

Web-Based Training Center for Foster and Adoptive Parents

A Small Business Innovation Research Grant
from the National Institute of Child Health and Human Development
Grant #5 R44 HD041335-03

to
Northwest Media, Inc.
326 West 12th Avenue
Eugene, OR 97401

Richard J. Delaney, Ph.D.,
Principal Investigator

Project Period: 09/01/2001 - 05/31/2005

Phase II Final Progress Report

This report is an unpublished manuscript submitted in partial fulfillment
of requirements for closing out the above project.

August 3, 2005

A. General Scientific and Technological Aims

In Phase II, we completed the production of a series of interactive multimedia courses for foster and adoptive parents on understanding and managing serious child behavior problems. The series, titled *Foster Parent College*, was produced for use on either the Web (FosterParentCollege.com) or DVD video. The courses address the following topics: stealing, running away, wetting and soiling, sexualized behavior, sleep problems, lying, fire-setting, eating disorders, reactive attachment disorder, safe parenting, self-harm, attention deficit hyperactivity disorder/oppositional defiant disorder, kinship care, positive parenting (cooperation and encouragement, behavior contracts, behavior management skills), and independent living skills.

In Phase II, we studied the effectiveness of two of the courses: lying and sexualized behavior. (The DVD versions of the two courses are provided in Appendix A; companion viewer guides and review questions are enclosed in the DVD cases.) For each course, we examined two outcomes: parenting knowledge and parents' self-perceptions of their confidence, comfort, and objectivity in relation to dealing with the problem behavior.

B. Phase II Research Activities

Program Content

A central focus of this project was to increase the breadth, accessibility, and quality of continuing education for foster and adoptive parents. The considerable daily demands on these parents make attending classes very difficult, if not impossible. Instead, parents often turn to accessible materials such as books, videos, and television shows. However, there is little, if any quality control or supervision involved in the selection or use of these materials. Moreover, parents seldom find materials that are relevant to their specific problems.

The current approach offered some direct solutions to these long-standing difficulties. Our training courses were produced for use on both the Web and DVD video players. These media provide parents and trainers with considerable flexibility for accessing and participating in training. Both these media can be used by individual parents at home as a self-regulating activity; or they can be used by trainers as the basis for facilitated group instruction, either in a class setting or online. Also, because DVD- and Web-based content is repeatable, the approach provides built-in quality control.

Our approach took particular care in assuring that parents could readily use and understand the materials, with and without trainer support. Accordingly, each course focused on a specific type of problem behavior that explored 4 or 5 clinical variations of the behavior. The content was organized into brief segments with clear purposes and goals. A course opened with brief background information about the behavior, narrated by the program host or specialist. Information about the behaviors was then developed through dramatized interviews with foster and adoptive parents who described specific problems they were experiencing with their child. The format for the dialogues varied and included interactions among parents, or between parents and a specialist or host.

Visually, the material was presented via photographic montages of the interviews accompanied by realistic scenes that depicted the family dynamics surrounding the

problem behavior. The presentation was intended to build viewers' comfort with the topics and people in their support network as they learned about the behaviors. Lay language was used throughout.

Information generated by the interactions included a clarification of the problem, as well as pertinent facts about the child's history and background. Each course provided viewers with helpful clinical insights into the problem behavior and suggested steps they could take to alleviate it.

The default program structure took parents through a linear presentation sequence in which each variation of the behavior was explored. Viewers, however, could stop, pause, start, or review, any portion of the program at any time.

The topics and behavior variations in the two courses that we evaluated dealt with lying (lying to save face, lying to gain attention, pathological lying, and lying to get others in trouble) and sexualized behavior (obsessive sexualized behavior, sexual behavior with siblings, seductive behavior towards adults, and public masturbation).

Additional Program Components

Discussion Board:

Our partner for the evaluation study was the California Community College (CCC) system. In our setup discussions with them we learned that they, as well as other community colleges and public and private agencies, prefer online training that includes student-trainer interactions. Together, we decided to add a Discussion Board for each of the online courses. Each participating college had its own Discussion Board. Trainers at each college had administrative control to register their own students, monitor students' progress, and supplement the Discussion Board questions.

The format was valuable also because it:

- C Gave parents the opportunity to instill the knowledge, concepts, and skills from the course, and to apply that information to their situation or to others' situations;
- C Helped develop social networks among parents while preserving the main features and strengths of our approach;
- C Extended the scope of the training; and
- C Engaged the overseeing agency or institution.

The goal of the Discussion Board activity was for parents to use a set of "emotional keys" to help them understand and change a child's problem behavior. The keys, derived from attachment theory, included the child's emotional age, emotional ties, emotional flashpoints, emotional role, emotional blueprint, and body and mind.

Trainers received separate support documentation on the administrators' version of the Discussion Board that explained and applied the emotional keys in the assigned examples.

Each course addressed two keys. The course on lying covered emotional blueprint and emotional flashpoints; the course of sexualized behavior covered emotional age and emotional role.

The Discussion Board activities for parents functioned as follows:

The option to go to the Discussion Board appeared after finishing viewing a course. To gain initial access to the Board parents had to agree to accept the terms of its use, which included rules governing confidentiality, the use of appropriate language, reporting

potentially dangerous information, etc.

Parents were given two brief case examples to discuss for each course. In each case, they were given some background information and the immediate concerns in the situation. They could then respond to two prepared questions that revolved around the emotional key in focus for that case. The Discussion Board for a course was open for one week. All responses were posted and could be viewed only by other participants in the same online community. As mentioned, trainers had the option of participating in the discussion, providing feedback, or asking other follow-up questions.

Online Testing: The pre and post-testing for our evaluation study were also delivered online. Participants were given user names and passwords by their trainer and had to log in with valid registration information to access the courses. Users logging in for the first time had to complete the pretest questionnaires (described below) before being able to access their first course. Once they completed viewing a course they could complete the post-test questionnaires any time thereafter. Responses to all items were in point-and-click format and were automatically written to a database and stored on our server for analysis.

Program Development

The project team included Dr. Delaney, principal investigator; Caesar Pacifici, Ph.D., project director; Lee White, executive producer; Scot Deils, media director; Qiao Jin, programmer; Anthony McCarthy, sound engineer; Damian McDonald, DVD authorer; Kris Hansen, Web designer; and Diane Cissel, graphic designer.

The materials were developed in several stages. For each course, the PI wrote a draft of the original script. The project director edited that draft. Then the executive producer and media director reviewed edited the script for final production, including a description of all photographs and visual elements. The team came to a consensus on final versions for each script before it went into production.

