Foster Parent Training:
Problem-Solving Strategies

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Phase I Final Report
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A. General Scientific and Technological Aims

The aim of the project in Phase I was to develop, produce, and telecast two 30-minute training programs for foster parents. The programs were the first in a proposed series intended to provide foster parents with high quality continuing education at home. The instructional aim of these two programs was to teach foster parents a problem-solving method designed to help them manage difficult behavior problems that are common among foster children. A presentation format was proposed that blended panel discussions and dramatized vignettes to present and model relevant problem solving skills. The research goal of the project was to evaluate whether the programs improved parents' problem-solving skills and their perceptions about their foster child's problem behavior at home.

B. Phase I Research Activities

Program Development

Three focus groups were used to help the research team select and develop program content. The research team included the principal investigator, project consultant, producer, and curriculum specialist. In the first focus group, foster parents rated the importance of a variety of parenting situations that involved handling behavior problems with foster children. Video treatments were then written for problem situations that received the highest ratings from the group. Two subsequent focus groups, one with foster parents and another with of foster care specialists, provided feedback on the video treatments. The final video scripts incorporated the feedback given on the video treatments. Details of the activities and findings of each group are described below.

Focus Group #1: Foster Parents Selecting Problem Situations

Seven foster parents met with a foster parent training specialist to rate the importance of parenting situations that involved problematic child behavior. The group consisted of four men and three women; one Latin American, one Native American, one African American, and four Anglo Americans. The research team generated 23 problem situations that were presented to parents on the *Foster Parenting Situations* questionnaire shown in Appendix A. Parents were instructed to rate, on a scale of one to five, how important it would be for them to receive training on how to manage each problem. Respondents could add up to three problems that did not appear on the list. Mean ratings were tabulated and items ranked immediately after the group completed the questionnaire. The seven situations ranked the highest were, in the following order: finding drugs, running away from home, suspicion of inappropriate sexual contact among children, stealing, lying, gang behavior, and giving information about birth control.

The group was told the results of the ratings and asked for input on how these problems manifest in the home. In their descriptions, parents provided valuable information about how problems occurred in their home and what their responses were. Parent responses generally took one of two forms: In cases where the behavior was not anticipated, parents were often shocked, confused, and overreacted. In cases where the

behavior was anticipated, parents were likely to be frustrated and upset because children did not mind their initial response.

Following the focus group, the project consultant indicated that the situations involving inappropriate sexual behavior and drugs may not be ideal in demonstrating parent problem-solving because responses to those situations are mainly deferred to child protection authorities.

Focus Group #2: Specialists Evaluating Video Treatments

The producer wrote brief video treatments, or synopses, for the problem situations selected by Focus Group #1. In addition, the research team wrote an outline of the instructional approach planned for the programs. The approach involved a panel of foster parents and a trainer viewing dramatizations of problem situations and going through the problem-solving process together.

The video treatments and instructional outline were presented to a group of six foster parent trainers from Lane County for their analysis. The group made the following recommendations:

Eliminate the situation on birth control and scale down the foster child's age on some situations. Too many of the situations involved teens or pre-teens.

- Keep the situation on inappropriate sexual contact. The problem is very prevalent and urgently needs to be addressed because of extreme reactions it often evokes in parents.
- In the situation involving a child suspected of taking a parent's jewelry without permission, keep in mind that many foster families often have modest incomes and could not afford expensive jewelry.
- Lying is a very common behavior and should probably be considered in combination with other presenting problems.
- Emphasize different steps in the problem-solving strategy for different vignettes to avoid unnecessary repetition.
- Emphasize the importance of parents using neutral language in identifying child behavior problems.

Focus Group #3: Foster Parents Evaluating Video Treatments

Based on the input of the specialist focus group, four final problem situations were selected: stealing, gang behavior, running away, and suspicion of inappropriate sexual contact. The video treatments for these situations were presented to a group of eight foster parents. The group consisted of two males and four females; two Native Americans, two Latin Americans, two African Americans, and two Anglo Americans. Foster parents were asked to discuss the relevance of the problems and to provide insight on what foster parents need to know about handling these specific problems. Parents agreed on the importance of the problem situations and made the following suggestions relating to the proposed materials:

- Foster parents often have idealistic expectations about their foster children which set up shock and dismay when they first encounter serious behavior problems.
- New foster parents do not feel well prepared to handle these behavior problems.
- It is very important to gather information about the foster children's history when

trying to understand a behavior problem and how to respond to it.
- Foster children are generally not used to rules.
- Foster parents need to learn from other foster parents.
- It is essential to portray realistic images of the foster family that are positive, but do not artificially idealize the situation.
- Foster parents need to learn and gather information about behavior problems.
- Foster parents need social support.

