1996

The relationship between moral and ego development and treatment foster parent effectiveness and attitudes

Brent Gentry Richardson
College of William & Mary - School of Education

Follow this and additional works at: https://scholarworks.wm.edu/etd

Part of the Family, Life Course, and Society Commons, Social Work Commons, and the Student Counseling and Personnel Services Commons

Recommended Citation
https://dx.doi.org/doi:10.25774/w4-sm75-7045

This Dissertation is brought to you for free and open access by the Theses, Dissertations, & Master Projects at W&M ScholarWorks. It has been accepted for inclusion in Dissertations, Theses, and Masters Projects by an authorized administrator of W&M ScholarWorks. For more information, please contact scholarworks@wm.edu.
INFORMATION TO USERS

This manuscript has been reproduced from the microfilm master. UMI films the text directly from the original or copy submitted. Thus, some thesis and dissertation copies are in typewriter face, while others may be from any type of computer printer.

The quality of this reproduction is dependent upon the quality of the copy submitted. Broken or indistinct print, colored or poor quality illustrations and photographs, print bleedthrough, substandard margins, and improper alignment can adversely affect reproduction.

In the unlikely event that the author did not send UMI a complete manuscript and there are missing pages, these will be noted. Also, if unauthorized copyright material had to be removed, a note will indicate the deletion.

Oversize materials (e.g., maps, drawings, charts) are reproduced by sectioning the original, beginning at the upper left-hand corner and continuing from left to right in equal sections with small overlaps. Each original is also photographed in one exposure and is included in reduced form at the back of the book.

Photographs included in the original manuscript have been reproduced xerographically in this copy. Higher quality 6" x 9" black and white photographic prints are available for any photographs or illustrations appearing in this copy for an additional charge. Contact UMI directly to order.

UMI
A Bell & Howell Information Company
300 North Zeeb Road, Ann Arbor MI 48106-1346 USA
313/761-4700 800/521-0600
THE RELATIONSHIP BETWEEN MORAL AND EGO DEVELOPMENT
AND TREATMENT FOSTER PARENT EFFECTIVENESS AND ATTITUDES

A Dissertation
Presented to
The Faculty of the School of Education
The College of William and Mary in Virginia

In Partial Fulfillment
Of the Requirements for the Degree
Doctor of Education

by
Brent Gentry Richardson
February 1996
THE RELATIONSHIP BETWEEN MORAL AND EGO DEVELOPMENT
AND TREATMENT FOSTER PARENT EFFECTIVENESS AND ATTITUDES

by

BRENT GENTRY RICHARDSON

Approved February 1996 by

Victoria A. Foster, Ed.D.
Chair of Doctoral Committee

Thomas J. Ward, Jr., Ph.D.

Charles O. Matthews II, Ph.D.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ACKNOWLEDGEMENTS</td>
<td>v</td>
</tr>
<tr>
<td>LIST OF TABLES</td>
<td>vi</td>
</tr>
<tr>
<td>ABSTRACT</td>
<td>vii</td>
</tr>
<tr>
<td>1. INTRODUCTION</td>
<td>2</td>
</tr>
<tr>
<td>Statement of the Problem</td>
<td>2</td>
</tr>
<tr>
<td>Justification for Study</td>
<td>2</td>
</tr>
<tr>
<td>Theoretical Rationale</td>
<td>7</td>
</tr>
<tr>
<td>Definition of Terms</td>
<td>13</td>
</tr>
<tr>
<td>Research Hypotheses</td>
<td>14</td>
</tr>
<tr>
<td>Sample Description and General Data Gathering Procedures</td>
<td>15</td>
</tr>
<tr>
<td>2. REVIEW OF THE LITERATURE</td>
<td>16</td>
</tr>
<tr>
<td>Moral Development</td>
<td>16</td>
</tr>
<tr>
<td>Moral Reasoning and Behavior</td>
<td>26</td>
</tr>
<tr>
<td>Ego Development</td>
<td>34</td>
</tr>
<tr>
<td>The Relationship Between Moral and Ego Development</td>
<td>41</td>
</tr>
<tr>
<td>Foster Parent Effectiveness and Attitudes</td>
<td>46</td>
</tr>
<tr>
<td>Summary</td>
<td>55</td>
</tr>
<tr>
<td>3. RESEARCH METHODOLOGY</td>
<td>57</td>
</tr>
<tr>
<td>Population and Sample</td>
<td>57</td>
</tr>
<tr>
<td>Data Gathering</td>
<td>57</td>
</tr>
<tr>
<td>Instrumentation</td>
<td>58</td>
</tr>
<tr>
<td>Defining Issues Test</td>
<td>59</td>
</tr>
<tr>
<td>Washington University Sentence Completion Test</td>
<td>62</td>
</tr>
<tr>
<td>Adult-Adolescent Parenting Inventory</td>
<td>63</td>
</tr>
<tr>
<td>Treatment Foster Parent Effectiveness Scale</td>
<td>65</td>
</tr>
<tr>
<td>Research Design</td>
<td>69</td>
</tr>
<tr>
<td>Specific Null Hypotheses</td>
<td>70</td>
</tr>
<tr>
<td>Data Analysis</td>
<td>71</td>
</tr>
<tr>
<td>Ethical Considerations</td>
<td>71</td>
</tr>
<tr>
<td>4. RESULTS</td>
<td>73</td>
</tr>
<tr>
<td>Descriptive Statistics</td>
<td>73</td>
</tr>
<tr>
<td>Data Analysis for Research Hypotheses</td>
<td>78</td>
</tr>
<tr>
<td>Hypothesis 1</td>
<td>78</td>
</tr>
<tr>
<td>Hypothesis 2</td>
<td>79</td>
</tr>
<tr>
<td>Hypothesis 3</td>
<td>80</td>
</tr>
<tr>
<td>Hypothesis 4</td>
<td>80</td>
</tr>
<tr>
<td>Hypothesis 5</td>
<td>81</td>
</tr>
<tr>
<td>Hypothesis 6</td>
<td>81</td>
</tr>
<tr>
<td>Hypothesis 7</td>
<td>82</td>
</tr>
<tr>
<td>Additional Findings</td>
<td>83</td>
</tr>
<tr>
<td>Developmental and Demographic Variables</td>
<td>84</td>
</tr>
<tr>
<td>Treatment Foster Parent Effectiveness</td>
<td>84</td>
</tr>
<tr>
<td>AAPI Variables</td>
<td>85</td>
</tr>
<tr>
<td>Comparisons with Normative Data</td>
<td>86</td>
</tr>
</tbody>
</table>
5. DISCUSSION AND CONCLUSIONS ............................................. 87

Discussion of Major Findings .............................................. 87
Discussion of Additional Findings ....................................... 95
  Gender ............................................................................. 95
  Age ................................................................................. 98
  Race ................................................................................. 98
  Marital Status ..................................................................... 99
  Foster Parenting Experience ............................................ 99

Limitations of Study .......................................................... 100
Research Design .................................................................. 100
Measurement Instruments ...................................................... 101
General Conclusions ........................................................... 105
Additional Implications ........................................................ 106
Recommendations for Future Research ................................. 110

APPENDICES ........................................................................ 113

Appendix A. Defining Issues Test ....................................... 113
Appendix B. Wash. Univ. Sentence Completion Test .............. 117
Appendix C. Adult-Adolescent Parenting Inventory ............... 119
Appendix D. Treatment Foster Parent
  Effectiveness Scale .......................................................... 122
Appendix E. Demographic Information Form ......................... 123
Appendix F. Supplemental Questionnaire for TFPES .............. 124
Appendix G. Consent Form (Foster Parents) ......................... 127
Appendix H. Consent Form (Caseworkers) ............................ 129
Appendix I. Individual Plan of Supervision .......................... 131

REFERENCES ...................................................................... 133
ACKNOWLEDGEMENTS

As I begin to reflect on the magnitude of this project, I am reminded of the many people who have supported, encouraged and inspired me along the way. Without their assistance, this journey could not have been completed.

To Melanie, my wife, friend, companion, and first editor, who made the personal sacrifices and provided the constant support that made this possible. Her reassurance and editorial comments greatly enhanced the final product. Melanie’s love has been my strength.

To my son, Carter, who served as my primary motivator for bringing this work to fruition. Carter has given me the greatest gift imaginable – the genuine experience of unconditional positive regard.

To my parents, Emmett and Sylvia Richardson, whose nurturance and guidance have helped shape my development. I am particularly appreciative of their undeviating support since my decision to change career paths eleven years ago.

To Victoria and Rip, who served as my primary mentors throughout the entire doctoral process. Much of what I know about cognitive developmental theory and treatment foster care I know because of them. They asked the questions and made the suggestions that helped shape this study. Their emotional and intellectual support has been invaluable.

To Tom, for his patience, guidance, and assistance with the statistical analysis and revisions of Chapter 4.

To Chaz, whose Aikido spirit, gentle teachings, and respectful manner I admire greatly.

To all the other family and friends who have supported me – particularly Melanie’s parents, Herb and Marti Dorn, who have continuously expressed interest in both the product and the process; my grandparents, Gordon and Pauline Gentry, whose pride in my accomplishments have provided both motivation and support; and John, my good friend who regularly switched hats between confidant, encourager, and editor.

To all the Lutheran Family Services treatment foster parents and staff, not just for their willingness to participate in this research study, but for their tireless efforts on behalf of children and adolescents.

To all the children I have worked with for the past fifteen years – They are truly the best teachers I have ever had.
LIST OF TABLES

1. Six Stages of Moral Development .......................... 17
2. Age Trends for Kohlberg’s Longitudinal Study ............ 20
3. Loevinger’s Stages of Ego Development
   and Interpersonal Relations ................................ 35
4. Internal Consistency of TFPES .............................. 67
5. Correlational Coefficients of TFPES ....................... 68
6. Descriptive Characteristics of Subjects ................... 74
7. Mean Scores for Primary Variables ........................ 75
8. Ego Levels of Subjects .................................... 77
9. Pearson Product-Moment Correlations
   for Primary Variables ..................................... 79
10. Multiple Regression Analysis for Hypothesis 7 ........... 83
ABSTRACT

RICHARDSON, BRENT GENTRY. The Relationship Between Moral and Ego Development and Treatment Foster Parent Effectiveness and Attitudes.

An extensive review of the literature on foster parent effectiveness yielded only one study (Horner and Ray, 1990) specifically focusing on "treatment" foster parents. The purpose of this study was to examine the relationship between moral and ego development and treatment foster parent effectiveness and attitudes. The Defining Issues Test, Washington University Sentence Completion Test, and Adult-Adolescent Parenting Inventory were administered to 103 treatment foster parents and the Treatment Foster Parent Effectiveness Scale was completed for each of the foster parents by their primary caseworker. The design was descriptive utilizing correlational comparisons between each of the variables. Additionally, the variables were considered in combination with demographic variables: gender, age, race, marital status, education, and foster parenting experience.

