participation in this study. Correspondence concerning this article should be addressed to Dr. Caesar Pacifici.

Original manuscript received October 3, 2003  
Final revision received June 1, 2005  
Accepted July 18, 2005

## YOU CAN HAVE IT ALL!

### The NASW Continuing Education Program

One-Stop Shopping for Your NASW Specialty Certification Renewal, Licensure, and Professional Development Needs

#### THE NASW CONTINUING EDUCATION PROGRAM —

- Distance-learning courses, workshops, and conferences — all NASW-approved
- CE opportunities at the national, state, and local levels
- CE program recognized by more than 35 state licensure boards\*
- Convenient online CE course listing by state
- Courses earmarked for NASW specialty certification renewal — Certified Clinical Alcohol, Tobacco, and Other Drugs Social Worker (C-CATODSW), Certified School Social Work Specialist (C-SSWS), Certified Advanced Social Work Case Manager (C-ASWCM), Certified Social Work Case Manager (C-SWCM)

*\*You must contact your licensing boards directly to verify whether the NASW CE courses, conferences, and workshops will be accepted for meeting licensure renewal criteria.*

AJJ02012

Visit NASW's Continuing Education Program online at [www.socialworkers.org](http://www.socialworkers.org).



NASW Credentialing Center  
202.408.8600 ext. 295

Copyright of Social Work Research is the property of National Association of Social Workers. The copyright in an individual article may be maintained by the author in certain cases. Content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.