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Evaluating the Effectiveness of the Nova Training Model

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EVALUATING THE EFFECTIVENESS
OF THE NOVA TRAINING MODEL

A Thesis

Presented to the
Department of Psychology
and the
Faculty of the Graduate College
University of Nebraska

In Partial Fulfillment
of the Requirements for the Degree
Master of Arts
University of Nebraska at Omaha

by
Melody Moore-Richardson

March 1994

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THESIS ACCEPTANCE

Acceptance for the faculty of the Graduate College, University of
Nebraska, in partial fulfillment of the requirements for the degree
Master of Arts, University of Nebraska at Omaha

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Abstract

In this study the effectiveness of the Nova training model for training foster parents was examined. A pre-test and post-test was designed to assess change in attitudes and knowledge of parenting skills over a six session training program. Thirty foster parents were given a pre-test before training and a post-test upon completion of training. The data analysis showed that training increased significantly the knowledge of the trainees about foster parenting, but attitudes about foster parenting did not change significantly. The finding that training increased foster parenting knowledge needs to be viewed with some caution because other factors, which were not controlled, maybe involved. Although education and age were significant correlates on the pre-test scores, there were no significant differences on the post-test scores. Other demographic differences between the trainees at pre-test, also disappeared at post-test. These findings show that training can effectively remove the effects of such differences as education, experience, and socioeconomic status.

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Chapter I

Introduction

Statement of the Problem

Foster care is defined as temporary care for children in crisis. The goal of foster care is to reunify children with their biological families in the shortest time possible. Thus, foster care is designed to meet the needs of families in crisis. Until the early 1900's many children who came into care were orphans. Today, most children in foster care have one or both parents alive. Children are in foster care for a variety of reasons. Most children are placed in foster care because they have been physically abused, sexually abused, or neglected.

The number of children entering out-of-home care has increased dramatically over the last ten years. By the end of 1989, over 360,000 children and youth were in care on any given day (Child Welfare League of America (CWLA), 1991a). If this trend continues, it is estimated that 510,000 infants, children and youth will need out-of-home care by 1995. Meanwhile, the number of foster homes has decreased from 147,000 in 1984 to approximately 100,000 in 1990, according to the Child Welfare League of America (1991a). The foster care system in the United States has changed drastically from its original purpose in the 1930's of providing care to homeless and neglected children, to providing homes for children with severe behavioral, emotional and psychological problems due primarily to abuse and neglect within their own families. Service delivery has been successful in directing child protective services to those children who have experienced severe physical, sexual and psychological abuse. The emphasis on family preservation has strengthened efforts to try every possible alternative before removing children from their homes. Thus, the structure of the service delivery system has changed from a child welfare system to a family service system (Woolf, 1990).

Woolf (1990) notes additional factors which contribute to the number of children with severe problems in the current foster care system. One factor is Public Law 96-272 which promotes permanency planning by establishing levels of placement prevention and criteria for removal. Permanency planning has been defined as: the systematic process of carrying out, within a brief time-limited period, a set of goal-directed activities designed to help children live in families that offer continuity of relationships with nurturing parents or caretakers and the opportunity to establish lifetime relationships (Maluccio, Fein, & Olmstead, 1986). Since 1983, agencies have been required to prove to the courts that reasonable efforts have been made to maintain the child at home. The act of removal should become a last resort. Public Law 96-272 shifted the emphasis of child protective and foster care services toward providing treatment services with the child at home, rather than removing the child and then providing treatment. This change resulted in foster care programs receiving only the more severe cases. Further, policies mandating the deinstitutionalization of children with mental retardation and the decriminalization of status offenders (i.e., young people charged for acts that would not be considered crimes among adults, such as running away, ungovernability, truancy, or liquor law violations) have increased the number of emotionally disturbed, mentally ill, developmentally disabled, and status offenders in foster care. Other relevant factors are the increase in single parent families and the number of families living in poverty. Thus, out of necessity, foster care has been forced to become more treatment oriented.

Despite the population changes of the children in foster care, little has been done to prepare foster parents for the behavioral changes of the children in foster care. Many states provide training for foster parents but few states mandate training. The state of Nebraska has mandated training for foster parents since 1991. Although

training is mandated, few changes in the material covered during training have been made.

Not many would argue that foster parent training is valuable, however, the material covered during training varies widely from state to state. Further, the effectiveness of training programs has not been evaluated. Training effectiveness can be measured in many ways, but the most widely used evaluation methods include measuring the length of time that foster parents continue to foster (attrition rate), the number of children foster parents feel comfortable taking, the degree of difficult behaviors foster parents agree to deal with, and the length of time foster parents keep a difficult child.

More research on foster parent training is needed. The studies reported in this thesis focus on training. Four studies were conducted to examine various aspects of foster parent training. Training effectiveness is examined in study one, which is the basis for this paper. Assessment of gains in knowledge about foster parenting and attitude change toward foster children are two of the most important measures of training effectiveness. Therefore, the first study utilized a pre-posttest design to assess attitude change and training effectiveness in terms of knowledge gained in parenting skills over a six session training program. In the second study, characteristics of those individuals who started training with those individuals who completed training are compared. The goals and objectives of the NOVA training model that are retained by foster parents is the focus of the third study. Given that the types of children entering the foster care system have changed over the years, thus necessitating changes in the training needs of foster parents, the fourth study compared the training needs of foster parents in 1978 with the current training needs.

Studies two through four can be found in Appendix A. The training study (study one), is the project that is discussed in this thesis.

Review of the Literature

Demographic Trends for Children in Foster Care

The most recent nationwide statistics for children in foster care come from the Voluntary Cooperative Information System's (VCIS) reporting system for Fiscal Year (FY) 1988. Other than national surveys, VCIS has been the only source of national information for the past decade. During 1988, United States (US) child substitute care population increased by 9.0%. At the end of FY '88, 340,000 children were in care compared with the 312,000 who were in care at the beginning of FY '88. An estimated 199,000 children entered substitute care during FY '88, a 23.6% increase from the 161,000 who entered care during FY '82. During FY '88, 171,000 children left substitute care, the smallest number of children discharged in one year since the VCIS data collection began. This is a 15.3% decrease from the 202,000 children who left care in FY '87. A consistent downward trend in the median age of children has taken place since FY '82. The majority of children who entered substitute care in FY '88 were between 1 and 12 years of age (52.7%), another 32.9% were between 13 and 18 years of age, and 14.1% were under 1 year of age. Among the children who left substitute care in FY '88, 5.2% were infants, 24.2% were between 1 and 5 years of age, 24.2% were between 6 and 12 years of age, 42.9% were between 13 and 18 years of age and 3.0% were 19 years of age or older. The number of African American and Hispanic children entering foster care is increasing, while the number of White children entering foster care is decreasing. The composition of the entrants to substitute care in FY '88 were: 51.1% White, 26% African American, and 10.3% Hispanic. From FY '83 to FY '88, the percentage of White children who entered substitute care dropped from 56.4% to 51.1%. The percentage of African American children who entered care dropped below the FY '83 level of 26.7% (49,100 children) to 26.0% (51,700) in FY '88 after reaching a high of 30.7% (68,200

children) in FY '87. The percentage of Hispanic children who entered care remained virtually the same, 10.3% in FY '83 and 10.0% in FY '88. The racial breakdown of children who left substitute care in FY '87 was 55.1% White, 26.2% African American and 9.7% Hispanic.

Jenkins and Diamond (1985) reported that African American children in urban areas are known to be in foster care in greater numbers than their proportions in the population. In fact, the foster care population is "increasingly one of minority children and youth, the product largely of the worsening well-being of our nation's minority families" (Stehno 1990, p. 551). African American, Native American and Hispanic children are disproportionately represented in the foster care system - by a margin of more than two to one (CWLA, 1991a). The literature indicates that African American children come into care more frequently, remain in care longer, and may receive less desirable placements than their Caucasian counterparts (Close, 1983; Jenkins & Diamond, 1985; Stehno, 1982). In Nebraska, White children make up 93% of the child population, African American children make up 3.1% of the population, Indian children make up .6% of the population, Hispanic children make up 1.8% of the population, and Mixed Race children make up 1.5% of the population. Of the children in out-of-home care in Nebraska in 1991, 69.3% were White, 15.6% were African American, 4.1% were Hispanic, 5.9% were Indian, 1.6% were Asian and 3.5% were of Mixed Race (Nebraska State Foster Care Review Board, 1990).

The number of children entering care due to neglect and physical abuse has also increased. Almost one-half (46.9%) of the children who entered care in FY '88 did so because of protective service reasons; another 22.3% of the children entered care because of parental conditions or parental absence, (e.g., illness, death, handicap, and financial hardship). Almost 11% of the children entered care because of status offenses such as running away, truancy or delinquent behavior.

Another 11.8% of the children were removed from their homes for other reasons, such as parent child relationship problems, a plan for adoption, deinstitutionalization, and unwed motherhood, and 3.0% of the children were in foster homes because of the child's disability or handicap, such as physical, mental or emotional problems, while 1.7% entered care because of the relinquishment of parental rights (VCIS, 1992).

Nebraska Statistics

According to the Nebraska State Foster Care Review Board (1990), on any one day there are approximately 4100 children in out-of-home care in the state. Out-of-home care includes foster homes, group homes, public and private institutions, treatment facilities, adoptive homes, and relative care. In 1989 24.4% of these children were infants and preschoolers, 23.2% were between 6 and 12 years of age, 21.5% were between 13 and 15 years of age and 30.9% were older than 16. In Nebraska, 32.6% of the children in out-of home care have had 4 or more placements, 20.5% have had 6 or more placements. For Metropolitan Omaha, 55.4% of the children in out-of home care have had 1-3 placements, 22.6% have had 4-6 placements, 10% have had 7-9 placements and 11.9% have had 10 or more placements.

The previously cited statistics show that the foster care population is made up of seriously troubled adolescents at one end of the age spectrum, and medically fragile infants and young children at the other. Even states with relatively small populations, including Nebraska, report a critical need for foster parents who can work with the dramatic increase in the number of sexually abused children and youth whose rate of disruption is tragically high (Rhode Island Child Advocates' Foster Parent Task Force, 1990). In Douglas County, the number of status offenders entering the foster care system has increased 150% since 1986 (Nebraska Foster Care Review Board, 1991). The

statistics alone however, do not adequately represent the scope of the problem. It is the complex, changing, and perplexing needs of infants, children and youth and their families that foster parents are struggling to serve. Many of the adolescents have experienced multiple placements and have been in the system for five years or more (National Commission on Children, 1991).