We produced the Web version first and then immediately produced the DVD version.

The first stage of the technical development involved gathering the audio, photographic, and graphical elements. The audio was recorded in-house, then cut and assembled into sound grafts using Cool Edit Pro 1.2a. Storyboards were drawn based on shots called for in the scripts. Photography shoots were scheduled, shot, and then processed using Adobe Photoshop 6.0. Color schemes, shapes and designs were decided and rendered using Photoshop and Flash MX.

These three elements were assembled in the next stage of production. Audio, photographs and graphics were blended in filmic montage using Flash MX.

Next, sound foley and music were added to the soundtrack, and the audio was mixed.

The integrated program was reviewed and checked for technical and content errors.

Once approved, all files were authored for Web and DVD.

In order to achieve the level of interactive education and data tracking needed on the Web, we used a collection of open source technologies on both the server and client side. To host the Web pages we maintain a server running Redhat Linux 7.1 as our operating system and Apache Web Server v. 1.3.12 as our Web server. We store data, retrieve data, and manage user sessions on the server with a server side scripting language called Sun Microsystems Java 1.3. As a data repository we use PostgreSQL database

v.7.1.3. Our server is hosted in-house and connected to the Internet via a one-megabit DSL connection, which provides us with enough bandwidth to handle multiple concurrent users watching educational movies, viewing course material, or taking assessment tests. Clients can use Web browsers such as Internet Explorer 5.5, Netscape 6.0 or later versions, to view the materials. These browsers support Javascript 1.3, which is a client side scripting language used for menuing functionality and state management. We also streamlined the delivery of each course for the Web to scale down the load time for use with dial-up modems.

The process for DVD required the authorer to export each story segment as an audiovisual image (AVI), and then redevelop it in SonicDVDitPE. The graphic designer reproduced the buttons and menu screens and provided these in a format usable by the DVD authorer and designer. The DVD authoring was completed and then reviewed and menus were added for user clarification. As a final step, we burned the final DVD files, designed and created graphic labels and packing, and replicated the DVD as a final product.

Experimental Methods

Sample

Participants were foster parents recruited through the Foster and Kinship Care Education (FKCE) Program of California Community Colleges, which provides training and support to the state's foster families. Lucy Berger, the program's coordinator, worked with us to develop strategies for recruiting parents statewide and implementing the training with participating community colleges. For FKCE, this was their first official online offering, thus it involved system-wide decision making and coordination. An important requirement for FKCE was administrative control and input at the local (college) level. As already mentioned, this involved creating a Discussion Board that served individual college communities and through which trainers could interact with and monitor the program's training activities.

To try to meet our sample requirements and to balance the opportunity to participate in the program throughout the state, FKCE involved one community college in each state region. A trainer from each college participated in several teleconferences with us to work out the details for recruiting and implementing the online training at their site. Each was oriented to the program materials and to using the Discussion Board and the administrative components of the site. Trainers then used their typical channels for recruiting parents in their area for the study, including flyers, newsletters, telephone, announcements at meetings, etc. Only parents who were currently providing foster care, or had in the past, qualified for participation in the study.

The final sample included 97 foster parents from nine colleges who completed both the pre- and post-intervention assessments, as follows: Antelope Valley College (n=5); Cerritos College (n=11); Evergreen Valley College (n=10); Fresno City College (n=4); Grossmont College (n=35); Moorpark College (n=10); Saddleback College (n=10); Solano College (n=8); and Taft College (n=4).

Participation in the study was voluntary. Foster parents who completed the study received credit for four continuing education hours and \$20 compensation.

Procedures

Each college held an orientation class in which interested parents could learn about the Web site and the study, sign the consent form, and register to gain access to the site. Parents were randomly assigned to one of two intervention groups that reversed the order of presentation of the two courses. As shown in the figure below, Group A at each college received the course on Lying first, and Group B received the course on Sexualized Behavior first. All participants completed the same set of questionnaires (course knowledge *for both courses*, parent self-perceptions *for both courses*, and background information) at pre-intervention before they could take their first respective course. The period of training for each course was one week. At the beginning of the second week, participants had to complete the same set of questionnaires before they could continue with the next course. However, this time the background information questionnaire was dropped, and a user satisfaction questionnaire was added.

Group A	Pre-Intervention Assessment	<i>Lying</i>	Post-Intervention Assessment	<i>Sexualized Behavior</i>
Group B	Pre-Intervention Assessment	<i>Sexualized Behavior</i>	Post-Intervention Assessment	<i>Lying</i>

As expected, the foster parent sample was predominantly female (69%). Ethnically, a little over 10% of the overall foster parent sample identified themselves as Hispanic or Latino, while a little over 81% identified themselves as Not Hispanic or Latino. (About 8% of the sample reported their ethnic background as unknown.) Racially, the foster parent sample was more diverse, with nearly 24% of the sample reporting racial backgrounds other than White (see Table 1 in Appendix B). The 97 foster children in the sample were more equally distributed by gender than the group of foster parents. Approximately 47% of the children were females. Both ethnically and racially, far more of the foster children in the sample were from minority backgrounds than were the parents, with 34% of the children being Hispanic or Latino and about 47% of them being non-White (see Table 1 in Appendix B).

We found only one significant difference between the intervention and control groups on demographic and background information. Children of parents in the treatment group for the sexualized behavior course were significantly more likely than children of parents in the control group for sexualized behavior to be receiving school services, $O^2 = 14.11$ ($N = 97$, $p = .00$). However, there was no significant difference between groups on whether the foster children were using mental health services or had ever been suspended or expelled from school.

Data Collection

Pre- and post-intervention assessments were presented and all data were stored online. Subjects were identified in the data set through user names and passwords established when they registered on the site. Identifying information was deleted from all

records at the end of the data collection phase. Subjects pointed-and-clicked their responses to questionnaire items. Assessments took 20-30 minutes. Data for each subject were automatically stored after an assessment was completed.

Measures

Copies of all measures are included in Appendix C.

1) *Background Information*

This questionnaire consisted of demographic questions referring to both the foster parent and the foster child on whom the parent focused when responding to the questions on the Parent Perceptions questionnaire (described below). Foster parents reported their own age, gender, ethnic and racial background, education, income, how long they'd been foster parents, and the number and ages of children they were providing (or had provided) care for. They also noted the foster child's age, gender, ethnic and racial background, history in the foster care system, whether they received special school or mental health services, and whether they'd ever been suspended or expelled from school.

