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Multiple Out-Of-Home Placements & Children's Psychosocial Functioning

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MULTIPLE OUT-0F-HOME PLACEMENTS & CHILDREN'S PSYCHOSOCIAL FUNCTIONING

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Abstract

This study examined the relationship between multiple out-of-home placements and children's psychosocial functioning. Psychosocial functioning was measured by the number of mental health services recommended to the child by a licensed mental health professional and the number of negative behaviors exhibited by the child as recorded in the caseworkers' narratives or mental health professional's report. Independent variables included total number of placements experienced per child and average placement duration. Data were extracted from the administrative database and case files of the State of Nebraska Foster Care Review Board Tracking System (N=443). In addition to the number of out-of-home placements and measures of psychosocial functioning, demographic information, entry-level measures and organizational measures were obtained. To control for the subjectivity of the data, this study examined that information believed to be valid and reliable either based on its simplicity (demographics), because it was required by governmental standards (entry-level factors), or because it was provided by a licensed mental health professional (assessment information). All information was cross-referenced against case narratives. This study utilized multiple hierarchical regression analyses to analyze the data. Results indicated that when controlling for demographic and entry-level factors, children who experienced more out-of-home placements received recommendations for more mental health services and were reported to exhibit more negative behaviors. Average Placement Duration did not account for any additional variance in these two outcomes. The overall findings are consistent with the contention that multiple out-of-home placements have a negative impact on children's psychosocial functioning.

TABLE OF CONTENTS

Tables

Chapter One: Introduction to Foster Care

The ultimate goals of out-of-home care are to provide a temporary, safe and nurturing environment for children who cannot live in their biological home and to achieve a permanent, safe home for children with either their biological or adoptive parents. In 1985 the General Accounting Office reported over 276,000 children were placed in out-of-home care in the US. By 1991 a reported 429,000 children were in out-of-home care, a 55% increase in just six years. In a review of the trend data regarding foster care, the Child's Defense Fund (1992) predicted a continued growth in the number of children who would be placed in out-of-home care. Of these children, approximately two-thirds were reunited with their families in less than two years (Fein, Maluccio, Hamilton, & Ward, 1983; Tartara, 1993). However, the success of reunification has been placed in question by studies which indicate that 30% of reunited children were returned to out-of-home care shortly after their initial reunification (Mech, 1983; Rzepnicki, 1987; Wulczyn, 1991). It is not uncommon for children to experience numerous placements while in out-of-home care before they are eventually returned to their families, adopted or able to live independently.

Such instability in placement has been associated with a variety of emotional and behavioral problems (Cooper, Peterson, & Meier, 1987; Proch & Taber, 1985; Stone & Stone, 1983). Those children who enter the foster system due to their own emotional or behavioral problems have been found to demonstrate increased psychological anxiety, which exacerbates these problems. Dore and Eisner (1993) reported that children who

enter foster care with pre-existing problems not only react adversely to the removal from their biological families, but this reaction is compounded by their emotional or behavioral problems which in turn, augments the problems. Additionally, it has been suggested that placement instability within the foster care system has been suggested to exacerbates impulsive behavior because of the continual demand to readjust to a new family and a new environmental setting (Dore & Eisner, 1993). Despite the research suggesting that placement instability strongly relates to behavioral and emotional problems, the effects of multiple placements on the adjustment and development of children placed in care remains widely debated.

A number of studies have presented support for the allegation that children inappropriately deprived of family life by being maintained in out-of-home care for extended periods of time are more likely to be arrested and placed in jail or become mental health clients than are children with a more stable home placement or family history (Gurak, Smith, & Goldston, 1982). Other studies have asserted that aggressive behavior on the part of the child is the primary cause of placement instability within the foster care system (Proch & Taber, 1987; Stone & Stone, 1983). Several researchers have examined this argument on the basis of the proven sequel of abused children later demonstrating aggressive behavior during peer interactions (Mueller & Silverman, 1989). These researchers have argued that this aggressive tendency of abused children within foster care is a natural progression. They argue that abused children have learned aggressive behaviors from the parental figures in their homes prior to placement in foster care. Dodge and Frame (1982) further contend that previously maltreated and abused

children tended to misrepresent their environments in that they perceived numerous threats around them at all times. Pair this environmental misrepresentation with the tendency of abused children to vigilantly scan their environments for such threats (Lewis, Mallouh, & Webb, 1989) and it is not surprising these children often react with aggression. Thus it is no surprise that out-of-home care has been seen as part of the problem rather than part of the solution. Laird (1979) argued that the separation of children from their families robed children of their feelings of belongingness, identity and connection to their biological families. Others have further asserted that this idea of placement impermanence and feelings of not belonging results in negative consequences for foster children (Dore & Kennedy, 1991; Pecora, Whittaker, & Maluccio, 1992).

Several factors have emerged in the literature, which may offer a further understanding of foster care adjustment and outcome. Placement instability has been shown to be associated with the overall time a child spends in care and the presence of emotional and behavioral problems (Proch & Taber, 1985). Stone and Stone (1983) reported that more aggressive, poorly socialized children were more likely to experience numerous placements relative to non-aggressive, positively socialized children. Gender has also been examined as a possible contributing factor to multiple placements. However, the results of such studies have varied considerably (Rzepnicki, 1987). Additionally, previous research has consistently documented the fact that Minority children, once in the foster care system, are more likely than Caucasian children to experience more placements and to remain in care for longer periods of time (Gurak et al., 1982; Hogan & Siu, 1988).

Similarly, the reason for placement has further been related to age and race/ethnicity (Lindholm & Willey, 1986). The proportion of children who are placed in foster care due to physical abuse has been shown to be higher for African American children than for Hispanic and Caucasian children (Lindholm & Willey, 1986). Additionally, Barth and Berry (1989) reported that children removed from their homes because of sexual abuse tended to be older (in their teens) than children removed from their homes because of physical abuse. Fanshel, Finch, and Grundy (1989) found that physically abused males did not do as well in foster care and were more likely to later engage in criminal behavior than males who had not been physically abused. Finally, the reason for placement has also been associated with gender; females tended to be more likely than males to be removed from the home due to sexual abuse (Cupoli & Sewell, 1988).

The factors discussed above can be classified as either demographic factors the child brings with him or her into care (age, race/ethnicity, gender, and reason for placement) or organizational factors that reflect the social service system's response to the child (placement stability, duration of out-of-home care). It has been suggested by some that the child's entry-level factors (age, race/ethnicity, gender) largely determine his or her history in the foster care system (Gurak et al., 1982). The second set of factors, the organizational factors, have been used as determinants of outcome (Gurak et al., 1982). Consequently, researchers have argued organizational factors, such as the number of placements a child experiences, determine the child's history within the system (Dore & Kennedy, 1991; Pecora, Whittaker, & Maluccio, 1992). However, others have argued

the number of placements is not a determinant of the child's history within the system, but rather a measure of the system's response to the child. So, we are left with the question, is out-of-home care meeting its goals: (1) to provide a temporary, safe and nurturing environment and (2) to achieve a permanent, safe home for children with either their biological or adoptive parents, thus minimizing the negative impact of the experiences which initially led the child to be placed in out-of-home care? Is the system creating the behavioral problems exhibited by children in out-of-home care, or are the children bringing the problems with them into the system? In either case, professionals from numerous disciplines, such as philosophy, medicine, mental health and criminal justice should be concerned. A traditional focus of child developmental research has been on the nature of child rearing within the home and how this contributes to or impedes healthy psychological and sociological development. Given the predicted trend of an increasing foster care population, it is time to move this concern outside of the boundaries of the traditional home and into the realm of foster care. Several theories have been postulated regarding the impact of parent-child interactions and familial environment on child developmental outcome.

Chapter Two: Social Learning Theory

Social learning theory views the basis of behavior as stemming from directed learning which is mediated by observational learning and by the probability of reinforcement. According to this theory the ability to trust others, inhibit aggression, and behave morally are understood as the result of learning via direct reinforcement and observation. According to Bandura (1963) directed learning is more elementary than observational learning in that actions have direct positive or negative outcomes which determine the likelihood of that action being repeated. Thus, through the direct outcomes or consequences of one's own behavior individuals are able to assess which behaviors are appropriate in a given setting. The success of this individual assessment is then based on the reactions of those surrounding the individual. Likewise, the anticipation of certain outcomes also serves to motivate individuals to engage in or avoid specific behaviors.

However, according to social learning theory, much of human learning is acquired via observational learning. Bandura (1963) hypothesized that the process of observational learning involved attentional processes, retention processes, motor reproduction processes and motivational processes. Attention is thought to be determined by such factors as the observed individual's attractiveness and power, as well as the condition under which the behavior is observed. This observed individual or target is typically referred to as the model. Subsequently, events that have been attended to must then be retained and these retained events must then be converted into a physical action, which resemble the observed actions. However, in order to produce this physical action one must be motivated to do so by an aspect of reward/reinforcement.