Treatment foster parents who exhibited higher levels of moral reasoning were more likely to display more appropriate and nurturing parenting attitudes. The ability to empathize was found to be positively related to treatment foster parents' overall effectiveness as well as their level of ego and moral development. The results also suggest that treatment foster parents may have more nurturing and appropriate attitudes than "regular" foster parents. Treatment foster mothers also displayed more appropriate and nurturing attitudes than treatment foster fathers. The findings from this study coupled with previous research linking higher cognitive developmental stage with more effective teaching, parenting, and counseling skills substantiate a rationale for applying a cognitive developmental framework for screening, training, supervising, and developing treatment foster parents.
THE RELATIONSHIP BETWEEN MORAL AND EGO DEVELOPMENT

AND TREATMENT FOSTER PARENT EFFECTIVENESS AND ATTITUDES
CHAPTER I
STATEMENT OF THE PROBLEM

The identification of meaningful predictors in the selection of effective foster parents has long been acknowledged as essential in the field of child welfare. The purpose of this study was to investigate the relationship between moral and ego development and treatment foster parent effectiveness and attitudes.

JUSTIFICATION FOR STUDY

In the past several decades, child welfare advocates have asserted that emotionally disturbed children deserve to be treated in the least restrictive, most normative environment that is clinically appropriate. This move toward deinstitutionalization has reversed the momentum of group homes and residential treatment centers for children and adolescents and thrust more and more troubled youth into foster care (Burns and Friedman, 1990; Meadowcroft, 1989). Wolfensberger (1972) suggested that foster homes were "virtually unmined resources of potentially major proportions" (p. 20) for providing community placement for institutionalized populations. Unfortunately, as noted by Woolf (1990), "a review of foster care history reflects a perpetual march down a road of good intentions with the failure to check the quality of the road" (p.76). Noting the prevalence of psychological maladjustment among foster children, McIntyre and Keesler (1986) asserted that:

foster care can no longer be regarded simply as a
temporary caregiving arrangement until such time as families of origin achieve minimally adequate caregiving capacity, adoption placements are made, or the youngster reaches the age of 18....Foster families will need to be prepared to be a part of a therapeutic team. (p. 303)

While traditional family foster care supplied the important normalizing element, these parents were not provided the training or support to effectively implement the crucial rehabilitative components. Treatment foster parents are professionalized through more extensive screening, intensive preservice and inservice training, higher pay, and regular performance evaluations. (Meadowcroft, 1989). Treatment foster care (TFC), which has developed rapidly in the past 15 years, combines the strengths of family foster care and residential treatment, and transformed the role of the foster parent. (Meadowcroft, 1989; Webb, 1988).

Treatment Foster Care (also referred to as "specialist foster care", "therapeutic foster care" or "foster-family based treatment") can be differentiated from traditional residential care in the following ways: First, it is much more readily and fully individualized. Second, because only one or two foster children typically live in each home, the chances of modelling maladaptive, destructive, or antisocial behavior are reduced. Third, children who excel in residential treatment settings have difficulty maintaining this progress once they have returned to their own homes (Minuchin and Nichols, 1993). In order to
maximize generalization of the treatment process to naturalistic settings, social learning theorists recommend, whenever possible, to treat persons with psychological disturbances in similar settings to which they will return. Fourth, based on the concept of imitative learning, children exposed to effective parenting are more likely to become better parents themselves. (Bandura and Walters, 1960). Group care tends to reinforce the socially deviant and treatment foster care reinforces the socially positive. Fifth, because treatment parents do not shift every eight hours, effective treatment families can develop unique, involved relationships with the youth. Finally, since treatment foster care avoids many institution costs such as large capital outlay and building and maintenance costs, it is typically much less expensive than residential treatment (Hawkins, 1989).

As noted by Burns and Friedman (1990), "highly individualized approaches create a much more difficult research test than evaluating any single service that all youngsters receive in a more or less standard way because the independent variable, the intervention, now is much more complex" (p. 91). Nevertheless, several studies have been conducted that suggest that TFC has been an effective treatment alternative for youth with a variety of emotional and behavior problems. Meadowcroft (1989) reported that 70 percent of the 83 youth discharged from the Pressley Ridge TFC program completed enough of their treatment goals to be transitioned to less restrictive settings (home, foster care, independent living, or adoption). Results
from another study (Hawkins, Meadowcroft, Trout, and Luster, 1985) showed that 82 percent of the children and adolescents were discharged to a less restrictive environment. Stroul’s 1989 review (cited in Burns and Friedman, 1990) of several TFC program’s discharge data revealed that each program had at least a 60 percent success rate with most programs over 75 percent. Other studies have favorably compared treatment foster care to residential treatment for treating seriously delinquent youths (Chamberlain, 1990) and children transitioning from a state psychiatric hospital (Chamberlain and Reid, 1991).

Although the evaluative studies cited above lend support for the potential scope of treatment foster care, history has demonstrated that child welfare agencies must do a better job of recruiting, screening, training, monitoring, and developing foster families. Abuse and neglect by foster parents does occur and the provision of less than adequate foster homes does not appear uncommon (Woolf, 1988). In addition, many foster homes break down soon after placement, escalating the child’s sense of failure and rejection (Stone and Stone, 1983). A 1980 study by Bavolek (cited in Bavolek, 1990) found that a significant number of foster parents were inclined to place inappropriate demands on their foster children, express less empathy toward the needs of their foster children, use corporal punishment as a means of discipline, and demand foster children to meet their needs by reversing parental roles. Providing treatment foster parents with more pay, training, supervision, and support appears to have
helped create a more therapeutic and collaborative milieu and reduce the risk of undetected abuse in foster care. Nevertheless, there continues to be a need for specifying the criteria for differentiating effective and ineffective treatment foster parents.

Perhaps if treatment foster parents were chosen from an unlimited pool of applicants, there would be less concern with the "quality" of these foster parents. Unfortunately, the process of selection is considerably different from that of other "mental health" positions. There is a shortage of foster parents in the United States, and any realistic discussion of quality or effectiveness must be set in the context of this shortage (Hampson, 1984). Traditionally, foster parent training and supervision models have provided low-level skill acquisition and hoped for the best. These models have focused little on the developmental aspects of the process. Morrissette (1994) in proposing a developmental framework for working with foster parents stressed "that individuals are at different levels of psychological maturity and therefore; approach, interpret and react to reality differently. It is assumed that with increased experience and knowledge, foster parents evolve and are able to transition through the developmental stages" (p.236). Cognitive-developmental theory provides a framework that could be useful for screening as well as for developing an individualized supervision plan to optimally promote the psychological growth of foster families. Similar developmental models of assessment and
supervision have been successfully utilized with other professional populations including teachers (Oja and Sprinthall, 1978; Thies-Sprinthall, 1984), counselors (Borders, 1986; Stolenberg, 1981), and group home leaders (Foster and McAdams, 1995). This study investigated the relationship between moral and ego development and treatment foster parent effectiveness and attitudes.

THEORETICAL RATIONALE

Many theorists have proposed interactionist stage models for explaining the process of cognitive development. These cognitive developmental theorists propose that a person's behavior is directly related to the level of complexity at which they are able to process their experiences. Kohlberg's (1969) model of moral development and Loevinger's (1976) model of ego development have each demonstrated substantial theoretical and empirical support with a variety of populations.

As an extension of Piagetian psychology, Kohlberg's theory stresses cognition as the most important component in the development of moral reasoning. As human beings, we actively seek to attach meaning to our experiences. Our meaning systems - how we think about a particular situation - give rise to our behavior. The concepts of justice and fairness are considered the crux of Kohlberg's model of moral judgment development. Justice is viewed as the basic moral principle to which all people should strive. Kohlberg (1980) explained justice as "a
moral resolution of competing claims....The basic rule of justice is distributive equality: treat every man equally" (p. 63). At each stage, there is an intuitive sense of what is just and fair. Through a series of open-ended interviews, Kohlberg presented complicated moral dilemmas to subjects asking them to describe what the person ought to do in each situation. Each dilemma involves a character who finds himself in a difficult situation and has to choose between conflicting values. From the responses, Kohlberg (1976) found that the process of moral reasoning actually formed a distinct developmental sequence of three levels and six stages. Each stage represents a qualitative difference in the way a person perceives him or herself and his or her environment. Two persons at different levels may value the same thing but their reasons for their values are intrinsically different. Moral reasoning develops from an initial focus on hedonistic and physical concerns to a recognition of and identification with interpersonal and societal expectations to a holistic perspective - incorporating general principles of freedom, equality, and solidarity from more specific societal or interpersonal expectations, norms, or laws. Each stage forms a structured whole. Specifically, a shift in moral reasoning from one stage to another indicates a reorganization of how one reasons about a whole series of issues. The stages are sequential and hierarchial. A child must pass through stage one to get to stage two and so on. Because one stage builds on the next, stages cannot be skipped. As one
develops to a higher stage, the higher stage reintegrates the structures found at the lower stages. Each stage of moral reasoning represents a distinct and coherent theory of justice that can be applied to situations involving competing moral claims. Kohlberg (1969) argued that sequential transition through these distinct modes of moral reasoning is universal. "While cultural factors may speed up, slow down, or stop development, they do not change its sequence" (p. 352). Kohlberg initially argued that an individual's mode of reasoning at a given stage will be consistent across varying content; however, current research indicates that although there is a tendency to reason predominately at one stage, lesser amounts of reasoning are evident at adjacent stages (Walker, 1988).

Jane Loevinger and Ruth Wessler (1970) formulated a comprehensive theory of personality and ego development that incorporates elements of cognitive, self, interpersonal, character, and moral development. They describe ego development in terms of Piagetian invariant stages in which a person's "frame of reference" for perceiving, interpreting, and reacting to the world evolves from conceptually lesser to greater levels of differentiation and integration. Concurrent functions specific to impulse control, interpersonal style, and cognitive functioning operate within the abstraction of an indivisible ego. These functions are not seen as separate realms, but as intrinsic to the whole ego. The qualitatively distinct stages delineate both a developmental progression as well as characterological
differences among individuals and can broadly be conceptualized as portraying preconformist, conformist, and postconformist levels of development.

Loevinger (1976) acknowledges that some of her basic tenets can be traced to the ideas of Harry Stack Sullivan, particularly his theory of anxiety gating and ego stability. Sullivan's anxiety gating theory attempted to explain why the ego is relatively stable and development is gradual. One of the primary functions of the ego or Sullivan's "self-system" is to avoid anxiety by focusing attention on patterns of experience that coincide with his or her current frame of reference. Loevinger (1970) asserted that "the search for coherent meaning in experience is the essence of the ego or ego functioning, rather than just one among many equally important functions" (p.8). Because of its abstract nature, Loevinger (1969) acknowledged that she has difficulty providing a simple, encompassing definition of "ego development". Loevinger (1966) claimed the process of ego development is second only to intelligence in accounting for human variance.

