

Online Professional Training on Foster and Adoptive Care

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Northwest Media, Inc.
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Phase I Final Progress Report

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A. General Scientific and Technological Aims

Federal law directs the child welfare system to meet the safety and permanency needs of children in its care. In practice, this means making sure these children receive the necessary support services. However, the child welfare system is in trouble, besieged by rising numbers of children entering care; a disturbing increase in the severity of their emotional, behavioral, and physical problems; and barriers to the delivery of services. There is an urgent sense that more must be done to assure the quality of children's care while in the system. One widely accepted component in the effort to achieve reforms in the child welfare system is to provide mental health professionals with specialized training to work with foster and adoptive children, a clinically distinct population whose life history and involvement in the care system have profound implications for their treatment. Many mental health professionals are relatively unfamiliar with either foster children's life experiences or the child welfare system to take those into account when working with this unique population.

With the boom in Internet usage, the Web has become established as a source of continuing education units for caseworkers, social workers, mental health therapists, and other agency staff.

The purpose of this project was to develop and evaluate the first in a series of online interactive multimedia training courses for mental health professionals on special issues relating to foster, adoptive, and kinship care. Overall, the courses are designed to help professionals in this field better understand, diagnose, treat, and manage foster, adopted, and kinship children's mental health problems and to support the families who raise them. Mental health professionals need better information on how the unique circumstances of children in our care system impact treatment, and how to effectively deliver treatment in a complex system of care. Current training opportunities are very limited.

B. Phase I Research Activities

Product Development

The media materials were developed in several stages by the media team, which included Lee White, Producer and co-writer; Keith Qiao Jin, programmer; William Haldane, videographer and editor; Kris Hansen, graphic designer; and Anthony McCarthy, sound engineer.

To begin the process, the team worked with the content expert, Dr. Richard Delaney (Principal Investigator, co-writer, and presenter), to outline the specific points to be presented and identify exemplifying case studies. A script was developed in draft form that included exercises and supplemental material. The script was reviewed by various experts including a licensed social worker. The revised script underwent a series of processes to prepare it for production.

Talent was hired for both images and voices. All recordings were made and assembled. Using Flash technology, the audio and visual elements were assembled and programmed, including interactive exercises. Handouts were written and finalized. Dr. Caesar Pacifici (Co-Investigator and lead researcher) worked with the programmer to design and build a Web-based database management program for the study; and to post the pre-test, training materials, and post-test on the Web for the study.

Instructional Content

In Phase I we wrote, produced, and evaluated a course on *Family Dynamics in Foster Care*. The course consisted of four integrated instructional components, or chapters. Below is a brief description of the course content that describes the topics, interactive exercises, and printable handouts covered in each chapter.

Chapter 1. System and Styles:

- C Introduction
Provides an overview of family systems, the unique characteristics of the foster family system, and how a family can be affected by the arrival of a foster child.
- C Family Styles
Describes the dynamics of 4 basic family styles (disengaged, enmeshed, shaped by guilt feelings, and secure and strong), how they interact with the placement of a foster child, and why it is important to match a family's style before a child is placed.
- C Summary
Reviews family styles, why it is important to know family styles, other factors that can have an impact on the success of a placement.
- C Exercises #1 and #2
Viewers listen to composites of two family cases and have to identify the family style of each family. Dr. Delaney guides the process and gives viewers feedback on their selections.
- C Handouts
Reviews the principles of family systems, the four classic family styles, and contains the case information for exercises #1 and #2.

Chapter 2. Myths & Motives

- C Motives 1 & 2
Introduces the concept of parent motivations with foster and adoptive families. Describes the first two of seven common motives parents may have about fostering or adopting a child: rescuing a child and complementing the family. Explores how to recognize these myths in the context of interviewing prospective resource parents.
- C Motives 3 & 4
Presents (as above) a third and fourth common parent motive: a sense of connection and saving a marriage.
- C Motive 5
Presents (as above) a fifth common parent motive: religious belief.
- C Motives 6 & 7
Presents (as above) two final common motives: obligation and wanting the perfect baby. Discusses how different parent motives typically coexist.
- C Myths 1-4
Introduces the concept of parent myths with foster and adoptive families. Describes the first four of seven common myths parents may have about fostering or adopting a child: love is enough, all troubled children can be cured, experienced parents don't have problems, and what's past is past.
- C Myths 5-7
Presents (as above) another three parent myths: children will appreciate what we give them, parents who have been foster children know best, and grandchildren aren't a problem. Also, discusses possible myths foster children may have and how different parent myths typically coexist.
- C Exercises #1 and #2
Viewers listen to in-depth descriptions of two family situations from their respective caseworkers that are characterized by various motives and myths. Viewers have to identify what questions they could ask to uncover the families' possible motives and myths. Dr. Delaney guides the process and gives viewers feedback on their selections.

- C Handouts

Reviews the characteristics of motives, the characteristics of myths, a scale on Cultural Receptivity in Fostering, and the case information for exercises #1 and #2.

Chapter 3. Impact of Placement

- C Introduction

Provides an overview of seven common pressures foster families face. Clarifies what is meant by the 'special needs child,' and the profound types of impact these children can have on resource families.

- C Impact on Family

Discusses ways foster children can differentially impact foster mothers and foster fathers, and gives examples of each.

- C Impact on Marriage

Discusses and gives examples of how becoming a foster family can strengthen or weaken a marriage, as well as the global family system.