In the literature a key concept of Bandura's theory, self-regulation, is often overlooked or merely assumed. Bandura (1963) asserted that human behavior is largely controlled by self-generated consequences. That is, individuals tend to set standards for themselves and these standards are subject to self-administrated reinforcement or punishment, depending upon one's success at meeting those standards. It is through this self-regulatory mechanism that one's behavior is maintained in the absence of external coercion. This self-regulatory process presupposes the internalization of societal norms. Bandura (1963) further asserted that standards of achievement are initially established through modeling; parents or caregivers set the standards for a child's behavior and the child adopts these standards. This internalization process is bolstered because adults specifically instruct their children to adopt certain standards and the adults disperse rewards and punishments accordingly. However, if a child were raised in an inconsistent familial environment where rules or standards were transient, then the internalization process necessary for self-regulation is unlikely to have transpired. Additionally, if the familial environment were unstable or inconsistent, observational learning is likely to have been hindered by this lack of consistent modeling or to have conveyed dysfunctional norms that are antithetical to the typically accepted societal norms (e.g., aggressiveness).

Social learning theorists (Maccoby & Jacklin, 1974; Mischel, 1966) maintain that primary care-givers and significant others in children's lives frame social development through reward and praise of behaviors deemed consistent with social norms while punishing and discouraging behaviors outside of the social norms. Social behaviors are

also purported to be acquired through the process of imitation and/or identification with a specific model (Bandura & Walters, 1963). Children typically select models that are in a powerful or controlling position such as parental figures (Bandura, Ross & Ross, 1963). Bandura (1977) further found that the degree to which a child would imitate a model dependent on the model's warmth and nurturance. Other studies have reported similar findings (Hertherington, 1965, 1967; Mussen, 1961). In general, social learning theorists see behavior as being largely shaped by the environment.

Several studies supporting social learning theory, have submitted that the problem may not just lie in the child who behaves badly, but the social learning provided by that child's familial environment (Patterson 1980; 1982; Patterson). Patterson (1982) further asserted that children who exhibit behavioral problems typically come from families in which other family members have a higher-than-average rate of aggressive behavior. Many families of children with behavioral problems develop a marital relationship (or partner-relationship) that encourages aggression rather than eliminating it. Parents may encourage aggression by arguing loudly or physically with each other over the child. Consequently, the child learns, via modeling, this is the method of choice in handling conflict (Morton, 1987).

Thus, social learning theory holds the "dependency" or attachment a child develops toward a primary caregiver is not an inherent tendency but a learned behavior (Maccoby & Masters, 1970). The attachment will be stronger when the target or model is an individual who is nurturant toward and supportive of the child. The emphasis of this

theory is on the individuality, which result from individual experience and learning rather than a general human tendency towards attachment per se.

Chapter Three: Attachment Theory

Attachment research contends that children must develop the ability to form an attachment to another individual and eventually be able to grieve the loss of that significant other while being able to go on to form other attachments in order to maintain a healthy, happy function in life. Attachment has been defined as "an enduring emotional bond uniting one person (or animal) with another" (Ross, 1996). Attachments are typically manifested as a means of seeking out closeness and personal interaction with another. According to the premise of attachment theory, this process is regarded as a substantial psychological catalyst for trust formation as well as for promoting the understanding of self (Ross, 1996). Several theorists, using Bowlby's (1983) representation of early attachment, have suggested attachment relations are not limited to behavioral systems characterizing only child-parent relationships, but are also influential as conceptual systems which direct significant social ties across the life span. An expectancy resulting from early child-parent relationships provides a foundation for fundamental conceptual representations of self and others within these relationships (Bretherton, 1990; Main, Kaplan, & Cassidy, 1985; Sroufe & Fleeson, 1986). Empirical research has demonstrated that as children mature, secure attachment establishes a basis for more successful psychosocial functioning and allows for a view of oneself as lovable and others as trustworthy. Likewise, research has demonstrated insecure attachment formation provides an inadequate basis for psychosocial development and gives rise to a negative view of the self and a poorer understanding of others.

Initial attachment is generally thought to form in the first 6 months to 1 year of an infant's life. A strong sense of attachment develops when a child is in a secure and consistent environment in which significant others, usually the care givers, are responsive to and supportive of the child (Bowlby, 1973). During mid-childhood (4-12 years), issues of secure attachment become increasingly important as the child becomes involved in more life experiences beyond the confines of home (Maier, 1994). A secure attachment with a "home base" permits a child greater confidence in becoming socially interactive beyond the immediate constraints of the primary care giver. Additionally, a child who is able to form a secure attachment is more inclined than an insecurely attached child to develop a positive sense of identity (Erickson, 1969). The ability to share with others in a reciprocal relationship becomes a means of reinforcement for current significant relationships and a strong foundation for future relationships while providing the child with a sense of reciprocity (Charles & Matheson, 1990).

Conversely, a child who is unable to form secure attachments, due to an unpredictable ecological environment and/or unsupportive, unresponsive caregivers, is more likely to be socially inhibited and constricted in interactions than the securely attached child (Ainsworth, 1973). Consequently, the insecurely attached child may be unable to adequately reach out to others and therefore becomes less likely than the securely attached child to be presented with the opportunities to form other social relationships or establish a sense of communal belonging. The inability of a child to confidently reach out to others results in the child's social needs going unmet. This unmet need in turn results in an increased reluctance to reach out to others and creates a chain-

reaction or a snowball effect. This cascade of events often results in a child developing a generalized sense of mistrust for others (Charles & Matheson, 1990).

Unfortunately, many children placed in foster care have been deprived of the opportunity to form a secure initial parent-infant bond for a variety of reasons relating to their family circumstances (e.g., abuse, neglect, and abandonment). The resulting insecure attachment may then be compounded by uncertain periods of separation and confusion about grieving the loss of the biological parent while being expected to form attachments with foster parents. Children may often outwardly display their displeasure at being placed in the foster home; they may appear angry with everyone or seem inconsolable to those around them.

This early attachment is not, however, an all-or-none phenomenon. That is, other factors of the broader ecological condition in which the child lives impact the security of attachment formation, and in doing so influence later developmental outcomes. It has been suggested the predictive relationship between attachment security and subsequent psychosocial development may be dependent upon the temporal stability of the conditions of the child's care. Erickson, Kofmacher, and Egeland (1985) reported that when a significant change in the factors affecting childcare is exhibited (e.g., parental separation or marked change in substitute care), the security of parent-child attachment does not, in-and-of-itself, strongly predict the child's later behavior. Thus, according to this viewpoint, if the environmental child rearing conditions, which promote strong attachment in infancy, are continued—even in the face of a changed object of attachment, a positive later adjustment is possible. This indicates that early insecure attachment does

not unequivocally mean poor psychosocial development later in life, if for example, care-giving conditions are improved and become more supportive and thus more amenable to secure attachment formation (Lieberman, Weston, & Pawl, 1991).

Cumulatively, these findings suggest that changes in the status of attachment may be meaningfully attributed to changes in real-life experiences and childcare practices. That is, attachment relationships are not static; they are dynamic and develop across time. Changes in attachment status have been to occur from secure to insecure as well as from insecure to secure (Thompson & Lamb, 1984). Typically, changes in attachment have been associated with intervention of stressful life events (Egeland & Farber, 1984). In socially disadvantaged families, changing family circumstances have been associated with increased stress caused by economic constraints. Such families are also typically isolated and lack extrafamilial support. These circumstances have been shown to negatively impact the child's attachment (Egeland & Faber, 1984). Several other studies have further indicated a significant relationship between stress within the home and parent-child attachment (Thompson, Lamb, & Estes, 1983; Vaughn, Egeland, Sroufe, & Waters, 1978). Children exhibiting anxious-attachment tended to have more highly stressed parents than did children exhibiting secure-attachments. Additionally, when a parent of a securely attached child suffered a highly stressful event, the security of that attachment could be disrupted (Thompson, Lamb, & Estes, 1983). The implication of the findings that secure attachments can be disrupted is that attachment patterns are not temporally stable; that attachment patterns can change. Based on this implication, Egeland and Sroufe (1981) examined attachment in neglected and abused children and

found, as expected, that the majority of these children were characterized as insecurely attached. This study further found that while securely attached infants tended to remain securely attached over time, about one-half of the insecurely attached children were later able to form secure attachments. The children who were able to move from insecure to secure attachment had experienced more structure than children who remained insecurely attached. The children who re-formed attachments experience more interventions from supportive family members than those who remained insecurely attached. Additionally, parental characteristics such as age, attitude about caregiving, and parental background (Ragozin, Basham, Crnick, & Robinson, 1982;Schaffer, 1977) and some characteristics of the child such as infant capability, appearance, birth order, temperament and gender also affect attachment formation (Brazelton, Koslowski, & Martin, 1974; Friedrich & Boreskin, 1976; Baskett, 1985; Donovan, Leavitt, & Balling, 1978; Pedersen & Robson, 1969; Rubin, Provenzano, & Lauria, 1974).