Initially, Loevinger's model of ego development consisted of seven sequential, invariantly ordered stages. However, on the basis of additional data and theoretical considerations, three transitional or intermediate stages were added: the presocial/symbiotic (I-1, inaccessible to study according to this formulation of ego-functioning assessment); impulsive (I-2); self-protective (Delta); a transitional level between self-
protective and conformist (Delta/3); conformist (I-3); transition between conformist and conscientious (I-3/4); conscientious (I-4) transition between conscientious and autonomous (I-4/5); autonomous (I-5); and integrated levels. Although Loevinger (1979) acknowledged that "the construct of ego lacks definite evidence for sequentiality" (p. 308), longitudinal studies appear to support her contention of stages building on, incorporating, and transmuting previous stages in sequential order. However, as Hauser (1976) pointed out, "it is possible, indeed probable, that the sequence can be interrupted at any point in development" (p.932).

As is the case with the Kohlbergian stages, most adults will not progress to the postconformist stages. Although transition to higher stages signifies greater complexity, Loevinger has stressed that she - unlike Kohlberg - does not seek a "higher is better" philosophical foundation for her theory. She stressed that every stage has its problems and paradoxes, as well as potential for maladjustment or growth. She argued that it is presumptuous to assume adults who do not progress beyond the conformist level will become maladjusted just as it is ludicrous to assume those who progress to postconformist levels will be well-adjusted. Loevinger (1970) suggested an alternative perspective of viewing the "sequence as one of coping with increasingly deeper problems rather than to see it as one of the successful negotiation of solutions" (p.7).

In Chapter 2, well-constructed longitudinal studies which
provide substantial support for Kohlberg and Loevinger's respective developmental theories will be highlighted. Additionally, previous research will be presented on foster parents and similar populations (i.e. counselors, parents) which suggest that these developmental theories are appropriate frameworks for assessing, training, and supervising treatment foster parents. Like other human beings, the way foster parents process information, make decisions, and react to different situations depends on their current level of cognitive-development. Based on structural stage theory, persons reasoning at more advanced stages have the capacity to make sense of a greater variety of experiences in more adequate ways. They have the ability to "read and flex" and take relevant situational factors into account. They have the capacity to take another's perspective and better understand persons with different attitudes, beliefs, or behaviors. Previous research on foster parent effectiveness suggests that these attitudes, behaviors, and interpersonal styles reflective of higher stages of cognitive development are also indicative of more effective foster parents. Consequently, moral and ego development, as presented in this paper, appear to be appropriate for the investigation of treatment foster care effectiveness and attitudes.
DEFINITION OF TERMS

Treatment Foster Care - was defined by the Foster Family Treatment Association (1991) as "a program for children, youth and their families whose special needs can be met through services delivered primarily by treatment foster parents trained, supervised and supported by agency staff" (p.5).

Treatment Foster Parents - are the primary treatment agents who monitor and implement the in-home portion of the child’s individualized treatment plan.

Primary Caseworkers - are Master’s level social workers and counselors who take primary responsibility for development and coordination of treatment plans, and provide regular support and supervision of foster families. The number of children/youth assigned to the caseworker ranges from five to seven.

Treatment Foster Parent Effectiveness - refers to primary caseworker’s assessment of foster parents’ overall parenting skills and ability to implement foster child’s treatment plan.

Moral Development - is categorized in invariant stages related to the level of principled reasoning evident in responses to moral dilemmas.

Ego Development - is defined by Loevinger and Wessler (1970) in terms of Piagetian invariant stages in which a person’s frame of reference for perceiving, interpreting, and reacting to the world evolves from conceptually lesser to greater levels of differentiation. Included in the conceptualization of ego development are the concurrent functions of impulse control,
interpersonal style and cognitive functioning.

Parenting attitudes that are high risk for abuse and neglect - are defined as inappropriate parental expectations of the child, the inability of the parent to be empathically aware of the child's needs, strong parental belief in the value of punishment, and a need to reverse parent-child roles.

**RESEARCH HYPOTHESES**

1. There will be a significant positive correlation between treatment foster parent effectiveness and moral development.

2. There will be a significant positive correlation between treatment foster parent effectiveness and ego development.

3. There will be a significant positive correlation between ego and moral development of treatment foster parents.

4. There will be a significant negative correlation between treatment foster parent effectiveness and parenting attitudes that are high risk for abuse and neglect.

5. There will be a significant negative correlation between moral development and parenting attitudes that are high risk for abuse and neglect.

6. There will be a significant negative correlation between ego development and parenting attitudes that are high risk for abuse and neglect.

7. Treatment foster parent effectiveness will be predictable from the combination of foster parent's attitudes and level of moral and ego development.
SAMPLE DESCRIPTION AND GENERAL DATA GATHERING PROCEDURES

The sample population was drawn from volunteer treatment foster parents with Lutheran Family Services of Virginia, Inc. (LFSVA) who reside in Eastern and Central Virginia. This researcher obtained permission from LFSVA to solicit volunteers from its monthly training classes. Each volunteer had to have completed the 20 hour preservice training class, been certified as a treatment foster parent with LFSVA, and fostered a child for a minimum of six months before being included in the study. The sample consisted of 103 treatment foster parents.

This researcher administered the Defining Issues Test (DIT), the Sentence Completion Test (SCT), and the Adult-Adolescent Parenting Inventory (AAPI) to treatment foster parents during three separate monthly training sessions. Each subject also completed a brief Demographic Information Sheet. In addition, the primary case worker for each family and the caseworkers' direct supervisors were asked to complete the Treatment Foster Parent Effectiveness Scale (TFPES) for each parent. They were also asked to complete a Supplemental Questionnaire which was used to assess the validity of the TFPES.
CHAPTER IX
REVIEW OF THE LITERATURE

In the preceding chapter, cognitive-developmental theory was proposed as a comprehensive theoretical framework that could be useful in the assessment and development of treatment foster parents. In addition, the basic tenets of Kohlberg's theory of moral development and Loevinger's theory of ego development were presented. This review will examine the current research in an effort to determine the empirical validity of utilizing these two cognitive developmental theories with this population.

MORAL DEVELOPMENT

Kohlberg (1969), expanding upon the work of Piaget, proposed that the process of making moral judgments formed a developmental sequence of six stages (Table 1). In order to validate the stage concepts of his theory, Kohlberg recognized the need to conduct a longitudinal study. In 1956, he began with a cross sectional design, interviewing 98 boys aged 10, 13, and 16 from two different levels of social class and sociometric status every three to four years through 1976. All subjects were given oral interviews on Forms A, B, and C of the Moral Judgment Interview. Due to attrition and the fact that interviews from seven of the subjects were utilized to develop the Standard Issues Scoring Manual, longitudinal data could only be reported on 51 of the subjects. Colby and Kohlberg (1984) re-analyzed the data from 1956 to 1968 and analyzed the data from 1968 to 1976 using the revised scoring system. Kohlberg's scoring system has undergone
### Table 1

**Six Stages of Moral Development**

<table>
<thead>
<tr>
<th>Level and Stage</th>
<th>What is Right</th>
<th>Reasons for Doing Right</th>
<th>Socio-Moral Perspective of Stage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Level 1: Preconventional:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stage 1: Heteronomous morality.</td>
<td>To avoid breaking rules backed by punishment, obedience for its own sake, and avoiding physical damage to persons or property.</td>
<td>Avoidance of punishment and superior power of authorities.</td>
<td>Epocentric point of view. Doesn't consider the interests of others or recognizes that they differ from the actor's, doesn't relate two points of view. Actions are considered physically rather than in terms of psychological interests of others. Confusion of authority's perspective with one's own.</td>
</tr>
<tr>
<td><strong>Stage 2: Individualism, instrumental purpose, and exchange.</strong></td>
<td>Following rules only when it is to someone's immediate interest; acting to meet one's own interests and needs and letting others do the same. Right is also what's fair, what's an equal exchange, a deal, an agreement.</td>
<td>To serve one's own needs or interests in a world where you have to recognize that other people have their interests too.</td>
<td>Concrete individualistic perspective. Aware that everybody has his own interests to pursue and these conflict, so that right is relative (in the concrete individualistic sense).</td>
</tr>
<tr>
<td><strong>Level 2: Conventional:</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stage 3: Mutual interpersonal expectations, relationships, and interpersonal conformity.</td>
<td>Living up to what is expected by people close to you or what people generally expect of people in your role as son, brother, friend, etc. Being good is important and means having good motives, showing concern about others. It also means keeping mutual relationships, such as trust, loyalty, respect, and gratitude.</td>
<td>The need to be a good person in your own eyes and those of others. Belief in the Golden Rule. Desire to maintain rules and authority which support stereotypical good behavior.</td>
<td>Perspective of the individual in relationships with other individuals. Aware of shared feelings, agreements, and expectations which take primacy over individual interests. Relates points of view through the concrete Golden Rule, putting yourself in the other guy's shoes. Does not yet consider generalized system perspective.</td>
</tr>
<tr>
<td><strong>Stage 4: Social system and conscience.</strong></td>
<td>Fulfilling the actual duties to which you have agreed. Laws are to be upheld except in extreme cases where they conflict with other fixed social duties. Right is also contributing to society, the group, or institution.</td>
<td>To keep the institution going as a whole, to avoid the breakdown in the system &quot;if everyone did it&quot;, or the imperative of conscience to meet one's defined obligations.</td>
<td>Differentiates societal point of view from interpersonal agreement or motives. Takes the point of view of the system that defines rules and rules. Considers individual relations in terms of place in the system.</td>
</tr>
<tr>
<td>Level and Stage</td>
<td>What is Right</td>
<td>Reasons for Doing Right</td>
<td>Sociomoral Perspective of Stage</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------</td>
<td>------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Level 3: Postconventional principled:</td>
<td>Being aware that people hold a variety of values and opinions, that most values and rules are relative to your group. These relative rules should usually be upheld, however, in the interest of impartiality and because they are the social contract. Some nonrelative values and rights like life and liberty, however, must be upheld in any society regardless of majority opinion.</td>
<td>A sense of obligation to law because of one's social contract to make and abide by laws for the welfare of all and for the protection of all people's rights. A feeling of contractual commitment, freely entered upon, to family, friendship, trust, and work obligations. Concern that laws and duties be based on rational calculation of overall utility, &quot;the greatest good for the greatest number&quot;.</td>
<td>Prior-to-society perspective. Perspective of a rational individual aware of values and rights prior to social attachments and contracts. Integrates perspectives by formal mechanisms of agreement, contract, objective impartiality, and due process. Considers moral and legal points of view; recognizes that they sometimes conflict and finds it difficult to integrate them.</td>
</tr>
<tr>
<td>Stage 6. Universal ethical principles.</td>
<td>Following self-chosen ethical principles. Particular laws or social agreements are usually valid because they rest on such principles. When laws violate these principles, one acts in accordance with the principle. Principles are universal principles of justice: the equality of human rights and respect for the dignity of human beings as individual persons.</td>
<td>The belief as a rational person in the validity of universal moral principles and a sense of personal commitment to them.</td>
<td>Perspective of a moral point of view from which social arrangements derive. Perspective is that of any rational individual recognizing the nature of morality or the fact that persons are ends in themselves and must be treated as such.</td>
</tr>
</tbody>
</table>
significant changes since its inception. The current scoring system of the MJI, Standard Issues Scoring, developed in the late 1970's, established even more specific stage criteria and clearer differentiation of moral judgment structure from content.