2) *Parent Knowledge - (Lying and Sexualized Behavior)*

Separate knowledge questionnaires were developed for each course, each consisting of 20 multiple-choice and true/false items. Items were based on informational content from the course. Three researchers reviewed the items until reaching a consensus on the appropriateness of content, language, and format.

3) *Parent Perceptions - (Lying and Sexualized Behavior)*

Separate questionnaires were developed for each course that assessed three aspects of parents' self-perceptions regarding their children's problem behavior: 4 items dealt with parents' *confidence* in having the relevant parenting skills; 2 items dealt with parents' *comfort* with having a foster child with the particular behavior problem (lying or sexualized behavior); and 2 items dealt with parents' *objectivity* in situations involving a foster child with the problem. Parents rated how well each statement described their situation with their foster child (1 = *not at all*; 2 = *a little*; 3 = *mostly*; 4 = *very much*).

4) *User Satisfaction - (Lying and Sexualized Behavior)*

In separate questionnaires, parents responded to 11 items that asked them to rate their satisfaction with various aspects of the course on a four-point scale (1 = *not at all*; 2 = *a little*; 3 = *mostly*; 4 = *very much*). Additional items asked parents how long they had spent on the training and their preferred length for the course. Two open-ended questions gave parents an opportunity to describe any difficulties they'd had with the Web site and to make any general comments or suggestions they wanted to about the course. A final item asked parents to rate the overall quality of the course on a scale of 1 (*poorest*) to 10 (*best*).

Results

The results are summarized below in three sections: a description of our research questions, preliminary analyses, and final outcome analyses.

Research Questions

We examined the impact of the training materials on two main outcome variables. We were also interested in how much time parents spent viewing the materials and what they

thought of the program, resulting in three research questions:

1) Controlling for pretest differences, to what extent is there a main effect of group on *knowledge* of key problem behaviors in children (i.e., lying or sexualized behavior), where foster parents in the intervention group demonstrate significantly higher scores on the knowledge questionnaire at posttest?

2) Controlling for pretest differences, to what extent is there a main effect of group on parent *perceptions* of key problem behaviors in children (i.e., lying or sexualized behavior), where foster parents in the intervention group report significantly higher scores on the parent perceptions measure at posttest?

(Note: A .05 alpha level was used to determine significance in all statistical tests, except those related to the two outcome measures for Sexualized Behavior, in which a level of .025 was used, as explained at page 10.)

3) To what extent are the user satisfaction ratings by foster parents in the study sample favorable?

Preliminary Analyses

Alpha Testing.

Prior to the Phase II evaluation study, we conducted an alpha test of the study's two knowledge measures. Six foster parents, recruited through a local foster parent association, completed the Knowledge - Lying and Knowledge - Sexualized Behavior questionnaires once only, without viewing the courses. The group consisted of five foster mothers and one foster father, ages 33 to 58. Of the six, two identified themselves as Hispanic and four as Caucasian. Based on a review of their completed questionnaires, we revised some of the items and responses to make them more clear or, in the case of the few questions which everyone answered correctly, to make them more difficult.

Assumptions of MANCOVA.

This study used a multiple treatments design with pretests and random assignment to groups. Because this design includes a pretest, it allows for the use of more powerful statistical analyses through the use of covariates (Campbell & Stanley, 1963; Shadish, Cook, & Campbell, 2002). We therefore addressed our research questions using a one-way, between subjects multivariate analysis of covariance (MANCOVA). MANCOVA has superior power for detecting differences on multiple dependent variables within a single study. In this design, group served as the independent variable with two levels: intervention and control. Quantitative pretest scores on the Lying and Sexualized Behavior knowledge and parent perceptions questionnaires were standardized to form a composite covariate, and posttest scores on these same measures were used as dependent variables.

Given our choice of experimental design, many of the theoretical assumptions of MANCOVA were met, primarily that we demonstrated an adequate control of sources of extraneous variability. However, before proceeding, we also needed to evaluate the statistical assumptions of this procedure: multivariate normality, equality of variance-covariance matrices (homoscedasticity), linear relations between all quantitative measures, homogeneous regression of all covariates and dependent variables, reliable covariates, as well as independence of independent and dependent measures (no

multicollinearity or singularity). During the model selection process, an AOV was determined to be the most appropriate model for the measures of Sexualized Behavior. Therefore, MANCOVA assumptions are presented only for measures of Lying.

Using visual analysis of histograms, we found that the distribution of pre- and posttest scores on both quantitative measures was approximately normal for both groups. With respect to the assumption of homoscedasticity, Levene's test of Equality of Error Variances was nonsignificant, Lying-Knowledge $F(1, 95) = 2.71, p = .10$; Parent Perceptions $F(1, 95) = 0.90, p = .35$; Sexualized Behavior-Knowledge $F(1, 95) = 0.08, p = .78$, indicating that the assumption of equal variance covariance matrices was tenable.

We also used visual analysis of scatterplots to examine linearity of relations between and among dependent variables, covariates, and dependent variable/covariate pairs. All scatterplots indicated moderate linear relations. With respect to correlations for the lying measures, the covariate was found to correlate significantly with both dependent variables, Lying-Knowledge $r = .27, p = .01$; Parent Perceptions $r = .48, p < .00$. However, the dependent variables were not significantly correlated, $r = .04, p = .71$, indicating that multicollinearity was not an issue in this sample. For the sexualized behavior knowledge measure, a significant, positive correlation was found between the posttest and pretest, $r = .40, p < .00$.

Finally, we assessed for an interaction between group and covariate. This step is important, even though we utilized random assignment to groups, because it ensures that there are no pre-existing group differences at pretest. No significant differences were found between the covariate for either the measures of lying, $F(1, 95) = 0.71, p = .40$, or the sexualized behavior-knowledge measure, $F(1, 95) = 0.09, p = .76$.

When assessing the reliability of our covariates, we found moderate alpha coefficients for both measures used to evaluate the Lying program: Knowledge (.62) and Parent Perceptions (.78), and modest-moderate coefficients for the measures used to evaluate the Sexualized Behavior program: Knowledge (.51) and Parent Perceptions (.81). Test-retest coefficients were modest for the measures associated with the Lying program: Knowledge ($r = .45$), Perceptions ($r = .64$), and the Sexualized Behavior program: Knowledge ($r = .35$), Perceptions ($r = .68$). Salvia and Ysseldyke (2004) recommend reliability coefficients above .60 for research and group decision-making purposes. It is important to note that MANCOVA is robust to violations of this assumption when there are no missing data and sample sizes are large and equal. In this case, sample sizes were relatively equivalent between groups ($n_{\text{intervention}} = 48, n_{\text{control}} = 49$), and there were no missing data from pre- to posttest. Convinced that our statistical analysis was appropriate, we began the model selection procedure to choose the most appropriate analysis for dependent measures.