Overall, attachment theory has been substantiated by several observational studies. However, attempts to extend attachment theory to the prediction of a child's stability in achieving early social skills have been rare (Bretherton & Waters, 1985). Additionally, the categorization of children into secure and insecure attachment groups has been subject to controversy and the validity of Ainsworth's (1969) strange situation test as applied to older children has been questionable.

Attachment theory is compatible with the premise of social learning theory. Attachment theorists acknowledge that attachment is not inherently directed to the mother or father per se, but rather is a learned relationship with a primary caregiver who

is supportive and responsive to the child's needs (Waters & Deane, 1982). Yet one crucial difference remains – attachment theory holds that initial attachment impacts later attachment and interpersonal interactions; that a critical period for attachment exists, while social learning theory posits that "dependency" can change and disappears with maturation; that there is essentially no critical period per se (Maccoby & Masters, 1970; Murphy, 1962).

Chapter Four: Social Development Model

The social development model is an integrated theory of human behavior which postulates two similar but separate developmental pathways leading either to prosocial or antisocial behavior. This model is strongly grounded in criminological theory and seeks to explain various antisocial behaviors utilizing predictive developmental relationships (Catalano, Kosterman, Hawkins, Newcomb, & Abbott, 1996). While the focus of this theory is on antisocial behaviors, defined by the authors as law violating behaviors, it can be carried over into delinquent or unacceptable behaviors. This theory is a synthesis of control theory, social learning theory, and differential association theory.

Control theory provided as a means of identifying causal elements in the etiology of negative or antisocial behavior and conforming behavior (Hirschi, 1969). Social learning theory established an identity for the processes by which behavioral patterns were either maintained or extinguished (Akers, 1977; Akers et al., 1979; Bandura, 1973, 1977; Burgess & Akers, 1966; Conger, 1976, 1980; Kron et al., 1980). Differential association theory identified independent yet analogous prosocial and antisocial pathways (Cressey, 1953; Matsueda 1982, 1988; Matza, 1969; Sutherland, 1973). Catalano et al. (1996) hypothesized that children learn behavioral patterns, positive or negative, from recognized socializing agents such as family, school, peers and other social institutions. In this manner, socialization, positive or negative, follows the same pattern as other learned behaviors. This model postulates that four constructs which are involved in the process of socialization: perceived opportunities, degree of involvement, skills to be involved, and reinforcement that results from involvement. Then contingent with

attachment theory, when the socializing processes are assiduous, a social bond develops between the child and the socializing agent. This bond then has the power to institute informal control on future behavior and to the extent that the child has a "stake" in social conformity this informal control will inhibit delinquency or negative behavior. It is theorized that this bond or attachment will influence an individual's behavioral choices by creating an internal weighing of the cost-benefit ratio. Individuals tend to not engage in behaviors that are counter to the norms held by the socializing agents with whom they have bonded (Catalano et al., 1996). Several studies have supported this assertion (Krohn & Massey, 1980; Marcos, Bahr, & Johnson, 1986).

The departure from traditional control theory lies in the causal role given to bond formation, attachment, in the social development model. This model asserts that an individual's behavior will be shaped as either positive or negative depending on the predominant behaviors, norms and values held by those social agents to whom the individual has bonded. Thus, this theory asserts that the path an individual will take—prosocial or antisocial—is largely determined by the social agent with whom the bond is formed. Attachment theory asserts that an individual's path is determined simply by the formation of a secure attachment – it does not focus on the target of attachment. Recent studies regarding adolescent drug consumption have supported the concept of attachment or child-parent modeling as a strong influence in consumption patterns of adolescents (Froshee & Bauman, 1992). Essentially, this theory contends that commitment and attachment to prosocial activities and social agents directly influences the individual's beliefs in the moral validity of social norms. The development of a set of beliefs is the

Chapter Five: Primary Socialization Theory

Like the social development model, the primary socialization theory is an integrative theory combining aspects of social learning theory and attachment theory, as well as aspects of basic psychological and sociological theories. Oetting and Donnermeyer (1998) argued that prevailing psychological and sociological theories fail to provide a synthesized framework that describes how individual traits or characteristics interact with various social systems in the production of negative or deviant behaviors. Additionally, these authors asserted that subsisting multivariate theories fail to integrate current knowledge, to make sense out of conflicting research findings, to adequately address issues of gender and ethnic differences, and to form the groundwork for effective prevention programs. It is on these criticisms and others that Oetting and Donnermeyer formulated the primary socialization theory in an attempt to redress these issues.

Essentially, primary socialization theory asserts both normative and deviant behaviors are learned social behaviors, but these behaviors are not based solely on aspects of social learning theory. Rather, it has been asserted the process of socialization involves learned social behaviors produced from the interaction between social, psychological, and cultural aspects an individual's life (Oetting & Donnermeyer, 1998). The premise of this theory is that while the various approaches to deviance – psychological, sociological, anthropological, biobehavioral – have all contributed to the understanding of deviance, their effects need to be unified by ascertaining how each approach influences the primary socialization process.

process of internalization of societal norms or standards of behavior. The belief system is wedded to one's attachment to socializing agents and is theorized to decrease antisocial or negative behaviors.

The underlying assumption of this model is that attachment or social bonds are not static, but dynamic, and have the ability to change slowly over time based on individual experience, involvement and reinforcement (Catalano et al., 1996). The social development model merges the premise of attachment theory with that of social learning theory. That is, the social development model asserts the formation of social bonds or attachment is crucial to the future development of an individual but there is not necessarily a critical period in which this bond must develop. Rather the social development model asserts that a social bond or attachment will inevitably form, and the target of that attachment will ultimately determine the individual's path, not the mere presence or absence of an attachment. The model suggests that while opportunities, involvement and experiences may change quickly over time, social bonds of attachment and commitment build up or break down over time depending on the socialization experiences of the individual. As with social learning theory, attachment changes over time.

The pathway toward either general conformity or general deviance is most likely established during the early developmental years (Elliott, Huizinga, & Menard, 1989; Jessor, 1992; Kandel, 1985; Kandel, Yamaguchi, & Chen, 1992; Kaplan, 1975; Patterson, Reid, & Dishion, 1992; Swadi, 1992). The primary socialization theory asserts, as did the three previously discussed theories, that the primary source of socialization is the family, specifically the primary care giver. According to this theory, like the others, weak bonds between the child and the primary agent of socialization increase the risk of the child engaging in deviant behavior (Oetting & Donnermeyer, 1998). This assertion, strongly supported by the literature, has consistently shown that a weak bond between the child and family is associated with deviant behavior (Elliot & Voss, 1974; Kandel, 1978, Oetting & Beauvais, 1986a, 1986b). The unique aspect of this theory is that it holds the child separate from social influences outside that of the primary socialization factors (family, school, peer groups). That is, other factors such as the community, neighborhood, and church might impact the likelihood of deviance, but this impact only occurs indirectly through its influence on the primary socialization agent or process. Specifically Oetting and Donnermeyer (1998) state:

> "...past psychological research has usually tried to link personality traits directly to deviant behaviors, presuming that the behaviors either met a need determined by the personality trait or reduced stress caused by the trait. Instead, primary socialization theory explicitly states that personality traits influence deviance and drug use predominantly because of their influence on the primary socialization process. A personality trait that is a risk factor for drug use...does not increase the chances of drug use because it directly produces a need for the drug; instead, the influence is indirect..." (p. 1000)

The primary socialization theory posits three major sources of primary socialization for adolescents: family, school and peer groups. Because the focus of the

present study is on the younger age group of preschool to elementary age children, the family is a key socialization source. The family is well established in the literature as a source of prosocial norms. However, for a family to be a strong source of prosocial norms, a strong bond between child and family must exist. What is often ignored, however, is the concept that the family must also actively use the bond that exists as a means of communicating norms and values to the child (Oetting & Donnermeyer, 1998). The mere formation of a bond will not institute solid values and strong norms in a child, they must be communicated, actually taught to the child. Thus, dysfunctional families, such as those in which the parents abuse the child or where the parents engage in criminal behaviors or substance abuse, may not only fail to form strong bonds with their children, but may transmit to the children, via modeling and social learning, deviant norms. The behaviors often seen in dysfunctional families – abuse, neglect, crime, substance abuse, are often the reasons cited for removing a child from the home and placing that child in out-of-home care. Additionally, the negative behaviors a child brings with him or her into care may contribute to the number of placements the child experiences, as foster homes request the child to be moved because of behavioral problems. The argument made by the primary socialization theory is that children's negative behaviors stem from what they have learned in their biological homes and the behaviors are then simply carried over into the foster care homes. The argument posed by this theory counters the argument to be made by this thesis. Thus, when comparing the premise of this theory and social learning theory to those of attachment theory and the social development model, the question remains: do negative behaviors originate in the home or emanate within the system?