Why Children Come Into Foster Care

In 1989, an estimated 2.4 million children were reported to be physically abused, sexually abused, and/or neglected, which represents more than a 147% increase in just over a decade, according to the U.S. Advisory Board on Child Abuse and Neglect (1990). Most children in foster care have been removed from their homes by the court because of sexual, physical or emotional abuse or neglect. Another reason children may come into care is that a parent has been arrested for criminal behavior. Once these children come into care, it is often discovered they have also been sexually or physically abused. Children may also come into care as status offenders. In some states a parent may voluntarily place a child in care because of a temporary crisis in the family. Another reason for foster care placement is the inability of parents to care for a child with a mental or physical handicap that requires special care and treatment. The parents may not have the emotional or physical resources necessary to deal with the child's special needs. The smallest group of children come into care as a result of dependency (i.e. due to some traumatic situation, the child has no one to care for him/her).

Considering all of these reasons, the majority of children are placed in foster care because of abuse or neglect. Studies of abusive families have shown that child abuse often occurs in the context of confrontations between parent and child and discipline issues. The vast majority of child abusive parents are ineffective and inconsistent in

their use of discipline, and children who are abused tend to present parents with more discipline problems than children who are not abused (Reid & Kavanaugh, 1985).

Frequently parents who abuse are isolated and keep children from much interaction with others. Therefore, children who are abused and neglected are usually not identified until they enter school. Because the teacher sees the child every day, he/she usually notices bruises, marks or problematic behavior. Thus, by the time the abuse or neglect is identified it has often occurred for five or six years, and the emotional and psychological damage has been done. Therefore, a child coming into care has learned that physical abuse or aggression is an effective way to deal with anger and frustration, and it is likely that the child will use these methods to dealing with his/her problems. A sexually abused child has learned that love is equated with sex, and therefore, s/he may act in a very provocative or promiscuous way. These reasons highlight the need for training foster parents in behavior management and effective discipline techniques.

Physical and Emotional Problems Exhibited by Foster Children

It is evident from the prior discussion that children in foster care have certain unique physical, emotional and social health needs because of the very circumstances that bring them to an agency's attention. Children who come into foster care are likely to suffer from both acute and chronic, even severe or disabling, medical problems, as well as high rates of emotional, behavioral, and developmental problems at much higher rates than nonplaced children of the same age (CWLA and the American Academy of Pediatrics, 1987).

According to testimony at a 1990 hearing of the U.S. Senate Subcommittee on Social Security and Family Policy, the number of infants in foster care reflect the growing number of babies born to mothers on drugs. An estimated 375,000 babies are born exposed to

drugs, approximately 5,000 infants have documented fetal alcohol syndrome, and another 35,000 infants are born with other alcohol-related birth defects. It has been estimated that 80% of the children in foster care are diagnosed as Fetal Alcohol Syndrome or Fetal Alcohol Effect. A recent study by Besharov (1990) estimated that 70-80% of crack babies discharged from hospitals were placed into foster care. Because these children were exposed to drugs in utero and born to mothers who did not receive appropriate prenatal care, the children have many physical, psychological and developmental disabilities as well as serious health problems. Some of the infants are at risk of developing AIDS because their mothers were infected with the HIV virus. Between 1988 and 1989, reported cases of AIDS among children under the age of 13 increased 53.7% (Pediatric AIDS Coalition, 1991). Although Nebraska has only 2 documented pediatric AIDS cases, the state is preparing for a rapid increase in those numbers.

The number of medically fragile infants requiring foster care more than doubled in a number of states (U.S. House of Representatives Select Committee on Children, Youth and Families, 1990). Although medically fragile infants have higher survival rates than drug exposed infants, the morbidity rate for these infants is high. Infants born with medical problems that in the past were fatal, are now being 'salvaged', only to be left machine-dependent, chronically ill or with lung problems.

As early as 1984, a study of New York State's children in foster care reported that 40% were categorized as having such symptoms as thought disorders, paranoia, suicide attempts, eating disorders, self-abuse, and attention deficit disorders (Ingalls, 1984). A similar study conducted by Fitzharris (1985), indicated that children in care not only had a large number of the above presenting problems, but also exhibited sexual acting out, attacks on people and property, and substance abuse. Thus, the foster parent of today has to deal with children from

dysfunctional backgrounds who exhibit behavioral, emotional and psychological problems, may be born with an addiction to drugs and/or alcohol, may be chronically ill and machine dependent.

The Importance of Foster Parents

Foster parents are key members in a team of human service specialists who are working together to create physical resources and helping relations to rehabilitate the foster child and facilitate his/her normal development. The services that foster parents provide include an extensive range of physical, social, and psychological care required for children's survival and nurture, such as the kind of care that usually is provided by biological parents. Additionally, foster parents provide the special attention and rehabilitation services required by children experiencing special stress.

However, the role of foster parents has changed over the years. In the past, the average foster parent was considered a volunteer, was usually a homemaker, and just needed to love the child. The role of the foster parent may no longer be attractive to and appropriate for the volunteer because it is an increasingly difficult task which frequently involves the treatment of seriously disturbed children, working with the biological family (which may include visits between the foster child and the biological parent in the foster parent's home), working with the courts, and others. Foster parenting is not just a matter of loving a child anymore. Foster parents today are expected to perform the following duties: (a) collaborate with social workers and other service providers to the fullest extent, including participation in case planning, administrative reviews, and juvenile court proceedings; (b) maintain confidentiality; (c) keep information about the child's progress and developmental needs; and (d) make decisions regarding the child in their care. Foster parents must also be committed to

supporting the child's relationship with the family of origin (Stehno, 1990).

The diverse needs of children in care require foster parents with equally diverse strengths, skills, and supports to meet those needs. The needs of the children are further complicated by variables such as age and gender, reason for placement, family circumstances and relationships, ethnic, religious, and cultural identity, intellectual, emotional and social functioning, health and physical condition, developmental gains and delays, and short and long term care goals (CWLA, 1991a). Foster parents must be prepared to work with Fetal Alcohol Effect, Fetal Alcohol Syndrome, drug exposed, and HIV infected children, as well as those with severe depression and behavioral problems. All foster parents must be able to support the cultural and ethnic heritage of the children in their care. Foster parents therefore, need to be sensitive to cultural differences, and be willing to parent children of other cultures.

The Child Welfare League of America (1991a) has identified five critical tasks that foster parents of the nineties must fulfill: (a) protecting and nurturing infants, children and youth; (b) ameliorating developmental delays and meeting social, emotional, and medical needs resulting from physical abuse, sexual abuse, neglect, maltreatment, and/or exposure to alcohol and other drugs and HIV infection; (c) enhancing positive self esteem and family relationships, and cultural and ethnic identity; (d) developing and implementing a plan for permanence; and (e) educating and socializing children and youth toward successful transitions to young adult life, relationships and responsibilities. Because it is the foster parent who is primarily responsible for the day-to-day care of the children in care, it is important that foster parents are trained and well respected as crucial members of the team. Training increases the likelihood that good foster

parents will be retained, and aids in recruiting qualified individuals for foster parenting.

Foster Parent Recruitment

The foster parent population in the Omaha metropolitan community is somewhere between 800 and 900 homes. Included in this number are approved homes, relative placements, and approximately 200 licensed foster families. Approved homes are special placements where the foster family knew the child prior to him entering foster care. The state of Nebraska has few requirements for individuals interested in becoming foster parents. Foster parents must be at least 19 years of age and all married couples have to be married for at least one year. Prior to March 1992, individuals interested in becoming licensed foster parents could not cohabitate. In March this regulation changed, and the State of Nebraska began accepting couples who were not married as foster parents. Additionally, a Central Registry check is done, to make sure the parents have not been charged with abuse or neglect. A Department of Motor Vehicle check is made (to ensure that parents drive safely and there is no history of driving under the influence of alcohol). A check is also made with the Omaha Police Department to ensure that the applicant has not been accused or convicted of any crimes against people. The last requirement is that families live above the poverty level (to make sure they have an income other than the foster care reimbursement).

Foster parents are recruited through television, newspaper, radio ads and billboards. Even though there are a number of recruitment efforts throughout the state, it is still felt that the most effective recruiting tool is foster parents recruiting other foster parents (Coyne, 1986).

Attrition Among Foster Parents

While each year, recruiting new foster families is done with ease, very large numbers of families also leave the program. Many parents are inadequately prepared to handle the enlarged expectations of the role, especially in such areas as participation in permanency planning and working with the birth or adoptive family (Hampson, Schulte, & Ricks, 1983). The lack of adequate training for foster parents has been associated with aborted placements as well as damage to the self-esteem and self-confidence of those parents who attempted unsuccessfully to serve in this role (Gruber, 1978). Although the drop-out rate each year of foster parents in the state of Nebraska is more than 50%, the indirect costs of losing licensed homes are difficult to estimate. When foster parents drop their licenses, social workers must divert their attention from the placement goals of foster children to find new homes. Once again, it is the children who suffer because this situation means one more placement, one more attachment to break, and another reason for the children to build up a wall of defenses. Fanshel's study, discussed in Boyd and Remy (1978), on the long-term placement outcomes of New York City foster children showed that five years after their initial entry into foster care, 36 percent of the original study population remained in foster-home care. Combining the information about the licensing patterns of foster parents with the long-term placement needs of the foster children presents a graphic picture of the obvious problem in foster care: While foster parents' careers are short, foster children's careers are long. Thus, the loss of foster parents has a direct impact on the number of moves a child in foster care has to make. Boyd and Remy (1978) suggest that foster parent training decreases the attrition rate among foster parents, thus, the quality of training a foster parent receives is very important.

Evaluation of Foster Parent Training

Boyd and Remy (1978) believe foster parent training is correlated positively with placement stability. Well-trained foster homes are thought to be associated with more stability in placements, improved parenting attitudes and skills, reduced problem behaviors in foster children, better relationships between foster parents and child welfare agencies, and decreased attrition among foster parents (Boyd & Remy, 1978; Hampson, Schulte, & Ricks, 1983; Gruber, 1978; Simon & Simon, 1982). The focus and content of foster parent training programs vary widely. Some programs concentrate on helping foster parents develop greater skills and confidence in their parenting abilities; some programs focus on child development and understanding children's problems; some programs emphasize interpersonal communication and child management skills; while other programs seek to provide a general knowledge base about foster parenting (Hampson et al., 1983). The content of many foster parent training efforts often appears to include attention to three broad areas: (a) understanding child development and preparing for anticipated difficulties between child and parents, (b) orientation of foster parents to the agency and community services available to them, and (c) support for the functioning of the foster family in order to increase placement stability (Lee & Holland, 1991). Although a number of training programs have been designed and tried by child welfare agencies in response to demands for effective training, few systematic studies have been reported to show the results of such training programs (Lee & Holland, 1991).