- C Impact from Professionals

Discusses and gives examples of an ironic and unfortunate twist where foster parents begin to blame mental health professionals for their child's problems; and also how professionals can help avoid this. Closes with an optimistic picture of the impact of placements on the foster family.

- C Exercise

Viewers listen to an in-depth case study and have to identify questions that can help identify the possible impacts and pressures on the foster family. Dr. Delaney guides the process and gives viewers feedback on their selections.

- C Handouts

Reviews seven common pressures on foster families, the SRDI (SAFY Risk of Disruption Inventory), five styles of learned engagement, other impacts on the family, the marital split, alternative parenting approaches, and the case information for the exercise.

Chapter 4. The Interview

- C Question Cycle

Defines the four elements of an interview technique called the question cycle and gives a series of brief examples on how the technique can be used to determine the dynamics, myths, motives, and impact of fostering.

- C Case Study

Presents a general profile of a foster family that will be used for an in-depth case study.

- C Interview

Develops the family situation through a series of interviews with the foster family during a home visit (pre-service), at 2 months after placement, at 9 months after placement, and after the placement was disrupted. Includes an analysis of how an accurate identification of the family style was discovered using the question cycle.

- C Myths and Motives

Discusses the family's possible myths and motives in the context of the interview technique.

- C Discusses how the family style and other factors affected the family's dynamics.

- C Handouts

Reviews the question cycle and the information for the case study.

Process for Developing the Media Materials

The media for the course were integrated within an audio-visual 'skin' (see the figure below), which included the following elements:

- C A viewing frame for presenting the visual components of the instructional content – photographs and bulleted text overlays from the sound track.
- C A viewing frame that displayed the current narrator (either the program host or the instructor, Dr. Richard Delaney) in real-time audio and video.
- C A navigational 'remote control' panel that identified the course chapters and topics, and that highlighted the current place in the course. Users could also select different topics or move ahead or back to different chapters. Clickable options let users convert the presentation to text-only, review FAQs, and send comments.
- C The viewing frame contained identifying markers for the site and the course title, as well as a 'home' button that sent users to their account page which listed the printable handouts for the course.

Focus Group - Formative Review

After the prototype of the complete course was developed we asked caseworkers, mental health therapists, and case supervisors to provide us with feedback in two areas: the evaluation measures and the course content. We recruited participants through Specialized Alternatives for Families and Youth (SAFY), a non-profit agency established in 1984 that provides treatment foster care programs and services to about 1,000 families in Ohio, Indiana, Kentucky, South Carolina, Alabama, Nevada, Oklahoma, and Texas. The SAFY network includes 100 caseworkers and 10 mental health therapists. Eighty-six percent are female and their racial/ethnic composition is about 64% White, 25% Black, 5% Hispanic, 2% Asian/Other Pacific Islander; 4% Unknown/Not Reported.

Participants followed the same procedures planned for the evaluation study, except that the intervention period here was one week rather than two. They were individually issued login information and directed to the course on Northwest Media's online training site, FosterParentCollege.com. Once they logged on, they were given one week to complete the pre-test questionnaires (background information and knowledge), view the course, and complete the post-test questionnaires (knowledge and usability). Participants were then asked to discuss their impressions in a follow-up conference call with their colleagues and Northwest Media research staff.

Twelve participants were initially recruited, however four could not complete because of work-related demands. Of those who completed, 2 were caseworkers, 3 were therapists, and 3 were supervisors; 7 were female. Overall, participants rated themselves as experienced with foster and adoptive care (8 on a scale of 10). The average time in their profession was about 6 years.

Measures. No gross errors in the presentation of the questionnaire items were reported. For the knowledge questionnaire, we dropped items that all participants got wrong on *both* the pre- and post-test (floor effects), as well as items that all participants got right on *both* the pre- and post-test (ceiling effects). Based on these criteria, 26 of the 59 original items were dropped from the knowledge measure for the evaluation study.

A comparison of pre- and post-test scores that included all 59 items showed a robust improvement in knowledge from pre ($M = .71$, $SD=.069$) to post ($M = .88$, $SD=.039$).

Overall user satisfaction and usability ratings were high. On a scale of 1 to 5, where 5 is the highest rating, users felt they were helped by the course across different content areas (4). They found the case studies for the follow-up exercises to be very realistic (4.4), the handouts to be valuable (4.4), and the instructor to be of high quality (3.9). In general, users saw the online training as comparable to other training formats. Overall, participants also found the course

easy to use, well-organized and set up for learning (4.1).

Conference Call Feedback. Individuals participated in one of two conference calls, which also included the principal investigator, the co-investigator, and the director of production. Feedback on the course content was overwhelmingly supportive, with all sharing in the feeling that it helped them better understand key issues related to placement and preservation, screening and intake, and interviewing with foster, adoptive, and kinship families. Overall, this group of professionals shared the perception that the course helped bring various sources of information to the surface in a way that was clearly focused, easy to understand and to apply in practice. Most were familiar with family systems and valued the specific application to foster families. Concepts about family dynamics were fairly new to several members, but they also found these valuable as a means of helping them understand family myths and motives and how they relate to placement. Participants felt that the course had useful information about home studies during the placement process, and that it would also be relevant for family development specialists, intake and licensing staff, certifiers, and a variety of decision-makers.