Selecting Appropriate MANCOVA Model - Lying.

Whenever conducting an analysis using a covariate, one must consider multiple models and accept the most parsimonious. The first model, unequal slopes and unequal intercepts, was abandoned, given that the differences in slopes for the intervention and control groups were neither significant, $F(2, 92) = 2.80, p = .07$, nor important ($O^2 = .06$).

We chose to analyze our data using the second model, assuming equal slopes and unequal intercepts, given that the slopes for both intervention and control groups were significantly different from zero (Knowledge: $t_{94} = -7.09, p < .00$; Parent Perceptions: $t_{94} = -3.08, p < .00$).

Selecting Appropriate MANCOVA Model - Sexualized Behavior.

The model selection process for the measures of sexualized behavior indicated that a univariate model was most appropriate. We chose to analyze data for the Knowledge measure using ANCOVA model two, assuming equal slopes and unequal intercepts, given that the slopes for both intervention and control groups were significantly different from zero (Knowledge: $t_{94} = 5.22, p < .00$). Data for the perceptions measure were best analyzed using a traditional analysis of variance (AOV), as a result of *intercepts equal to zero* for the two groups; Parent Perceptions: $t_{94} = 1.68, p = .10$.

Outcome Analyses - Lying

To evaluate our first two research questions, we examined the multivariate effect for group using an equal slopes MANCOVA model. We found a significant multivariate effect of group, $F(2, 93) = 43.25, p < .00$, as well as a large, overall effect size for the model, $O^2 = .48$ (see Table 3 in Appendix B).

Outcome Analyses - Sexualized Behavior

To control for Type I error, given multiple univariate comparisons, the Bonferroni procedure was used. Therefore a .025 alpha level was used to determine significance in each of the following analyses.

We evaluated the effect of group on the knowledge measure using an equal slopes ANCOVA model. We found a significant effect of group, $F(1, 94) = 30.37, p < .00$, as well as a large, overall effect size for the model, $O^2 = .24$ (see Table 3 in Appendix B). Data from the perceptions measure were analyzed using an ANOVA model. The effect of group on this measure was non-significant, $F(1, 93) = 4.52, p = .04$.

Implementation Fidelity.

Regarding implementation fidelity, we were pleased with what we found. Only 7.2% of the 97 parents reported spending less than 1 hour with the online training; 25.8% reported spending about 1 hour with it; 48.5% reported spending about 2 hours; and 18.6% reported spending more than 2 hours on the training. We believe these results indicate that foster parents in the sample found the courses interesting and useful enough to hold their attention. We further believe that the rather substantial amount of time parents devoted to the online training courses contributed to the gains they made on the outcome measures.

User Satisfaction Data.

Our third and final research question was the extent to which user satisfaction ratings by foster parents in the study sample were favorable. Results of our analysis of the user satisfaction data were gratifying. For example, the 97 parents who completed the study gave the courses an overall mean rating of 7.84 on a scale of 1-10 (where 1 is the *poorest quality* and 10 is the *highest*). On the same scale, 71% of the sample gave the courses a rating of 8 or higher, and only 5% gave the courses a rating below 5.

On a 4-point scale (where 1=*not at all*, 2=*a little*, 3=*mostly*, and 4=*very much*), 89.7% of participants found the Web site very easy to use, giving it a score of either 3 or 4. On the same 4-point scale, 88.6% of participants answered "3" or "4" when asked if they

would recommend the course to other parents. And 89.7% responded with a rating of 3 or 4 when asked if they would like to receive more online training. Means on the 4-point scale for these three questions were 3.49, 3.53, and 3.58, respectively. (See Table 5 in Appendix B for means on all of the individual user satisfaction items and on the overall user satisfaction rating.)

In advance of the study we wondered whether parents' satisfaction with the online courses would be affected by the type of Internet connection (dial-up versus high-speed) that they had. Somewhat to our surprise, we found no significant relationship between Internet connection type at posttest and mean rating on any of the user satisfaction items. That is, parents with dial-up connections expressed approximately the same level of satisfaction with the online courses as did parents with high-speed connections.

In response to the open-ended question asking what difficulties participants had using the Web site, 58 of the 97 study participants (about 60%) responded "none" or something comparable. Among the 39 who cited some difficulty, the most common ones related to logging in and finding or using their password. Most of the open-ended comments parents made about the courses were positive. Following are a few examples that reinforced our belief that Foster Parent College is providing the kind of training that foster parents want and need:

- *I like the on-line training because it gave me the opportunity to go over the material as much as I needed and in the hours that I needed.*
- *I liked it very much and learned a lot, and would like to do more onlin courses.*
- *This is great. It is an easy, fast way of learning. I would do it again. Thank you very much.*
- *I thought it was Great!!!! I really appreciate being able to do these courses online as it is difficult to attend class outside my home due to the type of Foster/Adopted children I have.*
- *It was nice because I am a slow learner, I do not always get it when in a class room and it moves fast. I was able to listen and go back when I needed with no pressure.*
- *Thank you, thank you, thank you for providing a training format which fits in with our busy schedule!*

Parents also provided some useful suggestions which we will try to incorporate as we move forward in the development of Foster Parent College. For example, they suggested some additional topics they would like to see offered, and several said it would be useful to have courses on the same topic available at different levels, beginning and advanced, for parents with varying levels of knowledge and experience.

Discussion

The current project was a further test of FosterParentCollege.com. In Phase I, we found that a sample of foster parents who took a course on anger outbursts showed greater improvements on their clinical knowledge about the problem behavior and in perceptions about their own parenting compared to a control group. In Phase II, we found continuing evidence that supported the viability of this training approach with two more courses, one on lying and another on sexualized behavior.

Using the same types of measures as those in Phase I, our findings showed that foster parents who took either course made significant improvements in knowledge compared to a no-treatment control group. Gains in parenting perceptions reached significance only for

the course on lying, but improvements for the course on sexualized behavior were in the expected direction and approached significance.

Overall, therefore, it appears that these courses not only impart a clearer understanding of specific problem behaviors for parents, but improve their sense of competence in dealing with the behaviors. The combination of increased knowledge and self-efficacy is, at the very least, a positive indicator that parents can and will appropriately apply the knowledge to their situation.

The Discussion Board also provided another important link in helping parents translate knowledge into practice. Although it was not a component in the original design of the site, we added it to meet the training needs and preferences for the California Community Colleges system (CCC). The Discussion Board provided a substantial option to the course work that will likely increase its value with community colleges, nationwide. The coursework, therefore, can now be offered in two formats: interactive group training, or individualized training.