The authors present a variety of reliability data for Standard Issue Scoring. On test-retest interviews, almost all subjects scored within one-third stage of each other, yielding reliability coefficients in the "high 90s". Correlation coefficients for interrater reliability were also in the "high 90s". When the results for Forms A, B, and C were integrated, 67 percent of all reasoning occurred at the individual's modal stage, and 99 percent of reasoning fell within adjacent stages. Additionally, correlations between moral maturity scores for alternate form reliability were in the mid-to-high 90s. Only three percent of the reinterviews were rated lower than preceding stages. These few incidents of regression could be attributed to measurement error.

The clear relationship between age and level of moral development also provides support for Kohlberg's theory. Table 2 reflects age trends for the longitudinal study. Although Kohlberg initially hypothesized that moral development ends in late adolescence or early adulthood, subjects in this study progressed from age 10 to 36. Age accounted for 60 percent of the variability in subjects' moral judgment scores (Colby and Kohlberg, 1984).
Results of the longitudinal study gave strong support for the two most central theoretical assumptions - invariant stage sequence and internal consistency across stages. Subjects moved slowly but steadily up the moral stage ladder. No one skipped a stage. Colby and Kohlberg (1984) made a strong argument that "positive results of the longitudinal analysis support not only the theoretical assumptions but also the validity of the measure" (p. 45). Additionally, the authors note that "the absence of issue or dilemma factors along with the absence of scatter across more than two adjacent stages seems to indicate that we have succeeded in defining a coherent moral domain united by a single underlying organizational structure" (p. 48).

Another important longitudinal study was conducted to evaluate the central assumptions of Kohlberg's theory in a cross-cultural context. Snarey, Reimer, and Kohlberg (1985) interviewed 92 Israeli kibbutz-born adolescent males and females
over a two to nine year period. The subjects were divided into four subsamples corresponding to a kibbutz cohort. The Moral Judgment Interview, Form A, was translated to Hebrew and scored using the Standard Issue Scoring System which yields two indexes of moral development: a global stage score and a moral maturity score. Global scores are scored on a nine-point scale from 1 to 5 that also include scores in transition between two stages (1, 1/2, 2, 2/3, 3, 3/4, 4, 4/5, and 5) and moral maturity scores range from 100 to 500. Scores were tabulated blindly by expert raters. Interrater reliability coefficients between all three scorers were estimated to be .91 for moral maturity scores and .89 for global stage scores.

The findings revealed that stage transitions were sequential, upward, and gradual. There were no incidents of anyone skipping a stage and the small number of stage regressions (6.3%) can be accounted for by measurement error. Additionally, each subject achieved his highest stage score during the last interview. The results also provide support for the developmental concept of structural wholeness or internal consistency. Of the 188 different interviews, 156 (83%) of the profiles display reasoning at one modal stage or in transition between two adjacent stages, and none of the cases showed persons reasoning at nonadjacent stages. Age trends compared favorably with Kohlberg's longitudinal study. Regression analysis demonstrated that age accounted for 40% of the variance in moral judgment scores.
The researchers did not find any significant difference between male and female subjects on moral judgment indices. However, this study raised some pertinent questions regarding possible cultural bias in the Standard Issues Scoring Manual's interpretation of postconventional reasoning. Responses from the kibbutzniks appeared to reveal a postconventional principle emphasizing communal equality and collective happiness. The authors recognize a potential need to reexamine the scoring system to accommodate culturally diverse postconventional moral principles other than those held by mature middle class Westerners. Despite these cultural variations, there were more similarities than differences between this study and other longitudinal studies. Additionally, the findings of this comprehensive study do lend strong support to the basic tenets of cognitive-developmental theory of moralization: hierarchical, sequential, invariant, irreversible development across qualitatively distinct stages.

To further assess the cross-cultural validity of Kohlberg's model, Snarey (1985) reviewed all of the crosscultural studies on moral development that used Kohlberg's scoring system. His impressive review consisted of 45 studies (38 cross sectional and 7 longitudinal) from 27 countries. His findings also supported the proposition that moral judgment develops universally through an invariant, upward sequence of stages. Stages 1 through 3/4 or 4 were evident in virtually all of the studies when age and sample size of the population were considered. Also, although
stage 4/5 or 5 were rare in each culture, they were evident to some degree in two-thirds of the studies. In all cultures studied, exposure to urban multicultural life, differences in social class status, and formal schooling appear to influence the probability of reaching postconventional level. Again, although the results leave some unanswered questions regarding possible cultural bias and postconventional reasoning, this study provides striking support for Kohlberg's theory and claim of universality of moral development.

One of Kohlberg's most controversial claims concerns his contention that males and females share the same patterns of moral reasoning development. Carol Gilligan (1982) argued that men and women employ different principles as the basis for their moral reasoning. Specifically, men tend to prefer the moral principle of justice; women prefer the principle of caring. Subsequently, utilizing Kohlberg's theory and measurement, Stage three will typically be modal for women while Stage four will be modal for men. Seeking to correct what she perceived as an inherent male bias in Kohlberg's model, she proposed an alternative cognitive-developmental theory of morality. In addition to justice, she argued that the principle of caring is a universal moral principle. Subsequently, for persons who base their moral judgments on the principle of caring, development progresses from concern for survival (caring for self), to concern for goodness (caring for others), to concern for truth (caring for self and others). Additionally, she maintained that
The styles of resolving moral conflict should be viewed as different, not superior or inferior.

Walker (1984) conducted a comprehensive review and meta-analysis of all available Kohlbergian studies (N = 72) examining sex differences in moral development. Only five of 41 samples of children and early adolescents reported significant differences, and one of these was repudiated for erroneously reporting a t-value as significant. Consequently, sex differences early in the life span were rare, and when they did occur, they typically showed slightly higher scores for females. Only 10 of 46 samples yielded sex differences for late adolescents and youth; however, these infrequent differences tended to suggest more favorable moral development for males. Only 13 studies were available for adults aged 21 to 65. Four of 21 of the adult samples showed significant differences in moral reasoning, each favoring males. Nevertheless, these sex differences were often confounded with educational and/or occupational differences. Overall, the meta-analysis yielded a very small mean effect, d = +.046, which means that sex explains only one-twentieth of 1% of the variance in moral reasoning development, r = .0005 (Walker, 1986).

Thoma (1984) conducted a similar meta-analysis and review of 56 studies with over 6,000 subjects to examine sex differences; however, he focused specifically on those studies utilizing the Defining Issues Test (DIT). The DIT was derived from Kohlberg's stage theory and assumes that people at different developmental levels perceive moral dilemmas differently. The DIT uses a
multiple choice format and can be scored objectively. In an attempt to improve on the statistical procedures used in previous reviews, he decided to use two measures to illustrate the magnitude of sex differences between means: effect size which reduces the comparison of means to a "d" statistic and "W" which identifies the score variance attributable to gender differences. This meta-analysis resulted in a significant but small sex difference (d = .21) favoring females. Additionally, the W scores (variance due to gender W = .002; due to age/education W = .525) indicated that age/education is over 250 times more powerful than sex in accounting for DIT score variance. The conclusions from each of the preceding reviews that gender differences are trivial appear to be strongly supported by the data. Efforts to demonstrate that Kohlbergian measures of moral reasoning are based upon male-oriented, Western ideologies have met with little success.

James Rest (1982) stated that there have been over 2000 studies on moral development in the past twenty years, and Lawrence Kohlberg, beginning with his doctoral dissertation, is directly responsible for this renewed interest. In fact, it would be difficult to find a study on moral development, regardless of the theoretical orientation, conducted in the past thirty years that does not make reference to Kohlberg. Rest (1982):

invites anyone to show another research area in all of personality and social development that is in a stronger
position than the Kohlbergian morality research in terms of power of findings, replication by different researchers on different samples, triangulation by many lines of evidence, theoretical richness and elaboration, and practical implications and applications (p.387).

MORAL REASONING AND MORAL BEHAVIOR

Some researchers (e.g. Burton, 1986; Lifton 1986) have argued that Kohlberg and the other cognitive-developmental theorists focus too much on cognition and not enough on actual behavior. Lifton (1986) argued:

Persons who act in a moral manner tend to be judged as moral. In short, for laypersons moral action speaks louder than words. This is due to the fact that instances of moral default (persons acting at a lower moral plane than their reasoning) are more common than instances of moral courage (persons acting at a higher moral plane than their reasoning). Hence, behavior becomes the more reliable and valid index of moral character. (p.69)

Kohlberg acknowledged that most people's actions are influenced more by situational factors than the values they espouse, but he distinguished between espoused values and structured reasoning. He further claimed that some people, those who would be considered principled, can differentiate between what is situationally called for and what is internally demanded (Reimer et al., 1983). Kohlberg supporters could also use the
infamous Heinz Dilemma (see Appendix A for copy of DIT) to argue this point. The behavior (stealing the drug or not stealing the drug) is not as morally indicative as the reasoning behind the behavior. Additionally, as the following studies attest, cognitive-developmental theorists have not discounted the importance of the relationship between moral reasoning and moral behavior.

Blasi (1980) provided an extensive review of 74 studies from 1942 to 1977 that related to moral judgment and moral behavior. These studies focused on moral (and immoral) behaviors such as delinquent actions, cheating, honesty, sociopathy, altruistic behavior, honesty, and resistance to social conformity or malevolent authority. Blasi did not restrict his review to Kohlbergian theorists or measures. He included all available published and unpublished studies which attempted to show the relationship between some measure of moral reasoning and some index of behavior. Blasi decided to include all available studies because of the vast number of unpublished data and a desire to avoid publication bias. Light and Pillemer (1984) noted that "journal referees and editors are unenthusiastic about publishing statistically nonsignificant findings, even from well-done studies" (p. 163). Nevertheless, Blasi may have cast too wide a net as he criticized several studies for not having a clear theoretical basis for relating the particular moral judgement instrument to the behavior options in the study, for using questionable measures, and for not taking into account
complicating and extraneous variables. Despite these limitations, 58 or the 74 studies revealed a statistically significant relationship between moral judgment and the moral behavior.