All participants were enthusiastic about the online format. They liked the convenience of being able to fit the training into their busy schedule by taking the training at their own pace at home or at the office. All enjoyed the interactive multimedia format, especially the case studies and interactive exercises. Overall, participants felt the presentation of information flowed smoothly from one segment to the next. A couple of participants who saw themselves as “technically challenged” felt comfortable with the online training approach.

Participants also noted a few weaknesses in the approach. The most-often mentioned was the time required to load program segments. However, this varied considerably among users and may have been related to security parameters on office systems that could have reduced the transmission speed. Some participants wanted more information about the question cycle and on the application of techniques, and more exercises in general.

Everyone found the handouts to be a helpful source for organizing and reviewing the content. In summary, the focus group found the course of practical and immediate value to their daily activities. They liked the online approach, with the exception of some minor technical difficulties and long loading times for program segments. The value and potential effectiveness of the program seemed to be reinforced by improvements in knowledge scores from pre- to post-test.

Technical Development

All audio was recorded in-house, in studio sessions according to previously approved scripts. The sound engineer cleaned, sweetened, filtered, and edited audio tracks on Cool Edit Pro 1.2a. Sound foley and music were composed by in-house musicians and added to the soundtrack.

The artists and Flash Animator developed drawn characters, then animated and edited storylines according to approved storyboards. The Flash animator used final audio files and graphic elements to create a first rough-cut according to the script, using Macromedia Flash MX software. The entire team then reviewed this version and made appropriate revisions until reaching final approval.

The bulk of the production process was conducted using the Flash environment for quick turnaround for Web and DVD production and revision. Once approved, all files were authored for Web and DVD. This 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.

At the same time, the graphical elements – navigator, buttons, etc. – were being developed and programmed for Web authoring.

Continuing Education Credits

After the course content was finalized we began the process of seeking approval from a nationally accredited professional organization so that trainees could receive Continuing Education (CE) credits for completing the course. Because the content was aimed largely at a national network of caseworkers, social workers, and therapists, we chose the National Association of Social Workers (NASW). We received approval for the course from NASW for 4 CE credits prior to the beginning of our evaluation study. Thus, we were able to offer participants in the study the option of receiving approved CE credits from NASW.

Project Evaluation

The purpose of the study in Phase I was to evaluate the effectiveness of *Family Dynamics in Foster Care*, the first course from a proposed series of online training courses for caseworkers, social workers, and therapists on issues relating to foster, adoptive, and kinship care. Specifically, we wanted to assess whether the online training format was successful in improving participants' knowledge and also whether participants were satisfied with various operational aspects of the course and online presentation.

Participants

We recruited caseworkers, social workers, therapists and agency supervisory staff from a strand of county and national networks that included: SAFY (described above in the Focus Group section); county child welfare agencies and mental health providers throughout Oregon; and the Institute for Human Services and PATH (both national organizations providing a variety of educational and support services dedicated to protecting children and strengthening families). In spite of the facts that we were offering free training credits, that these staff have ongoing training requirements, and that we had the explicit and enthusiastic support of agency directors, recruitment remained difficult. Recruiting efforts, therefore, were extensive even for a relatively small sample.

Our final sample included 37 participants, 17 in the treatment group and 20 in the control group. Of the 37 participants, 73% were female. Racially, about 83% were White, 11% Black, 3% Asian, and 3% Unknown. Ethnically, about 3% were Hispanic or Latino, 89% Not Hispanic or Latino, and 8% Unknown or not reported. Participants ranged in age from 26 to 60 years, with a mean sample age of 42.4 years. With reference to education, about 3% reported having completed an AA degree; 24% a BA, BS, or BSW; and 73% an MA, MS, or MSW. In terms of professional occupation, 41% identified themselves as caseworkers, 24% as supervisors, 5% as mental health therapists, and 30% as other staff. Participants had been in their professional occupation from less than one year to more than 30 years, with a mean of 10.6 years.

Participation in the study was voluntary. Participants had the option of receiving either a general certificate of completion from Northwest Media for 4 hours of training, along with access to an additional free course on FosterParentCollege.com, or 4 Continuing Education credits approved by NASW.

Procedure

The opportunity to participate in the study was announced through the respective networks of participating organizations. Northwest Media gained the cooperation of participating organizations through their directors. The directors then sent out a prepared announcement via email, along with a cover letter message about the training opportunity and study, to staff – caseworkers, social workers, supervisory staff, and therapists. Directors also mentioned the training opportunity at staff meetings and organizational events.

Those interested in participating were instructed to email Northwest Media back with their contact information. When we received about 20 responses, we organized participants into a wave. To control for extraneous sources of variability as well as threats to internal validity, we randomly assigned those who agreed to participate to either an intervention condition or a wait-list control condition. Participants in both groups received an email with instructions for logging in, which included the URL of the site, their login information (user name and password), a brief description of what the study activities for their group would involve, and contact information for Northwest Media.

Once on the site, participants reviewed the consent form and could choose whether to accept or not accept the terms of their participation. Before the course started, the site administrator registered all trainees in the study with unique user names and passwords required to login. Participants could access the course through any computer with a high-speed Internet connection and sound.

Prior to viewing the course, participants assigned to the intervention group completed a set of pre-test questionnaires, which included a background information questionnaire and a knowledge questionnaire. The intervention period was two weeks. When participants completed the online training during this period – that is, they finished viewing the narrative instructional content, doing the interactive exercises, and reading the handouts – they could proceed to the post-test questionnaires, which included the knowledge questionnaire and a usability/user satisfaction questionnaire.

