
**Foster Parent Training:
Managing Child Behavior Problems**

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Phase I Final Report
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A. General Scientific and Technological Aims

The aim of the project in Phase I was to develop, produce, and evaluate a core component of a media-based training program for foster parents. Instruction focused on helping parents to manage noncompliant behavior in children 6-12 years of age. Noncompliance is an underlying feature of many behavior problems exhibited by foster children. Parents often try using more coercive strategies to try to stem the behavior, which only increases the child's resistance. Persistent and escalating noncompliance quickly frustrates parents and often undermines the success of many foster child placements.

This training component was designed to give parents a neutral, practical, and effective way of understanding and responding to noncompliant behavior. The approach, based on a social learning theory, modeled a prosocial process for managing behavior. The instructional premise was to teach parents to objectively view child behavior in terms of minding or not minding. The predicate for this was to establish and communicate a clear set of rules, and to monitor behavior. Accordingly, parents could then follow up by either setting limits to deal with not minding, or using encouragement to reinforce minding.

A central feature of the approach was to use video for presenting problem behavior in realistic contexts familiar to foster parents and for effectively modeling parenting skills.

The research goal of the project was to evaluate whether the training decreased the frequency of problem child behavior in the home and whether parents felt they were more effective in responding to problem behavior.

B. Phase I Research Activities

Product Development

The proposed training program was intended for use by foster parent trainers working with small groups of parents. The curriculum consisted of an integrated set of materials, including a leader's guide, a set of four video instructional segments and 15 very brief practice scenarios, and a take-home poster. Instruction was planned for two 90-minute sessions.

The video segments introduced instructional concepts, presented various problem situations, and modeled appropriate parenting skills. The video practice scenarios provided parents with opportunities to apply specific parenting skills. The poster served as a take-home review reference for parents.

The curriculum materials were developed in several stages by the research team, which included Dr. Caesar Pacifici, the principal investigator, Dr. Patricia Chamberlain, the project consultant, and the media director. Much of the training hinged on the

specific content of the video instructional segments. Therefore, that portion of the program was developed first. The outline for the curriculum was then expanded into its final written form. This enabled the instruction and video materials to be well integrated. Following that, the video practice scenarios and take-home poster were produced.

Focus groups consisting of foster parents and specialists were used to provide critical input to the research team about the instructional video segments.

Focus Groups

Three focus group activities were conducted with foster parents and specialists, as follows:

#1: Foster Parents Identifying Problem Situations

The goal of the first focus group was to help the research team generate an array of possible problem behaviors for video treatments and to gain insight about the social contexts of problem situations. For this activity foster parents were individually interviewed by telephone. A private one-on-one conversation, rather than a group format, was deemed more suitable for eliciting frank information from parents about problem situations with their foster children. Eight foster parents were interviewed, four men and four women—two Latinos, two American Indians, one African American, and three Anglo Americans. Foster parents were first asked to describe a problem situation they had with a foster child. They were then asked what they thought the reasons for the behavior were, as well as what their own feelings about and initial response to it had been. Next they were asked how the child reacted to their initial response. If the child did not comply, the foster parent was asked what other attempt(s) he or she had made to gain compliance. Finally, foster parents were given an opportunity to make any additional comments.

Information from the interviews was summarized and used by the research team to select and depict four problem situations for the video segments. The situations were: dawdling over homework, disruptive running around at home, aggressive behavior toward younger siblings, and interrupting inappropriately.

#2: Foster Parents Evaluating Video Treatments

The video treatments were presented to a second focus group of 10 foster parents, four men and six women—nine Anglo Americans and one Latino. After each segment was presented, parents were asked to comment about its accuracy and relevance. The feedback was used to guide the writing of the scripts.

The following major points were given about the four treatments:

- Clearly model the importance of consistency in parental practices.
- Emphasize the message that behavior change takes time.
- Foster children should be included in the process of setting limits.

- Since compliance may be difficult to recognize, foster parents need to actively look for desirable behavior.
- Short-term forms of encouragement such as verbal encouragement should be supplemented by material rewards or use of a point system.
- Techniques for setting limits and giving encouragement should be individualized to the characteristics of the child.

#3: Foster Care Specialists Evaluating Video Scripts

The four video scripts were presented to a focus group of six foster care specialists. Participants were given the scripts to read one week in advance of the meeting. The group consisted of one male and one female African American, and two male and two female Anglo Americans. At the meeting, the producer gave a brief overview of the instructional design of a script, then read the script, allowing the members of the group to interrupt at any point to make suggestions. After each script was read, a short discussion took place. The project consultant was in attendance to observe and assist with the discussion.