Chapter Six: Implications for Psychosocial Functioning and Statement of Purpose

A number of studies have examined the role of psychosocial functioning as it relates to out-of-home care. Lawder, Poulin, and Andrews (1986) found that children exhibiting behavioral problems tended to experience longer stays outside of the home relative to children who did not exhibit behavioral problems. Other studies have found associations between the number of out-of-home placements and emotional and behavioral problems exhibited by children (Cooper, Peterson, & Meier, 1987; Fein, Maluccio, & Kluger, 1990; Olsen, 1982; Pardeck, 1982). However, such findings have often been clouded by entry-level factors such as the reasons surrounding initial placement. Questions regarding whether or not the child entered care with behavioral or emotional problems or whether such problems developed while the child was in care have not been adequately addressed. Furthermore, if a child entered care with behavioral or emotional problems, what subsequent effect, if any, does placement instability have on those problems? Questions such as these have not been adequately addressed in current research regarding foster care and out-of-home placements.

Due to the reasons surrounding the initial removal of a child from his or her home, many children have exhibited various disordered behaviors and affects. These disordered behaviors and affects have been described as indicative of insecure attachment (Gonick & Gold, 1992) and may also be viewed as learned behaviors. If the child was removed from a chaotic, abusive or neglectful home environment, the child is unlikely to have observed and to have learned positive social behaviors in a consistent manner. The concept of insecure attachment tends to be rather complex because many of these

children have rarely, if ever, experienced a balanced relationship with a fully committed adult prior to removal from their homes (Goldstein, Freud, & Solnit, 1973). In the absence of such a relationship, a child's capacity for positive self-esteem, trusting others and development of positive social skills is unlikely to have adequately developed (Gonick & Gold, 1992). It has been postulated that a child's sense of self is based, at least in part, on an internal locus of control – that is, an awareness of his or her ability to significantly impact others and maintain some sense of control over his or her immediate environment (Kohut, 1971). From this assertion, it follows that the negative effect of an insecure attachment on a child's psychological development, at least initially, would be further degraded by the child's removal from a familiar environment, even if that environment was less than ideal. This further degradation of the child's psychological development would then likely be further adversely impacted by the uncertainty of the child's immediate future—how long he or she will be away from home and/or how long he or she will be in a particular placement. However, attachment theory, social learning theory and the social development model would all posit that removal from a chaotic environment and placement in a more positive environment would foster psychosocial development. These theories would also emphasize the need for stability within the positive environment before the environment could foster a child's health psychosocial development.

Studies of resilience and the prevention of psychological disorders in children have repeatedly suggested that self-esteem is the key to positive psychosocial functioning and as indicated by the above mentioned research, self-esteem appears to be at least

partially, if not substantially, founded in a child's ability to form strong attachments or bonds. It could also be argued that social learning of positive social skills could significantly contribute to a child's self-esteem as well. Developmental psychologists have long asserted that self-esteem, the valuing of oneself as a person of worth and ability, is attained through interactions with the immediate environment and others in that environment. Similarly, ego-psychologists suggest that early childhood bonding to the primary caregiver provides a foundation of trust, which allows for the development of self-efficacy within the child. A variety of theories agree that experiences of achievement and success throughout childhood contribute to a positive representation of the self and subsequently to the positive psychosocial development of a child. The relationship between social competence, high self-esteem and absence of psychological problems as manifested in a child's behaviors is well documented in the literature (Belchman, Tinsley, Carella, & McEnroe, 1985).

Any child removed from his or her home and placed in out-of-home care experiences significant trauma associated with the immediate loss of familiar surroundings and relationships, regardless of how detrimental the home environment may appear to the outsider (Littner, 1967). This trauma can become compounded when further change in placement occurs due to multiple placements of the child into numerous foster homes (Boyne, 1978; Goldstein, Freud, & Solnit, 1979). Most children who enter out-of-home care, by virtue of the reasons surrounding their removal, have already lived in hostile or chaotic environments for some time and are likely suffering the physical and/or psychological effects of that environment (Kates, Johnson, Rader, & Strieder, 1991).

Consequently, these children are already psychologically vulnerable and each successive placement may augment their cognitive and emotional distress (Dore & Eisner, 1993; Katz, 1987; Mishnei, 1984). Whether viewed from the perspective of social learning theory, attachment theory, or the social development model, the fear or anticipation of rejection created by the initial removal from the biological home, is a dynamic and powerful factor in the lives of many children placed in out-of-home care and should be a priority consideration when making decisions regarding child placement.

Statement of Purpose

In light of the predicted continuing increase in the number of children placed in out-of-home care, the theorized negative impact of parent-child separation, and the failure rate of parent-child reunification, policy makers as well as practitioners would seemingly benefit from research identifying the extent to which multiple out-of-home placements amplify such negative effects and any factors which may aid in minimizing such effects. This research examined the relationship of multiple out-of-home placements and children's psychosocial functioning. Specifically it was hypothesized that while controlling for demographic information and entry-level factors:

> H_1: Children with more out-of-home placements would receive recommendations for more types of mental health services.
>
> H_2: While additionally controlling for the number of placements experienced by the child, it was hypothesized that shorter average lengths of stay per placement would be associated with recommendations for more types of mental health services.

H_3: Children with more out-of-home placements would be reported to exhibit more types of negative behaviors.

H_4: While additionally controlling for the number of placements experienced by the child, it was hypothesized that shorter average lengths of stay per placement would be associated with reports of the exhibition of more types of negative behaviors.

Previous research in this area has offered evidence in support of the hypotheses postulated in this study. However, much of this research failed to control for the reasons surrounding the initial removal from the home. Consequently, such studies have been criticized and their findings often minimized. Iglehart (1993) did examine the impact of reason for placement on foster care maladjustment for adolescents and reported that this maladjustment may need to be further distinguished from the problems that accompany children into care. It was the suggestion of Iglehart (1993) that the availability of mental health assessments and evaluations for children entering foster care would help illuminate this distinction. The present study incorporated the number of different mental health services recommended to the children as a partial measure of psychosocial functioning and thus begins to bridge this gap in the research. However, due to the correlational nature of these data it must be stressed that the hypothesized explanation is not the only possible explanation. It cannot yet be fully ruled out that it is the child's personal history (e.g., severity of family abuse) which has affected his or her psychosocial functioning and that the subsequent number of out-of-home placements is the result of, rather than the origin of, impaired psychosocial functioning. That is, a child, because of his or her

individual life circumstances, may enter the foster care system with greatly impaired psychosocial functioning and thus have a greater initial need for mental health services, be more difficult to care for and consequently experience multiple placements. However, the administrative database utilized for this study did not contain indicators regarding the severity of abuse/neglect suffered or the length of time over which the abuse/neglect is thought to have occurred. While some indicators of the degree of abuse/neglect suffered by the child were found in caseworker narratives, the narratives are largely subjective. Until standardized measures of such aspects of children's prior experiences can be implemented, along with a greater consistency in collecting this data, a conclusive answer to this elusive question seems unlikely. However, due to the vital importance of the care of children and the impact their mental health will have on their future, research on this and related matters must attempt to provide direction and guidance in the best interest of the children.

Chapter Seven: Method

Sample

A placement impact assessment of foster children's psychosocial functioning was conducted using a random sample of 443 cases from the Nebraska State Foster Care Review Board Tracking System. Cases for this study were selected from a larger cohort (N = 2,342) of cases involving children age 4-12 years, at time of initial placement, who entered care between January 1, 1994, and December 31, 1995, and who remained in care at least six months. No racial/ethnic or gender criteria were pre-established as a basis for case selection.

Data for this study were extracted from an administrative database, which contained longitudinal records of the foster care histories of all children in the foster care system in the state of Nebraska after 1993. (Appendix A contains a sample data form.) Because these data were documented by different foster care caseworkers and related personnel, the data are subject to some degree of subjectivity. Additionally, due to the development of these data primarily for the purpose of governmental reporting requirements, a great deal of family-child related information is not maintained and therefore was unavailable to this study. To limit the subjectivity of these data, the present study relied only on data believed to be both valid and reliable based on the data meeting at least one of the following three criteria. First—simplicity; variables which were straightforward such as age, gender, race and other demographic information. Second—function; the data served as a required method of monitoring foster care activity and therefore included organizational factors such as number of placements or time in

placement. Third—the source; the data were considered valid and reliable as a reflection of their source—for the purposes of this study, a licensed mental health professional. Such data included the type of exhibited behavioral problems and the type of mental health services recommended. Narrative data were also examined as a means of cross-referencing the data extracted from the administrative database.

In spite of these limitations, the database provides a considerable deal of information regarding foster children which would be difficult to attain using other methods. The database made available large samples, and the longitudinal nature of the database allows for the study of placement transition over an extended time period.