Thoma and Rest (1986) reviewed 30 studies comparing a wide variety of behaviors to moral development, as measured by the Defining Issues Test (DIT). Half of the studies in this review consisted of behaviors which occurred naturally (i.e. delinquency/non-delinquency, ratings of medical interns, conscientious objectors, etc) and half of the situations were contrived in laboratory settings (i.e. cheating, cooperative behavior, mock juries, etc.). Due to a "consistent pattern of significant relationships between DIT scores and behavior measures", the researchers concluded that "generally there is a link between moral judgment and behavior" (p. 135.). Although there was a consistent relationship in both reviews, the strength of the relationship was only moderate (typically, correlations in the .3 range). Both reviewers recommended that future research focus on the nature of this relationship.

Role-taking is an essential concept for moral reasoning development. It is a social skill that develops gradually beginning at around age six and proves to be the turning point for moral development. Kohlberg (1980) emphasized that "role-taking is the precondition for experiencing a moral conflict rather than a mechanism for its resolution" (p. 65). Cognitive-developmental theorists propose that role-taking - the ability to
take and share the perspectives of others (empathy) - is an essential ingredient for promoting moral growth across stages. Hoffman (1976) suggested that the development of empathy depends on cognitive development because empathy is basically a response to another person's affective cues. The ability to take the perspective of another creates dissonance that leads to a questioning of beliefs and a search for a more flexible, more adequate means of resolving moral conflicts. Several researchers have also investigated the relationship between empathy and moral development. Data from each of the following two studies showed a statistically significant relationship between moral development and empathy for counselor trainees.

Bowman and Reeves (1987) explored this relationship with 35 students (29 women, 6 men) who were beginning master's level students in counselor education, educational psychology, and psychology and enrolled in a counseling practicum in facilitative skills development. The Defining Issues Test (DIT) was utilized to measure moral development and Carkhuff's Empathy Understanding Scale (EU) to measure level of empathy. The EU rates counselor responses on a 5-point likert scale ranging from least facilitative response (1) to most facilitative response (5). Students were given the DIT at the beginning of the twelve week class and before making a series of four counseling audiotapes. EU scores were tabulated by two experienced "blind" raters based on written responses to a videotaped recording. The researchers reported that interrater reliability ranged from .89 to .91 in
previous studies using the same raters. The course instructor, also trained in assessing EU scores, rated the final audiotape for level of empathic responses. The data revealed significant relationships between the DIT and instructor's ratings of final audiotapes ($r=.36, p<.05$), and the DIT and judge's rating of written responses ($r=.61, p<.001$). Additionally, the two empathy ratings were significantly related to one another ($r=.40, p<.05$).

In a similar study, Bowman and Allen (1988) investigated the hypothesis that counselor trainees reasoning at higher stages would also display greater empathic understanding. Thirty subjects were administered the DIT and from the results, two distinct groups were identified. Ten trainees with P scores between 23 and 33 made up the "low moral development group" and ten trainees with P scores between 48 and 60 comprised the "higher moral development group". Audiotapes utilized for course evaluation were rated for empathic responses using the EU by experience raters who were unaware of subjects DIT scores. Group means computed using a one-tailed t test for independent samples yielded a t ratio of 1.87 (df = 18, $p < .05$). The results supported the hypothesis that the "high moral development group" ($M = 2.196$) would attain significantly higher empathy ratings than the "low moral development group" ($M = 1.895$).

Nevertheless, several factors limit the generalizability of the results. First, the need to create two subgroups reduced the number in each group to ten subjects, reducing the probability that the sample mean is reflective of the population mean.
Second, even for the "high moral development group", the average empathy ratings were below Carkhuff’s minimal facilitative level. Nevertheless, it would have been expected that a smaller sample size would have reduced the chances of rejecting the null hypothesis and obtaining significant results (Borg and Gall, 1989). Subsequently, despite the limitations, the study does appear to offer at least tentative support for the relationship between empathy and moral development.

Patricia Polovy (1980) explored the relationship between principled moral reasoning as evidenced by the DIT, and personality characteristics as measured by the California Personality Inventory. The CPI contains 480 items and 18 subscales and has consistently demonstrate high reliability and validity in numerous studies since it was developed (Gough, 1987). A large cross-sectional, voluntary sample of 549 Catholic students (302 males and 247 females; 230 high school students, 227 undergraduates, and 92 graduate students) were drawn from the New York Metropolitan area. For high school students, there was a positive correlation of at least \( r = .30, p < .001 \) between principled moral reasoning and the following personality traits: tolerance \( (r = .32) \), achievement via independence \( (r = .44) \), capacity for status \( (r = .30) \), intellectual efficiency \( (r = .36) \), and responsibility \( (r = .32) \). For college students, there was a positive correlation of at least \( r = .30, p < .001 \) for tolerance \( (r = .45) \), achievement via independence \( (r = .48) \), capacity for status \( (r = .36) \), intellectual efficiency \( (r = .38) \), responsibility
(r=.31), and flexibility (r=.31). Intellectual efficiency (r=.34) and achievement via independence (r=.40) showed significant positive correlations above (r=.30, p<.001) for graduate students. The results appear to provide at least moderate support for Polovy's claim that persons who preferred "principled levels of moral reasoning were seen as responsible, rational, creative, intelligent, and accepting of rules and constraints of society, but at the same time, able to think independently and be aware of the need for change" (p.752). Each of these studies lends credibility to Kohlberg's theorem of a hierarchal nature of moral reasoning development.

Research on moral judgment development within the family also supports the application of cognitive-developmental theory in working with treatment foster parents. Speicher-Dubin (1982) found parents at higher levels of moral development more willing to resolve family problems by discussion and negotiated compromise. Powers (1988) also noted that "preliminary analyses shows mothers' willingness and responsiveness to the adolescent's needs, as well as high emotional cohesiveness and concern among family members is associated with advanced adolescent moral judgment" (p.216). Additionally, Holstein (1972) observed that parents at more complex levels tended to induce such growth in their own children. She also suggested that parental encouragement was positively related to their child's moral judgment level. It should be noted that higher levels of cognitive development do not signify "better" people, but simply
people who have had significant social experiences to develop more varied perspectives and generate a greater variety of responses (Reimer, Paolitto, and Hersh, 1983).

James Rest's (1986) four-component model attempted to better explain the necessary psychological processes precipitating moral behavior. He theorized that four major types of psychological processes must have occurred in order for a person to act morally. First, the person realizes she/he has options that could affect the interests and welfare of other people. Second, the person labels one course of action as morally right. Third, the person must prioritize moral values over other personal values. Last, the person must be able to follow through and behave morally. These components do not necessarily occur in a tidy, sequential fashion. "Although the four components suggest a logical sequence, each component influences the other components through feedback and feed-forward loops" (pp. 34-35). Rest places Kohlberg's cognitive-developmental stage theory exclusively within the province of component II. He further asserts that other interactive systems (i.e. affect) account for variance within each component, including component II. Moral reasoning affords a method for prioritizing considerations within a particular dilemma but not necessarily an explanation for how that consideration propels a particular plan of action. Rest (1986) argued "there are no moral cognitions completely devoid of affect, no moral affect completely devoid of cognitions, and no moral behavior separable from the cognitions and affects that
prompt the behavior" (p.4). Hunt (1975) proposed a similar supposition with his Behavior-Person-Environment paradigm in which behavior is a function of the unique experiences a person encounters and the level of cognitive complexity at which a person is able to process those experiences. Rest developed his model to better understand and predict the complex processes involved in the relationship between moral cognition and moral action in hypothetical and real life situations. According to Rest's model, a failure to act morally is due to a breakdown in one or more of the component processes.

**EGO DEVELOPMENT**

Based upon an extensive series of field interviews, Loevinger and Wessler (1970) created a framework to describe the process of ego development through a series of sequential stages (Table 3). Several longitudinal studies conducted on adolescents and adults appear to have supported the authors' contention that persons progress through invariant, qualitatively distinct stages. Redmore and Loevinger (1979) reviewed a series of studies at a variety of different schools in which adolescent boys and girls were administered the SCT in the sixth grade and retested in intervals of 1.5 to 6 years. Results supported the hypothesis that ego development in early adolescence, as measured by the SCT, is positively related with ego development in late adolescence. Specifically, each sample showed a notable increase in ego level during adolescence, with six of eight samples
### Table 3
Loevinger’s stages of ego development and interpersonal relations

<table>
<thead>
<tr>
<th>Stage</th>
<th>Code</th>
<th>Character development</th>
<th>Interpersonal style</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presocial</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Symbiotic</td>
<td>I-1</td>
<td></td>
<td>Autistic</td>
</tr>
<tr>
<td>Impulsive</td>
<td>I-2</td>
<td>Impulsive, fear of retaliation</td>
<td>Receiving, dependent, exploitive</td>
</tr>
<tr>
<td>Self-protective</td>
<td>△</td>
<td>Fear of being caught, externalizing blame, opportunistic</td>
<td>Wary, manipulative, exploitive</td>
</tr>
<tr>
<td>Conformist</td>
<td>I-3</td>
<td>Conformity to external rules, shame, guilt for breaking rules</td>
<td>Belonging, superficial niceness</td>
</tr>
<tr>
<td>Conscientious-Conformist</td>
<td>I-3/4</td>
<td>Differentiation of norms</td>
<td>Aware of self in relation to group</td>
</tr>
<tr>
<td>Conscientious</td>
<td>I-4</td>
<td>Self-evaluated standards, self-criticism, guilt for consequences, long-term goals &amp; ideals</td>
<td>Intensive, responsible, mutual, concern for communication</td>
</tr>
<tr>
<td>Individualistic</td>
<td>I-4/5</td>
<td><strong>Add</strong>: Respect for individuality</td>
<td><strong>Add</strong>: Dependence perceived as an emotional problem, separate from physical or financial dependence</td>
</tr>
<tr>
<td>Autonomous</td>
<td>I-5</td>
<td><strong>Add</strong>: Coping with conflicting inner needs, tolerance</td>
<td><strong>Add</strong>: Respect for autonomy, interdependence</td>
</tr>
<tr>
<td>Integrated</td>
<td>I-6</td>
<td><strong>Add</strong>: Reconciling inner conflicts, reunification of unattainable</td>
<td><strong>Add</strong>: Cherishing of individuality</td>
</tr>
</tbody>
</table>

Note: "Add" means in addition to the description applying to the previous level.

Adapted from Loevinger (1976), pp. 24-25.
showing a statistically significant increase (approximately \( r = 0.5 \)). Additionally, the studies consistently demonstrated a leveling off in late adolescence. Because of this "leveling off" phenomenon, the authors suggested future research with late adolescence and early adulthood samples to better determine typical ages of maturation.