Those in the wait-list condition were instructed to complete the same pre-test questionnaires as the intervention group. They received further instructions to complete the knowledge questionnaire (post-test) one week later. Once these participants completed both sets of questionnaires they could view the training.

There were two waves of participants, for a total sample size of 37.

Measures

(Copies of all measures are included in Appendix A.)

1) *Knowledge of Family Dynamics in Foster Care (K-FDFC)*

Project staff developed a measure consisting of multiple-choice and true/false items designed to assess basic concepts and skills covered by the curriculum in five different areas: family styles, parenting myths, parenting motives, the impact of fostering, the question cycle. As previously described in the section on the Focus Group activity, there were 59 items originally; 26 items were dropped after the focus group pilot, either because all respondents got them correct or all respondents got them incorrect. That left 33 items in the final questionnaire used in the study.

2) *Background Information*

Project staff developed a 9-item background information questionnaire that includes questions regarding the participant's professional affiliation, occupation, and experience; as well as age, gender, ethnicity, race, and education.

3) *Usability*

A 32-item questionnaire was developed in-house to elicit participants' feedback on the appeal, clarity, and value of the intervention in three areas: the course content, the instructor, and the Web site.

Hypotheses

The study addressed two types of information: knowledge and usability. With respect to the effectiveness of the intervention on user knowledge about the foster care system, we hypothesized that there would be significant differences between the groups' scores on the K-FDFC at posttest (controlling for pretest differences). A .05 alpha level was used to determine significance in all statistical tests.

We also expected high satisfaction ratings for the intervention from a measure of usability. We set a criterion level for satisfaction with the course at 3.5 (on a scale of 1-5, where 1 is the worst and 5 is the best), because we felt it represented a high, but achievable, standard.

Results

Preliminary Analyses. We began by examining differences between our two experimental groups on all demographic information from the Background Information questionnaire. We conducted independent samples *t*-tests and/or chi-square analyses on all demographic information from the Background Information questionnaire to detect any systematic differences between the two groups. Using an alpha level of .05 we found a significant difference between groups for level of familiarity with foster/adoptive parenting. Specifically, participants in the control condition rated themselves as feeling significantly *more* familiar with foster/adoptive parenting, $F(1, 35) = 5.69, p = .02$, than those in the intervention condition. In spite of this difference in perceptions of familiarity, both groups scored equivalently on the knowledge measure at pretest, $F(1, 35) = 1.33, p = .26$. (See Appendix B, Tables 1 and 2 for frequencies and means on the background information items.)

Assumptions of ANCOVA. Our study used a pretest-posttest design with a control group. Because we also used random assignment to groups, this experimental design was able to adequately control for all main threats to internal validity (Shadish, Cook, & Campbell, 2001) and allow for more powerful statistical analyses through the use of a covariate. Given the power of our experimental design, we wished to address our research question using a one-way, between subjects analysis of covariance (ANCOVA). ANCOVA has superior power for detecting differences on a single dependent variable within a study. In this design, group served as the independent variable with two levels: intervention and control. Quantitative pretest scores on the K-FDFC were used as the covariate, and posttest scores were used as the dependent variables.

Given our choice of experimental design, many of the theoretical assumptions of ANCOVA 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: (a) univariate normality, (b) homogeneity of regression between the covariate and dependent variable, (c) reliability of the covariate(s), and (d) independence of group and covariate. The results of these tests are summarized below.

Using visual analysis of histograms, we found the distributions in pre- and posttest scores on both measures to approximate normality. No outliers were found, nor were there any ceiling or floor effects noted. We also used visual analysis of scatterplots to examine linearity of relations between and among the dependent variables and covariate. All scatterplots indicated moderate linear relations, however the pretest score (covariate) was *not* highly correlated with the posttest score, $r = .09, p = .59$.

We assessed the reliability of our covariate using unequal-length Spearman Brown coefficients, and found weak evidence for internal consistency (.10). Stability of the K-FDFC was assessed by examining the correlation between forms for pre- and posttest for the control group. Results, again, were modest ($r = .31$). The reason for such low reliability estimates may be, in part, due to our relatively small sample for the preliminary analyses.

Salvia & Ysseldyke (2004) recommend reliability coefficients at or above .60 for use in making group research decisions, however the ANCOVA procedure is robust to violations of the reliability of the covariate provided that the groups are equivalent at pretest. Because the former assumption was met, we began the ANCOVA model selection procedure.

Selecting Appropriate Model. Because we conducted an analysis using a covariate, we considered multiple models and accepted the most parsimonious. The first model, unequal slopes and unequal intercepts, was abandoned, because the differences in slopes across the groups were neither significant ($F(1, 33) = 0.22, p = .88$) nor important ($\eta^2 = .00$).

We found the slopes in the ANCOVA model to be significantly different from zero for the K-FDFC measure. We therefore chose to analyze our data using ANCOVA model 2, assuming equal slopes and unequal intercepts.

Outcome Analyses

Knowledge of Family Dynamics in Foster Care (K-FDFC).

All output for the K-FDFC is based on an equal slopes ANCOVA model. The main effect of the intervention on Knowledge of Family Dynamics in Foster Care was both significant, $F(1, 34) = 36.00$, $p < .00$, and meaningful, $\eta^2 = .51$ and indicated that scores were, on the average, higher for staff who had participated in the intervention (see Appendix B, Table 3 for group means on the K-FDFC at posttest, and Table 4 for a summary of the ANCOVA results). Over half of the variability in posttest scores was due to the effect of the intervention.