Program Content

Two 30-minute television programs were produced on video. The programs comprised a two part series called *Foster Care Solutions: Learning to Problem-Solve*. Both programs used a blend of panel discussion and dramatized vignettes to present and model a behavior management method called problem-solving. The method, based on social learning theory, consists of five steps that parents can follow when confronted by a problem situation with their child:

1. Identify the Problem: Be *specific* and *neutral* when describing the behavior, without blaming or excusing.
2. List Solutions: Brainstorm possible solutions. Any idea counts. Write them all down.
3. Weigh the Pros and Cons: List the positive and negative aspects of each idea. Eliminate ideas that clearly do not fit in the current situation or are inappropriate.
4. Choose a Solution: Look for one or two solutions that have the most benefits and the least serious objections. Start with a short-term solution.
5. Act: Put the solution into practice. Monitor how well the solution works and be ready to reconsider previous choices made in the problem-solving process to improve it.

In each program, the problem solving method was applied to two problem situations. Below is a synopsis of each program. The complete video programs are attached as Appendix B.

Learning to Problem-Solve: Part 1: After a brief introduction by the program host, the first part of a dramatized vignette is shown in which a foster mother discovers that her 8 year-old foster girl may be taking things without permission from the parents' bedroom. The mother is upset and tells her husband about it. The host sets up the objective of the program: to present how the problem solving approach can be used to effectively deal with this situation. The viewer is introduced to a panel of foster parents and a foster parent trainer who will demonstrate the problem solving process. The concluding portion of the vignette is shown depicting the parents reacting negatively with the child after the mother discovers that some jewelry and money are missing. The host then takes the viewer through an iterative sequence for each of the five steps in the problem solving process. The host first identifies the step and explains the main points. The action turns to the panel, who arrive at an understanding of what is required for that step. For example, in the first step, identifying the behavior, the panel works at finding neutral language to describe the behavior. The host recaps the panel discussion and relates it to the step being presented.

The second problem situation in Part 1 involves foster parents who become suspicious that their 10 year-old foster child is sexually acting out with their younger six

year-old child. In the first part of the vignette for this problem situation, the mother is awakened in the middle of the night by the children's wrestling. She confides to the father that she is concerned that the older child wrestles a lot with the younger child, that they lock themselves in their room, and that the older boy has had erections during their play. The narrator takes the viewer through the same series of guided steps with the foster parent panel. The follow up vignette shows the parents putting the panel's solution into action.

The program ends with a recap of the five steps in the problem solving process. The narrator encourages foster parents to look at their viewer guide to familiarize themselves with the method and to try applying it to problem situations with their foster children.

Learning to Problem-Solve: Part 2: After a brief introduction, the first part of a vignette is shown in which a foster mother is shocked to discover that her 12 year-old foster daughter has packed and hidden a suitcase, apparently planning to run away. The narrator reviews the steps in problem solving and introduces the viewer to the panel, who will guide the viewer through the problem solving process with this problem situation. The next part of the vignette shows the parents angrily confronting the child. The process is presented through the same iterative process described above. The follow up portion of the vignette shows the mother putting the panel's solution into action. The story then shows that the foster child lapses in her agreement with the foster mother by violating a curfew. This segment ends with a brief look at the panel re-engaging in the problem solving process and refining the solution.

The second problem situation in Part 2 deals with gang behavior. The first part of the vignette shows a father overhearing his 11 year-old foster teenage boy on the phone using gang style language. The father confides his suspicion to the mother and then angrily confronts the foster child. The narrator introduces two parents who will guide the viewer through the problem solving process. They go through the same iterative instructional sequence used with the panel. A combination of solutions are chosen and enacted in the follow up portion of the vignette. As in the previous vignette, because the solution is not perfect, it requires fine-tuning. The foster parents in the vignette are shown using the problem solving method to do this. The program ends with the narrator summarizing the strengths of the process and reviewing the basic steps.