Local and informal efforts to evaluate the effectiveness of foster parent training programs have probably taken place for many years, but it was not until the late 1960's that reports began to appear in the national literature regarding training effectiveness. Most of these reports resulted in praise of foster parent training. Upon closer

examination, however, these reports proved to be of limited use to others because of their lack of control for alternative explanations for their findings. Many studies described the training provided and reported the opinions of staff or the perceptions of those trainees who completed the sessions. Little attention was given to comparisons of trainee behaviors or attitudes prior to training with their levels after program completion or to comparisons between trainees and nonparticipants (Boyd & Remy, 1978).

Boyd and Remy (1978) were among the first to investigate the long term outcome of foster parent training through a survey. Their survey compared California foster parents who had received agency training with those who had not. The training consisted of an intensive, behaviorally oriented 16 week program. Classes were complemented with in-home visits from the private agency staff for families with the highest-risk children. The data indicated that homes with trained foster parents were more likely than homes with untrained counterparts to have positive placement outcomes, greater length of placements, more favorable ratings by parents, and a higher likelihood of retaining licenses. Boyd and Remy concluded that the effects of training included increased knowledge as well as a stronger sense of support, both of which helped the parents to maintain their foster children even through difficult situations. Training also appeared to compensate for a lack of foster care experience. Further, the findings of Boyd and Remy indicate that training reduced the incidence of aborted placements, undesirable placement outcomes, and the probability of foster parents dropping their licenses.

Another well-known approach to foster parent training, the NOVA model, was designed to "recruit, select, train, and retain foster parents as team members in permanency planning" (Pasztor, 1985, p. 191). This approach was evaluated by comparing a group of 29 Florida foster

parents trained in the NOVA model with other foster parents who had been licensed prior to the implementation of the training program (Simon & Simon, 1982). The NOVA curriculum consists of 21 hours of classroom training. Some of the topics covered are attachment and bonding, sexual and physical abuse, and understanding why children come into care. The rate of success in licensure decisions was higher during the time when NOVA training was required than in previous years. In addition, the trained group of parents accepted twice as many children as did the comparison group. The average number of child care days was markedly higher for parents trained in the NOVA curriculum, and high-risk placements were much more likely to be accepted in the trained homes than in the control homes. The rates of placement disruption and movement of foster children were almost twice as high for untrained homes as for trained homes. In situations that resulted in removal, untrained foster parents were more likely than trained ones to cite inability to control the child as the reason for termination.

Lee and Holland (1991), conducted a study on the newest and most highly regarded foster parent training technique, the Model Approach to Partnerships in Parenting (MAPP). This program, based on the NOVA curriculum materials, was introduced to 10 state child welfare agencies in 1985. The MAPP program includes components of previous training approaches as well as new material. It emphasizes (a) the rights and obligations of foster parents; (b) shared decision making among foster parents, agency staff, and birth parents; and (c) mutual selection of the foster parents by the agency and the agency by the foster parents. The overall goal of MAPP is for participants to develop the knowledge, attitudes, and skills necessary to be effective and satisfied foster parents (Model Approach, 1987). Lee and Holland compared trained and untrained foster parents participating in MAPP training on each of the following: (a) inappropriate developmental expectations of children,

(b) physical punishment, (c) understanding of appropriate parent-child roles, and (d) empathy toward children's needs. The mean scores of trainees and comparison-group members on each dependent variable were examined to determine whether: a) parents who had completed the MAPP training were significantly different from their untrained counterparts in the areas targeted by the intervention, and whether: b) the trainees evidenced substantial improvement in these areas over the time period spanned by the sessions. No statistically significant differences were found in any of the analyses.

Intagliata and Willer (1983) suggest that training should be directed toward development of behavior management skills, (e.g. increasing the ability of the caregiver to accept, tolerate, and manage dysfunctional child behavior). There are two types of training that most states provide: pre-service and In-service. Pre-service training is that which the parent receives before receiving a child. The purpose of pre-service training is to provide an overview of what is expected in the foster care placement. Pre-service training usually focuses on the agency - foster parent relationships, separation and grieving processes of the child, and dealing with biological parents. This type of training is often used as a self-selection process for foster parents in which they have an opportunity to decide if they really want to become foster parents. In-service training focuses on child development, discipline and behavior management techniques, communication skills and special behavior problems. Many in-service training courses are offered because of requests from foster parents. Some of the more recent topics that have been covered during in-service training in the Omaha area of the Nebraska Department of Social Services are gang activity and youth violence, hair and skin care of African American children (since a large number of African American children are in Caucasian homes), fetal alcohol syndrome infants, and parenting adolescents.

The NOVA training model. The University of Nebraska at Omaha developed the first Pre-service foster parent training curriculum in 1981, and provided training for Nebraska Department of Social Services foster parents. This training program was developed by surveying foster parents and asking what information they would like to receive during pre-service training. The survey also questioned other trainers in surrounding areas and asked them what information they felt was important to teach foster parents. From this survey, a training program was developed which used teams of one foster parent and one caseworker as trainers. The state of Nebraska mandated foster parent training in 1991, and the training program used statewide today is the NOVA training model. Foster Parent training covers several topics such as separation and loss, attachment, child abuse, and discipline. The NOVA training model is broken into the following areas:

Session 1. The focus of this session is to explain in greater detail why children come into care. Class members are asked to describe why they think children come into care. After discussing why children come into care, class members are asked to imagine how they think children may feel after being removed from their homes. The behaviors of children in foster care are then discussed. The second half of the class consists of a videotape by Dr. Ann Coyne on Bonding and Attachment and a discussion of the tape ends the first session.

Session 2. Session 2 begins with a presentation by a casemanager on the role of casemanagers - their involvement with the courts, biological parents, foster parents, etc. How the court system works and the legal procedures involved in removing a child from his/her home is discussed. State and federal laws and terms are defined i.e. permanency planning and family reunification. As always, class members are encouraged to ask questions and openly discuss their fears and concerns. The importance of Lifebooks are also discussed.

Session 3. Session 3 focuses on physical and sexual abuse, and neglect. The videotape, "Generations of Violence" is shown and a class discussion follows. Some important topics discussed are sexual and physical abuse and the generational effects of abuse. How to identify children that have been sexually abused and problem behaviors resulting from abuse are also discussed.

Session 4. Session 4 provides prospective foster parents with: techniques for incorporating a child into their family, an understanding of how placement might affect their marriage, children and relatives, and suggestions for making these effects positive for all involved. A foster parent is the guest speaker during this session (Foster parents enjoy this presentation the most).

Session 5. This session is designed to provide foster parents with skills on how to appropriately explain to a child the reasons for placement, to support the relationship between the foster child and his/her birth parents, and to encourage planned visitation. During this session a videotaped interview between a biological mother (whose children were removed from the home) and her therapist is viewed. This session is designed to enhance foster parent's sensitivity toward biological parents. A panel of biological parents speak to the class about their feelings following the removal of their children from their homes.

Session 6. In session 6, techniques for understanding and working with anger, depression, loss, frustration, confusion, and the behaviors that reflect these emotions are discussed. Class members break into small groups and discuss how they would handle difficult behaviors.

Study 1

Given the paucity of data pertaining to foster parent training, and the absence of controlled studies, the aim of this study was to examine the effectiveness of foster parent training in terms of increasing knowledge about parenting skills and changing attitudes about foster children. A pre-posttest design was used to assess the change occurring in foster parent trainees over a six week training period using the Nova Training Model. Ethnicity, marital status, previous foster parent experience, income level, and training in child care could influence knowledge and attitudes about foster parenting. Therefore, these individual difference factors will be explained in separate analysis.

Chapter II

Method

Subjects

The sample consisted of 30 foster parents who began and completed training in 1993. These adults (7 males and 23 females) ranged in age from 26 to 56 years and 63% were married. Their educational level ranged from completion of grade 8 to post graduate degrees. Racial breakdown showed 60% of the trainees were white, with the remaining 40% consisting of African American and Hispanic. The modal income was \$30,000-\$50,000. Seventy-six per cent of the participants reported having no previous training in child care. (See Table 1 for other demographic characteristics of the parent trainees).

Assessment Instruments

A 54 item questionnaire, consisting of 30-four alternative multiple choice items in the knowledge test, and 24-four response (strongly agree to strongly disagree) Likert-type statements in the attitude measure, was used to assess training effectiveness for both pre-test and post-test. The knowledge items and the attitude items were constructed by the investigator with the assistance of Dr. Ann Coyne and Dr. Joseph C. LaVoie. All of the items were based on the content presented at the training meetings. The only validity that can be claimed is face validity based on the item content matching the instructions for each of the six training studies. A copy of the questionnaire can be found in Appendix B.

Knowledge test. The same questionnaire was used for the pre-test and post-test. The knowledge section of the questionnaire consisted of 30-four alternative multiple choice items designed to assess knowledge acquisition. Five questions were designed to tap the major points presented at each of the six training meetings. The five items for session 1 focused on why children come into care, for session 2 the

Table 1

**Characteristics of Foster Parents That Completed Pre-service
Training**

Demographic Breakdowns	Percent
Gender	
Female	76.7
Male	23.3
Ethnicity	
Caucasian	60.0
Minorities	40.0
Age	
20-29	6.0
30-39	60.0
40-49	20.9
50-59	13.3
Marital status	
Married	63.3
Not Married	36.7
Income	
0-20,999	30.0
30,000-50,000	40.0
Over 50,000	30.0

Table 1-Continued

Years Married

0	6.7
1-5	13.0
6-10	13.3
11-15	19.9
16-20	6.7
21-25	3.3
26-30	6.6

Education

7-11	23.3
HS Diploma	23.3
Some College	20.0
College Degree	33.3

Children at Home

0	25.3
1	28.6
2	31.9
3	9.9
4	4.4

questions asked about legal matters and working with the agency, the session 3 items examined knowledge about abuse and neglect, the session 4 questions focused on incorporating the foster child into the foster family, the session 5 questions examined knowledge about working with the biological family and the questions from session 6 focused on behavior management.