The group's major recommendations were as follows:

- One of the families portrayed should include a foster child who is a grandchild or nephew or niece, to reflect the trend toward foster care of relatives.
- The recommended behavior management process should be established more clearly and earlier in the first segment.
- The importance of parental consistency should be addressed at the end of the first segment.
- A message about the importance of parental flexibility should also be included.

The group also suggested some minor changes in wording and in a few details to make the vignettes more credible or accurate. All feedback was used to create the final script for production.

Description of Video Content

A two-videotape set, *Focus on Minding*, was produced. Tape 1, which is 30 minutes long, looked at how four foster families solve typical child behavior problems. Blending simulated parent interviews with re-enactments, this video demonstrated the combined use of encouragement and limit setting as a technique for improving children's behavior. Tape 2, which is 8 minutes long, presented a series of 15 situational vignettes that allowed viewers to discuss and practice the technique. A synopsis of each tape follows. The two videos are attached as Appendix A.

Focus on Minding: Tape 1. The tape incorporates a docudrama format in which actors portray foster parent couples who talk frankly and realistically about parenting their foster child. It begins by portraying four foster parent couples from diverse ethnic

backgrounds who identify a behavior problem they've had with one of their foster children. The narrator says the program will present a practical way to reduce child behavior problems, by helping foster children learn to mind, using encouragement and setting limits. The first foster family is then seen, both in simulated interviews and dramatized re-enactments, dealing with a foster daughter who's not doing her homework. The foster parents are frustrated. Their method of giving consequences has not been working, and the problem has been getting worse.

At this point, the narrator describes a new and more effective approach, which begins with identifying the problem behavior and then using a combination of encouragement and setting limits to change it. *Encouragement* is spelled out to include giving a child positive input, praise for desirable behavior, and rewards for jobs well done. *Setting limits*, the narrator says, puts brakes on unwanted behavior. It entails giving a child a consequence, a time out, or removing a privilege. *Minding* is when children choose to follow rules, for which parents should give encouragement. *Not minding* is when children choose not to follow rules, which should lead to a consequence that sets a limit. As described, the key to this approach is to recognize whether a child is minding or not.

Once the approach has been described, the first foster family is shown implementing it, with promising results. In an interview at the end of this segment, the foster parents give some advice to other parents, for example: don't get drawn into arguments, be flexible, don't expect change to come immediately, and be consistent. The narrator encourages parents to work on a specific problem, and to begin by stating it in terms of a rule. A consequence should then be set for failure to follow the rule. When the child minds, s/he should be given encouragement. When the child doesn't mind, s/he should be given the consequence to set a limit. At the end of this segment, instructions are displayed on screen to pause for discussion.

In each of the remaining three segments, another foster family is portrayed, both through simulated interviews and dramatized re-enactments, applying this approach to the solution of a different behavior problem with a foster child. (The instructions to pause the tape for discussion are repeated after each of these segments.) The second family's problem is a young foster son who can't play with other children without getting too wild. These foster parents say that it's easier to see *not minding* than *minding*. They stress the need, though, to notice good behavior, to notice when children *are* minding, and to give encouragement when children do behave well. A point system for giving rewards is briefly described.

The third foster family is dealing with an angry eight-year-old foster son, who hits and generally terrorizes other children. The focus of this segment is on giving encouragement when children mind. Parents need to learn to look for good behavior, and then praise it. It is pointed out that some foster children are not used to getting attention for positive reasons, but it works. The approach here entails first, making a rule: for example, to protect other kids, no hitting is allowed. When parents see good

behavior, they should give encouragement immediately, and for longer-term good behavior, they should give a reward, as well as consequences for not minding. Rewards should be things the child likes.

The fourth foster parent couple is frustrated by the behavior of a foster daughter, who interrupts all the time and inappropriately. They decide to try the encouragement plus limits approach and find that it works. They describe it as a simple idea, but emphasize the need to stay focused on it. The narrator mentions that finding appropriate consequences can be hard and says that consequences should be light, e.g., a brief time out in another room. A carefully planned limit-setting procedure can be very helpful. Again, parents are cautioned not to expect instant change, and they are urged to be patient.