The foster parent panelists for the combined shows consisted of five men and seven women; two Latin Americans, three Native Americans, two African Americans, and five Anglo Americans. The vignettes depicted situations in African American, Latin American, and Anglo American families.

The programs were narrowcast via educational cable television stations in three regions in Oregon. Cable services included: TCI in Lane County; Capitol, Viacom, Sublimity, Northland, Stuck Electric, TCI Liberty, and Falcon in Marion County; and TCI, Paragon, and Columbia in the Portland Tri-County area. Parts 1 and 2 of the program were aired in sequence, each for a period of two weeks.

Viewer Manual

A manual was produced for viewers of the television series. The manual was a 16-page brochure that integrated text and photographs captured from the video program. The manual contained: a cover page, table of contents, viewing schedule, introduction,

outline of the five-step problem solving process, three practice exercises for foster parents, resource information listing, information about a contest, and business reply mail address and postage. The viewer manual is attached as Appendix C.

Project Evaluation

Subjects

Parents with foster children 6-18 years of age were randomly selected from a complete list of accredited foster parents in Oregon provided by Services for Children and Families. Initially, 210 certified foster parents who were providing care for at least one foster child were recruited for participation. Foster parents were recruited in three regions: Lane County (13 percent), Marion County (30 percent), and the Portland area (57 percent), which includes Clackamas, Multnomah, and Washington Counties. A final sample of 138 families eventually participated. Of the 72 subjects initially recruited who did not participate, 38 parents were no longer caring for a foster child; contact with 12 parents was lost because of phone disconnects or vacation plans; 16 parents decided not to continue with the study; and six parents in the treatment group could not watch the televised program. Subjects who subscribed to cable television were randomly assigned to either a treatment (n=63) or control (n=38) condition; all parents who did not have cable television(n=37) were assigned to the control condition. Since the reviewers of this proposal correctly pointed out that this violated random assignment and therefore called into question the original findings, a reanalysis of all the outcomes was performed using only those subjects in the control condition who had cable television (i.e., those in the control condition who had been randomly assigned). This resulted in a final sample size of 101 subjects.

Of the 101 parents in the final sample, 62 percent were Anglo American, 21 percent were African American, four percent were Latin American, three percent were Native American, and 10 percent were of mixed ethnicity. For the study, parents were asked to select one foster child, 6-18 years of age, currently in their care. The ethnic composition of the foster children in the final sample was 55 percent Anglo American, 22 percent African American, eight percent Latin American, five percent Native American, and 10 percent of mixed race. Foster parents in two-parent homes were given a choice about who would participate in the study; 91 percent of the final sample were mothers and 9 percent were fathers. Target foster children in the final sample were 55 percent female and 45 percent male.

The average demographic profile of foster parents in the study indicated that they were 44.5 years of age, had one year of college education, an annual income of about $35,000, had been foster parents for about six years, were currently caring for three foster children, and had 2.4 birth children. The average profile for target foster children indicated that they were 10.6 years of age, had been in foster care for about 4 years, and had been placed in at least two other foster homes; in addition, 48 percent were currently receiving special school services and 63 percent had some involvement with mental health support services.

Procedure

Parents who wanted to participate were asked to sign and return a consent form and a background information form. All subjects were assessed four times, twice weekly before and twice weekly after the intervention. The pre-intervention assessments (Time 1 and Time 2) ended within one week before the intervention. The post-intervention assessments (Time 3 and Time 4) began within four weeks after the intervention. All assessment were conducted by telephone interview to subjects' homes.

Treatment Condition

Parents in the treatment condition were asked to watch the two 30-minute video programs developed in Phase I. The programs were narrowcast over an educational cable television channel in the target communities. The programs were aired in sequence, each for a period of two weeks, during day and evening hours. Parents also received a companion viewer manual one week prior to the beginning of the telecast period. Parents were called and reminded to watch the programs at the beginning of the telecast period.