Reliability analysis. Reliability of the knowledge test was assessed with both a split-half model and an alpha coefficient analysis. The reliability coefficients were pretest: Split-half with Spearman-Brown correction, $r = .89$; Coefficient alpha = .82; post-test: split-half with Spearman-Brown correction; $r = .85$; Coefficient alpha = .86.

The coefficient alphas for the six pre-test training session scores ranged from .42 to .73, with a M of .55. The coefficient alphas for the six post-test training session scores ranged from .54 to .72, with a M of .62.

Attitude measure. This section of the questionnaire consisted of 24-four response statements which were written to assess whether attitudes about the subject matter changed as a result of training. Each item was written in the form of a direct statement to which the trainee had to choose one of four responses, strongly agree, agree, disagree, and strongly disagree. Four items were written to assess specific attitudes associated with the training content in each of the six sessions. Session 1 focused on why children come into care, for session 2 the questions asked about legal matters and working with the agency, the session 3 items examined knowledge about abuse and neglect, the session 4 questions focused on incorporating the foster child into the foster family, the session 5 questions examined knowledge about working with the biological family and the questions from session 6 focused on behavior management.

The responses were weighted from 1 to 4, with 4 indicating the most desirable attitude. Six items were reverse weighted to fit the scoring scheme with a higher score indicating a more positive attitude about foster parenting.

Reliability analysis. A coefficient alpha analysis was used to assess reliability for the attitude measure. Resulting alpha values were: pretest = .71; posttest = .68. The split-half coefficients with Spearman-Brown correlation were: pre-test .56; post-test .53. The coefficient alphas for the attitude scale of the six training session pre-test scores ranged from .97 to .56, with a M of -.11. The coefficient alphas for the post-test scores of the six training sessions ranged from -.13 to .68 with a M of .33

Procedure

The study involved two assessments: a pre-test and a post-test. The pre-test was given on the first night of training, before any training had started. At the beginning of the session all foster parents signed a detailed consent form describing the purpose of the study (see Appendix C). Then the subjects completed a demographic questionnaire which asked them to indicate their age, sex, race, marital status, length of marriage, education, number of children at home, income, if they have previously fostered or adopted a child and if they have had prior training in child care.

The pre-test questions were administered on the first night of training before any information was given. The post-test was given at the end of the last training session.

None of the specific items in the questionnaire were discussed during any of the training sessions, although the parent trainees frequently asked questions that were associated with the test item content.

Chapter III

Results

Foster Parenting Knowledge

Because the major research question in the study concerned the effects of training, changes in pre-test to post-test knowledge scores were analyzed with a repeated measures analysis of covariance using time of test (pre and post) and training session (one through six) as the within-subjects variables and gender as the between-subjects variable, with educational level (number of years of schooling) and age as covariates.

Pre and post-test scores. Educational level and age were significantly correlated with pre-test score ($r_s = .43$ and $.49$, $p_s < .01$), but not with post-test score ($r_s = .31$ and $.13$, $p_s > .05$).

The repeated measures analysis of covariance showed a significant increase in test scores from pre-test ($M = 17.07$, $SD = 6.72$) to post-test ($M = 22.43$, $SD = 5.77$), $F(1,28) = 4.71$, $p < .04$. The test scores ranged from 5 to 26 on the pre-test and 7 to 28 on the post-test. Neither gender, $F(1,28) = .48$, $p > .10$ nor the interaction between gender and test $F(1,28) = 1.59$, $p > .10$ were significant.

The repeated measures analysis of covariance was computed a second time without the covariates of educational level and age and the results were essentially the same.

Session scores. The repeated measures analysis of covariance showed that the within subjects variable, session (1-6), $F(5, 140) = 11.24$, $p < .001$, was significant. The means and standard deviations for these scores are found in Table 2.

Subsequent mean comparisons using the Tukey B analysis showed that knowledge scores were significantly higher for session 3 (abuse and neglect) and session 4 (incorporating child into foster family) than session 6 (behavior management). Knowledge scores for session 4

Table 2

Adjusted Means and Standard Deviations for Knowledge Test Scores by
Time of Test and Training Session

Training Session	Pre-Test		Post-test		Combined	
Topic	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Why children	2.93	1.41	3.87	1.20	6.80	1.86
Legal matters	2.90	1.71	3.63	1.24	6.53	1.99
Abuse and neglect	3.33	1.30	3.87	1.10	7.20	2.09
Child and family	3.20	1.50	4.43	1.10	7.63	1.99
Working with						
bio-parent	2.47	1.38	3.23	1.30	5.70	1.97
Behavior						
management	2.23	1.28	3.40	1.38	5.63	1.92

were also significantly higher than session 5 (parenting skills), (all comparisons, $p_s < .05$). The foster parent trainees had somewhat more knowledge initially about incorporating children into the family and coping with behavior problems, but they gained proportionally more knowledge from the training in these areas than other areas (see Figure 1).

The Gender x Session interaction was significant, $F(5,140) = 3.02$, $p < .05$. This interaction was not analyzed further because the ratio of females to males was 23:7, and therefore, the male responses were not deemed representative. (The plot for this interaction can be found in Appendix C).

Interactions between test and training session, $F(5,140) = 1.54$, $p > .10$ and the three way interaction involving gender, $F(5,140) = .49$, $p > .10$ were non-significant.

Demographic variables. A hierarchical analysis was used to assess the relationship of educational level, chronological age, years married, and number of children in the family, with pre and post-test scores. The statistics from this analysis are presented in Table 3. The means and standard deviations are found in Table 4.

Educational level and age were expected to be important variables, so they were entered into the regression equation in that order, with years married and number of children following. The combination of the four variables accounted for 47 of the variance, with an $F(4, 16) = 3.52$, $p = .03$ for the pre-test score. An examination of the Betas showed that both educational level and age contributed to the pre-test score. Younger trainees and those with more education received higher scores on the foster parenting knowledge pre-test. The same four variables explained 46 of the variance on the knowledge post-test, with a resulting $F(4, 16) = 3.36$, $p = .04$. The Betas revealed that only educational level contributed to the post-test scores. The more highly

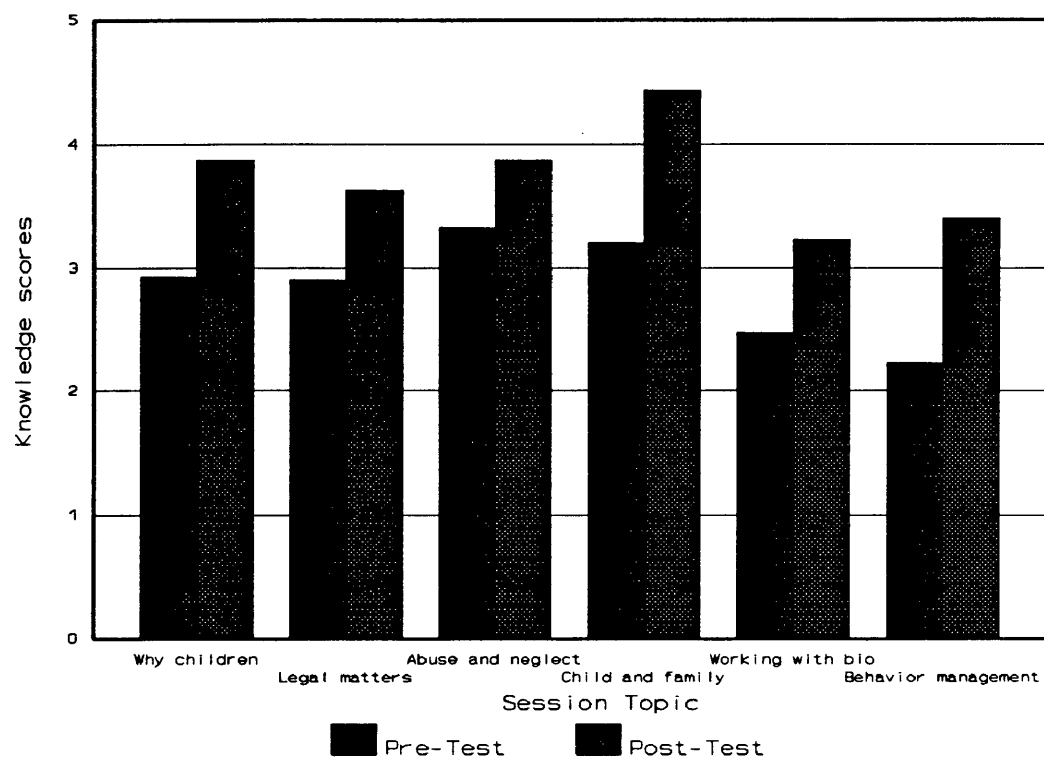


Figure 1 Adjusted Means for Knowledge Scale Scores by Time of Test and Training Session.

Table 3

Regression Statistics for Selected Demographic Variables and
Knowledge Test Scores

Variable	<u>r</u>	<u>R</u>	<u>R²</u>	<u>R²change</u>	<u>β</u>	<u>T</u>	<u>p</u>
<hr/>							
Educational							
Level	.43*	.45	.20		.50	2.53	.02
Age	-.49**	.66	.44	.24	-.52	-2.13	.05
Number							
of Children	-.10	.68	.46	.02	.15	.78	.45
Years							
Married	-.17	.68	.47	.01	.12	.49	.63
<hr/>							
Educational							
Level	.31	.54	.29		.53	2.66	.02
Age	.13	.56	.32	.03	.03	.14	.89
Number of							
Children	.43	.63	.40	.08	.28	1.43	.17
Years							
Married	.08	.68	.46	.06	.32	1.29	.21

* $p < .05$; ** $p < .01$

Table 4

Means and Standard Deviations for Selected Demographic Variables and Knowledge Pre-Test and Post-Test Scores

Variable	Pre-Test	Post-Test		
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Educational Level				
< 12 years	11.28	6.82	19.43	8.18
HS Grad	16.71	6.16	23.43	5.09
13-16	19.30	6.73	23.30	5.31
Post Grad	20.50	2.74	23.33	3.78
Age				
20-29	21.00	0	22.00	1.41
30-39	19.28	5.88	22.28	6.82
40-49	14.00	6.10	22.17	5.34
50-59	9.75	6.95	23.75	2.63
Years Married				
0	6.00	0	16.00	12.73
2-9	23.86	2.04	18.57	7.18
10-19	18.78	2.82	25.67	.87
20-29	17.00	0	25.00	0
30-36	14.00	8.48	23.00	4.24

Table 4-Continued

Number of Children				
0	14.33	7.37	19.33	6.17
1	19.37	6.44	20.37	5.73
2	19.80	4.10	25.70	1.50
3	9.60	6.50	23.40	2.88
4	17.00	7.53	19.50	9.04
Ethnicity				
Minority	13.83	7.61	23.33	4.89
Caucasian	19.22	5.21	21.83	6.36
Marital Status				
Not married	14.91	8.17	21.64	6.33
Married	18.32	5.58	22.90	5.55
Previously Foster Parent				
No	17.48	6.34	22.52	5.70
Yes	13.33	10.41	21.67	7.77
Previous Classes in Child Care				
No	17.26	6.61	22.83	5.39
Yes	18.17	6.55	23.50	3.94
Income Level				
Less than 30,000	12.11	7.61	20.00	7.66
\$30,000-50,000	19.00	6.73	22.25	5.66
\$50,000+	19.44	7.03	25.11	1.76

educated foster parent trainees continued to benefit more from the training. The age effect found in the pre-test scores was erased by the effects of training.