Redmore (1983) conducted longitudinal analysis on two earlier samples to further test these developmental hypotheses. The first sample (57 pharmacy college graduates) were initially tested during their freshmen year and retested in small groups at the college four and a half years later. The second sample (\( N = 40 \)), initially tested during two community college introductory psychology classes, were contacted by mail and tested four years later in their homes. Although the authors purported that their samples did not differ significantly from the original samples, the fact that only 43 percent were retested in each study may limit the generalizability of the conclusions. Sentence Completion Tests were typed and scored blindly by experienced, trained raters. In the first sample, women originally scored at higher ego levels; however, upon retest, men had increased in ego level and were no different from women. Sample two showed no significant differences between men and women at either time. Three developmental levels, Self-Protective, Conformist, and Conscientious, and the transition levels following each stage were represented in the samples. Forty-nine percent of the students remained at the same level, 30
percent showed increases of typically a half-step, and 10 percent showed decreases, a level "less than that reported for short-term reliability". In both samples, retest scores positively correlated with initial scores ($r=.39$ and $r=.49$, respectively). The results showed that ego growth increased after high school, but at a more gradual pace, adding support to the proposition that ego development occurs in a fixed sequence of stages.

Another study by Martin and Redmore (1978) examined longitudinal trends for lower-middle class Black adolescents. 32 (19 males, 13 females) students originally given the SCT in the sixth grade by Augusto Blasi were retested as twelfth graders. Unfortunately, no data was provided regarding original sample size. To increase sample size, an additional 23 twelfth graders (13 females, 10 males) were randomly selected from a pool of 55 and tested. Subjects were categorized as preconformist (below I-3), early conformist (I-3), late conformist (I-3/4), and post conformist (above 3/4). For sixth graders, the range was I-2 to I-3 and the median and modal level was I-2. For twelfth graders, the range was I-2 to I-4/5, the median level I-3, and modal score I-3/4. Additionally, 30 of 32 subjects showed an increase in ego level over time while two remained at the same level, lending strong support for Loevinger's theory of ego growth. A significant increase in ego levels between the two times was found using a t test for correlated mean, $t(31) = 10.42$, $p<.0005$. Interestingly the longitudinal samples showed no significant sex differences at either time, but in the new
sample, girls scored significantly higher than boys, \( t(22) = 2.88, p<.01 \). In regards to sex differences, these results are comparable to the mixed results of many previous studies. In comparing the results to other middle-class and upper-middle class samples, the authors also suggested a significant relationship between ego level and socioeconomic status. Additionally, subjects' SCT scores were significantly correlated with scores on the Career Maturity Inventory Attitude Scale, \( r(55)=.33, p<.02 \). The overall findings of this study appear to add support to the key developmental hypotheses as well as the construct validity of the SCT.

In addition to looking at longitudinal trends at different age ranges, other important research has looked at the relationship between ego development and specific behaviors. Loevinger (1973) wrote that "the importance of and interest in ego development will depend on understanding how ego stages are expressed in action, as opposed to how they are expressed in sentence completions or other verbal statements" (p.448). Frank and Quinlan (1976) explored the hypotheses that delinquent girls would have significantly lower SCT scores and more frequent scores at the "impulsive" level than non-delinquent girls. The sample consisted of 66 black and Puerto-Rican inner-city teenage girls from three well-defined subgroups: 25 "delinquent" girls, a control group of 25 girls drawn from various recreational programs and closely matched with delinquent group, and a third group of 16 girls from a youth development program (YDP). All
groups were similar in regards to age, socioeconomics, intelligence, public school attendance, social class, and parent's marital status. The Sentence Completion Test was administered orally to the volunteer subjects who were paid $4 each for participation in the study. Every girl that was asked participated with the exception of one who could not obtain parental permission. Results indicated significant differences between the delinquent group and each of the other two groups (p<.01) and a significant difference between the control group and the YDP group (p<.05). Additionally, there was a positive correlation between intelligence and ego level (r=.31, p<.05). The hypothesis that "delinquent" girls would have more frequent "Impulsive" scores than "non-delinquent" girls was also confirmed as 85% of those functioning at the "Impulsive" level were delinquent, while only 9.5% of the girls above the Delta/3 stage were from the "delinquent" group. Another interesting finding was the strong relationship between fighting and ego level, (r=-.52, p<.001). The results from this well-constructed study appear to lend strong support for the hierarchal nature of ego development, particularly within the early stages. Careful matching, clear descriptions of samples, and extensive statistical analysis give the authors' results greater credibility.

Bielke (cited in Sprinthall and Collins, 1984) investigated the relationship between ego development and the effectiveness of young mothers. Her sample included first time mothers averaging
21 years of age. The majority of these women were White, unwed, welfare recipients. Instruments included Loevinger's SCT as well as videotape and live observations of the mothers' interactions with their infants. The Sentence Completion Test was scored blindly by expert raters. Also, although the mothers were later debriefed, videotaping was conducted using hidden cameras to improve chances of observing the parents' natural behaviors. The results demonstrated a modest but consistently positive relationship between ego development and effective parenting: (r = .25) at six months and (r = .34) at 12 months. Mothers with higher ego development scores "were more sensitive, more cooperative, and more flexible in their responses to the demands of the child" (Sprinthall and Collins, 1984, p.167).

Counseling research has suggested that empathy is the most significant factor in stimulating positive change with any client (Rogers, 1961; Carkhuff, 1969). Loevinger (1976) maintained that individuals who are beyond the conformist stage of ego development (I-3) are more likely to have the capacity to empathize. According to Loevinger, persons at higher levels of development are more able to recognize that people may differ in their interpretation of social situations.

Carlozzi, Gaa, and Liberman (1983) explored this relationship between empathy and ego development with 51 (26 female, 23 male) dormitory advisors. Specifically, subjects were given the SCT and subsequently divided into two groups: those functioning at the I-3 stage and below, and those functioning at
the I-3/4 stage and above. Forty-one of the advisors scored at the higher levels and only ten scored at the lower levels. These ego development scores were compared to scores on the Affect Sensitivity Scale, utilized to measure a person's ability to ascertain a person's immediate affective state based on 28 filmed scenes. The authors reported adequate reliability and validity estimates for the Affect Sensitivity Scale. Utilizing a Mann-Whitley U test, the researchers found empathy scores of those persons at high levels of ego development to be significantly higher than those at low levels ($U = 272, R = 193, p < .05$). The authors argue that "these results have implications for the selection and training of individuals who might function on the helping capacities" (p.115).

This ability to empathize would also appear to be an important component for promoting positive change for troubled youth in treatment foster care. The results of the studies cited above appear to support the central hypotheses of the present study linking ego development and treatment foster parent effectiveness. Many desired traits of treatment foster parents (i.e. flexibility, sensitivity, empathy, intelligence, self-control) have been associated with advanced ego development.

THE RELATIONSHIP BETWEEN MORAL AND EGO DEVELOPMENT

Numerous researchers have explored the connectedness and interrelatedness of moral and ego development. It seems apparent that structurally the two cognitive-developmental models have
much in common. Each emphasizes that movement to the next higher stage requires reflective reorganization, and that each stage is more complex and advanced than the preceding stage. Both models also propose that persons progress through an invariant sequence of development stages and that no stage can be skipped. Additionally, each model presents a theoretically ideal mode of functioning. Also, both stress the significance of internal mediating cognitive processes, and both emphasize cognition as a central element of the theoretical framework. However, the primary theorists in the two respective fields, Loevinger and Kohlberg, have considerably different perspectives regarding the nature and extent of the relationship and attempts to analyze this relationship have produced drastically conflicting results, with correlations ranging from \( r = .24 \) to \( r = .80 \) (Lee and Snarey, 1988).

Lee and Snarey conducted a comprehensive secondary analysis of nine studies with a total of 567 subjects. Of these subjects, 130 had two or more longitudinally collected sets of scores, yielding a total of 787 concurrent measurements of ego and moral development. They attribute the considerable disparity of previous studies to different methods of assessing the developmental constructs, problems with research design, insufficient sample sizes, and influence of extraneous variables. Attempting to remedy these weaknesses, the authors used a complex algorithm method to standardize scores, separately assessed stage outcomes by factors such as age, gender, and education, and
examined temporal changes in the ego/moral relationship.

Although there are many similarities, the authors note several important differences. First, Kohlberg's scoring mechanism attempts to distinguish and isolate structure from content while the SCT utilizes both in assigning an ego level. Also, as previously outlined, another important distinction stems from Loevinger's objections to presenting a philosophical hierarchy that higher stages are better than lower stages. In addition, Loevinger appears to have strayed somewhat from the Piagetian concept of 'hard stages' characterized by unity and consistency and identified with more of a "stochastic model of probabilities".

Although each theory emphasizes a unique aspect of development, Lee and Snarey identify some marked similarities between corresponding stages. Specifically, characteristics of Kohlberg's Stage M-3 (living up to what is expected by people close to you and need to be seen by others as a good person) is closely related to Loevinger's Stage I-3 (conformity to external rules and preoccupation with appearance and social acceptability). There are also striking similarities between Kohlberg's egocentric M-1 stage and Loevinger's impulsive I-2 stage. Nevertheless, Kohlberg's model attempts to assess the more specific and definable concept of moral reasoning while Loevinger's model focuses on broader, more abstract developmental constructs.

Both Kohlberg and Loevinger seem to agree with the "ego
subsumes moral" position. Kohlberg (1976) summarized the
relations of cognitive, moral, and ego development as follows:

1. Cognitive development or structures are more general
   than, and are embodied in, both self or ego structures
   and in moral judgment.

2. Generalized ego structures (modes of perceiving self and
   social relations) are more general, and are embodied in,
   moral structures.

3. Cognitive development is a necessary but not sufficient
   condition for ego development.

4. Certain features of ego development are a necessary but
   not sufficient condition for development of moral
   structures.

5. The higher the moral stage, the more distinct it is from
   the parallel ego stage (p.53).

While Kohlberg and his associates view ego development as
consisting of many separate domains, Loevinger views it as one
unified structure that cannot be reduced to distinct,
differentiated subdomains. Because Loevinger (1986) views the
"ego" as abstract and virtually undefinable, she objects to what
she perceives as an attempt by Kohlberg and his colleagues to
over simplify this relationship into strict, mathematical sets.

After analyzing the combined data sets, Lee and Snarey
(1988) found significant correlations between age and ego stage
(r=.31, p<.0001) and moral stage (r=.54, p<.0001). The
researchers also found that typical teenagers are likely to score
at an ego stage that is higher than his or her moral stage. While this is true for both sexes, it is especially true for females. At middle adulthood (ages 30 to 49), ego and moral development are typically at corresponding levels, but as persons mature past 50 year old, growth is highlighted in the moral realm, particularly for males.

With regard to gender, a low but significant correlation occurs with ego levels (r=.22, p<.0001), suggesting that women are more likely to have slightly higher ego scores than men. However, there was no significant differences found between gender and moral development. In his comprehensive reviews, Walker (1984, 1986) also found no significant difference between moral development and gender. A strong correlation (r=.50, p<.001) existed between years of education and moral development scores. Ego scores correlated moderately (r=.33, p<.0001) with years of education.