Measures

Dependent variables. Psychosocial functioning is a broad construct which can cover a number of different domains to include cognitive, developmental, physical, behavioral, emotional and social functioning. A measure of psychosocial functioning was constructed loosely based on that used by Landsverk et al. (1996). Data containing information obtained from the psychological assessments of foster children were abstracted. Specifically, the number of different types of negative behaviors exhibited and number of different mental health services recommended were utilized. Data regarding negative behaviors were extracted from the case review documentation and psychological updates maintained in the case files (See Table 1 for frequencies). A comprehensive listing of the types of negative behaviors utilized by this study is located in Appendix B. Data on mental health services were extracted from case narratives which

included summations of the psychological assessments including the different mental health services recommended to the child. (See Table 2 for frequency distribution.)

Table 1: Frequency Table -Total Number of Negative Behaviors

Number of Behaviors	Frequency	Percent
0	82	18.5
1	46	10.4
2	91	20.5
3	33	7.4
4	33	7.4
5	23	5.2
6	31	7.0
7	24	5.4
8	18	4.1
9	10	2.3
10	12	2.7
11	8	1.8
12	6	1.4
13	6	1.4
14	4	.9
15	4	.9
16	4	.9
17	0	.0
18	1	.2
19	1	.2
20	2	.5
TOTAL	439	99.1
Missing	4	.9

Table 2: Frequency Table - Number of Mental Health Services Recommended

# Svs.	Frequency	Percent
0	5	1.4
1	177	40.0
2	110	24.8
3	32	7.2
4	18	4.1
5	9	.2
9	1	.2
11	2	.5
TOTAL:	354	79.9
Missing	89	20.1

Control variables. Entry-level variables included race/ethnicity, gender, reason for placement (RFP), and age at time of initial placement. These measures were extracted directly from the administrative database and cross-referenced against case file narratives. If discrepancies were found, information from the actual case files was used as a measure of protection against miss-keyed data in the computer database. These variables were then included as a means of control for variance in explaining psychosocial functioning as it related to number of placements and average duration of placements. The administrative database utilized a total of seven race/ethnic categories. However, based both on the theoretical foundations that minority classes cannot be viewed as a homogenous group and on the frequency distribution of the original seven racial categories, race/ethnicity was collapsed into four categories: Caucasian, African American, Native American and Hispanic (See Table 3). Four cases were dropped from further analysis because they were sufficiently unique in character (1 Asian, 3 Unknown) that they could not be amalgamated into one of the four categories and were too few in number to constitute an independent category. Gender was coded as a bivariate variable, male or female (See Table 4).

The RFP was extracted directly from the administrative database, which utilized a total of 35 specific reasons for placement. The listed RFP was then cross-referenced against case file narratives and if discrepant information was found the reason listed in the actual case file was utilized. For example, for cases that did not list "abuse" as the primary RFP in the database, but in the case narrative did indicate that abuse was a factor

Table 3: Frequency Table - Race/Ethnicity Categorization

Race/Ethnicity	Frequency	Percent
Caucasian	264	60.4
African American	118	27.0
Native American	28	6.2
Hispanic	29	6.4
Total	439	100.0

Table 4: Frequency Table - Gender

Gender	**Frequency**	**Percent**
Males	217	49.0
Females	226	51.0
TOTAL	443	100.0

Table 5: Frequency Table – Original Reason for Placement

Reason for Placement	Fr.	%	Reason for Placement	Fr.	%
abandonment, absent parent, throwaway, desertion etc.	34	8.5	delinquency -felon of child	2	.5
housing and/or utilities inadequate-homeless	26	6.5	failure to thrive	6	1.5
parenting skills inadequate	30	7.5	neglect-unspecified	37	9.2
homemaking skills inadequate-unspecified	16	4.0	intensive evaluation	1	.2
financial problems-unspecified	1	.2	mental limitations of parents	1	.2
incarceration of parent	13	3.2	sexual abuse-in foster behaviors of child	4	1.0
emotional problems of parent	10	2.5	home unspecified	1	.2
drug/alcohol abuse by parent	55	13.7	physical abuse	29	7.2
chronic family violence-unspecified	51	12.7	emotional abuse, psychological abuse	1	.2
marital problems-unspecified	1	.2	sexual perpetrator-child alleged to be	2	.5
physical illness/ disabilities of parent	.2	.5	failure to protect child	6	1.5
sexual abuse	30	7.5	sibling severe injury	1	.2
unwilling to provide care or parent child	7	1.7	criminal activity parent /parent's friends-child present	2	.5
parent-child conflict	2	.5	other	1	.2
emotional limitations of child	1	.2	supervision of child inadequate	2	.5
developmental/behavioral problems of child	11	2.7	sanitation of home inadequate	2	.5
			suicide attempts by child	4	1.0
drug/alcohol abuse by child	1	.2	Missing	50	2.0
			Total	443	100.0

in the removal of the child, the RFP was coded as abuse. The original 35 categories are shown in Table 5. Based on cohesive similarity in meaning as agreed upon by the researcher and a collaboration of four experts in related fields consisting of a professor from social work, social psychology, school psychology and developmental psychology, the 35 original RFP were collapsed into four separate constructs. The final categories utilized in this study were Abuse, Neglect/Poor Parenting, Child Behavioral Problems, and Other. Table 6 shows the relative frequencies for each of these four categories. Abuse included chronic family violence, sexual abuse, physical abuse, emotional abuse, psychological abuse, failure to protect child, and sibling severe injury or death. Neglect/Poor Parenting included abandonment, absent parent, throwaway (kicked out of house), housing and/or utilities inadequate, parenting skills inadequate, homemaking skills inadequate, financial problems-unspecified, emotional problems of parent, drug/alcohol abuse by parent, unwilling to provide care or parent child, parent-child conflict, neglect-unspecified, mental limitations of parent, inadequate supervision of child, failure to thrive and inadequate sanitation of home. Neglect/Poor Parenting, was the most frequently cited RFP. This may be due to the reluctance of caseworkers to cite reasons for removal from the home which place the child at blame. A protective nature of caseworkers has been shown to be prevalent within the social work profession and could not be confirmed or disconfirmed based on available data. However, attempts were made to verify the RFP coded in the administrative database by examining caseworker narratives in the case files. If the narratives suggested that the child was removed due to behavioral problems on the part of the child in spite of the database listing neglect as the

Table 6: Frequency Table -- Categorized Reason for Placement

Reason	Frequency	Percent
Abuse	144	32.5
Neglect	216	48.7
Child Behavioral Problems	27	6.1
TOTALS:	387	87.3
*excludes "Other" category & missing data (n =56)		

primary reason, the reason for placement was coded as Child Behavioral Problems for this study. Child Behavioral Problems included emotional limitations of child, developmental/behavioral problems of child, drug/alcohol abuse by child, suicide attempt by child, intensive evaluation at delinquent youth facility, incorrigible, ungovernable child, delinquency-felon of child, delinquency-misdemeanor of child, and sexual perpetration by child. The Other category included only six cases and was subsequently dropped from further analysis. The excluded six cases involved a combination of either incarceration of parent for reasons not specified, marital problems-unspecified, physical illness/disabilities of parent, or criminal activity by parent or parental friend in child's presence. This group of reasons for placement involved parental behavior that may not qualify as neglect or abuse, but should not be reflected as related to the child per se. Therefore, due to the small number of cases that met the criteria for this classification

rather than the three established categories, these cases were excluded from further analysis.

The RFP may also be viewed as a structural or organizational variable because it denotes organizational responses to specific types of abuse; some types of abuse are more likely to result in removal from the home than are others. The present analysis treats RFP as a case-specific variable, because it is an experience the child brings with him or her as the child enters placement.

Age at time of placement represents the age in years at which the child was initially removed from the home and placed into care (See Table 7). Age also indicated at what point in the child's life he or she experienced removal from the biological home. As indicated in various attachment research, the process of coping with the stress associated with removal from one's home and placement in a new environment combined with an uncertainty of one's immediate future may be greatly influenced by the age of the child at that time.

Table 7: Frequency Table – Age at Time of Initial Placement

Age	Frequency	Percent
4	33	7.4
5	66	14.9
6	60	13.5
7	54	12.2
8	54	12.2
9	52	11.7
10	47	10.6
11	47	10.6
12	26	5.9
TOTAL	441	99.5
Missing	2	0.5

Independent variables. Structural or organizational variables included the total number of placements and the average placement duration. The total number of placements indicated the actual number of different placements a child experienced since first entering care. The data indicated a range of 1 to 29 placements with a mean of 5.2 placements and a median of 3 placements (See Table 8). The average placement duration is the estimated number of months a child has spent in each of his or her out-of home placement. This measure was calculated as follows: the date of initial placement was subtracted from the date of termination to yield the total number of months a child spent in care. The total number of months spent in care was divided by the total number of placements experienced. This final division provided an estimated average of the number of months spent per placement. It is fully acknowledged that this measure is a rough approximation. The calculated measure inherently assumes an equivalent amount of time

is spent in each placement. This is not typically the case. However, because the administrative database does not maintain movement dates for each placement, the exact number of months spent in each placement can not be calculated. The calculated proxy variable was used to provide further indication of the stability of the child's life during his or her foster care experience. Table 9 shows the frequencies of the average number of months spent per placement.