Despite receiving the manual and a reminder call, at Time 3 assessment, interview callers reported that 38 parents did not have the opportunity to watch the programs over cable television. These parents were given the option of receiving a videotape of the program to watch at home. All agreed to this arrangement and at the follow up assessment every parent reported having watched both programs.

Control Condition

A principal aim of this study was to evaluate the effectiveness of the proposed intervention in relation to the typical format in which parents currently receive this type of training. Accordingly, parents in the control group received an information brochure patterned after the standard literature that Services for Children and Families publishes for parents. The brochure, attached as Appendix D, contained a complete description of the problem-solving technique, which was the core instructional topic of the intervention. Parents in the control condition were sent a letter asking them to read the brochure.

A number of factors were taken into consideration in determining an appropriate control condition. A stricter test of the use of video as the instructional medium, for example, could have compared the video and viewer manual with a text-based translation (i.e., non-video) of the same content. However, this would not have been plausible. First, the video-based intervention created contexts that incorporated a complex array of interdependent formats, including dramatized vignettes, panel discussion, and direct instruction. It is not possible to re-create these formats using a text-based approach. Second, such a comparison would not have addressed the much more pragmatic and compelling question of whether the proposed approach was more effective than instructional approaches currently offered in this field.

Another possibility would have been to create a brochure for the control condition that was of comparable length to the viewer manual in the treatment condition. However, this was discounted for the same reasons. The manual for the treatment group was able to use social contexts presented in the video that were not available through a text-based approach. The brochure for the control treatment also copied the

instructional format that parents currently receive. A copy of a such a brochure in current use through the Services for Children and Families is also included in Appendix E.

In summary, it is critical to understand that the use of video in this project was not a simple add-on, but an approach that presented unique instructional opportunities through the synthesis of presentation formats that included realistic social contexts, discussions, and direct teaching.

Measures

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

For the current study, separate versions were composed for younger children (6-12 years old) and older children (13-18 years old) in which 27 items were the same for both age groups, but 4 additional items related only to younger children and 3 additional items were relevant only for older children. In addition, parents were asked a series of follow-up questions that were designed to assess whether their responses to problem child behaviors were consistent with the problem solving approach presented in the curriculum for each of three problem situations—the most serious, the least serious, and a random problem. Seven scales were initially derived, as follows:

Scale	Description	Questionnaire Items
behavior	occurrence of child behavior problems	(1-27)
YOUNGER/OLDER	occurrence of age-specific behavior problems	(28-31/28-30)
ACTION	whether parents responded to the problem	(B-1 for problems 1,2,3)
DISCUSSION	whether parents discussed the problem with others	(B-2 for problems 1,2,3)
SOLUTIONS	whether parents thought of more than one solution	(B-3 for problems 1,2,3)
HELPFULNESS	how helpful parents thought that solution was	(B-4 for problems 1,2,3)
CONFIDENCE	how confident parents felt about their solution	(B-5 for problems 1,2,3)

Two additional scales were derived from a follow-up question that asked parents what strategy they used to handle the problem behavior. The complete pool of

responses were organized into eight distinct categories of parent responses, and coded accordingly: reason, distract, teach, contingent behavior strategy, consult, reassure, ignore, and punish. A POSITIVE STRATEGY scale was computed as the sum of responses coded as reason, distract, teach, contingent behavior strategy, consult, or reassure. A NEGATIVE STRATEGY scale was computed as the sum of responses coded as ignore or punish. Inter-agreement reliability for the coding scheme using 15 percent of all data points was 90.8 percent.

Scores for all scales were computed at pre- and post-intervention. The BEHAVIOR scale was computed as the mean number of behavior problems. The YOUNGER/OLDER scales were computed as the mean number of behavior problems. ACTION, DISCUSSION, and SOLUTIONS scales were computed as the mean number of 'yes' responses. HELPFULNESS and CONFIDENCE scales were computed as mean ratings.

2) *Foster Child Behavior Inventory* (FCBI). This measure, adapted from the *Eyberg Child Behavior Inventory* (Eyberg, 1974) was used to assess parent perceptions of their foster children's behavior (2-16 years of age). Parents indicated how frequently their foster child exhibited 36 typical problem behaviors at home (INTENSITY), and whether each behavior was currently a problem for the parent (PROBLEM).