The current study involved an intensive cooperative effort with California's community college system that helped forge a model for bringing more parent training from FosterParentCollege.com to California and to other states. The development of the community-based administrative component on the site was a significant technical and instructional achievement that enabled individual colleges to customize, extend, and monitor instructional interactions with their foster parent trainees. Our collaboration with CCC was positive throughout the planning and implementation stages of the study. Trainers in the nine participating sites encountered few technical or conceptual difficulties. As reported, parents also responded very positively to the format. In spite of the newness of using the Web for training, they overwhelmingly enjoyed it, found it easy to use, would recommend it to other parents, and wanted more of it.

We began this project with the desire to create and empirically test quality training materials that were more accessible for foster parents and that gave them the flexibility of choosing materials germane to their particular needs. Given the importance of training foster parents, as well as the ongoing requirements for training, it is remarkable that so few materials have been formally evaluated. The current study not only provided such a test, but one that speaks to a novel form of training for today's foster parent. The findings, along with the urgency of filling this very important need, set the stage for using Web and DVD technology to bring ongoing training to foster parents, even in the immediate future.

References

- Campbell, D. T., & Stanley, J. C. (1963). *Experimental and quasi-experimental designs for research*. Boston: Houghton Mifflin.
- Salvia, J., & Ysseldyke, J. E. (2004). *Assessment in special and inclusive education* (9th ed.). Boston: Houghton Mifflin.
- Shadish, W. R., Cook, T. D., & Campbell, D. T. (2002). *Experimental and quasi-experimental designs for generalized causal inference*. Boston: Houghton Mifflin.

Appendix A

Foster Parent College Courses on DVD:

Lying

Sexualized Behavior

Appendix B

Tables

Table 1

Sample Demographics Part I

Item	Foster Parents		Foster Children	
	%	<i>n</i>	%	<i>n</i>
Gender				
Female	69.1	67	47.4	46
Male	30.9	30	52.6	51
Ethnic Background				
Hispanic or Latino	10.3	10	34.0	33
Not Hispanic or Latino	81.4	79	54.6	53
Unknown	8.2	8	11.3	11
Racial Background				
White	75.3	73	45.4	44
Black or African American	10.3	10	14.4	14
American Indian or Alaska Native	2.1	2	4.1	4
Native Hawaiian or Other Pacific Islander	0.0	0	1.0	1
Asian	2.1	2	2.1	2
Multiracial	3.1	3	12.4	12
Other	6.2	6	13.4	13
Unknown	1.0	1	7.2	7
Age group(s) generally provide care for				
Birth to 4 years	37.1	36		
5 - 9 years	16.5	16		
10 years and older	9.3	9		
Multiple age groups	37.1	36		
Foster child receives school services	49.5	48		
Foster child receives mental health services	52.6	51		
Foster child has been suspended or expelled from school	15.5	15		

Note. A significant difference between parent groups in the sample was found on only one item in the background information questionnaire, i.e., whether or not their foster children were receiving any school services.

Table 2

Sample Demographics Part 2

Item	Foster Parents (N = 97)		Foster Children (N = 97)	
	Mean	Median	Mean	Median
Age (in years)	47.84		7.76	
Highest level of school completed ^{a,b}		Some college		
Previous year's gross family income ^{a,b}		\$50,000 - \$59,999		
How long a foster parent (in years) ^b	7.22			
Current number of foster children ^b	1.64			
Total number of foster children cared for ^b	26.61			
Length of time in foster care system (in years) ^c			3.77	
Number of previous placements ^c			1.98	
Length of time in current placement (in years) ^c			2.46	

^a Nominal scale, not appropriate to report mean scores.

^b Not applicable to foster *children* sample.

^c Not applicable to foster *parent* sample.

Table 3

Results of Equal Slopes MANCOVA/ANCOVA for Three Outcome Measures

(Lying-Perceptions, Lying-Knowledge, Sexualized Behavior-Perceptions)

Source	<i>df</i>	<i>F</i>	<i>O</i> ²	<i>p</i>
Group - Lying ^a	2, 93	43.25*	.48	<.00
Group - Sexualized Behavior (Knowledge) ^b	1, 94	30.37*	.24	<.00

^a MANCOVA Model 2 is used, assuming equal slopes and unequal intercepts.

^b ANCOVA Model 2 is used, assuming equal slopes and unequal intercepts.

* $p < .00$.

Table 4

Mean Performance on Parent Knowledge and Perceptions Scales - Lying and Sexualized Behavior - at Posttest

Scale	Intervention			Control		
	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>
Parent Knowledge - Lying ^a	.74*	0.02	49	.57	0.02	48
Parent Perceptions - Lying ^b	2.50*	0.04	49	2.32	0.04	48
Parent Knowledge - Sexualized Behavior ^a	.73*	0.16	48	.61	0.16	49
Parent Perceptions - Sexualized Behavior ^b	2.33	0.04	48	2.20	0.04	49

* Differences are significant at $p < .01$.

^a Parent Knowledge scores are reported as the percentage of items correct out of 20 possible questions.

^b Parent Perceptions scores are reported as the average rating of three items on a scale from 1 (*not at all*) to 4 (*very much*) with higher scores indicating greater self-perceptions of confidence, comfort, and objectivity in dealing with the particular behavior problem (lying or sexualized behavior) in their foster children.

Table 5

Means and Standard Deviations for Individual Items and Overall User Satisfaction

Item	Intervention Group		
	<i>M</i>	<i>SD</i>	<i>N</i>
On a 4-point scale, where 1 = <i>not at all</i> , 2 = <i>a little</i> , 3 = <i>mostly</i> , and 4 = <i>very much</i> :			
Did you find this course helpful for understanding lying/sexualized behavior?	3.25	0.75	97
If one of your foster children has a problem with lying/sexualized behavior, how helpful was this course for solving the problem?	2.88	1.04	42
Was the online instruction better than other types of training you have received?	2.84	0.85	97
Did you learn new parenting techniques for children who lie/ exhibit sexualized behavior?	2.91	0.95	97
Was it helpful that the course addressed different types of problems with lying/sexualized behavior?	3.42	0.72	97
Was working with the scenarios on the Message Board helpful?	2.62	0.86	97
Did the Message Board help you to feel that you were interacting with other class members?	2.35	0.91	97
Were the visual stories realistic?	3.44	0.61	97
Was it easy to use the Web site?	3.49	0.77	97
Would you recommend this course to other parents?	3.53	0.72	97
Would you want to receive more online training?	3.58	0.71	97
Would you like more training on this topic?	2.73	0.87	97
On a scale of 1 to 10, where 1 is the <i>poorest quality</i> and 10 is the <i>highest quality</i> , how would you rate this course?	7.84	1.75	97

Appendix C

Measures

Background Information (Part 1)

The following questions are about YOU.