Table 8: Frequency Table -- Number of Placements Experienced

# Placements	FRQ.	Percent	# Placements	FRQ.	Percent
1	39	8.8	14	4	.9
2	75	16.9	15	1	.2
3	70	15.8	16	1	.2
4	58	13.1	17	2	.5
5	53	12.0	18	1	.2
6	40	9.0	19	2	.5
7	21	4.7	20	2	.5
8	24	5.4	21	1	.2
9	15	3.4	23	0	0
10	9	2.0	24	1	.2
11	7	1.6	29	1	.2
12	6	1.4	TOTAL:	443	100.0
13	8	1.8			

Table 9: Frequency Table – Average Number of Months Spent Per Placement

Average # Months	Freq.	Percent
1	9	02.0
2	31	7.0
3	32	7.2
4	47	10.6
5	26	5.9
6	23	5.2
7	33	7.4
8	20	4.5
9	29	6.5
10	21	4.7
11	11	2.5
12	27	6.1
13	27	6.1
14	6	1.4
15	5	1.1
16	7	1.6
17	10	2.3
18	5	1.1
19	21	4.7
20	4	.9
21	3	.7
22	5	1.1
23	1	.2
24	8	1.8
25	1	.2
26	8	1.8
27	3	.7
28	1	.2
33	1	.2
34	1	.2
35	1	.2
37	1	.2
38	5	1.1
45	3	.7
46	1	.2
48	2	.5
50	4	.9
Total:	443	100.0

Chapter Eight: Results

This study analyzed 443 foster care cases of children 4-12 years of age at the time of initial placement who had entered care between January 1, 1994 and December 31, 1995, and who had spent at least six months in foster care. While the age range at entry was 4-12 years, the average age at entry was 7.75 years and the mode was 5 years. The gender distribution for the sample was nearly equal; 51% of the cases involved female children and 49% of the cases involved male children. Racial distributions were not as evenly distributed. This study utilized four racial/ethnic classifications with over one-half of the cases involving Caucasian children (60.4%). Minority groups were also represented: African American children comprised 27% of the sample, Native American children comprised 6.2% of the sample and Hispanic Children comprised 6.4% of the sample (Table 3). Nebraska is a Midwestern state that comprises a predominantly Caucasian population. The racial/ethnic distribution of the data compared to census data, suggested that minorities are over represented in this foster care population.

The frequencies of reasons for initial placement into out-of-home care were also examined. The reason for placement (RFP) was collapsed into three general categories: Abuse, Neglect/Poor Parenting, and Child Behavioral/Developmental Problems (See Table 6). The most frequently cited reason for placement was Neglect/Poor Parenting (48.7%); this was followed by Abuse (32.5%) and Child Behavioral/Developmental Problems (6.1%). Prior to computing the regression equations, correlations for all continuous variables were examined. (See Table 10.) As expected, the two dependent variables, number of different mental health services recommended and number of

Table 10: Correlation Matrix for All Continuous Variables

	Age	Number of Mental Health Svc.	Number of Negative Behaviors	Number of Placements	Duration of Placements
Age	1.00				
Number of Mental Health Svc.	.125*	1.00			
Number of Negative Behaviors	.205*	.212*	1.00		
Number of Placements	.250*	.151*	.354*	1.00	
Duration Of Placement	-.170*	-.131*	-.218*	-.584*	1.00

**significant level $p<.05$*

negative behaviors exhibited were positively related. Additionally, the two independent variables, Number of Placements and Duration of Placements were strongly negatively related. As expected, the Duration of Placements was negatively associated with both dependent measures, and the Number of Placements was positively associated with both dependent measures. The control variable, Age, was negatively correlated with Duration of Placements and positively correlated with Number of Placements. Age was also positively correlated with both dependent measures.

Hierarchical multiple regression analyses were performed to determine whether the number of placements or the average placement duration was significantly related to the psychosocial functioning of children in out-of-home care when demographic measures and entry-level measures were accounted for. These analyses were conducted using two dependent measures: number of different negative behaviors and number of recommended mental health services. Examination of the first dependent measure, number of different negative behaviors, indicated a total of 10 cases with missing data. Consequently, the analysis of this dependent measure was based on a total sample of 433 cases. These cases comprised 213 males, 220 females and 263 Caucasians, 115 African Americans, 28 Native Americans and 27 Hispanic youth. The RFP for this analysis included 119 Abuse, 226 Neglect/Poor Parenting and 88 Child Behavioral Problems. Examination of the second dependent measure, number of recommended mental health services, indicated a total of 86 cases missing information regarding mental health services. As a result, analysis of this variable relied on 354 cases. These cases comprised 188 females, 166 males and 220 Caucasians, 90 African Americans, 23 Native

Americans and 21 Hispanic youth. The RFP for this analysis included 112 Abuse, 177 Neglect/Poor Parenting and 65 Child Behavior Problems.

The use of hierarchical multiple regression analysis required that dummy coding be used for all categorical variables (gender, race/ethnicity, and RFP). All variables were then entered into the analysis in five separate blocks: age and gender, race/ethnicity, RFP, number of out-of-home placements and average number of months spent per placement. The first two blocks, age and gender and race/ethnicity were included to statistically control for the effects of such demographic factors on the dependent variables. Race/ethnicity was included as a separate block to isolate the effect of race as it relates to psychosocial functioning. The third block, RFP, was included as a separate and unique block in order to isolate the amount of variance accounted for by this entry-level factor in explaining psychosocial functioning. The final two blocks consisted of the independent variables, number of out-of-home placements and average duration of placement respectively. The final two blocks represented the primary relationship under investigation.

Recommended Mental Health Services

It was first hypothesized that while controlling for demographic information and entry-level factors, children who experienced more out-of-home placements would receive recommendations for more mental heath services than children who experienced fewer out of home placements. It was additionally hypothesized that while controlling for demographic and entry-level factors and the number of placements experienced, children who experienced shorter average duration per placement would receive recommendations

for more mental health service than children who experienced longer average duration per placement. Results of the regression analysis are reported in Tables 11 and 12.

Table 11: Beta Table – Number of Recommended Mental Health Services

MODEL 1	MODEL 2	MODEL 3	MODEL 4	MODEL 5	β	St.Er	SIG.
Age					.112	.029	.033
Gender (male)					.162	.134	.002
	Age				.115	.029	.030
	Gender (male)				.159	.135	.003
	African American				-.044	.282	.643
	Native American				.027	.387	.683
	Caucasian				-.013	.262	.897
		Age			.118	.029	.025
		Gender (male)			.159	.136	.003
		African American			-.041	.284	.671
		Native American			.030	.387	.648
		Caucasian			.006	.263	.953
		Abuse			-.072	.167	.252
		Neglect			.052	.162	.409
			Age		.090	.029	.094
			Gender (male)		.142	.136	.008
			African American		-.046	.282	.633
			Native American		.019	.386	.778
			Caucasian		-.001	.262	.993
			Abuse		-.089	.167	.158
			Neglect		.044	.162	.486
			Number of Placements		.121	.017	.028
				Age	.089	.029	.100
				Gender (male)	.142	.137	.008
				African American	-.045	.283	.637
				Native American	.018	.386	.783
				Caucasian	.000	.262	.998
				Abuse	-.086	.168	.175
				Neglect	.045	.162	.475
				Number of Placements	.097	.020	.143
				Average Months/ Placement	-.041	.009	.518

Table 12: Model Summaries for Number of Mental Health Services Recommended

MODEL	R^2	ADJUSTED R^2	R^2 Δ	F Δ	SIG.
Model 1 (age, gender)	.042	.036	.042	7.621	.001
Model 2 (age, gender, race)	.044	.030	.003	0.308	.819
Model 3 (age, gender, race, reason for placement)	.056	.037	.012	2.167	.116
Model 4 (age, gender, race, reason for placement, number of placements)	.069	.048	.013	4.865	.028
Model 5 (age, gender, race, reason for placement, number of placements, average number of months spent per placement)	.070	.046	.001	0.419	.518

Model 1(age, gender) accounted for a total of 4.2% of the variance in explaining the number of recommended mental health services. Age and Gender were positively related to the number of recommended mental health services. Older children and male children received recommendations for more mental health services than did younger children and female children. Model 2 added race/ethnicity to the previous model. The addition of race did not significantly increase the amount of variance accounted for in explaining the number of mental health services recommended. Model 3 (age, gender, race, RFP) adds the RFP to the analysis. RFP did not significantly increase the amount of variance accounted for in explaining the dependent measure.