Focus on Minding: Tape 2. The second videotape consisted of 15 vignettes or practice scenes depicting interactions between foster parents and children. A cue, "please pause tape for discussion," followed each vignette. Thus, after each vignette, the group discussed what was happening in the scenes in terms of minding or not minding and applied relevant parenting skills.

The first five practice scenes presented various forms of minding or not minding: for example, a child saying "okay" to his mom's request that he pick up his mess before dinner but not doing it; a child gesturing rejection of his mom's request and not complying with it; and a child complaining about the request but complying with it. These scenes were meant to sharpen foster parents' skill at recognizing minding.

The next five scenes depicted situations in which it would be appropriate to use encouragement. The vignettes showed, for instance, two young foster children helping their mom in the kitchen, happily peeling potatoes and telling each other jokes; a young foster child cleaning marks off a wall while the mother supervises; and another young child playing quietly on the floor while the foster mother talks on the phone. The final five scenes depicted situations which called for the use of limit setting; for example, one showed two foster children playing wildly and inappropriately at a laundromat, another portrayed a young boy drawing on a wall, and another showed two foster children playing loudly and rambunctiously while their mother tries to talk on the phone nearby.

Instructional Program

Two curriculum guides and a review poster were developed for foster parent trainers. One version of the curriculum included video, and one version did not include video. Both were designed for teaching two, two-hour classes. Instruction for each version is described below. The complete guides are attached as Appendix B. The review poster is included as Appendix C.

Project Evaluation

Subjects

Certified foster parents who had at least one foster child between the ages of 6 and 12 currently living in their home were eligible for participation in the project. Recruitment of foster parents was accomplished through the cooperation of State of Oregon Services to Children and Families (SCF) branch offices in Coos, Lane, Multnomah, Polk, and Tillamook Counties, as well as The Casey Family Program branches in Seattle and Tacoma, Washington. Recruitment flyers describing the project, attached as Appendix D, were distributed to eligible foster parents by the cooperating branch offices.

Initially, 90 eligible foster parents volunteered to participate in the project. A final sample of 63 foster parents eventually completed the project and were included in the data analysis. Of the 27 parents who volunteered but did not complete the project, 18 missed one or both of the training classes; five did not have an eligible foster child in their home for the duration of the project (one foster child moved before the subject's participation began; three foster children moved before the parents completed the study; one foster child died during the project). Two foster parents were not yet certified and therefore were not eligible to participate. In addition, two foster parents who completed the study were the spouses of other foster parents who also completed the study, and a decision was made to exclude their data from the analysis on grounds that the data might be confounded.

As expected, most of the foster parents in the sample were female (about 94 percent).

Procedure

Parents who volunteered to participate were asked to sign and return a consent form and a one-page background information questionnaire. Participants attended two two-hour foster parent training classes, held a week apart. In addition, they completed up to 10 brief telephone interviews, five prior to the first class and five following the second class. These pre- and post-intervention interviews were conducted in telephone calls to the subjects' homes. The purpose of the calls was to administer the study's main outcome measure, the *Foster Parent Daily Report*, which is described below.

Eligible parents were sent the recruitment flyers which announced the times and places of the classes, and were asked to respond if they were interested in participating. Treatment and comparison classes were offered during daytime and evening hours. Foster parents who volunteered for the project signed up for the class time most convenient for them, without knowing whether the video would be shown as part of the classes at that time or not. Thus, subjects self-selected themselves for either the treatment or control condition, in a way consistent with random assignment.

Of the 63 foster parents in the sample, 36 were in the treatment group and 27 in the control group.

Eight trainers were recruited through their respective participating sites. All trainers

were asked to teach both versions of the foster parent training classes, i.e., both with and without video, the former constituting the treatment condition and the latter the comparison or control condition. Although support was offered, the curriculum guide was sufficient for preparing trainers to teach the classes.

Treatment Condition

Foster parents in the treatment group attended two two-hour classes in which watching segments of the *Focus on Minding* video tapes was interspersed with discussion and practice activities. The first class began with personal introductions and introduction of the topic by the trainer. The class then viewed the first segment of *Focus on Minding: Tape 1*, after which there was a discussion on noticing minding. The second segment of the video was then viewed, followed by a discussion on noticing *not* minding. After this discussion, the class viewed the first five practice scenes on *Focus on Minding: Tape 2*, which depicts brief instances of children minding and not minding. The trainer paused the tape after each scene and facilitated a discussion of the scene in terms of minding or not minding. At the end of the first class, the trainer gave subjects an assignment to carry out at home during the week before the second class. The assignment was to select a specific behavior the parent would like the foster child to do at home, ask the child to do it at least once a day, and then indicate each time the child minded or not on a *Behavior Tracking Sheet*.