Ethnicity, marital status, previous foster parent training, income level and previous training in child care were apriori determined to be factors that might influence knowledge scores. Therefore, these variables were used in one way analyses of variance to examine their effect on knowledge test scores. The means and standard deviations for these variables appear in Table 4. Knowledge pre-test scores differed significantly according to ethnicity, $F(1, 28) = 8.86$, $p < .01$, and income level, $F(2, 27) = 4.31$, $p < .05$, but not marital status, $F(1, 28) = 1.84$, $p > .05$, previous foster parent training, $F(1, 28) = 1.03$, $p > .05$, or child care experience, $F < 1$. Minority parent trainees and those with incomes less than 30,000 scored significantly lower on the knowledge pre-test. However, these effects disappeared completely on the post-test where all F ratios were non-significant. The F ratio for income was, $F(1, 28) = 1.88$, $p > .05$. All other F ratios were less than 1.

Foster Parenting Attitudes

A repeated measures analysis of covariance using time of test (pre and post-test) and training session (one through six) as the within-subjects factors, and gender as the between-subjects factor, with educational level (number of years of schooling) as a covariate, was used to examine pre- and post-test scores on the attitude measure.

Pre and post-test scores. The correlation for educational level ($r = .47$, $p < .01$), but not age ($r = -.32$, $p > .05$) and pre-test score was significant. Both correlations (ed level $r = .09$; age $r = .24$) were non-significant ($ps > .05$) for the post-test score.

With the repeated measures analysis of covariance, attitudes increased in a positive direction from pre-test ($M = 65.20$, $SD = 4.72$)

to post-test ($M = 66.87$, $SD = 5.58$), however, this change was not significant $F(1,28) = 1.72$, $p > .10$. Neither gender $F(1, 28) = 3.38$, $p < .10$, time of test, $F(1, 28) = 1.72$, $p > .05$, nor the gender by time of test interaction, $F(1, 28) = .15$, $p > .10$ were significant.

Session scores. The repeated measures analysis of covariance indicated that session, $F(5, 140) = 14.57$, $p < .001$, as well as the Test x Session interaction, $F(5, 140) = 2.55$, $p < .05$ were significant. Neither the Gender x Session, $F(5,140) = .82$, $p > .10$, nor the Gender x Time of Test x Xession, $F(5,140) = .76$, $p > .10$ interactions were significant. The means and standard deviations for the significant measures appear in Table 5.

Simple effects analysis of the test by session interaction showed that none of the session scores differed by time of test (see Table 5 and Figure 2). However, attitude scores for the sessions were significantly different, $F(5, 140) = 55.66$, $p < .01$ across pre- and post-test scores. Mean comparisons using the Tukey B analysis indicated that attitudes about case managers, courts, legal systems (Session 2) and incorporating the child into the family (Session 4) were given lower ratings at both pre- and post-test than were attitude statements about reasons for coming into care (Session 1), parenting skills (Session 5), and behavior problems (Session 6). Attitudes about abuse and neglect issues (Session 3) were more positive than those focusing on case managers, courts, and the legal system (Session 2).

Demographic variables. The effects on pre- and post-test attitude scale scores of educational level, age, years married, and number of children were assessed with a hierarchical regression analysis, using the demographic variables in the order listed. Variance accounted for by the four variables on the pre-test was 23, which was not significant, $F(4, 16) = 1.22$, $p > .10$. The same four variables accounted for 41 of

Table 5

Adjusted Means and Standard Deviations for Attitude Scale Scores by
Time of Test and Training Session

Training Session		Pre-Test		Post-test		Combined	
Topic	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>	
Why children		11.20	1.40	12.23	1.38	23.43	2.04
Legal matters		9.23	1.48	9.67	1.49	18.90	2.09
Abuse and neglect		10.93	1.78	11.57	2.22	22.50	2.67
Child and family		10.47	1.22	10.20	1.00	20.67	1.81
Working with							
bio-parent		11.23	1.63	11.57	1.57	22.80	2.81
Behavior							
management		12.13	1.78	11.63	1.79	23.77	2.81

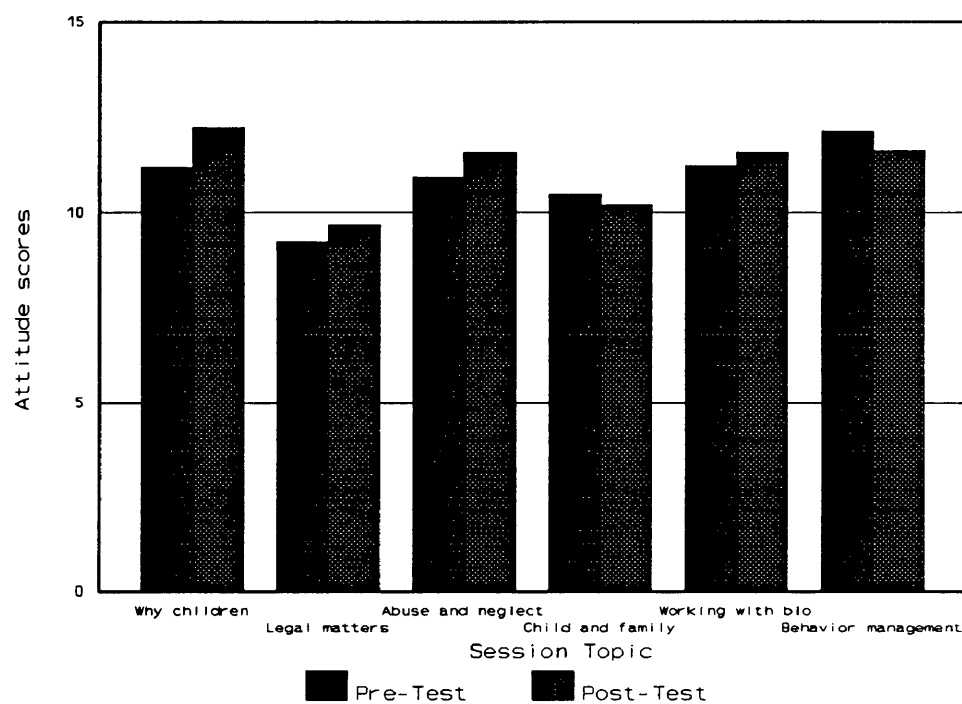


Figure 2 Adjusted Means for Attitude Scale Scores by Time of Test and Training Session

the variance on the post-test, $F(4, 16) = 2.73, p < .07$. The regression statistics for the analysis can be found in Table 6. The means and standard deviations are shown in Table 7. The non-significant F ratios for the pre-test attitude score do not permit an examination of the Betas, whereas the marginal significance for the post-test analysis indicates that any beta interpretations would be suggestive at best. The significant Betas for age and number of children seem to suggest that older foster parent trainees and those with more children had more positive attitudes about foster parenting as a result of training.

Because ethnicity, marital status, previous foster parent experience, income level, and previous training in child care were apriori determined to be factors that should be examined with respect to attitude scale scores, these factors were used in a series of one-way analyses of variance with attitude scale pre-test and post-test scores. The means and standard deviations for these factors are presented in Table 7. Ethnicity $F(1, 28) = 8.86, p < .01$, marital status, $F(1, 28) = 4.20, p < .05$, income level, $F(2, 27) = 4.78, p < .05$, and previous training in child care, $F(1, 28) = 8.08, p < .01$, were significant factors for the pre-test scores. Previous foster parent training was not significant, $F(1, 28) = 3.33, p > .05$. Minority parent trainees, single parent trainees, trainees with incomes less than \$30,000, and trainees who had no previous training in child care scored significantly lower on the pre-test attitude scale than trainees who were white, married, and had yearly incomes over \$30,000. All of these differences disappeared when the post-test scores were examined, indicating the pervasive effect of foster parent training. The F ratios for ethnicity, marital status and previous training in child care were less than 1. Income level,

Table 6

Regression Statistics for Selected Demographic Variables and Attitude Scale Scores

Variable	<u>r</u>	<u>R</u>	<u>R²</u>	<u>R²change</u>	<u>β</u>	<u>T</u>	<u>p</u>
Pre-Test							
Educational Level	.47**	.32	.10		.31	1.34	.20
Age	-.32	.37	.14	.04	-.33	-1.13	.28
Number of Children	-.03	.43	.18	.04	.20	.85	.40
Years Married	.14	.48	.23	.05	.30	1.03	.32
Post-Test							
Educational Level	.09	.00	.00		.18	.89	.38
Age	.24	.33	.11	.11	.73	2.84	.02
Number of Children	.28	.54	.29	.18	.49	2.38	.03
Years Married	-.03	.64	.40	.11	-.46	-1.79	.09

** p < .01.

Table 7

Means and Standard Deviations for Selected Demographic Variables
and Attitude Scale Pre-Test and Post-Test Scores

Variable	<u>Pre-Test</u>		<u>Post-Test</u>	
	<u>M</u>	<u>SD</u>	<u>M</u>	<u>SD</u>
Educational Level				
< 12 Years	62.71	5.80	65.86	6.87
HS Grad	62.71	3.40	66.57	6.02
13-16 Years	66.30	2.21	67.60	5.41
Post Grad	69.17	5.23	67.17	5.00
Age				
20-29	66.00	2.83	64.50	4.95
30-39	66.28	3.32	65.94	5.66
40-49	64.17	6.52	69.33	5.39
50-59	61.50	7.14	68.50	6.14
Years Married				
0	60.50	4.95	64.50	16.26
2-9	68.43	2.82	67.00	5.63
10-19	65.11	3.06	65.56	4.50
20-29	67.00	0	67.00	0
30-36	67.50	2.12	67.00	5.66
Number of Children				
0	65.67	1.52	61.00	7.21
1	63.75	3.33	67.37	6.63
2	67.30	4.85	67.30	4.80
3	63.60	7.09	66.00	5.15
4	64.50	4.93	70.25	2.50

Table 7-Continued

Ethnicity				
Minorities	62.42	4.89	67.67	4.94
Whites	67.06	3.66	66.33	6.04
Marital Status				
Not married	63.00	5.83	66.45	6.71
Married	66.47	3.50	67.10	4.99
Previously Foster Parent				
No	65.70	4.29	66.33	5.28
Yes	60.67	7.02	71.67	7.09
Previous Training in Child Care				
No	64.09	4.10	67.00	5.10
Yes	69.67	5.01	68.67	4.84
Income				
Less Than 30,000	61.67	4.95	66.67	6.96
\$30,000-50,000	67.25	4.63	68.92	5.09
\$50,000+	66.00	2.34	64.33	3.87

$F(1,28) = 1.84, p > .10$, and precious foster parent training, $F(1,28) = 2.61, p > .10$, were non-significant.