User Satisfaction.

Our final analyses examined the user satisfaction data. It should be noted that these analyses included feedback from all 17 treatment group participants, along with feedback from 7 control group participants who, after completing the posttest knowledge questionnaire, elected to view the course and then complete the user satisfaction questionnaire.

Participants expressed great satisfaction with the training program, both in their quantitative ratings on the satisfaction questionnaire items and in many emails at the end of the study.

The first 28 items on the usability questionnaire fell into three general categories: feedback on the course, the virtual instructor, and the Web site. Using a scale of 1 (*strongly disagree*) to 5 (*strongly agree*), mean scores for all three components were above 4, surpassing our standard of quality for the intervention (originally set at 3.5). To highlight a few of the findings, overall, participants gave the highest rating to the course feedback item stating that the “case studies were realistic” ($M = 4.67$). They also found the course handouts to be useful ($M = 4.50$) and thought that the instructor presented the materials clearly ($M = 4.46$). (See Appendix B, Tables 5a-5c for means on the individual feedback items and three feedback scales.)

Two multiple-choice questions asked participants how much time they spent with the training and how long they would prefer the course to last. (Frequencies for these items are reported in Appendix B, Table 5d.)

Finally, participants could provide responses to two open-ended questions, one asking what difficulties they had using the Web site and the other asking for any comments or suggestions they had for the producers about the project.

Discussion

The development effort in Phase I produced an attractive and comprehensive multimedia training course for caseworkers and mental health professionals on family dynamics in foster care. Producing the media for the content, exercises, and handouts involved an extensive process of input and review among project team members. All anticipated production milestones were successfully achieved in Phase I. We produced a complete formalized curriculum that was published on FosterParentCollege.com, in both online and DVD versions. We designed, programmed, performance-tested, and launched all online activities for the program on our FosterParentCollege.com site. The content and look of the course were fully consistent with the quality of programs already available on FosterParentCollege.com.

The focus group’s formative feedback lent strong support to the instructional approach, topic, and delivery format. Particularly encouraging was the practical value and relevance of the material expressed by participating staff. Although there was some frustration with the loading time of program segments, some of the same participants also felt a sense of accomplishment and relief that they were able to manage the online training in spite of the fact that they felt ‘technologically challenged.’ Participants also made some excellent recommendations for other courses that we incorporated in plans for Phase II. The focus group activity gave us the

opportunity to thoroughly test the performance of the site – both the training (navigation, audio-visual elements, interactive exercises, and handouts) and the evaluation components (interactive measures and database). The result was a smooth implementation of the program with participating staff. The focus group activity was useful in helping us streamline and validate our outcome knowledge measure. The online database for the study performed flawlessly. Data were easily imported from Excel and then into SPSS for analysis.

We worked with a number of agencies in both the public and private sectors during the study. Directors were enthusiastic about the opportunity to offer this type of training and were very cooperative throughout the study. Recruitment with this population was somewhat difficult because of the limited time period for the study. Also, demands on staff time are extremely high. Even though this type of training is required and continuing education credits were offered at no expense, we still had to overcome these practical hurdles. In the end, however, those who did participate were very responsive.

Agency directors were strong advocates and helped promote the opportunity through emails, at agency meetings, and via in-house announcements.

We were especially pleased that we received approval for the course from the National Association of Social Workers for 4 continuing education credits in time for the evaluation study. Since staff are not allowed to receive compensation for this type of activity, it was critical for us to be able to offer the approved CEU's as an incentive.

The study itself produced a simple and straightforward result: caseworkers, social workers, mental health therapists, and supervisory staff made significant gains in their knowledge of this topic from pre- to post-test. Gains were robust and clearly demonstrated the capacity of the online training to work with this population. We noted in various emails with project staff that participants spent time on computers both at work and at home, which means they quickly took advantage of this convenient training format. Reliability ratings for our instrument were in the low range of acceptability, but we plan to address this in Phase II with larger samples.

Satisfaction ratings were high in all areas of use, consistent with the previous focus group activity. Users found the presentation and information to be clear, realistic, and relevant. The training process was successfully completed by sending participants certificates of completion.

In summary, we produced a finished and polished training course on foster family dynamics in Phase I, replete with, interactive multimedia instruction, case scenarios, exercises, and printable handouts. The course received accreditation from a national source which we were able to offer in Phase I. We recruited a small but sufficient sample for the feasibility test; this, in spite of a relatively narrow window of opportunity to recruit participants for this purpose, especially considering the high demands on staff time. Cooperation from participating agencies was strong and all are interested in continuing to support us in our Phase II efforts. The study itself demonstrated that staff were able to successfully manage the procedural aspects of the online training and that they significantly improved their knowledge of foster family dynamics. Satisfaction with the approach among caseworkers, social workers, and mental health therapists was consistently high.

Appendix A - Phase I Measures

Background Information

The following questions are about YOU.