1. Which are you? (*check one*)

- foster parent kinship parent
 social worker other staff

2. Gender:

- Female Male

3. Age: _____ years

4. Ethnicity (*check all that apply*):

- Hispanic or Latino Not Hispanic or Latino Unknown

5. Race (*check all that apply*):

- White Black or African American
 American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
 Asian Other: _____
 Unknown

6. Highest level of school completed:

- Junior High Bachelor's (BA/BS) degree
 High School / GED Master's (MA/MS) degree
 Some college Doctorate (Ph.D.)
 Associate Arts (AA) degree

7. Previous year's gross family income:

- under \$20,000 \$40,000 to \$49,999 \$60,000 to \$69,999
 \$20,000 to \$29,999 \$50,000 to \$59,999 over \$70,000
 \$30,000 to \$39,999

8. How long have you been a foster parent? _____ Years _____ Months

9. How many foster children are you providing care for currently? _____

10. How many foster children have you provided care for in total?

11. Which age group of children do you generally provide care for? (*check all that apply*)

- birth to 4 years 5-9 years 10 years and older

Background Information (Part 2)

The following questions are about one of YOUR FOSTER CHILDREN. If you have more than one foster child, choose ONE child to think about in answering the questions for our study. We prefer that you choose a child who has, or may have, problems with lying or sexualized behavior.

1. Age: _____ years
2. Gender:
 Female Male
3. Ethnicity (*check all that apply*):
 Hispanic or Latino Not Hispanic or Latino Unknown
4. Race (*check all that apply*):
 White
 American Indian or Alaska Native
 Asian
 Unknown
 Black or African American
 Native Hawaiian or Other Pacific Islander
 Other: _____
5. How long has your foster child been in the foster care system? _____ Years _____ Months
6. Was your foster child placed with other families before yours?
 Yes No

If Yes, how many other families? _____
7. How long has your foster child lived in your home? _____ Years _____ Months
8. Does your foster child receive any school services?
 Yes No
9. Does your foster child use any mental health services?
 Yes No
10. Has your foster child ever been suspended or expelled from school?
 Yes No

Lying Parent Perceptions

Read the statements below, then indicate for each one how well it describes you and your foster child right now.

1 is not at all; 2 is a little; 3 is mostly; and 4 is very much.

	<i>not at all</i>	<i>a little</i>	<i>mostly</i>	<i>very much</i>
1. I would recognize if I needed to get professional help for my child's lying.....	1	2	3	4
2. I would know how to handle my child if he or she had a serious problem with lying.....	1	2	3	4
3. I can recognize different types of lying in children.....	1	2	3	4
4. I understand what causes different types of lying in children.....	1	2	3	4
5. If my child had a serious problem with lying and stealing it would affect his or her placement in our family.....	1	2	3	4
6. I feel drawn into power struggles with my child when he or she lies.....	1	2	3	4
7. I feel my child's lying is aimed personally at me	1	2	3	4
8. I feel comfortable talking with other parents about my child's problem with lying.....	1	2	3	4

Note: Because the online version of this questionnaire has just one question per page, we are instead submitting this version. The questions are the same.

Lying

Parent Knowledge

Answer Sheet

1. The most common child behavior problem reported by foster parents is stealing, followed by lying.

True.

False.

Lying is the single most common child behavior problem reported by foster parents. (from Introduction)

2. To help a child break the cycle of lying to get others in trouble:

a. Have a few family discussions about lying and tattling.

b. Give him or her as much of your positive one-to-one attention as you can.

c. Spend more time together doing things as a whole family.

d. Forbid and don't listen to any tattling.

You could try pre-emptive strikes of positive one-to-one attention with Allie. Family time may not work with her because it's shared attention, not exclusive time. (from Getting Others in Trouble)

3. When you catch a child breaking something or making a mess, and he says "I didn't do it," a good approach is to discuss the situation with him right on the spot.

True.

False.

If the child says "I didn't do it" when he does things like break something or make a mess, don't debate the subject with him. That only gives him practice in trying to get around the facts. You can simply say, "Please clean up this mess and we'll talk later." (from Getting out of Trouble)

4. When children lie to impress people or to gain attention:

a. It's a normal passing phase in their development.

b. It indicates that they feel needy, lonely, or invisible.

c. It indicates an inflated sense of self-importance.

d. The lies are often very close to the truth.

Some children lie because their egos are so deflated. They make up stories because they feel needy, lonely, or invisible... They want to be noticed, to be approved of. (from Gaining Attention)

5. Children who are pathological liars:

a. Lie as a way to escape adult control over their life.

b. Know when they are lying and when they are telling the truth.

c. Often lie to get others in trouble.

d. All of the above.

Armand learned that lying set him free – free from his father's domination, free from that control, and free from the whole adult world. (from Pathological Lying)

6. Children almost never tell real stories from their past to get sympathy from others.

True.

False.

Actually, many foster and adoptive children tell their real stories for sympathy as well. And they don't have to lie to get pity. (from Gaining Attention)

7. Children who lie and tattle rarely get discovered.

True.

False.

If Allie gets others in trouble, she comes out looking good. [But] it doesn't really work for her, of course, because everyone catches on to her eventually. (from Getting Others in Trouble)

8. To help a child who is a pathological liar, parents should:

a. Be firm and keep tight control over the child's life.

b. Avoid acknowledging his or her lying.

c. Use punishment consistently to teach the child not to lie.

d. Encourage the child to speak out and assert him- or herself more.

Another way to help Armand is to get him to speak out, no matter how much it may turn others off. Let him know he doesn't have to agree with you or anyone else. (from Pathological Lying)

9. Kids who steal and then lie about it when they get caught:

a. Need to be punished for both the stealing and the lying.

b. Need to be punished for the stealing but not for the lying.

c. Need to learn to ask for what they want.

d. Need to learn to be less demanding about what they want.

Kyle needs to be coached to ask for things on a daily basis. Let him know it's okay for him to want things, to ask for things, to earn things, and to be openly demanding about what he wants. (from Getting out of Trouble)

10. In abusive homes, children learn that it doesn't feel any safer when they lie than when they tell the truth.

True.

False.