Chapter IV

Discussion

The purpose of this study was to measure the change in knowledge and attitudes upon completion of the Nova training program. The knowledge test scores improved significantly from pre-test to post-test. Thus, training seemed to increase the participant's information about foster parenting. Training also erased the effect of individual demographic differences that existed on the pre-test, (i.e. educational level and age). The high reliability scores for the knowledge test seemed to indicate that the questions captured significant areas of knowledge regarding foster parent training. Although there was a slight increase in positive attitudes from pre-test to post-test scores, the change was not significant.

Foster Parenting Knowledge

There was significant improvement from pre-test scores to post-test scores on the knowledge test. On the pre-test, individuals with more education scored significantly higher than those with less education. Additionally, younger individuals scored higher on the pre-test than older individuals. However, these variables disappeared as significant predictors on the post-test.

Foster parent trainees scored higher on certain topics than others. Specifically, trainees were more knowledgeable about abuse and neglect and incorporating a child into the family than they were about behavior management, and they were more knowledgeable about incorporating a child into the family than they were about parenting skills.

Foster Parenting Attitudes

Attitude scores did not increase significantly from pre-test to post-test. This may be due to the low reliability of the attitude measure. Another factor in accounting for the small change in

attitudes, could be that attitudes are difficult to measure and difficult to change.

Attitudes on case managers, the legal system, and incorporating the child into the family were more negative than attitudes about parenting, the reasons children come into care, and behavior problems. The importance of incorporating the child into the family was greater for those with foster parenting experience, and the large number of first time foster parents may account for why attitudes about incorporating the foster child into the family were low.

Overall Training Effects

Knowledge change. This study has shown that knowledge about foster parenting can be increased using the Nova Training model. Although, educated and younger individuals scored significantly higher on the pre-test, these differences were erased after training. Slowik (1988) discovered similar findings in her study which compared the amount of information retained from a one day training session for professionals, and foster and adoptive parents. After the conference, both the professionals and the caregivers were given a questionnaire to measure the amount of material understood. No statistically significant differences were found in the amount of material understood between the professionals and the caretakers, although they differed markedly in level of education. All of the conference participants in Slowik's study reported at least some of the material presented to them was new information.

Most of the information presented during the Nova training in the present study was new information. Congruent with the Slowik study (1988), the educational level of the participants in the current study differed, but upon completion of training, the educational differences were erased and the foster parents seemed to learn the material at a similar skill level.

Foster parent trainees in the current study had more knowledge in the areas of incorporating foster children into their families than in behavior management, and more knowledge on incorporating the child into the family than parenting skills.

Attitude change. Trainees in the current study did not show a significant change from pre-test to post-test. The reliability for the attitude scale was low. Low reliability can attenuate scores and thus reduce their validity. Perhaps adding more statements to the scale or increasing the strength of the statements (i.e wording them in a more positive or a more negative direction) would have increased the reliability. Secondly, an increase in the length of the training program with more exposure to the material and foster parenting in general might have increased positive ratings on attitudes. Thirdly, the small sample size reduced the potential power to find a significant effect.

Educational level was a significant factor for pre-test scores but not post-test scores. Interestingly, the data suggest that older foster parents, and those with more children seemed to have more positive attitudes about foster parenting after training. Attitudes about case managers, courts, and the legal system, were rated more negatively than attitudes about abuse and neglect, reasons children come into care, parenting skills, and behavior problems for both pre and post tests. Attitudes about incorporating the child into the family were significantly lower than attitudes about reasons children come into care, parenting skills, and behavior management. Attitudes about behavior management were the most positive of all attitudes measured.

These findings fit well with the observations of the trainer. The trainer observed that at the end of the training sessions, foster parents felt more comfortable in their parenting skills. This increase in comfort level is important because it builds confidence in foster

parents about their parenting abilities. Foster parents also seemed more comfortable about their decision to foster at the end of training. The fears and uneasiness about foster children and what to expect from them was lessened. As a result of training, the foster parents seemed to have less rigid expectations and to display more sensitivity to the plight of foster children.

The Oregon Children's Services Division found an increase in parenting attitudes as a result of foster parent training (Runyan & Fullerton, 1981). The Oregon Children's Services Division devised a training program to assist foster parents in understanding the issues that children come into care with, (i.e. abandonment, neglect, abuse, exploitation and emotional rejection and behavior problems). Groups met in 10 weekly sessions. A follow-up evaluation showed that, parental attitudes toward the children improved, the problem behaviors of the child decreased, and the relationship between the parents and the agency improved (Runyan & Fullerton, 1981). Galaway (1972) also found that foster parent training can help sensitize the parents to their role as foster parents, and to the types of children they serve.

Pennsylvania has a skills training program (Berry, 1988), which emphasizes meeting the foster parent's need for communication and parenting skills. An evaluation of this program showed that trained parents increased significantly in accepting attitudes toward children and desirable responses to children, as measured by a Sensitivity to Children questionnaire. Trained parents also significantly decreased in undesirable responses. The trainer in this study observed similar findings: an increase in sensitivity toward the biological or abusive parent, and a deeper understanding of the grief the child in foster care is experiencing.

Although it would have been preferable to have compared foster parents who had received training to those who had not, as was done in

the Boyd and Remy (1978) study, this alternative was not feasible because foster parent training is mandatory in the state of Nebraska. While there are some exceptions to this training directive, such as relative and special placements, using these exceptions as control groups may have confounded the study. Individuals who are caring for relatives may differ from individuals who are parenting children whom they have never met before. Relatives usually have much more background information on the foster child and the family members than the foster parent. Also, relative placements are familiar with the child.

Mandatory training has been a controversial topic. Many believe that if individuals are forced to participate in a six-week long training program, they may be resentful and not benefit from it at all. Boyd and Remy (1978), found that training was effective independent of foster parent experience, environmental stress, and the child's characteristics. The results of this study confirmed Boyd and Remy's findings by showing that training does increase the knowledge of its participants even when the training is mandatory. This may also be due to the fact that once participants start class, they begin to feel that the experience is enjoyable, the material is presented in an interesting fashion by a qualified enthusiastic trainer, and the people they meet and group interactions are worthwhile.

The services that foster parents provide are unlimited, and range from physical to psychosocial care. Therefore, it is important that foster parents receive some type of training. To date, the best training method has not been found. Few studies have compared the effectiveness of various approaches to foster parent training. In fact, one of the common features for many of these foster-parent training programs is the lack of an evaluative element. Without evaluation, it is unclear which treatments are more effective and with which populations.

The pre-service training seems to result in individuals dropping out of parenting on their own accord. This self selection is important because more positive results occur for the foster parent and the foster child if the foster parent who is unsure waits until s/he feels more comfortable about what s/he is doing. Also, the group process seems to result in parents feeling less fearful and more comfortable with their decision to become foster parents.

Another benefit of the Nova training model is that the six week training provides an opportunity for group development. The instructor noted that the training group gradually became more relaxed with one another and shared their own experiences on topics related to fostering. This sharing of experiences is important, yet difficult to measure because the group dynamics change with each new class. Further, this process provides an important opportunity for both the agency and the prospective foster parent to conduct a mutual evaluation of each other and determine whether there exists a shared desire to work together as a team. Marianne Berry (1988) describes this group method as beneficial because it encourages communication between the agency and the foster parent.

Trainer competence. Competence of the trainer and the effect of a skilled trainer on the knowledge gained and attitude change of the participants should not be overlooked. Duclos (1987) believes that standardized training programs such as the Nova training method can be greatly enhanced when conducted by a trainer with a strong clinical background. More than anything else, foster care is the handling of grief. Training programs which deal with loss and the process of grieving can help foster parents understand their own reactions to loss as well as those of the children in their care (Edelstein, 1981). Going one step further, the trainer can help foster parents develop empathy for the biological parents. Foster parents begin to put themselves

psychologically in the position of the biological parent as they imagine their own children or significant others taken away from them. For the first time, many prospective foster parents are able to see the biological parent as a human being suffering pain, hurt and loss. Thus, the anger often initially expressed by foster parents toward an abusing or neglecting biological parent can be reduced (Duclos, 1981).

Areas for Future Research

Potential areas of research are unlimited. For example, the effect of trained foster parents on the success of foster children as adults could be examined. The types of individuals who benefit most from training needs to be further investigated. The effect of trained foster parents on placement stability should be examined. Do trained foster parents keep foster children longer, and are they better able to handle the emotional, psychological and behavioral problems associated with children in care? Self-efficacy is an important variable that should be considered in future research. Further, the competence of the trainer on the success of trainees could be examined. Does the educational level or experience of the trainer have an effect on foster parents?

Conclusions

Obviously, there is still much work to be done in this field of foster-parent training, but the attempts to provide services and evaluate their effects have found some success. Continued innovation, implementation, and evaluation will pave the way toward resolving some of the issues raised in this paper. Training should be mandatory and more states need to incorporate some sort of training for foster parents in their screening process. Additionally, the material presented during training must be updated to address the issues and problems of children in foster care today.

There is no dispute that foster parents benefit from training. Although research has been limited on the most effective training methods, this study has shown that the Nova training model does, at least, increase the knowledge of its participants. Further, foster parents experience a heightened level of sensitivity both for the child in foster care and the biological or abusive parents of that child. Foster parents leave class feeling good about their decision to foster and encouraged that they can make a difference in the life of a child.