Developmental constructs, by definition, are difficult to define and measure. In their thorough and painstaking analysis, Lee and Snarey provided new insight into these complex developmental theories. Although the results suggest some interrelatedness and common themes, each theory accentuates a unique aspect of development. It would be a mistake for researchers or clinicians to assume that data from one developmental domain can be extrapolated to the other.
FOSTER PARENT EFFECTIVENESS AND ATTITUDES

As noted in Chapter 1, researchers and practitioners alike have long recognized the need to improve the criteria by which foster parents are chosen, evaluated, and supervised. Traditionally, foster parent effectiveness has been determined primarily by using intuition and clinical impressions rather than systematic collection and analysis of more objective data. The disturbing results of a 1980 study by Bavolek (cited in Bavolek, 1990) further highlight this need to have a more systematic method of identifying significant predictors for effective and ineffective foster parents.

Bavolek assessed the parenting attitudes of three different populations: foster parents (N = 99), non-abusive parents (N = 107), and abusive parents (N = 97) using the Adult-Adolescent Parenting Inventory (AAPI). The AAPI has shown excellent test-retest reliability (r = .76) in measuring four parenting constructs: inappropriate parental expectations, lack of empathy, belief in corporal punishment, and parent-child role reversal. Bavolek (1990) also presented substantial evidence for content, construct, discriminatory, and diagnostic validity of the instrument. Abusive parents and foster parents were identified by local Departments of Social Services throughout Wisconsin. Foster parents were mailed questionnaires and "abusive" parents were given the instrument by their caseworker. Pre-school teachers in the same areas were asked to distribute the questionnaire to "non-abusive" parents. Of those instruments
that were distributed, an impressive 87% were completed.

Results from this well designed study indicated that the foster parenting sample showed greater empathic ability and less inclination to reverse parent-child roles than abusive parents (p<.001); however, there were no differences between these two groups regarding parental expectations and belief in corporal punishment (p<.001). Another troubling finding was that expressed parenting attitudes of the sample of foster parents was significantly more abusive (p<.001) than non-abusive biological parents for all four parenting constructs. These results suggest that foster parents may tend to place inappropriate parental demands on foster children, demonstrate less empathy in understanding a child's emotional or behavior problems, believe that corporal punishment is an appropriate disciplinary technique, and expect foster children to satisfy parents' emotional needs.

Previous attempts to identify significant correlates of effective foster parents have focused primarily on personality variables, social functioning, and motivational factors. Jordan and Rodway (1984) explored the relationship between foster parent effectiveness and the Heimler Scale of Social Functioning (HSSF). The HSSF, an interview technique, yields a "satisfaction" index (measuring a persons satisfaction with life, work, family relationships, friendships, and social contexts) and "frustration" index (measuring the person's level of frustration in five areas: energy, personal influence, moods, health, and
habits), as well as a "synthesis" scale. The authors report previous reliability coefficients ranging from .51 to .84 and validity coefficients from .47 to .80 for the HSSF.

Four caseworkers rated 486 families as more effective or less effective based on the following criteria: "the number and length of placements in the home, the reasons for removing children from the home, the ages and behavioral problems of the children, and the degree of involvement of the natural parents" (p.29). Parents who could handle a wide range of behavior problems were rated as "more effective" and those who could manage children with no behavior problems were rated "less effective". Eighty-six families (164 foster parents) who received a minimum of .86 interrater reliability between caseworkers were sent letters requesting their participation in the study. Of the 112 foster parents who could be interviewed, 74 were rated as "more effective" and 38 as "less effective". Using a one-way ANOVA, results did indicate significant differences between the "more effective" group and "less effective" group and scores on the HSSF, F (2,112), p<.001). Specifically, "more effective" parents had higher "satisfaction" scores and "less effective" parents had higher "frustration scores", indicating that the HSSF has potential for predicting successful foster parents.

The authors noted several limitations including the subjectivity and potential bias of the ratings, and inability to discriminate training effects. The subjective nature of the
ratings may have been accentuated by the fact that only four case
workers were expected to evaluate 464 families. Whenever
subjective ratings are utilized, it is imperative that raters be
extremely familiar with their subjects. It is highly unlikely
busy caseworkers could accurately assess so many families.
Although this weakness was limited somewhat by only including
those families with interrater reliability ratings of .86 or
higher, it nevertheless appears to dilute the strength of the
findings.

Several other studies have shown that the interaction
between foster child and foster parent characteristics can impact
placement. Campbell et al. (1979-1980) attempted to identify
factors that best differentiate successful and unsuccessful
placements using an extensive, eight page structured
questionnaire that explores social, demographic, and health
characteristics of foster parents and foster placement history
and behavior characteristics of foster children. Twenty-five
caseworkers each completed the questionnaire for their best and
worst foster care placement. The data yielded results consistent
with clinical expectations. Younger, better educated foster
parents with more experience working with children were more
likely to be successful. Foster families which were more socially
isolated, less harmonious, likely to use more punitive
disciplinary measures, and had greater medical problems were more
likely to experience unplanned disruptions. The most significant
differentiating factors between successful and unsuccessful
placements were age of foster mother ($r = -.451$, $p < .001$) and behavior problems of child ($r = -.551$, $p < .001$). Subsequently, placing children with a history of significant behavior problems with older, socially isolated, single foster mothers with limited education could increase the probability of an unstable placement.

Doelling and Johnson (1990) also hypothesized that a combination of parent-child variables would be predictive of the success of placements. Their sample consisted of 51 foster children (27 boys and 24 girls) and their foster parents from seven north Florida counties. Unfortunately, due to unavailability or unwillingness to participate, there were not enough foster fathers to include in the analysis. Foster parents and children were assessed using different age-appropriate versions of The Dimensions of Temperament Survey-Revised (DOTS-R), which is designed to "identify features of temperament continuous in the behavioral repertoire from early childhood through adulthood" (p. 587). Two scales were used to assess foster placement success: the Conflict subscale of the Family Environment Scale (FES) and a Foster Parent Effectiveness Scale (FPES), a 14-item scale developed by the authors and completed by the family's primary caseworker. Correlation between these two placement assessment scales ($r = .26$, $p = .06$) suggest that the measures are related but not interchangeable. Results suggest that the relationship between an inflexible mother and "negative mood child" was the most relevant and significant predictor of
unsuccessful placements. These results are important because reduced rigidity and increased flexibility are characteristic of higher levels of moral and ego development. Also, clinical experience suggests that the previous life experiences of children in treatment foster care often lead to numerous emotional and behavior problems, including extreme mood swings.

As previously mentioned, in the past several decades, the nature of foster care has shifted from "providing care primarily for homeless and neglected children, to a social service in the 1980s that is ministering to children and youths who have severe emotional, behavioral, and psychological problems primarily due to abuse within their own families" (Woolf, 1990, p. 76). Although many practitioners and researchers have maintained that therapeutic foster care may be the treatment of choice for emotionally handicapped and sexually abused children (e.g. Kaplan and Fein, 1989; Woolf, 1988; Meadowcroft, 1989; and Webb, 1988), this reviewer could find only one study which specifically explored the factors related to effective treatment foster parents.

Ray and Horner (1990) explored the relationship between personality characteristics, as measured by the 16PF, and treatment foster parent effectiveness, as measured by the "Foster Parent Effectiveness Scale" (FPES). The sample consisted of 28 treatment foster parents (14 couples) with at least one year experience with a private, non-profit agency in the Midwest. The FPES was developed for the study by having case managers and
Supervisors identified 14 behaviors they thought were highly related to effective treatment foster parents. Items were scored on a Likert scale with 1 = low and 5 = high. A total effectiveness scale combined the subjective FPES with more "objective measures including the length of time a child was living in a foster home and the removal of a child" (p.61). The authors did not specify how these variables were computed to more objective measures.

The 16PF measures 16 bi-polar personality traits. These traits can be broken down to four personality profile pattern scales: extraversion, anxiety, tough poise, and independence. Personality profiles are determined by giving low scores a value of 1, medium range scores 2, and high scores 3. Surprisingly, although only 13% of the population register the 2222 balanced personality profile, 42.9% of the sample scored this profile, suggesting that the treatment foster parents may differ significantly from the general population. Additionally, the results indicated a statistically significant (p<.05) relationship between effective foster parenting and the 2222 balanced personality profile. For women, significant relationships were found between effectiveness and the following personality factors: emotional stability (r=.45, p=.053); tough poise (r=.41, p=.071); and impulsivity or "enthusiasm" (r=.48, p=.043). For men, the following factors were related to effectiveness: self-sufficiency (r=.52, p=.029); sensitivity (r=.51, p=.031); suspiciousness (r=.43, p=.06); and self-
discipline ($r = -.43, p = .063$). Although the authors defended the use of .10 probability because of small sample size, this practice increases the probability of making a Type I error. The findings that women who are self-disciplined, enthusiastic, mature, and rational in making decisions are more likely to be effective treatment foster mothers appear to be in accordance with clinical expectations. However, the negative correlation between foster father's self-discipline and effectiveness was surprising. Findings from this study must remain tentative until replicated with larger samples from similar populations. More research is needed to specify the characteristics of effective treatment foster parents.

Although no studies could be found utilizing a cognitive-developmental framework with foster parents, previous research on foster parents and similar populations suggest that Kohlberg's theory of moral development and Loevinger's theory of ego development are appropriate frameworks for assessing, training, and supervising treatment foster parents. Rowe (1976) found that foster parents who tolerated attitudes and behaviors that conflicted with their own were more successful. Foster parents who were more understanding and less punitive in disciplining children were more successful (Cautley and Aldridge, 1975). Also found to be related to foster parent effectiveness were altruistic motives (Campbell, Simon, Weithorn, Krikston, and Connolly, 1979-1980; Dando and Minty, 1987); child-focused parents (Kinter and Otto, 1964); self-disclosure (Gass, 1972);
self-discipline, sensitivity, creativity, emotional stability, maturity, and rationality (Ray and Horner, 1990). Each of these behaviors, attitudes, and interpersonal styles found to be associated with more effective foster parents are also reflective of higher levels of moral and ego development.

Conversely, developmental theory suggests that persons whose modal stages are more primitive tend to be less empathetic, more rigid, less tolerant of individual differences, and more apt to use coercion or abuse when disciplining a child. Previous studies appear to support the supposition that persons at lower levels of development are likely to be less effective as foster parents. Characteristics of less effective foster parents have included inflexibility (Doelling and Johnson, 1990; Powers 1982), extreme authoritarian and rigid parenting styles (Cautley and Aldridge, 1975; Rowe, 1976), and unyielding attitudes toward birth parents (Murphy, 1964). Not surprisingly, lack of agreement between foster parents on discipline techniques and use of corporal punishment were characteristic of unsuccessful placements (Campbell, et al., 1979-1980). Parents functioning at early stages of moral or ego development may have inappropriate parental expectations, assuming that children should be sensitive and responsible for the happiness of their parents. Galdston (1965) found his sample of abusive parents to be incapable of understanding particular stages of child development. Steele (cited in Bavolek, 1990) noted that abusive parents have considerable difficulty in understanding the perspective of the
abused child. The results from the studies cited above appear to lend support for the hypothesized relationship between moral and ego developmental and treatment foster parent effectiveness and attitudes.