The measure has been used to assess the impact of treatment on children's disruptive behavior. The FCBI has high inter-parent reliability (.86 and .79 for intensity and problem scales, respectively) and test-retest reliability (.86 and .88 for the intensity and problem scales, respectively).

For the present study, the word "child" was changed to "foster child". The INTENSITY scale was computed as the mean ratings for all items, and the PROBLEM scale was computed as the mean number of "yes" responses to all items.

3) *Viewer Satisfaction* Questionnaire (VS). This questionnaire, composed for the present study, measured parents' ratings of the quality of the instructional program, as well as individual training and viewing preferences. Ratings for program quality ranged from 1 (very much) to 4 (not at all).

The measures described above are shown in Appendix F. The FPDR was administered on each call, the FCBI was administered on the first and last call, and the VS was administered to parents in the treatment condition on the last call. Eleven interview callers were used to conduct the telephone interviews. Callers received randomized lists of subjects to call at each assessment time to avoid caller bias. All callers were trained by the research staff.

Hypotheses

In general, parents in the treatment condition were expected to report fewer child behavior problems, and to show improvements in positive actions and attitudes related to dealing with those problems from pre- to post-intervention (Time) when compared with parents in the control condition (Group) (i.e., Group x Time interaction effects).

Accordingly, the following specific hypotheses were tested:

1) Parents in the treatment condition were expected to have lower scores for the PROBLEM and INTENSITY scales on the FCBI from pre- to post-intervention when compared with parents in the treatment condition.
2) Parents in the treatment condition were expected to have lower scores for the

BEHAVIOR, YOUNGER/OLDER and NEGATIVE STRATEGY scales, and higher scores for the ACTION, DISCUSSION, SOLUTIONS, HELPFULNESS, CONFIDENCE, and POSITIVE STRATEGY scales on the FPDR from pre- to post-intervention when compared with parents in the treatment condition.

Results

Preliminary analyses were conducted to test for baseline equivalence on a variety of demographic and background variables (see the *Background Information* questionnaire in Appendix F). As shown in Table 1, the experimental and control groups were found to be comparable. Tables reported in this Results section are shown in Appendix G.

To address the concerns of one of the previous reviewers of this proposal, all analyses that were conducted as repeated measures MANOVAs were also conducted using baseline scores as covariates for termination scores. In general, all outcomes were the same, with slight variations in F values having the effect of strengthening the findings reported below. Only one scale, the SOLUTIONS measure from the FPDR had an $F(1,99) = 3.71$ that caused the probability to change from .05 in the repeated measures analysis to .057 using the baseline score as a covariate.

Foster Parent Daily Report. A 2 (Time) by 2 (Condition) repeated measures MANOVA was used to test for differences in the BEHAVIOR scale. This scale had a significant time by condition effect; $F(1,98) = 7.06$, $p < .009$. One 5 (scales) by 2 (Time) by 2 (Condition) MANOVA was used to test for differences in the five component scales: ACTION, SOLUTION, DISCUSSION, HELPFULNESS and CONFIDENCE. The overall Time by Condition effect was marginally significant, $F(5,85)= 2.07$, $p=.08$, and there were significant univariate time by condition interactions for SOLUTIONS, $F(1,89) = 3.96$, $p < .05$; HELPFULNESS, $F(1,89)= 3.53$, $p =.03$, and CONFIDENCE, $F(1,89) = 3.97$, $p < .05$. Separate 2 (Time) by 2 (Condition) repeated measures MANOVAs were used to test for differences in the scales for younger and older children, respectively. Neither of these scales showed any significant differences between the treatment and control groups. A separate 2 (scales) by 2 (Time) by 2 (Condition) repeated measures MANOVA was used to test for differences in the POSITIVE and NEGATIVE strategy scales. Neither the main effects nor the interaction effect was significant.

As is shown in Table 2, foster parents in the treatment condition reported greater reductions in child problem behaviors over time than did controls. They also reported that they generated more problem solutions, believed those solutions were more helpful, and had more confidence in their solutions.

Foster Child Behavior Inventory. A 2 (Scales) by 2 (Time) x 2 (Condition) repeated measures MANOVA was used to test for differences in the two component scales. There were no significant time by condition interaction effects for either of the two scales, though as seen in Table 3, parents in the treatment condition tended to report decreased numbers of problem behaviors with their foster children.