A caveat seems to be in order. Only 30 foster parent trainees were involved in the current study. The gain in knowledge acquisition is encouraging and suggests that training can be effective. The finding that training can remove certain pre-existing individual differences in potential foster parents is an exciting finding. The absence of a significant change in attitude is somewhat disappointing. However, replicating the study may show a greater attitude change and replication would increase the confidence level in the results reported for this study.

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Appendix A

Study 2

In this study demographic data from parents who start foster parent training is compared to those that complete the training.

Method

Subjects

The sample consisted of 92 foster parents that began training in 1991. Of this group, 60 completed the training.

Assessment & Instruments

The instrument used was a 9 item questionnaire. The content of the questionnaire consisted of demographic information which was collected during the first night of pre-service training.

Results

The characteristics of families that began training and completed training in 1991 are presented in Table 8.

Table 8

Characteristics of Families that Started and Completed Pre-service Training

Gender	Began	Completed
Female	59.8	56.6
Male	40.2	43.4
Ethnicity		
Caucasian	69.6	71.7
African American	27.2	23.3
Hispanic	1.1	1.7
Native American	1.1	1.7
Other	1.1	1.7
Age		
20-29	22.0	16.7
30-39	53.2	56.7
40-49	20.4	23.3
50-59	2.2	3.3
60-69	1.1	0
Unk	1.1	0
Marital Status		
Married	78.3	83.5
Divorced	14.1	10.0
Widowed	2.2	1.7
Separated	1.1	1.7
Single	4.3	3.3

Table 8-Continued

Years Married		
0	1.0	1.6
1-10	37.0	33.3
11-20	29.7	41.6
21-30	9.2	10.0
Unk	21.7	13.3
Educational		
Level		
7-11	4.5	1.8
HS Diploma	27.1	31.6
Some College	40.2	35.0
College Degree	11.9	15.0
Post Grad	7.6	8.3
Unk	8.6	8.3
Number of		
Children at home		
0	25.3	22.0
1	28.6	33.9
2	31.9	35.6
3	9.9	5.1
4	4.4	3.4

Table 8-Continued

Religion		
Protestant	41.3	40.0
Catholic	13.5	10.3
Fundamental	13.5	16.0
Mormon	4.5	3.3
Islamic	2.2	3.3
Jewish	2.2	0
Unk	13.0	26.7
Income		
0-9,999	7.9	3.5
10,000-19,999	18.0	14.0
20,000-29,999	25.8	29.8
30,000-39,999	25.8	31.6
40,000-49,999	11.2	7.0
50,000+	11.2	14.0

Study 3

This study focuses on the goals and objectives of the NOVA training model that are retained by foster parents.

Method

Subjects

The sample for Study 2 consisted of 25 randomly selected African-American foster homes and 25 randomly selected Caucasian foster homes. These foster parents were trained using the NOVA curriculum in 1990 and 1991. Not all of these foster parents currently have foster children.

Assessment & Instruments

The instrument used was an 18 item questionnaire. The content of the questionnaire consisted of the objectives from each of the six sessions of the NOVA training model.

Results

Table 9 presents the response accuracy to questions about the Nova goals and objectives after completion of pre-service training.

Table 9

Response Accuracy to Questions About NOVA Goals and Objectives ¹

	percent correct
<hr/>	
1. State the definition of foster care.	66
2. State the goals of foster care.	96
3. Describe the differences between parenting, foster parenting and adoptive parenting.	30
4. Identify the purpose of pre-service training.	100
5. List the needs and rights of children and adolescents in foster care.	86
6. List the needs and rights of parents of children in foster care.	44
7. Identify the role of the caseworker.	62
8. Identify the factors which limit the agency's ability to provide maximum foster care services.	100
9. Explain the purpose of the casework plan and what it contains.	26
10. Explain the team approach.	60
11. List the four stages of grief.	38
12. Identify the feelings children have when they must live apart from their parents.	100
13. Identify how members of the foster care system benefit from parent child visitations.	26
14. List those possible effects of foster care upon the foster family which might be unacceptable.	100

Table 9-Continued

15. Understands behavior management and feels comfortable coping with unacceptable behavior.	44	
16. Feels comfortable working with biological parents.	26	
17. What year did you receive training?	68	1990
	26	1991
18. Was pre-service training helpful?	100	yes

¹ N for this sample is 50

Study 4

The aim of this study was to compare the training needs of foster parents in 1978 with the current training needs of foster parents. Additionally, differences in problems foster parents in 1978 would tolerate was compared to problems foster parents in 1991 would tolerate was examined.

Method

Subjects

The sample for this study consists of the foster parents in a study conducted in 1978 by Carol Ertl at the University of Nebraska at Lincoln. Ertl looked at the demographics of foster parents, and the types of problem behaviors they would tolerate as well as other questions.

The demographic characteristics of the Ertl study were compared to the foster parents used in Study 2.

Results

The comparative demographic data are shown in Table 10 and 11.

Table 10

Demographic Comparisons Between Foster Parents in 1978 and Foster
Parents of 1991.

	1978	1991
Residence area		
Urban	35	95
Rural	46	5
Education		
< 8th grade	6	0
9-11	12	1.8
HS graduate	36	34.5
1-3 college	19	38.2
4+ college	21	25
Age		
20-29	21	14
30-39	39	36
40-49	26	44
50+	13	6

Table 11

Tolerance Differences Between Foster Parents of 1978 and Foster Parents of 1991

1. As a foster parent would you be willing to work with
a child who:

	1978		1991	
a. Has a physical handicap	Yes	57	Yes	82
	No	27	No	18
b. Is emotionally disturbed	Yes	43	Yes	93
	No	37	No	7
c. Is mentally disturbed	Yes	30	Yes	76
	No	44	No	24
d. Has behavior problems	Yes	55	Yes	99
	No	26	No	1
e. Has a drug problem	Yes	25	Yes	27
	No	55	No	53
f. Has a discipline problem	Yes	57	Yes	96
	No	24	No	4

2. What was the amount of training you received prior to your
first placement?

None	58	0
< 2 hours	22	0
3-5 hours	9	0
6-8 hours	5	0
9+ hours	6	100

Appendix B

Parenting Questionnaire

1. You and your fourteen-year-old foster daughter/son go shopping, as you leave one of the stores, a security guard stops you and informs you that the girl/boy has stolen some items of clothing. How would you handle this situation?
 - a) punish the child by placing him on restriction.
 - b) make him/her take the items back and apologize to the store manager.
 - c) make him tell the manager that he stole the items and make him pay for the items.
 - d) other
2. Your three foster children ages 7, 6, and 3 are in the bed together and "playing house", but you observe that they are engaging in sexual contact. How would you handle this situation?
 - a) talk to them about their behavior and explain that is not proper display of affection.
 - b) put them in different bedrooms.
 - c) place them in time-out.
 - d) call the casemanager and ask to have the children removed.
3. Your ten-year-old foster child always comes back from therapy sessions feeling very angry and acting aggressively, by throwing things and fighting with the other children in your home. What would you do in this situation?
 - a) call the therapist and ask him to stop discussing whatever is making your child so angry.
 - b) ask the child to share with you what he is talking about in therapy.
 - c) give him a room to do whatever he wants to in after he returns from therapy.
 - d) other

4. Your twelve-year-old foster son/daughter informs you that an individual approached him/her about selling crack and that he/she agreed to do so because he/she needs some quick, easy money. What would you do in this situation?
- a) call the casemanager and ask to have the child removed because you would not want this behavior to affect the other children in your home.
 - b) give him jobs to do around the house to earn money.
 - c) help him find a job outside the home.
 - d) go confront the individuals that approached him with the crack.
5. A guardian ad litem is appointed by a judge to serve as
- a) an advocate for the child.
 - b) an adversary for the child.
 - c) a defense attorney for the child.
 - d) counsel for the foster parents.
6. Your four-year-old foster child calls you several names and uses very obscene language. He/She has only been in your home two days. What would you do?
- a) tell the child the language he/she is using is inappropriate and will not be used in this home.
 - b) place the child in time-out.
 - c) nothing because the child has only been there a few days and is probably traumatized.
 - d) other

7. Your five-year-old foster child, intentionally urinates on the furniture and the walls and sometimes other children in your home, What would you do in this situation?
- a) make the child clean up the mess and wash the clothes and explain this behavior will not be tolerated.
 - b) place the child in time-out every time she does this.
 - c) only give liquids with meals.
 - d) other
8. The primary goal of permanency planning is to
- a) provide care for a child.
 - b) return the child to his family if at all possible.
 - c) recruit foster parents.
 - d) place a child in an institution.
9. When a foster parent keeps difficulties he/she is having with the child to him/herself,
- a) foster parents learn how to be better foster parents.
 - b) this situation may result in not getting the best help.
 - c) the foster parent is usually more competent than the one he/she would go to for help.
 - d) the agency is less burdened and thus able to do a better job.
10. The casemanager needs to be informed
- a) when you decide on the foster teen's courses for next year.
 - b) when the foster child is truant.
 - c) when the foster teen starts to date.
 - d) when the child asks for a raise in allowance.

11. Child neglect is the same as
- a) failure-to-thrive.
 - b) not providing for the basic needs of a child.
 - c) failure to be an adequate parent.
 - d) child abuse.
12. The foster parent can help an abusive parent by
- a) sharing the good things the foster child does in their home.
 - b) sharing with the parent some child rearing techniques that have worked with the foster child.
 - c) discouraging the child's visits, so the parent can have time to be alone and thus feel less harassed.
 - d) sharing some ideas on how to be less abusive.
13. Child abuse is a topic of importance to foster parents because
- a) of the prevalence of child abuse.
 - b) they want to know how to avoid being child abusers.
 - c) many foster children are in foster care because of abusive parents.
 - d) few people understand what child abuse is all about.
14. A child who has been placed in many foster homes
- a) finds it difficult to form new relationships.
 - b) can concentrate well in school.
 - c) is able to adjust easily due to experience.
 - d) doesn't lack love.
15. Grief is
- a) only felt by the placed child if one or both parents have died.
 - b) a process of several stages.
 - c) an emotion of despair.
 - d) an emotion that never is fully resolved.