In abusive homes, children learn it's safer to stay hidden and to keep your thoughts, emotions, and the truth under your hat. (from Pathological Lying)

11. For foster or adopted children who lie, negative reactions from others can be reinforcing.

True.

False.

She may be stuck in this role now. In some way, too, she may get some satisfaction from getting under your skin. For Glory, the negative reaction is better than nothing. (from Getting Others in Trouble)

12. When talking to foster or adopted children who lie, parents should focus on the present rather than the past.

True.

False.

When you're talking with Tillie, try to stay focused on the "here and now," rather than dwelling on the past. You'll be teaching her to do the same with others, and you'll avoid getting into distortions and embellishments about her past. Unless you have all the information about her past, delving into it can be a slippery slope. (from Gaining Attention)

13. Constant tattling is common with children who lie to get others in trouble.

True.

False.

Allie constantly tattles. She runs to me with reports on what's going on, who's disobeying the rules, and so on. (from Getting Others in Trouble)

14. With children who automatically lie when asked questions, it's best to:

a. Get them to help you understand *why* they lie.

b. Avoid asking questions.

c. Point out and discuss their lies.

d. None of the above.

For [Armand], lying becomes like a reflex. See if you can cut back on questions altogether. (from Pathological Lying)

15. Sometimes, tattling can serve a useful purpose for parents.

True.

False.

I should add here that sometimes you may actually need and want a tattler in your home. For example, if you have children who endanger others, sexually exploit others, or endanger themselves, you may not want to quash all tattling. (from Getting Others in Trouble)

16. When children lie to get attention, they shouldn't participate in activities that focus public attention on them.

True.

False.

If Julia still craves attention from others outside the family, get her involved in positive activities where there is good supervision, such as piano lessons which could lead to public recitals. (from Gaining Attention)

17. Lying and tattling may stem from:

- a. **A child's feeling that she has no true place in her family of origin.**
- b. A child's troubled relationships at school.
- c. Watching an older sibling's success with these behaviors.
- d. All of the above.

The lying and tattling could relate to Allie's sense that she has no true place in her family of origin. Around her birth siblings she's constantly reminded that they are the truly loved ones, while she's the odd one out. (from Getting Others in Trouble)

18. Which of the following is **not** a good strategy for dealing with troubled foster and adopted children who lie?

- a. Give consequences for specific actions.
- b. Don't take lying personally.
- c. **Ask the child why he or she lies.**
- d. Increase the child's negotiation skills.

Examine why the child lies, what drives it, maintains it. But avoid asking the child why he or she lies. Kids either don't know or don't want to tell you. (from General Steps)

19. Children who lie to get out of trouble:

- a. May find learning to tell the truth difficult.
- b. May be surprised to find that their foster or adoptive parents value the truth.
- c. Need to learn that it's safe to tell the truth.
- d. **All of the above.**

Lying is a stubborn habit with some children, especially when it's tied to stealing. Some children are surprised when their foster or adoptive parents actually seek the truth... Hopefully, they find out also that lies don't pay off and the truth is safe. (from Getting out of Trouble)

20. The most effective way to deal with children who lie for attention is to:

- a. Point out their lies when you catch them and discuss the importance of telling the truth.
- b. Get them to tell you why they lie, so you can better understand their problem.
- c. **Give them lots of positive attention.**
- d. Get professional help.

Lying is a negative way of getting the sympathy or praise she craves. In its place, Julia needs to learn POSITIVE ways of receiving POSITIVE attention... Give Julia as much one-to-one attention as you can. (from Gaining Attention)

Note: Because the online version of this questionnaire has just one question per page, we are instead submitting the answer sheet version. The questions are the same.

Sexualized Behavior Parent Perceptions

**Read the statements below, then indicate how well each one describes
you and your foster child right now.**

1 is not at all; 2 is a little; 3 is mostly; and 4 is very much.

	<i>not at all</i>	<i>a little</i>	<i>mostly</i>	<i>very much</i>
1. I would recognize if I needed to get professional help for my child's sexualized behavior.....	1	2	3	4
2. I would know how to handle my child if he or she had a serious problem with sexualized behavior.....	1	2	3	4
3. I can recognize different types of sexualized behavior in children.....	1	2	3	4
4. I understand what causes different types of sexualized behavior in children.....	1	2	3	4
5. If my child had a serious problem with sexualized behavior it would affect his or her placement in our family.....	1	2	3	4
6. I feel drawn into power struggles with my child when he or she acts out sexually.....	1	2	3	4
7. I feel my child's sexualized behavior is aimed personally at me.....	1	2	3	4
8. I feel comfortable talking with other parents about my child's problem with sexualized behavior.....	1	2	3	4

Note: Because the online version of this questionnaire has just one question per page, we are instead submitting this version. The questions are the same.

Sexualized Behavior Parent Knowledge Answer Sheet

1. Children who have been sexually abused often become less alert to dangers around them.

True.

False.

When children come from abusive homes, they look for possible danger everywhere. They become “hyper-vigilant” and are always on alert to certain things around them. (from Obsessive Sexualized Behavior)

2. Parents with a foster or adoptive child who is acting seductively toward them should:

a. Avoid one-on-one time with the child.

b. Increase one-on-one time with the child.

c. Avoid giving the child any attention until the behavior stops.

d. None of the above.

Our [Carl & Carmen’s] caseworker advised me to be careful about finding myself alone with Sheila, since there could be the possibility of false allegations of sexual abuse against me. (from Seductive Behavior Towards Adults)

3. Foster and adoptive parents should be concerned about which warning sign or signs of sexualized behavior problems:

a. Voyeurism.

b. Extensive sexual language and knowledge.

c. Use of false allegations of sexual abuse against others.

d. All of the above.

Foster parents should also be alert if a child shows these sexualized behaviors: voyeurism or peeping; obsessive concern over sexual matters or drawing sexual pictures; precocious sexual language and knowledge; a desire to be sexually active with past victimizers; and making false allegations of sexual abuse against others. (from Background Information)

4. It’s appropriate for foster or adoptive parents to believe what other children say about their child’s sexual behavior.

True.

False.

Foster parents should also pay attention to what other children say about a child. If they complain about the child’s sexual behavior around them or toward them, foster parents should immediately look into the situation. (from Background Information)

5. The percentage of foster children who have been sexually abused is about:

a. 90%.

b. 75%.

c. 50%.

d. 25%.

About 75% of foster children have been sexually abused. (from Background Information)

6. In cases where there is sexual abuse among foster siblings, they should immediately be put in separate placements.

True.

False.

Do not immediately separate the siblings by placing them apart from each other, unless there are immediate and present safety issues. (from Sexual Behavior With Siblings)

7. If sexual abuse occurs very early in a child's life, it is unlikely the child will abuse other children.

True.