The second class opened with a discussion of parents' results with the *Behavior Tracking Sheets*. Foster parents identified the behavior they tracked, how many times they asked their foster child to do the identified behavior, and how many times the child had minded. Parents were also asked by the trainer to describe what they had done when the child had minded or not minded. Next the class viewed the third segment of *Tape 1*, which is about using encouragement, and then they discussed it. This was followed by viewing and discussing the five scenes on *Tape 2*, which depicts various child behaviors deserving of encouragement. Foster parents were asked by the trainer to think of examples of three different kinds of encouragement (verbal, non-verbal, and rewards) that they could give in response to each situation. After this practice activity, the fourth and final segment of *Tape 1*, about limit setting, was shown and discussed. Parents were asked, e.g., how they might use limit setting to effectively deal with their foster child not minding. Then the final five scenes on *Tape 2* were shown, all five being instances of behavior calling for limit setting. Foster parents in the group were asked to respond to questions such as the following: What rule would you give the child about minding? What warning signal would you give the child about not minding? What possible consequences would you use to deal with this behavior, and which do you think would be the most effective? At the end of the second class, foster parents were given an instructional poster to take home as a reminder of the steps to take in getting children to mind. Finally, they were asked to complete the one-page *Participant Satisfaction*

questionnaire.

Control Condition

Foster parents in the control condition also attended two two-hour classes. The only difference between this and the treatment group was that it did not include viewing the *Focus on Minding* videos. Time devoted to viewing *Tape 1* in the treatment group classes was replaced in the control group classes by group discussions of the same topics covered by the video. Instead of viewing *Tape 2*, control group foster parents listened to the trainer read descriptions of the same practice scenes. When control group subjects had completed the project, a copy of the *Focus on Minding* video was sent to them to view and keep, along with the same instructional poster given to treatment group subjects at the end of their second class.

Measures

Copies of all measures are attached as part of Appendix E.

1. *Foster Parent Daily Report* (FPDR). This measure was adapted from the *Parent Daily Report* (Chamberlain & Reid, 1987). Parents are asked to report whether or not any of 31 child behavior problems occurred at home in the previous 24-hour period. The measure is well-suited for repeated daily assessments. The instrument is especially effective in picking up low-frequency behavior. The administration of the measure requires minimal training (about one hour) and is not perceived to be intrusive by parents. The PDR has good psychometric characteristics: intercaller reliability = .98; interparent reliability = .89; and test-retest reliability = .82. The PDR has concurrent validity with in-home observations of child behavior (Patterson, 1976; Fleischman, 1981; Reid, Hinojosa-Rivero, & Lorber, 1979).

In the current study, the first part of the measure used the standard PDR behavior checklist items. This part yielded five separate outcome scores—an overall score and four subscales (Chamberlain & Reid, 1987): Aggression (items 1,2,7,10, 16,18,20,22,26,27), Immaturity (items 3,5,6,9,14,17,19,21,23), Unsocialized (items 13,15,24,25,28,30, 31), and Retaliation (items 4,8,12,29). Scores were computed as the mean of items over all calls at baseline and termination.

As the names of the scales indicate, four aspects of child behavior are being measured. The Aggression scale measures acting out behaviors, both physical and verbal; sample items are aggressive, argue, defiant, yell. The Immaturity scale measures behavior such as that which, while appropriate for all children at some times, is inappropriate when exhibited to a great degree. Some sample items in that scale are tantrum, fearful, whine, and pout. The Unsocialized scale is made up of items that indicate the child is not following social rules of conduct, either not being considerate of others (hyperactive, lying, etc.) or breaking the law (stealing, getting into trouble at school, etc.). The Retaliation scale measures behavior that can be thought of as “getting even”. Sample

items in that scale are competitive, destructive, not eating meals.

The second part of the measure asked parents follow-up questions about how they responded to occurrences of problem behavior. Specifically, parents were asked whether they gave consequences (yes/no) and to rate (on a scale of 1-10) how effective they were. Parents were then asked whether they used encouragement (yes/no) and to rate (on a scale of 1-10) how effective that was. Finally, parents were asked to give a global rating (on a scale of 1-10) on how well their child minded. Scores were computed as the mean of item responses over all calls at baseline and termination.