Post-Hoc Psychological Risk Profile. A series of post-hoc analyses were run to determine whether outcome measures were related to the psychological at-risk status of

foster children. A risk variable was computed based on three background information variables: whether the foster child received special school services, mental health services, and whether the child had ever been arrested. Foster children received scores of 0-3, based on the number of risk factors that they met. Subjects were then grouped as low- (values of 0 or 1) or high- (values of 2 or 3) risk status. Separate 2 (Group) x 2 (Risk) MANOVAs were run, using difference scores for the FCBI and FPDR scales as dependent variables. Though there were no significant group by risk interaction effects, there were strong trends in the data indicating that outcomes for parents in the control group were lower for the high risk group compared with parents in the treatment group. Given that the treatment was specifically designed to help parents deal with difficult problems, this was an encouraging finding. Means for high and low risk group on the difference score are shown in Table 4.

Viewer Satisfaction. Foster parents in the treatment group rated aspects of the quality of the instructional program as well as individual training and viewing preferences. As shown in Table 5, ratings for program quality ranged from 1.33 to 2.39 (1 is the highest quality, 4 is the lowest quality). The mean rating for items relating to the quality of the video program was 1.72, and 2.02 for the viewer manual. Parents rated the overall program quality as 8.22 on a scale of 1 to 10, with 10 as the highest quality. Nearly half the viewers had recommended the program to someone else. Of the 40 percent who watched the program with someone else, half of those watched it with their spouse. The most popular preference for viewing time was weekday evenings (55.6 percent). Weekend evenings (36.5 percent) and weekday mornings (34.9 percent) also were preferred viewing times. Four times as many parents preferred receiving a video to watch at home rather than watch a scheduled televised program (80.6 versus 19.4 percent); and nearly three times as many parents preferred video-based training to conventional group educational activities (69.8 percent versus 25.4 percent).

Discussion of Project Feasibility

The purpose of this project was to investigate the feasibility of a video-based training program for foster parents. The approach was unique for several reasons. First, the use of video made it possible to bring training direct to the foster parent home via cable television. Accessibility to training has been a chronic problem in foster care because of practical barriers and low parent motivation. Foster parents may be unaware of or unconvinced about the importance or the relevance of training, but even those who are motivated find it difficult to make arrangements so that they can attend outside meetings. Second, televised home-based training offers a convenient means of providing *continuing* education. Foster parents need varying and ongoing support to help them manage child behavior problems. Without it, parent frustration and problem child behavior can quickly escalate to undermine the stability of the foster family and ultimately of the placement. Third, the program that was the focus of this study was of high quality in terms of production and content. The production qualities fit current standards for television programming which maximizes the material's credibility and marketability. Content was based on well-known social learning techniques supported by parent training research. Agencies typically lack the resources to assure this quality of education. Finally, the materials were specifically designed to engage and appeal to

foster parents. Story depictions and panel discussions included individuals, situations, and language familiar to foster parents.

The evaluation of the intervention focused on whether foster parents learned and applied a behavior management technique called problem-solving. The technique involved using a simple five-step process for identifying problems, then generating and implementing solutions. Problem-solving was chosen as a starting point in the project because of its potential value in giving parents a practical and short-term means for handling typical yet very difficult parenting situations. The intervention was expected to increase problem-solving behavior and to positively alter the parents ability to deal with their foster children's problem behaviors at home.

Overall, findings supported the effectiveness of the intervention. The parent daily report indicated improvements children's behavior, in parents problem-solving strategies, and in parents' perceived effectiveness. First, parents who viewed the program tried more solutions while those in the control condition decreased slightly. These results suggest that the intervention encouraged parents to persist, rather than to give up on, solving problem behavior by trying different approaches. Parents in the control condition appeared to lose motivation and not expand their repertoire of solutions. This result, coupled with the decrease in children's problem behaviors in the treatment condition, suggests that teaching problem solving not only changes parenting behavior but has a beneficial effect on the children's behavior, too.

According to subjective ratings of their own behavior, parents in the control condition felt less helpful over time, while those in the treatment condition felt more helpful over that same time period. Parents in the control condition also lost confidence over time in what they were doing while those in the treatment condition maintained relatively high levels of confidence in their abilities. These findings revealed a process in which foster parents in the control group were becoming discouraged and frustrated with managing their children's behavior.