1. What organization are you affiliated with?
 Child Welfare, Oregon Mental health provider, Oregon
 SAFY Other _____
2. What is your professional occupation? (*check one*)
 Caseworker Mental health therapist
 Supervisor Other staff _____
3. Age: _____
4. Gender:
 Female Male
5. Ethnicity:
 Hispanic or Latino Not Hispanic or Latino Unknown or not reported
6. Race (*check all that apply*):
 White Black or African American
 American Indian or Alaska Native Native Hawaiian or Other Pacific Islander
 Asian Other: _____
 Unknown
7. Highest level of school completed:
 Associate Arts (AA) degree Doctorate (PhD/DSW)
 Bachelor's (BA/BS/BSW) degree Other: _____
 Master's (MA/MS/MSW) degree
8. How long have you been a caseworker, therapist, or supervisor?
_____ months/years
9. On a scale of 1 (least) to 10 (most), how familiar do you feel you are with foster and adoptive parenting? _____

Family Dynamics in Foster Care, Kinship Care, and Special Needs Adoption

This questionnaire contains 33 multiple-choice and true-false questions about family dynamics in foster care, kinship care, and special needs adoption. For each question, click on the answer you think is correct.

1. What family systems theorist described the family as a small society?
 - a. John Bowlby.
 - b. Sigmund Freud.
 - c. Salvador Minuchin.
 - d. Richard Delaney.

2. According to family systems theory, the lack of information about a foster child's medical history is a problem for new foster families.
True.
False.

3. The four classic family styles identified by Dr. Robert Beavers include all but which of the following?
 - a. Engaged.
 - b. Disengaged.
 - c. Shaped by Guilt Feelings.
 - d. Secure and Strong.

4. A distinguishing characteristic of the disengaged family is that:
 - a. Its rules are set in stone.
 - b. Its members are quick to make decisions.
 - c. No one is in charge.
 - d. One dictator type controls members' behavior.

5. In a family shaped by guilt feelings:
 - a. There is no organization.
 - b. Family rules are important.
 - c. Relationships tend to be distant.
 - d. Individuality is highly valued.

6. Foster families begin to develop a family style after they've had a foster child in their home for awhile.
True.
False.

7. Although families shaped by guilt may not be ideal, they can be good foster parents.
True.
False.

8. When placing a child who has basically raised himself, which of the following family styles might be the best match?
- Shaped by guilt.
 - Enmeshed.
 - Disengaged.
 - None of the above.
9. When “Complementing the Family” is the main motive for foster parenting, there is a danger that:
- An older birth child who has left home will be jealous.
 - The foster parents will burn out.
 - The foster child’s needs will not receive adequate attention.
 - The child’s birth parents will not approve of the placement.
10. Birth children who think fostering or adopting sounds like a good idea are almost certain to like it when it happens.
- True.
False.
11. Infertility is often linked to which of the following motives for foster parenting?
- Complementing the Family.
 - Religious Belief.
 - Rescuing a Child.
 - Sense of Connection.
12. “Saving a Marriage” is a risky motive for foster parenting, because:
- The added stress can make it backfire.
 - The child will become the sole object of the parents’ love.
 - Children will see through it.
 - All of the above.
13. Any motive for foster or adoptive parenting can potentially be a problem.
- True.
False.
14. Parents with a “Religious Belief” motive may feel justified in punishing misbehavior.
- True.
False.
15. Which of the following motives is more likely for kinship parents than for other foster parents?
- Religious Belief.
 - Saving a Marriage.
 - Rescuing a Child.
 - None of the above.
16. When does the “Wanting the Perfect Baby” motive become a problem for fostering or adopting?
- When parents already have other children.
 - When parents can accept only the perfect baby.
 - When parents bond with older siblings in a group but not with the baby.
 - When parents are willing to accept some risk factors but not others.

17. Parents gradually develop myths about fostering after the child is placed.
True.
False.
18. Foster parents with a background in social work are at risk for believing the myth that "Experienced Parents Don't Have Problems."
True.
False.
19. Problems such as stealing and fire-setting in a child are usually signs of:
a. Attention Deficit Disorder.
b. Earlier maltreatment.
c. Oppositional Defiant Disorder.
d. None of the above.
20. The foster parents of an assaultive child are most likely to feel a need:
a. To home-school the child.
b. To have the child arrested when s/he assaults someone.
c. Not to anger the child.
d. Not to focus too much attention on the child.
21. Foster children most often have problematic relationships with their:
a. Foster father.
b. Foster mother.
c. Foster parents' birth children.
d. All of the above.
22. An agency may forbid a foster father to be alone with a foster daughter who has been sexually abused.
True.
False.
23. When there's a troubled foster child in the home, a foster father may play the role of:
a. Referee.
b. Tutor.
c. Parole officer.
d. None of the above.
24. What impact can a fire-setting foster child have on the foster family?
a. The parents become more militant with their foster and birth children.
b. The parents become more militant with the foster child but not with their birth children.
c. All family members become more watchful, but the basic family dynamics don't change.
d. The birth children are at risk of becoming fire-setters too.
25. Placement with dysfunctional resource families is the main cause of the problems observed in foster and adopted children.
True.
False.