2. *Background Information (BI)*. This questionnaire, created for the present study, included questions referring to the foster parent and the foster child on whom the parent focused in responding to the FPDR. Foster parents were asked their age, gender, race, income, education level, and number of birth children, as well as several questions about their foster parenting experience. They also were asked the foster child's gender, age, and race, as well as questions about the child's experience in the foster care system and about the child's educational, behavioral, or mental health problems.

3. *Participant Satisfaction (PS)*. Two versions of this questionnaire were created for the study, one for the treatment group and the other for the control group. Five questions were common to both versions. Three asked foster parents to rate, on a 4-point scale, the effectiveness of the classes, and two asked them to rate, on a scale of 1-10, the overall quality of the classes and their trainer. Ten additional questions in the treatment group version asked foster parents to evaluate various aspects of the videos, as well as the overall quality of the videos.

The FPDR was administered to both treatment and control subjects in a series of telephone calls, at least three prior to the first class and at least three following the second class. The BI was completed by all subjects prior to attending the first class, and the PS was completed by all subjects as the final activity of the second class.

Four telephone interviewers were trained by the PI to administer the FPDR protocol. Interviewers were randomly assigned to call subjects for the pre-intervention wave and again for the post-intervention wave. Thus, a subject may have had the same or two interviewers across pre- and post-intervention waves.

Hypotheses

Hypotheses addressed two main outcomes:

1. Child behavior problems:
 - Foster parents in the intervention group were expected to report fewer instances of child behavior problems following treatment than foster parents in the control group, as measured by the overall problem behavior score.
 - Post-hoc analyses examined whether type of behavior, as defined by the four FPDR subscales, was differentially affected by the intervention.
2. Parent responses:

- Foster parents in the intervention group were expected to report greater frequency in their use of consequences and encouragement following treatment than foster parents in the control group.
- Foster parents in the intervention group were expected to report greater efficacy in their use of consequences and encouragement following treatment than foster parents in the control group.
- Foster parents in the intervention group were expected to report increased compliance by their children following treatment than foster parents in the control group.

Results

Preliminary analyses were conducted to test for baseline equivalence on a variety of demographic and background variables. The treatment and control groups were found to be reasonably comparable. Parents in the intervention group had slightly more birth children than those in the control group. Foster children in the control group received more mental health services. Also, foster children in the treatment group had a higher number of previous placements.

Characteristics of the foster parents and children are displayed in Table 1 and Table 2, respectively. (All tables in this section are shown in Appendix F.)

Outcome Analyses for Child Behavior Checklist

As discussed, the FPDR was the major outcome measure for this study. Five outcome scores are reported for this measure, an overall score and four behavior cluster scores: 1) Aggression, 2) Immaturity, 3) Unsocialized, and 4) Retaliation. Scores were computed as the mean of items over all calls at baseline and termination. Only families who completed at least three baseline and three termination calls were included in these analyses to ensure that the behaviors in question were adequately sampled.

The four cluster scores were analyzed in a repeated measures MANOVA with two main factors, Group and Time (pre/post). There was no significant Group or Time effect. The Group by Time effect was marginally significant, $F(4,54) = 1.99$, $p = .11$. Inspection of the univariate results indicated that on two of the four scores (Aggression and Immaturity) the treatment group had improved more than the control group, though these results were only marginally significant. On one score, Unsocialized, both groups improved. On the Retaliate scale, the treatment group reported a drop in the rate of these behaviors while the control group reported a slight increase; this difference was significant at the $p = .01$ level.

The overall score was analyzed using a repeated measures ANOVA with two main factors, Group and Time (pre/post). Results indicated that the treatment group improved more than the control group, although this interaction was only marginally significant, F

(1,57) = 2.42, $p=.13$).

Means, standard deviations, and F values are shown in Table 3.

Outcome Analyses for Parent Responses

Parents also were asked four follow-up questions about how they responded to their child's behavior: whether they gave a consequence (frequency) and how effective they thought that was; whether they gave encouragement (frequency) and how effective they thought that was. In addition, parents were asked to rate how well their child minded in the previous 24 hours.

The scores for the frequency of giving consequences and encouragement are reported as the proportion of times the parents said yes over the six calls. Scores rating the effectiveness of those consequences and encouragement, as well as how well the child complied, are reported as the mean over the six calls, with high scores indicating positive ratings.