Model 4 added the first independent measure, number of out-of-home placements experienced, to the previous model. The addition of this independent measure increased the amount of variance accounted for 1.3% above that of Model 3 thus accounting for a total of 6.9% of the variance (See Table 4). While the total amount of variance accounted for is still quite low, under 10%, it is significant in explaining the number of mental health services recommended to the children in out-of-home care. This finding supported the first hypothesis: children who experienced more out-of-home placements received recommendations for more mental health services than did children who experienced fewer out-of-home placements. Model 5 attempted to further explain the amount of variance in recommendations for mental health services with the addition of the second independent measure, average duration of placement. The addition of this measure did not account for any additional variance. The average duration of each placement was not predictive of the number of mental health services recommended for the child. The

second hypothesis, that decreased average duration per placement would positively relate to the number of recommended mental health services, was not supported.

Number of Negative Behaviors

The third hypothesis was that while controlling for demographic information and entry-level measures, children who experienced more out-of-home placements would be reported to exhibit more negative behaviors. It was further hypothesized that while continuing to control for the demographic information and entry-level measures and while controlling for the number of placements experienced by the child, children who experienced shorter average placements duration would be reported to exhibit an increased number of negative behaviors. The results of the regression analyses are reported in Tables 13 and 14.

Model 1 (age, gender) accounted for a total of 5.8% of the variance in explaining the number of negative behaviors exhibited. Age and Gender were both significantly related to negative behaviors. Again, as with the previous dependent measure, older children and male children exhibited more negative behaviors than did younger children and female children. Model 2 added the measure of race/ethnicity. Race/ethnicity was not significantly related to the number of negative behaviors exhibited. Additionally, Model 3 (age, gender, race, RFP) accounted for less than 1% of the variance above that accounted for in Model 2. Thus, the RFP was not significantly related to the number of negative behaviors exhibited.

The addition of the first independent variable, number of out-of-home placements experienced in Model 4 accounted for a total of 16.4% of the variance in explaining the

number of negative behaviors. The number of out of home placements accounted for 8.8% of the variance in explaining the number of negative behaviors, above and beyond that of Model 3. The added independent measure was the strongest contributor to this model and provides support for the hypothesis that increased number of placements would be positively relate to the number of negative behaviors exhibited. Children who experienced more out-of-home placements were reported to exhibit more negative behaviors.

Model 5 added the second independent variable, average placement duration, to Model 4. The addition of this measure did not contribute anything above and beyond that already accounted for by Model 4. The hypothesis that decreased average placement duration would positively relate to the number of negative behaviors exhibited was not supported.

Table 13: Beta Table for Analyses of Number of Negative Behavioral Indices

MODEL 1	MODEL 2	MODEL 3	MODEL 4	MODEL 5	β	St. Er.	SIG.
Age					.198	.079	.000
Gender (male)					.125	.375	.007
	Age				.194	.079	.001
	Gender (male)				.129	.375	.006
	African American				.180	.773	.033
	Native American				.084	1.006	.125
	Caucasian				.224	.722	.011
		Age			.193	.079	.001
		Gender (male)			.134	.377	.004
		African American			.171	.776	.044
		Native American			.093	1.006	.130
		Caucasian			.221	.726	.013
		Abuse			.050	.465	.353
		Neglect			.071	.436	.190
			Age		.116	.077	.011
			Gender (male)		.087	.363	.053
			African American		.152	.740	.060
			Native American		.060	.961	.307
			Caucasian		.201	.691	.018
			Abuse		.010	.446	.845
			Neglect		.054	.415	.298
			Number of Placements		.314	.047	.001
				Age	.116	.078	.011
				Gender (male)	.088	.364	.053
				African American	.152	.740	.061
				Native American	.059	.963	.311
				Caucasian	.201	.692	.018
				Abuse	.011	.447	.835
				Neglect	.054	.416	.295
				Number of Placements	.307	.056	.001
				Average Months/ Placement	-.012	.023	.826

Table 14 Model Summaries for Analyses of Number of Negative Behavioral Indices

MODEL	R^2	ADJUSTED R^2	$R^2 \Delta$	F Δ	SIG.
Model 1 (age, gender)	.058	.053	.058	13.348	.001
Model 2 (age, gender, race)	.072	.061	.014	2.175	.090
Model 3 (age, gender, race and reason for placement)	.076	.061	.004	.911	.403
Model 4 (age, gender, race, reason for placement, and number of placements)	.164	.148	.088	45.373	.001
Model 5 (age, gender, race, reason for placement, number of placements average number of months spent per placement)	.164	.146	.000	.048	.826

Chapter Nine: Discussion

A total of 443 foster care cases involving children 4-12 years of age at the time of initial placement, who had entered care between January 1, 1994 and December 31, 1995, and who had spent at least six months in foster care were analyzed. The database accessed for this study provided a cross-sectional sample of children entering the foster care system and allowed for the statistical control of demographic measures and entry-level measures, specifically reason for placement (RFP). Consequently, this study was able to develop an understanding of the relationship between the number of out-of-home placements experienced and children's psychosocial development.

It was initially hypothesized that while controlling for demographic and entry-level factors, children who experienced more out of home placements would be reported to receive recommendations for more types of mental health services. Hierarchical multiple regression analyses supported this hypothesis. Specifically, the results indicated that even when controlling for age, gender, race and RFP, children who experienced more out-of-home placements received recommendations for more types of mental health services. The predictive model for the number of different mental health services was significant. However, this model accounted for less than 10% of the total variance in the dependent variable.

Given the strain that already exists on the social service system, the positive relationship between number of placements and the number of mental health services recommended should not be overlooked. The positive relationship found between number of out-of-home placements and the number of recommended mental health services

indicates that children who experience more out-of-home placements are also likely to require additional services. Additional services, in this case mental health services, require greater funding and more resources. Consequently, children who experience more placements have an increased probability of requiring more financial resources and greater personnel time and service allocations than children who do not experience numerous placements. Takayama, Bergman and Connell (1994) supported the assertion that foster children utilize more mental health services than children not in foster care. Takayama et al. (1994) reported in the state of Washington that some form of mental health services was utilized by 25% of foster care children under the age of eight while only 3% of AFDC children under the age of eight utilized mental health services. Given this greater utilization of mental health services by children in out-of-home care, it would be beneficial to more closely examine the relationship between the utilization of mental health services and children's foster care adjustment. In order to more closely examine the relationship between mental health services utilization and foster care adjustment, however, more specific, longitudinal data must be maintained.

Additionally, as expected, the number of out-of-home placements was positively associated with the number of negative behaviors. The proposed model for explaining number of negative behaviors statistically controlled for age, gender, race and RFP. The predictive model for the number of different negative behaviors exhibited, accounted for nearly 20% of the variance in explaining number of negative behaviors (16.4%) which is rather substantial given the subjective and limited data involved in this research. In addition, over half of the variance accounted for by this model (8.8%) was due to the

independent variable, number of out-of-home placements. Children who experienced more out-of-home placements were reported to exhibit more negative behaviors even when controlling for age, gender, race and RFP.

The positive relationship between number of placements and number of negative behaviors is consistent with the findings of Dore and Eisner (1993). Dore and Eisner (1993) found that even for children who entered out-of-home care due to their own emotional or behavioral problems, multiple placements increased their psychological anxiety which in turn amplified their pre-existing problems. The authors further asserted that placement instability, because of the continual demand to readjust to new environments and people, exacerbates impulsive behavior.

Both the current finding that multiple placements are positively associated with increased negative behaviors and the findings of Dore and Eisner (1993) are consistent with the basic assertions of attachment theory, social learning theory and the social development model. Specifically, if a child is continually moved from placement to placement, he or she does not have sufficient time to form a meaningful social bond or attachment with a positive target figure. Consequently, the child is either unable to develop a secure sense of attachment (attachment theory) or the child is unable to form a meaningful bond with a positive, influential model (social learning theory, social development model).

Because many children in foster care have not formed early secure attachments or bonds to significant others, they are more likely to be socially inhibited and to engage in constricted interactions with others (Charles & Matheson, 1990). Attachment is not,

however, an all-of-none phenomena. As discussed previously, attachments are dynamic and can change over time. Consequently, foster children may take an extended period of time to adapt to new environments and take longer to reach out to supportive adults in that environment. Therefore, multiple placements may impede the process of attachment or bond formation between a child and a significant adult even in ideal environments. When the process of attachment is impeded, a child is less confident about his or her ability to reach out to others as a means of fulfilling his or her need for belongingness and this culminates in a mistrust of others and general frustration which may be expressed through the child's negative behaviors (Charles & Matheson, 1990).