Results did not show significant changes in discussing the problem or using positive or negative strategies, however there was a trend in the hypothesized direction for parents in the treatment condition to decrease their use of negative strategies.

Overall, findings about parent behavior suggested that parents in the treatment condition began trying the problem-solving technique, which led to improvements in child behaviors over time and promoted a sense of confidence in the foster parents responses. In contrast, parents in the control condition apparently persisted in using the same solutions that previously did not work which eroded their confidence and which lead to the maintenance of child behavior problems.

Changes in parents' reports of their children's behavior may be related to actual changes in behavior, or may reflect parent perceptions about the child. Previous studies using the PDR show that it correlates well with child behaviors coded by trained observers during home observations. In any case, parental perceptions that are more favorable are likely to be antecedents for more positive parent behavior. The two measures used in this study assessed parent perceptions of child problem behavior across different time frames. The FCBI asked parents to rate the prevalence of child behavior in the recent past, whereas the FPDR asked parents whether or not a behavior occurred in the past 24 hours. Changes in parent perceptions regarding the incidence of

specific problem behavior were significant only for the FPDR. Thus, changes in parent perceptions applied more to very short-term evaluations, which is reasonable given the demands of changing any child behavior and, in particular, the refractiveness of many of these behaviors.

The research explored several empirical questions about the possible benefits of the intervention. One question focused on how effective the intervention was with the highest risk foster children. Most of the foster children in the sample had multiple placements in foster homes, which put them at high psychological risk. Many of the children also were receiving a variety of mental health and special school services. An at-risk index was constructed based on the number of these services children were currently receiving. For the purposes of analysis, children were divided into lower and higher risk groups. Although there were no significant interaction effects (Group x Risk Group), there was a strong pattern of results. Parents in the treatment group with children in the higher risk category not only reported much greater reductions in problem behaviors for these most difficult children but also generated greater numbers of solutions, felt more confident about those solutions, and thought they were being more helpful in responding to behavior problems than parents in the control group with high risk children. This finding seems especially important because parents with high risk children often feel trapped in a vicious circle of frustration and coercion.

Parents responded very favorably to the quality of programming. Viewer satisfaction is a qualitative and important piece of information about the likely success of a media-based intervention. Ratings indicated that parents thought the programs were helpful, realistic, clearly presented, and appealing. About half the viewers had already recommended the program to another at the time of the post-intervention assessment. Ratings for the viewer manual were disappointing. Most parents read the manual and thought it was somewhat helpful, but apparently did not find the rehearsal exercises useful. It is less likely, therefore, that print solutions to training will succeed with this group, in contrast to training using video as a resource. However, overall, parents rated the intervention 8.2 on a scale of 10. Parents expressed their support of the program in their comparison ratings of training formats. About three times as many parents preferred video-based training to conventional group educational activities.

Parents overwhelmingly preferred receiving a video to watch at home rather than televised programming. As reported, 38 of the parents were sent a videotape of the programs because they did not have the opportunity to watch the scheduled telecast. These facts, and the difficulty in reaching parents for the multiple telephone interviews, pointed to a population that was pressed and stressed for time. Despite this, there was continuing optimism about a televised format for a number of reasons. First, educational programs are typically aired more densely in terms of times per day and consecutive number of days. Second, foster parents probably need to become accustomed to receiving training in this format. Third, parent motivation will likely be higher when there is a clearer connection between watching programming and receiving credits for accreditation. However, the effectiveness of the intervention is not contingent upon the specific delivery format of the programming. Analyses showed no differences in outcomes between television and videotape viewers. The type of programming in Phase I can be used as either an educational video or a television series without any requiring

any changes in production.

In summary, the programming received strong support in the evaluation study for continuing the proposed approach. Parent behavior and perceptions about child behavior problems either improved or showed a prevention effect in which desirable outcomes held constant for the treatment condition while they worsened for the control condition. Parents' subjective and qualitative feedback matched these findings. The use of video proved to be an effective outreach approach that stood in stark contrast to the more usual adversarial reactions foster parents have toward the child protection service system.