False.

Sometimes even very young children who have been sexual abuse victims can turn around and victimize other children. (from Background Information)

8. The most useful information about a foster child's previous abuse often comes from:

- a. The caseworker.
- b. Observing the child.**
- c. Other witnesses.
- d. Talking with the child.

Sometimes, the most useful information comes from observing the child in the foster or adoptive home, where certain events "trigger" sexual behavior. Often, the only way to get to the causes of sexualized behavior is to pay attention to the patterns the child is showing. (from Obsessive Sexual Behavior)

9. When abused siblings are placed in a home together:

- a. Problems can dramatically increase.**
- b. Problems can dramatically decrease.
- c. Problems may slightly decrease.
- d. Problems are not affected one way or the other.

When siblings are placed together in a home, problems sometimes increase dramatically. (from Sexual Behavior With Siblings)

10. A foster daughter from a background of sexual abuse may:

- a. Attempt to form a wife/mother relationship with the foster father.
- b. Assume that submitting to sexual abuse may win certain benefits or rewards.
- c. Become an easy target for sexual abuse by predatory males.
- d. All of the above.**

Sheila may have assumed the role of mother/wife. She believes that to win the attention, praise, and gifts from adult males you have to give in sexually. Sheila's need for attention, attraction to older males, and past role would make her an easy target of predatory males. (from Seductive Behavior Towards Adults)

11. A "trauma bond" is when children develop a strong relationship with their abuser.

True.

False.

Children of abuse may form a "trauma bond" with the perpetrator—a strong, but abnormal relationship. (from Public Masturbation)

12. Individual therapy is usually more appropriate for sexually abused children than group therapy.

True.

False.

Consider group therapy for children who are sexual abuse victims. (from General Steps)

13. For many children who are survivors of sexual abuse, masturbation is:
- Almost unheard of.
 - A sure sign of sexual abuse.
 - Compulsive.**
 - None of the above.

But with children who have been sexually abused and exploited, masturbation can become a compulsion. (from Public Masturbation)

14. Which of these child sexual behaviors should parents *not* be concerned about?
- Excessive masturbation.
 - Seductive behavior towards adults.
 - Sex play with older children.
 - None of the above.**

Here are some [behaviors] that should cause concern with parents: excessive masturbation; inserting objects into the vagina or anus; sexual behavior with animals; seductive behavior towards adults; promiscuity and high risk sexual behavior; sex play with much younger or much older children; coercive sexual behavior with peers, and sexually aggressive behavior such as groping. (from Background Information)

15. If a foster couple is caring for a child who displays seductive behavior toward adults, they should:
- Allow the child personal freedom in choosing her clothes/outfits.
 - Spend more quality time alone with the child.
 - Seek respite care for themselves.**
 - Not allow the child to be alone with other children in the house.

Take care of your marriage. Locate respite services through your social worker. Your marriage will need a break from this highly sexualized, emotionally needy child. (from Seductive Behavior Towards Adults)

16. General steps foster and adoptive parents can take if caring for children from sexually abusive homes include:
- Protecting yourself from false allegations of abuse.
 - Consider using surveillance equipment to monitor the child's behavior.
 - Always report sexual abuse when discovered.
 - All of the above.**

Protect yourself, as a parent, against false allegations of sexual abuse; for children who sneak off to be alone in parts of the house, consider motion sensors or door alarms; respect the child's privacy about revelations concerning sexual abuse, but abide by the duty to report. (from General Steps)

17. When children act out sexually toward their siblings, they act out according to unique "roles."

True.

False.

With siblings like Teddy, Tommy, and Tammy, one child is typically the instigator...but there can be variations on this theme. (from Sexual Behavior With Siblings)

18. Children who engage in public masturbation usually:

- a. Are very aggressive.
- b. Draw sexual pictures.
- c. Feel bored or lonely.**
- d. All of the above.

For them, masturbation is a form of self-stimulation when they feel bored, lonely, or uninvolved with others. (from Public Masturbation)

19. Typically, children who exhibit obsessive sexual behavior:

- a. Can be easily distracted away from their sexual behavior.
- b. Draw sexual pictures.**
- c. Have a very limited sexual vocabulary.
- d. Think about sex only in specific situations.

[Tristin] fixated on drawing genitals. The men never wore pants and always had exposed penises. If I tried to get her attention on other things, or to get her to draw normal pictures, she'd keep on with these s-rated drawings. (from Obsessive Sexual Behavior)

20. When it comes to the issue of sexual abuse:

- a. Children rarely make false allegations.
- b. 90% of children report the abuse to an adult.
- c. Boys are almost never victims of sexual abuse.
- d. None of the above.**

Foster parents should be concerned if their child is making false allegations of sexual abuse against others. The odds are that even more children are abused because many don't tell anyone about their abuse. As many as 20% of boys have been sexually abused, and it's much higher among foster children. (Background Information)

Note: Because the online version of this questionnaire has just one question per page, we are instead submitting the answer sheet version. The questions are the same.

User Satisfaction

1. In general, did you find this course helpful for understanding lying/sexualized behavior?
 not at all a little mostly very much
2. Does one of your foster children currently have a problem with lying/sexualized behavior?
 Yes No

If Yes, how helpful was this course for solving the problem?
 not at all a little mostly very much
3. Was the online instruction better than other types of training you have received?
 not at all a little mostly very much
4. Did you learn new parenting techniques for children who lie/act out sexually?
 not at all a little mostly very much
5. Was it helpful that the course addressed different types of problems with lying/sexualized behavior?
 not at all a little mostly very much
6. Was working with the scenarios on the Message Board helpful?
 not at all a little mostly very much
7. Did the Message Board help you to feel that you were interacting with other class members?
 not at all a little mostly very much
8. Were the visual stories realistic?
 not at all a little mostly very much
9. Was it easy to use the Web site?
 not at all a little mostly very much
10. What difficulties did you have using the Web site?
11. Would you recommend this course to other parents?
 not at all a little mostly very much
12. Would you want to receive more online training?
 not at all a little mostly very much
13. How much time did you spend with the online training?
 less than 1 hour about 1 hour about 2 hours more than 2 hours

14. This course lasted 1 week. How long would you prefer this course to last?

1 week 2 weeks 3 weeks or more

15. Would you like more training on this topic?

not at all a little mostly very much

16. On a scale of 1 to 10, where 1 is the poorest quality and 10 is the highest quality, how would you rate this course? _____

17. Do you have any comments or suggestions to the producers about this course?