However, it is frequently argued that it is the child's negative behavior that results in multiple placements (Proch & Taber, 1987; Stone & Stone, 1983; Walsh & Walsh, 1990). A child who exhibits severe or frequent negative behaviors may be moved numerous times because foster parents do not feel that they can handle the child and subsequently request the child be re-located. The argument that negative behaviors leads to multiple placements runs somewhat counter to the assumptions of social learning theory and the social development model. Both models assert that if a child is in a positive environment with a responsive, supportive caregiver the likelihood of learning and exhibiting positive behavior should increase.

The social development model further asserts that the likelihood of a positive influence on a child's behavior is not likely to increase until an attachment or social bond is formed with the caregiver. The formation of an attachment or bond between two individuals is a gradual process that must occur across time. Consequently, any negative

behavior the child exhibits is not likely to decrease simply because the child is placed in a "positive and supportive environment." Therefore, it could be argued that foster parents should be more fully informed about the child they are taking into their homes and the behaviors that they might expect from that child. If this information is provided to foster parents prior to placement, and they are given the opportunity to ask questions and seek advice regarding the best method of relating to the child, foster parents may be more able to prepare themselves to deal with negative behaviors over a longer period of time in order to allow sufficient time for attachment to occur.

The analysis between number of placements and number of negative behaviors controlled for age at the time of initial placement. However, it must be acknowledged that age at termination was not controlled for; consequently, part of the variance accounted for in the predictive model may be due to the children's progression into adolescence. Of the 443 total cases, 116 involved children who were between the ages of 13 and 15 at the time of termination. The number of negative behaviors a child exhibits tends to increase as the child enters adolescence. Therefore, analyses that examines both age at entry and termination may provide a clearer understanding of the degree to which the number of placements is truly associated with negative behavior.

It was also found that the reason for placement (RFP) was not significantly related either to the number of different mental health services recommended or to the number of negative behaviors exhibited. That is, children who entered care due to Child Behavioral Problems did not tend to exhibit more negative behaviors or receive recommendations for more mental health services than children who entered care due to Abuse or Neglect/Poor

Parenting. This is somewhat surprising, given the prevalence of emotional, behavioral and developmental disorders among children in out of home care.

Two possible explanations for the lack of a significant relationship between RFP and the number of negative behaviors are that (1) multiple out-of-home placements, not the specific RFP, influences the likelihood of negative behaviors or (2) RFP has little to do with a child's actual behavior. The premises of the first explanation again is exemplified by the argument made by Dore and Eisner (1993) and is consistent with the fundamental assertions of attachment theory, social learning theory and the social development model. That is, children who experience numerous placements lack the opportunity to form positively directed bonds or secure attachments simply because they may not be given sufficient time to do so. This again results in a potential insecure attachment or lack of a meaningful bond with a positive target figure.

The second suggested explanation is a less frequently acknowledged possibility. The theoretical argument that placement instability results from and augments pre-existing negative behavior and exacerbates impulsive behavior is based the assumption that RFP is indicative of a child's actual behavior. That is, Child Behavioral Problems is assumed to mean that the child exhibited problem behavior prior to entering care and that this behavior was the predominant reason the child was placed in out-of-home care. Conversely, a child entering care due to Abuse or Neglect/Poor Parenting is not assumed to have exhibited negative behaviors above that normally expected for a child of a particular age.

One problem with this retrospective assumption is that children with disabilities such as Downs Syndrome are frequently classified as entering care due to Child Behavioral Problems (emotional or developmental limitations of the child). This categorization does not necessarily include actual negative behaviors per se. Similarly, a child brought into out-of-home care due to Neglect, may have exhibited sever behavioral problems prior to entering care. In fact, it may have been the child's negative behaviors that led to an inquiry about the child's home environment and ultimately to the conclusion that the child was being neglected. Yet, because caseworkers often do not want to blame the child for his or her removal from the home by specifically indicating the child's negative behavior, the case is classified as Neglect. The determination of RFP is a legal issue and cannot be assumed to depict the child's actual behavior before or after placement into out-of-home care.

The hypotheses that decreased average duration of placements would be positively associated with the number of recommended mental health services and the number of exhibited negative behaviors were not supported. The average placement duration did not account for variance in either dependent variable beyond that accounted for by the number of placements. This approximation of placement duration was neither a strong, nor accurate, measure of placement duration because it did not take into consideration the variation in placement duration. A child in care for one year, with four placements would have an average placement duration of three months. However, that child may, in actuality, have experienced one placement that was 1 week long, a second that was seven weeks long, and a third that was 6 months long and a fourth that was four

months long. Therefore, the average placement duration was a crude estimate. More accurate and specific longitudinal data is needed in order to construct a more accurate measure of placement stability. If complete longitudinal data were maintained regarding children's behaviors in out-of-home care, reasons for placement moves and time spent at each placement more definitive answers could be obtained.

In summary, the question of "which came first?", out-of-home care or negative behaviors, remains unanswered. There remains to be many possible alternative explanations and too little detail specific. Longitudinal data on individual children in foster care is needed before a definitive answer to this question can be reached. Various child-related factors may ultimately interact with the various organizational factors to predict a child's adjustment to foster care. However, the results of the current study suggest that placement disruption could affect the adjustment process resulting in more types of negative behaviors. This is intuitive when one considers the fact that every time a child is moved from one placement to the next, the child must start adjusting to a new environment and family all over again. This continual state of stress that accompanies adjustment to new and strange environments, is likely to lead to frustration and anger in a child. This frustration and anger may then be expressed in the form of negative behaviors.

That is, the continual dualistic focus on either negative or positive behaviors is a simplification that cannot be applied to child development. Rather, researchers need to look at behavior on a continuum. While the findings of this study are not inconsistent with the theory that multiple out-of-home placements result in children who exhibit more negative behaviors, they are also not inconsistent with the theory that children with many

negative behaviors experience multiple out-of-home placements. Future research should follow individual children longitudinally in order to determine if children exhibit more negative behaviors as they experience more out-of-home placements. Additionally, future research must find a more reliable and valid measure of children's pre-placement behavior. RFP, as measured in this study, was neither a reliable or valid measure of pre-placement behavior. Without some accurate measure of a child's behavior before placement and a temporal tracking of behavior change across placements, research can not make a causal assertion regarding the relationship between the relationship between multiple placements and negative behaviors.

Longitudinal research is needed to more clearly sort out the causal factors related to the significant correlation found in this study between number of placements and negative behavior. A chronology of behavioral assessments and a more precise tracking of the time a child spends in each placement is needed. Future research should more clearly separate pre-placement and post-placement behaviors and should not rely on reason for placement as a measure of either type of behavior. Additionally future research needs to examine age, gender and racial differences in the number of placements experienced, the number of mental health services utilized and the types of negative behaviors exhibited.

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APPENDIX A

Nebraska Foster Care Review Board Data Forms

APPENDIX B

Listing of Negative Behavioral Indices Identified by This Study

While many of these behaviors may seem "normal in name" bear in mind that these behaviors were noted as problematic by a mental health professional based on their frequency and severity and the degree to which the behaviors resulted in problems in other areas of the child's life.

Afraid of dark
Aggressive toward others
Alcohol use
Angry
Anxious
Argumentative
Ate feces/drank urine
Attempted murder of family member
Biting
Bossy
Breaking and entering
Carried own feces around in plastic bag
Challenges authority figures
Clingy behaviors
Compulsive
Criminal mischief
Cruelty to animals
Defiant/Disrespectful
Depressed
Destroys property
Difficult social interaction with peers
Disrespectful towards women
Does not accept feedback/take "no" for an answer
Driving stolen vehicle
Dysthymia
Eating problems
Encopresis
Enuresis
Explicit Sexual Comments
Expresses resentment towards biological parents
Fears abandonment
Fecal smearing
Frequent masturbation
Gang activity
Generally disruptive
Grandiose story telling
Hitting
Hoards food/overeats
Homicidal behavior

Hyperactivity
Illegal drug use
Imaginary friends (older children)
Impulsive
Inattentive/off-task frequently
Instigative
Lying/dishonesty
Manipulative
Mood swings
Narcissistic behavior
Nightmares
No remorse/empathy
Nocturnal wondering
Obsessive
Oppositional behavior
Pinching
Poor coping skills
Poor perception of personal boundaries
Poor social skills
Possession of weapon
Possessive of personal belongings
Probation revoked because of negative behaviors
Problems sleeping
Profanity/Swearing at others
Protective/parentified role
Pulling hair
Refuses to attend school/do homework
Refuses to obey rules
Rocking behavior
Runs away
School suspension for negative behavior
Secretive guarded
Self-harmful behaviors/masochistic
Sexual molestation of others
Sexual molestation of others using physical force
Sexual perpetration on self (insertion of objects into vagina/rectum)
Shoplifting
Starts fires
Suicidal behavior
Temper tantrums
Theft
Threatened to kill others
Uncooperative
Urinated/defecated in inappropriate locations

Used weapon against family member
Verbally aggressive
Violent behavior
Withdrawn