The scores regarding the frequency of giving a consequence and giving encouragement were analyzed in a repeated measures MANOVA with two main factors, Group and Time (pre/post). There was a significant Time effect for both variables, indicating these behaviors increased for all parents over time. There was no significant Group effect or Group by Time interaction effect.

The scores regarding parent ratings on the effectiveness of their consequences and encouragement were analyzed in a repeated measures Group by Time MANOVA. There were no significant main or interaction effects for these outcome variables.

The score measuring child compliance was analyzed in a separate repeated measures ANOVA. There were no significant main or interaction effects for this outcome variable.

Means, standard deviations, and F values are shown in Table 4.

Consumer Satisfaction

All subjects in both groups were given a consumer satisfaction questionnaire. Those in the treatment group also completed items which rated the quality, effectiveness, and relevance of the videos. In general, no difference was observed between the two groups on the rating of the quality of the classes, the instructors, nor how helpful they perceived the curriculum to be. Table 5 presents means, standard deviations, and F values for the analyses between the two groups. Table 6 presents means on items rating the videos, which only the treatment group responded to.

Discussion

At first glance, these results appear to be contradictory. The underlying theory driving this intervention is that by changing parent (or foster parent) behavior, child behavior will change. Specifically, by teaching foster parents what appropriate discipline

is, how to administer it, and how and when to encourage desirable behavior, children will decrease behaviors that are problematic and increase behavior conducive to longer term, more successful placements. In examining the results presented above, one finds that parents in both conditions reported that a) they were giving consequences from 70-80 percent of the time before the classes, b) were encouraging their children at about the same level, and c) the frequency parents administered discipline and encouragement didn't change over time or after the classes. In addition, both sets of parents reported finding the classes helpful and of high quality. However, when it came to reporting daily occurrence of problematic child behavior, parents who participated in the video-enhanced classes reported statistically significant differences in child behavior on one of the scales, close to significant changes on two other scales, and no differences on a fourth scale. Thus, child behavior changed differentially, even though parent reports of their own behavior did not.

Although the lack of findings for changes in parent behavior was disappointing, this type of measure is more vulnerable to social desirability response bias. This is understandable since the questions ask parents to subjectively rate their own behavior. Certainly, this is a weakness in the measure. However, it is important to remember that the parent response component of this measure was an addition created by us to try to better understand parent perceptions. The core component of the measure, which is the standardized PDR, has been shown to have good concurrent validity with in-home objective observations of child behavior. Furthermore, responses were based on specific and observable behaviors over a very brief period. While it would have been better to have confirmatory evidence of change reflected in parent responses, from a measurement point of view, parents' ability to report objectively on their child's behavior has been less problematic.

In the current study, both groups were given the same information. The only difference between the two groups was the video component of the intervention group. The addition of the video must be considered as a contributing cause of the reported changes. What are the specific reasons for this? One possible active factor was that parents who saw the tape were given the equivalent of realistic demonstrations of the material being taught in the classes. But beyond that, the skills were modeled by people portrayed as being just like them; not by non-foster parents or an instructor who may not understand the reality of being a foster parent; for example, how to relate to children who come into one's home with a history of failed placements and multiple other problems, what the daily life of a foster parent is like. Thus, the curriculum content per se, and a competent trainer (both groups very favorably rated their instructors) did not produce decreases in child behavior problems as great as those observed in the group which had the benefit of a presentation of video modeling.

Indeed, the fact that both sets of parents rated the instructors and the classes equally highly may strengthen this interpretation of the results. Thus, differential changes in

child behavior could not be attributed to failures in the curriculum or instructor in the non-video group, but were more likely a function of the added video component.

In addition, only four hours of instruction were given, only a small portion of the planned curriculum. That such results could be obtained so efficiently argues yet again for the power of the video component, its unique contribution as a teaching tool, and for extending this project into Phase II activities.

Are there caveats to these results? Of course. The sample size, for example, was relatively small. Though we believe this sample to be representative of foster parents as a whole and of the types of children commonly found in foster care, it is always possible that given a larger sample, we might have found different results. In addition, on two of the scales of child behavior, the results were only marginally significant and the overall MANOVA was only marginally significant also. However, given the sample size and the relatively brief intervention, such results have to be taken as highly encouraging trends even if they are not strictly statistically significant. Given that both groups received the same information from the curriculum, but that only children in the group whose instruction was enhanced by the video changed in the hypothesized and desired directions, realistic video models appear to be a key factor and should be included in the further development of these materials.