26. When using the Question Cycle to interview resource parents it is imperative to drop any beginning assumptions about the family's style.
True.
False.
27. Which of the following is the usual sequence for interviewing resource parents using the Question Cycle?
a. Opening question, segue, clarifying question, reflective statement.
b. Opening question, reflective statement, clarifying question, segue.
c. Opening question, clarifying question, reflective statement, segue.
d. Opening question, clarifying question, segue, reflective statement.
28. A key purpose in interviewing resource parents prior to placement is to:
a. Discover the resource parents' myths and motives.
b. Evaluate the match between resource parents and the child to be placed.
c. Confirm or disconfirm the preliminary assessment of the family's style.
d. All of the above.
29. When interviewing resource parents, the Opening Question is used to encourage them to talk openly about their family's style.
True.
False.
30. During an interview with resource parents, a foster father says he'd rather his wife be the one who reminds his child about doing his homework or taking the garbage out. You respond by saying: "So, when push comes to shove, your wife enforces the family rules." This is an example of which interview technique?
a. Clarifying question.
b. Opening question.
c. Reflective statement.
d. Segue.
31. During the Segue part of an interview with resource parents, it is better to continue with your original assumption about the family's style, rather than possibly upset parents and explore other possibilities.
True.
False.
32. Effective interviews with resource families can avoid placement disruptions.
True.
False.
33. Which of the following is a common myth among prospective foster parents?
a. A heavy hand is a helpful hand.
b. All troubled children can be cured.
c. Love is not enough.
d. The past is prelude to the future.

Evaluation Form

Please read each of the following statements and click how much you agree or disagree with it; 1 means strongly disagree and 5 means strongly agree.

Feedback about the course

1. This course helped me learn how to identify the four basic family styles and to describe the family dynamics characteristics of each style.
2. This course helped me learn to identify different families' predominant family style or styles.
3. This course helped me understand how different family styles may be more or less well suited to different child behavior problems.
4. This course helped me learn how to identify and describe the most common myths prospective resource parents have about parenting.
5. This course helped me learn how to identify and describe the most common motives prospective resource parents have for parenting.
6. This course helped me learn to assess when motives or myths can interfere with parents being able to meet children's needs.
7. This course helped me understand the potential impact the child's history and background may have on the foster, adoptive, or kinship family.
8. This course helped me understand and use interview skills to discover family styles, myths, and motives.
9. The course content was useful for meeting the course's stated objectives.
10. The case studies were realistic.
11. The handouts were useful.
12. The online instruction was better than other types of training I have received.
13. I would recommend this course to my colleagues.
14. I would like to receive more online training on foster, adoptive, and kinship care issues.
15. Overall, I found this was valuable training.

Feedback about the instructor

16. The instructor of this course presented materials in a clear and orderly fashion.
17. The instructor of this course geared the materials to a level appropriate for professional social workers and mental health therapists.
18. The instructor of this course responded to questions submitted via the Web site's comment button.
19. The instructor demonstrated a level of knowledge and expertise that was appropriate for teaching the course.

Feedback about the Web site

20. I would use a Web site like this frequently.
21. I found the Web site too complicated.
22. I thought the Web site was easy to use.
23. I would need technical support to use a Web site like this.
24. I found the different segments and handouts for the course were well integrated.
25. I found the Web site had too many inconsistencies.
26. I think most people would learn to use this Web site very quickly.
27. I found it difficult to get around the Web site.
28. I felt confident using the Web site.

Please follow the directions for answering each of the following.

29. How much time did you spend with the training? *(Check one)*
 Less than 1 hour 1 – 2 hours 3 hours or more
30. This course lasted 1 week. How long would you prefer this course to last? *(Check one)*
 1 week 2 weeks 3 weeks or more
31. What difficulties did you have using the Web site? *(Type your comment)*

32. Do you have any comments or suggestions to the producers about this project? *(Type your comment)*

Appendix B – Phase I Tables

Table 1

Sample Demographics - Part 1

Item	Control Group		Intervention Group		Total Sample	
	%	<i>n</i>	%	<i>n</i>	%	<i>N</i>
Organizational Affiliation						
Child Welfare, Oregon	45.0	9	64.7	11	54.1	20
Mental Health Provider, Oregon	0.0	0	5.9	1	2.7	1
SAFY	35.0	7	17.6	3	27.0	10
Other	20.0	4	11.8	2	16.2	6
Professional Occupation						
Caseworker	30.0	6	52.9	9	40.5	15
Mental Health Therapist	.0	0	11.8	2	5.4	2
Supervisor	30.0	6	17.6	3	24.3	9
Other Staff	40.0	8	17.6	3	29.7	11
Gender						
Female	85.0	17	58.8	10	73.0	27
Male	15.0	3	41.2	7	27.0	10
Ethnicity						
Hispanic or Latino	5.0	1	.0	0	2.7	1
Not Hispanic or Latino	90.0	18	88.2	15	89.2	33
Unknown or not reported	5.0	1	11.8	2	8.1	3
Race						
White	94.7	18	70.6	12	83.3	30
Black or African American	5.3	1	17.6	3	11.1	4
Asian	.0	0	5.9	1	2.8	1
Unknown	.0	0	5.9	1	2.8	1
Highest Level of School Completed						
Associate Arts (AA)	.0	0	5.9	1	2.7	1
Bachelor's (BA/BS/BSW)	15.0	3	35.3	6	24.3	9
Master's (MA/MS/MSW)	85.0	17	58.8	10	73.0	27

Note. Group and total percentages are based on the valid number of cases for each variable. No significant difference was found between the two groups on any of these variables.

Table 2

Sample Demographics - Part 2

Item	Control Group		Intervention Group		Total Sample	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Age (in years)	42.05	12.01	42.88	12.00	42.42	11.84
Number of years in occupation	10.71	8.04	10.40	6.47	10.57	7.26
^a On a scale of 1 (least) to 10 (most), familiarity with foster and adoptive parenting	8.00	1.62	6.47	2.27	7.30	2.07

Note. Group and total means are based on the valid number of cases for each variable.