16. During the stage of anger and protest, the child is really angry at
- a) the foster parents.
 - b) the natural parents.
 - c) siblings.
 - d) the courts.
17. To lessen the negative impact of separation
- a) encourage visits.
 - b) remove the child as quickly as possible.
 - c) eliminate as many reminders of the "old" as possible.
 - d) encourage the child to be very active.
18. When a child is in the stage of denial and is telling everyone that he/she is going home soon, it is best if you
- a) are consistent in setting the child straight on the reality of the situation.
 - b) prevent this by every day reminding the child of why he/she has been placed with you.
 - c) explain to him/her that we don't lie in this house.
 - d) express the child's distortion of reality as a wish.
19. In order to know what would be a good reward for your child's correct behavior
- a) ask him what he likes.
 - b) try some things other kids his age like.
 - c) ask your social worker to ask him.
 - d) all of the above.
20. A discipline technique that works well with foster children is
- a) to model the correct behavior.
 - b) to reward the correct behavior.
 - c) to tell the child what the correct behavior is.
 - d) all of the above.

21. Which one of the following discipline technique is potentially harmful to a foster child's self concept?
- a) "Go up to your room until you can control your feelings better".
 - b) "Punch the pillow, and not your sister".
 - c) "If you continue, I will spank you".
 - d) "In this house we try to solve problems by talking about them".
22. If a foster mother believes that a child's misbehavior is the result of her being a poor mother, she will likely react to that misbehavior
- a) with guilt feelings.
 - b) by doing nothing to train the child to act differently.
 - c) by overlooking the misbehavior.
 - d) all of the above.
23. Foster parents can help the agency reach its primary goal by
- a) providing adequate care for a child.
 - b) recruiting other foster parents.
 - c) keeping careful records of the child.
 - d) refusing to take more than one foster child at a time.
24. Foster children who are 16 and older
- a) are not permitted to smoke.
 - b) are not permitted to work.
 - c) are not permitted to drive.
 - d) have no restrictions.
25. Incest can be classified as
- a) physical neglect.
 - b) moral neglect.
 - c) sexual abuse.
 - d) physical abuse.

26. Which one of these statements is true?

- a) Mothers do not sexually abuse their children.
- b) Mothers very rarely sexually abuse their sons.
- c) Mothers are increasingly becoming sexual abusers.
- d) Mothers and fathers only sexually abuse their daughters.

27. Visits to one's own family can help a foster child

- a) by calming some of her fears that her parents are dead.
- b) by shattering her idealistic image of her own family she has created.
- c) by allowing her to feel some feelings she has tried to repress.
- d) all of the above.

28. Foster parents should try to

- a) make sure that foster children stay in touch with their siblings.
- b) keep foster children away from their siblings.
- c) keep the abusive parent away from the child.
- d) keep the casemanager away from the child.

29. Foster parents are responsible for

- a) providing transportation for foster children.
- b) making sure foster children receive therapy when needed.
- c) keeping the casemanager informed of what the foster child is doing.
- d) all of the above.

30. Foster parents should

- a) remind the foster children that their biological parents still love them.
- b) not talk about the biological parents with their foster children.
- c) tell the foster children they want to adopt them.
- d) none of the above.

II. Please circle the answer which most closely describes how you feel.

SA Strongly Agree, A Agree, SD Strongly Disagree, D Disagree

1. Foster parents should encourage their foster children to attach to them.

SA A D SD

2. Foster children should show less anger in foster care than at home.

SA A D SD

3. Parents of children who come into foster care are generally bad parents.

SA A D SD

4. Children who commit violent crimes should not be placed in foster care.

SA A D SD

5. The casemanager should tell foster parents how to take care of foster children.

SA A D SD

6. Foster parents should decide when a child is ready to go home.

SA A D SD

7. Family reunification should always be the goal of foster care.

SA A D SD

8. All children in foster care should be tested for AIDS.

SA A D SD

9. Teenagers who were sexually abused probably wanted it.

SA A D SD

10. Children who have been sexually abused are easy to identify.

SA A D SD

11. Parents who sexually abuse their children are mentally ill.

SA A D SD

12. Foster children should be kept away from their biological families
when in foster care.

SA A D SD

13. Foster children strengthen foster families.

SA A D SD

14. Most children accept foster siblings easily.

SA A D SD

15. Extended families are usually helpful to foster families.

SA A D SD

16. Foster parents should love their foster children.

SA A D SD

17. Parents who sexually abuse their children are immoral.

SA A D SD

18. Foster parents should allow biological parents to visit in their
home.

SA A D SD

19. Most children are happy to be taken away from their abusive
parents.

SA A D SD

20. Biological families abuse their children because they hate them.

SA A D SD

21. Children should never be allowed to show their anger.

SA A D SD

22. Children who misbehave should always be punished.

SA A D SD

23. Some children need physical discipline.

SA A D SD

24. Children should be punished for being lazy.

SA A D SD

1. What is your age?

2. What is your sex?

a) Male

b) Female

3. What is your race?

a) African American d) Native American

b) Caucasian e) Asian American

c) Hispanic f) Other

4. What is your marital status?

a) Single d) Widowed

b) Married e) Separated

c) Divorced

5. If married, length of marriage

6. What is the highest level of education you have obtained?

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

7. How many children do you have at home?

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

8. Have you been a foster parent before? (include relative and special placements)

a) yes

b) no

9. Have you adopted any children?

a) yes

b) no

8. What is your income?

a) 0-9999

e) 40,000-49,999

b) 10,000-19,999

f) 50,000-59,999

c) 20,000-29,999

g) 60,000-69,999

d) 30,000-39,999

h) 70,000+

9. Have you had prior training in child care? If so, how many years?

Appendix C



University of
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College of Arts and Sciences
Department of Psychology
Omaha, Nebraska 68182-0274
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Parent Consent Form

Foster Parent Training

INVITATION TO PARTICIPATE

You are invited to participate in this research project on evaluating foster parent training.

BASIS FOR SUBJECT SELECTION

You are invited to participate because you are currently enrolled in the Foster Parent Training class.

PURPOSE OF THE STUDY

The purpose of this study is to examine two issues - 1) have parenting issues identified in 1978 changed? and 2) does foster parent training modify parenting attitudes and practices?

EXPLANATION OF PROCEDURES

Three questionnaires will be used to assess the attitudes of foster parents. One questionnaire is to determine which topics foster parents would like to learn more about. The second questionnaire is a child rearing questionnaire. A problem solving questionnaire is the third questionnaire.

POTENTIAL RISKS AND DISCOMFORT

There are no known risks or discomforts in this study.

POTENTIAL BENEFITS

You may gain some further insight about yourself and your parenting style.

ASSURANCE OF CONFIDENTIALITY

Any information obtained in connection with this study which could be identified with you will be kept strictly confidential. You will not be asked to place your name on the questionnaire booklet; only a subject number will be used for identification. Therefore, your response will remain anonymous.

WITHDRAWAL FROM THE STUDY

Participation is voluntary. Your decision whether or not to participate will not affect you becoming a foster parent. If you decide to participate, you are free to withdraw your consent and to discontinue at any time.

OFFER TO ANSWER QUESTIONS

If you have any questions, please do not hesitate to ask. If you have questions later, you can contact me at the telephone number listed below.

YOU ARE VOLUNTARILY MAKING A DECISION WHETHER OR NOT TO PARTICIPATE IN THIS RESEARCH STUDY. YOUR SIGNATURE CERTIFIES THAT YOU HAVE DECIDED TO PARTICIPATE HAVING READ AND UNDERSTOOD THE INFORMATION PRESENTED. YOUR SIGNATURE ALSO CERTIFIES THAT YOU HAVE HAD AN ADEQUATE OPPORTUNITY TO DISCUSS THIS STUDY WITH THE INVESTIGATOR AND HAVE HAD ALL OF YOUR QUESTIONS ANSWERED TO YOUR SATISFACTION. YOU WILL BE GIVEN A COPY OF THIS CONSENT FORM TO KEEP.

Signature of Subject

Date

Signature of Investigator

Date

Investigator

Melody Richardson

Tel: Office 595-2912
Home 455-6119Supervisor

Dr. Joe LaVoie

Tel: Office 554-2398

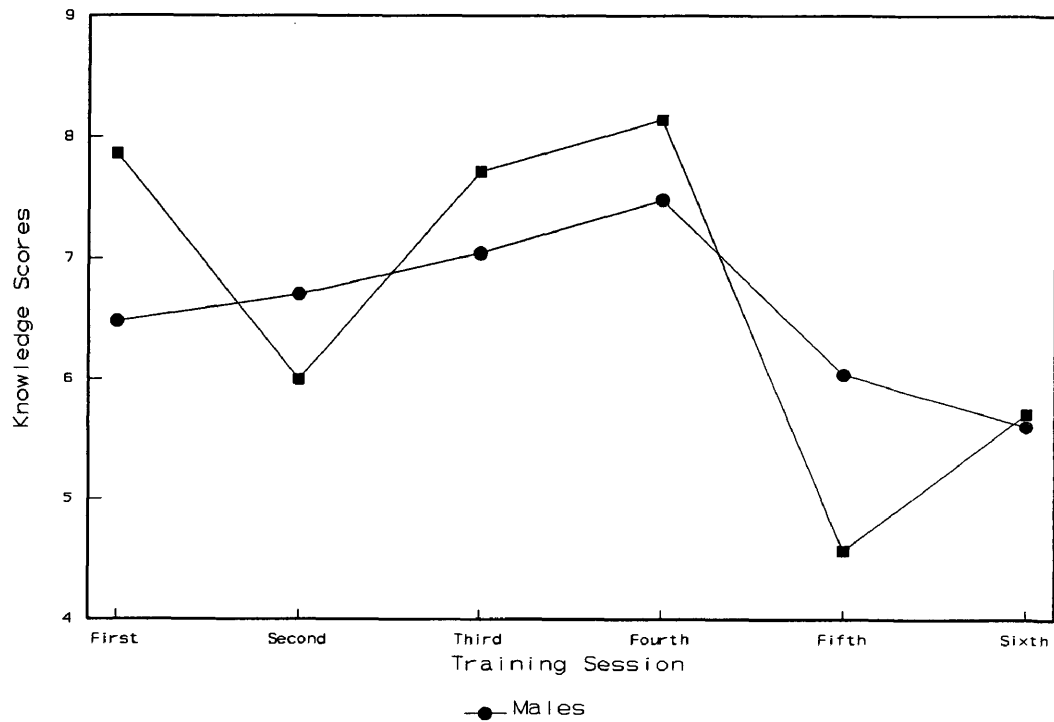


Figure 3 Adjusted Means for Knowledge Test Scores by Training Session
For Males and Females