^aOf the variables in the background information questionnaire, a significant difference was found between the two groups on only this one. As reported in the text, participants in the control condition rated themselves as feeling significantly *more* familiar with foster/adoptive parenting, $F(1, 35) = 5.69, p = .02$, than those in the intervention condition.

Table 3

Mean Performance on Knowledge of Family Dynamics in Foster Care Scale by Group

Scale	Intervention Group			Control Group		
	<i>M</i>	<i>SD</i>	<i>n</i>	<i>M</i>	<i>SD</i>	<i>n</i>
Pretest Knowledge of Family Dynamics in Foster Care (K-FDFC) ^a	.54	.08	17	.57	.05	20
Posttest Knowledge of Family Dynamics in Foster Care (K-FDFC) ^a	.74*	.10	17	.57*	.08	20

* Difference is significant at $p < .00$.

^a K-FDFC scores are reported as the percentage of items correct out of 33 questions.

Table 4

Results of Equal Slopes and Unequal Intercepts ANCOVA for Outcome Measure - Knowledge of Family Dynamics in Foster Care (K-FDFC)

Source	<i>df</i>	<i>F</i>	η^2	<i>p</i>
Group – K-FDFC ^a	1, 34	36.00*	.51	<.00

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

* $p < .00$.

Table 5a

Means and Standard Deviations for Course Feedback Items and Scale

On a 5-point scale, where 1 = *strongly disagree* and 5 = *strongly agree*, please rate how much you agree or disagree with each statement about the course.

Course Feedback Item:	<i>M</i>	<i>SD</i>	<i>N</i>
<i>This course helped me learn how to identify the four basic family styles and to describe the family dynamics characteristics of each style.</i>	4.38	0.50	24
<i>This course helped me learn to identify different families' predominant family style or styles.</i>	4.33	0.48	24
This course helped me understand how different family styles may be more or less well suited to different child behavior problems.	4.25	0.68	24
This course helped me learn how to identify and describe the most common myths prospective resource parents have about parenting.	4.38	0.58	24
This course helped me learn how to identify and describe the most common motives prospective resource parents have for parenting.	4.38	0.58	24
This course helped me learn to assess when motives or myths can interfere with parents being able to meet children's needs.	4.29	0.69	24
This course helped me understand the potential impact the child's history and background may have on the foster, adoptive, or kinship family.	4.04	0.69	24
This course helped me understand and use interview skills to discover family styles, myths, and motives.	4.21	0.72	24
The course content was useful for meeting the course's stated objectives.	4.33	0.70	24
The case studies were realistic.	4.67	0.64	24
The handouts were useful.	4.50	0.72	24
The online instruction was better than other types of training I have received.	3.58	0.93	24
I would recommend this course to my colleagues.	4.17	0.82	24
I would like to receive more online training on foster, adoptive, and kinship care issues.	3.96	1.27	24
Overall, I found this was valuable training.	4.25	0.68	24
Course Feedback Scale (mean of 15 items above)	4.25	0.48	24

Note. The *N* for all four user satisfaction tables includes the 17 treatment group participants, along with 7 control group participants who, after completing the posttest knowledge questionnaire, chose to view the course and then complete the satisfaction questionnaire.

Table 5b

Means and Standard Deviations for Instructor Feedback Items and Scale

On a 5-point scale, where 1 = *strongly disagree* and 5 = *strongly agree*, please rate how much you agree or disagree with each statement about the instructor.

Instructor Feedback Item:	<i>M</i>	<i>SD</i>	<i>N</i>
The instructor of this course presented materials in a clear and orderly fashion.	4.46	0.51	24
The instructor of this course geared the materials to a level appropriate for professional social workers and mental health therapists.	4.21	0.66	24
The instructor of this course responded to questions submitted via the Web site's comment button.	3.46	0.93	24
The instructor demonstrated a level of knowledge and expertise that was appropriate for teaching the course.	4.38	0.58	24
Instructor Feedback Scale (mean of 4 items above)	4.13	0.48	24

Table 5c

Means and Standard Deviations for Web Site Feedback Items and Scale

On a 5-point scale, where 1 = *strongly disagree* and 5 = *strongly agree*, please rate how much you agree or disagree with each statement about the Web site.

Web Site Feedback Item:	<i>M</i>	<i>SD</i>	<i>N</i>
I would use a Web site like this frequently.	3.75	0.99	24
*I found the Web site too complicated.	4.17	0.92	24
I thought the Web site was easy to use.	4.04	0.96	24
*I would need technical support to use a Web site like this.	4.21	1.14	24
I found the different segments and handouts for the course were well integrated.	4.08	0.65	24
*I found the Web site had too many inconsistencies.	4.13	0.85	24
I think most people would learn to use this Web site very quickly.	3.92	0.93	24
*I found it difficult to get around the Web site.	3.96	1.08	24
I felt confident using the Web site.	4.33	0.76	24
Web Site Feedback Scale (mean of 9 items above) ^a	4.06	0.47	24

^aIn computing scores on this scale, responses to items indicated by an asterisk were reversed.

Table 5d

Frequencies for Feedback Items on Time Spent and Preferred Length of Course

Item	Frequencies		
	< 1 hr	1 – 2 hrs	≥ 3 hrs
How much time did you spend with the training?	.	8	16
Item	Frequencies		
	1 wk	2 wks	3+ wks
How long would you prefer this course to last?	7	11	6