**SUMMARY**

In developmental research, cross-sectional age trends are typically the major source of evidence that an investigated phenomenon may be developmental. The preceding review has attempted to highlight longitudinal studies that have demonstrated substantial support for the basic tenets of Kohlberg’s and Loevinger’s respective cognitive-developmental stage theories. These carefully designed studies have provided consistent validation for the invariant, sequential, and hierarchal progression of moral and ego development. Also, studies have been reviewed that have shown significant relationships between a person’s moral and ego development and a wide variety of behaviors and attitudes. Additionally, although the theories of moral and ego development share some structural similarities common to all cognitive-developmental theories, research has been presented that indicates they are not redundant and require separate measurement.

As previously mentioned, an extensive review of the literature on foster parent effectiveness yielded only one study specifically focusing on "treatment" foster parents. However, research on foster parent effectiveness does suggest
commonalities of more effective foster parents and higher stages of moral and ego development (i.e. flexibility, empathy, intelligence, self-discipline). Although there were no studies that utilized cognitive-developmental inventories as part of the assessment process with foster parents, studies were emphasized that showed correlations between these measures and similar populations such as counselors and young mothers. To conclude, moral and ego development theory, as presented in this paper, appear to be appropriate for investigation of treatment foster parent effectiveness and attitudes.
CHAPTER 3  
RESEARCH METHODOLOGY

This chapter will review the methodology used in this study. It is organized into the following sections: Population and Sample; Data Gathering; Instrumentation; Research Design; Specific Null Hypotheses; Data Analysis; and Ethical Considerations.

POPULATION AND SAMPLE

The target population consisted of certified treatment foster parents in the United States. The sample of treatment foster parents (n = 103) was drawn from an accessible population of treatment foster parents with Lutheran Family Services of Virginia, Inc. (LFSVA) who reside in Eastern and Central Virginia. This researcher obtained permission from LFSVA to solicit volunteers from its monthly training classes. Each volunteer had completed the 20 hour preservice training class, was certified as a treatment foster parent with LFSVA, and had fostered a child for a minimum of six months before being included in the study. Only one foster parent who attended the training sessions declined to participate.

DATA GATHERING

This researcher administered the Defining Issues Test (DIT), the Sentence Completion Test (SCT), and the Adult-Adolescent Parenting Inventory (AAPI) to treatment foster parents during monthly training sessions at three different sites. A majority
of the parents were able to complete the three instruments in less than one hour and fifteen minutes. Subjects were informed of the purpose and procedures involved in the study. Participation was voluntary. Subjects and caseworkers were notified of their right to decline to participate or withdraw from the study at any time. All responses will be kept confidential.

In addition, the primary caseworker for each subject and the caseworker's supervisors were asked to complete the Treatment Foster Parent Effectiveness Scale for each foster parent.

**INSTRUMENTATION**

This study utilized two cognitive-developmental instruments: Rest's Defining Issues Test (Rest, 1979) and Loevinger's Washington University Sentence Completion Test (Loevinger, 1976). The Adult-Adolescent Parenting Inventory (Bavolek, 1980), which assesses parenting and child-rearing attitudes that are high risk for child abuse and neglect, was also administered to treatment foster parents. Each appears to be a valid and reliable instrument within their respective domains. The Treatment Foster Parent Effective Scale (developed by the author) was also administered to the foster parents' primary caseworkers and supervisors. Additionally, each subject completed a brief Demographic Information Sheet. Seventeen caseworkers completed the Supplemental Questionnaire for Treatment Foster Parent Effectiveness Scale to assess the content validity of each of the
seventeen items.

**Defining Issues Test (DIT)**

The DIT (Rest, 1979), an objective measure of moral reasoning utilizing a multiple-choice format, assesses an individual's preference for postconventional, or higher level, moral reasoning. Subjects are asked to analyze and respond to a series of hypothetical moral dilemmas patterned after stories from Lawrence Kohlberg's Moral Judgment Interview (Kohlberg, 1969). Subjects rate and rank 12 prechosen alternatives in terms of what might be the crucial issues or most important concerns of someone making a moral decision. The majority of responses represent distinct conceptions of justice and stages of moral judgment development as defined by Kohlberg's theory. On the basis of how subjects rate and rank these crucial issues, a developmental score will be obtained. Data from each test will yield a P index, which indicates the percentage of ranked responses that are reflective of principled reasoning (Stages 5A, 5B, and 6).

Each dilemma also contains two issues not representing specific stages of moral reasoning development: "Anti-establishment orientation" ("A" items) and "Nonsense" statements ("M" items). These items are included to provide an internal validity check. The "A" items represent a point of view condemning the existing social order for its arbitrariness or its corruption by the rich for the exploitation of the poor. Some
preliminary evidence suggests that prioritizing "A" scores may be indicative of stage 4-1/2. The "M" items represent lofty sounding but meaningless statements. Ranking "M" scores may signify that the subject is attempting to "fake good" and these questionnaires should be invalidated. McGeorge (1975) administered the DIT twice to 146 college students to assess the susceptibility to faking of the DIT. His findings indicate that subjects attempting to "fake bad" were successful while those attempting to "fake good" were not successful (p < .001).

The DIT was scored by this researcher following the guidelines of the test manual. The original DIT contained 6 dilemmas. For the purposes of this study, the short form of the DIT (Rest, 1990) using three dilemmas, was used to reduce possibility of reactive test effects. Rest reported correlations of .93 (N = 160) and .91 (N = 1,080) between the P scores of the two versions. Rest asserted that the shorter version has substantially the same properties as the long form. In his test manual, Rest (1990) noted that he and his colleagues have found internal consistency coefficients to be in the .75 to .84 range, values frequently found for well-developed interest and personality scales. In a separate study (Martin, Shafto, and Vandeinsi, 1977) with 365 subjects from three distinct age groups, Martin and his colleagues also reported relatively strong consistency (r=.70). These researchers also found P scores to differ significantly between age groups (p<.001).

As of 1985, Rest and his colleagues stated that there had
been over 500 reported studies using the Defining Issues Test. Based on their extensive review of the literature, they presented four research trends that lend considerable support for the validity of using the DIT to measure moral judgment development:

1. Numerous cross-sectional studies have demonstrated expected correlations between "P" scores and age, education, and intelligence. Longitudinal studies have shown increases in moral development scores over time for the same subjects as measured by the DIT.

2. Correlational studies have shown significant relationships between moral development as measured by the DIT and other developmental domains such as Perry's intellectual development, Loevinger's ego development, and Piagetian formal operations.

3. Although moral judgment as measured by the DIT has shown significant correlations and structural similarities with other models, the research indicates that the DIT assesses a distinct facet of development.

4. The DIT has shown significant correlations to a wide variety of behavioral and attitudinal measures. These researchers concluded that "a large number of diverse but complimentary studies have supported the basic tenets of cognitive developmental theory about moral judgments as measured by the DIT". (Schlaefli, Rest, and Thoma, 1985, p.324)
Washington University Sentence Completion Test (SCT)

The SCT is a semi-projective inventory comprised of 36 sentence stems (e.g., "The thing I like most about myself", "Raising a family"). Subject’s responses to the sentence stems are individually assigned to one of ten stages (including three transitional stages) utilizing a complex scoring system that has been carefully studied. The instrument has been standardized for use with both males and females. The comprehensive scoring manual (Loevinger, Wessler, and Redmore, 1970) outlines specific criteria based on the content and structure of the subject’s responses to identify a core level of ego functioning. Treatment foster parent responses to the SCT were coded by a trained, experienced rater from Nashville, TN according to the level of ego development they reflect. Using the scoring manual, this rater calculated a total protocol rating from 1 to 10.

Studies utilizing several different analyses of the scoring process have consistently reported high reliability values ranging from .76 to .85 (Holt, 1980; Loevinger, 1979; Hauser, 1976). Although other sentence completion tests have been used to measure developmental constructs, in a 1980 review, Holt argued that "Loevinger’s is the only SCT with a highly developed, reliable scoring system. Moreover, it alone measures ego development which is an important construct in the burgeoning field of cognitive developmental psychology" (p. 909).

Redmore (1976) conducted five experiments with adolescent and college populations to assess the vulnerability to faking of
constructs most commonly associated with abusive parents: inappropriate parental expectations of the child, lack of empathy toward children’s needs, parental value of physical punishment, and parent-child role reversal. The AAPI is a self-report attitudinal inventory that utilizes a five-point Likert scale with items written at a fifth grade reading level. It is untimed and can be administered individually or in a group setting. The AAPI can be scored easily by the examiner. Normative data obtained from over 8,600 adults and adolescents enable raw scores to be converted to sten scores ranging from 1 to 10 for each construct. Bavolek (1990) suggested that utilizing the AAPI as a screening and training tool for prospective foster parent applicants would increase the quality of foster parent placements.

Bavolek (1984) reported that substantial field testing of the inventory has yielded adequate reliability and validity. Content validity was established by having experts in child welfare, parenting, and test construction review the initial 60 items and indicate which construct was being measured. A pre-established content validity criterion of 80% reduced the initial prototype to 50 items. Item-construct correlations ranging from .53 to .75 were included in the final form of the inventory. Inter-item correlations and factor analyses support the high level of construct validity of the AAPI. Diagnostic and discriminatory validity has been supported by years of research including Bavolek’s 1980 study (cited in Bavolek, 1990) showing
abusive parents expressing significantly (p<.001) more abusive parenting and child rearing attitudes than non-abusive parents. Also, a 1985 study by Gordon and Gordon (cited in Bavolek, 1990) found that adults "classified at risk for potential child abuse on the MMPI obtained poorer scores on the AAPI than those not at risk" (p.2). Internal reliability estimates calculated using coefficient alpha yielded reliability equal to or greater than .76 for items in each of the constructs. The total test-retest reliability of all items was .76 (Bavolek, 1984). These studies appear to lend strong support for using the AAPI as one indicator of foster parent effectiveness.

Treatment Foster Parent Effectiveness Scale (TFPES)

An extensive review of the literature yielded only one inventory specifically measuring treatment foster parent effectiveness (Ray and Horner, 1990). Because several of the items in Ray and Horner’s scale were not valid for the present study, it was necessary for this researcher to develop the TFPES (see Appendix), a 17 item Likert scale completed by the treatment foster parents' primary caseworkers. The caseworkers were given explicit instructions for assessing effectiveness and completing the inventory. Scores could range from 17 (least effective) to 85 (most effective).

The initial pool of 25 items was generated from three sources: (1) items were developed from a review of the current literature on foster parent effectiveness; (2) items were adapted
from previous measures; and (3) items were generated from discussions with experienced foster care professionals. To achieve content validity, the initial pool of items was disseminated to sixteen foster care caseworkers and supervisors to identify which of the items were valid indicators of effectiveness. Criteria for selecting an item for inclusion on the inventory was pre-established at the minimum level of 80% agreement among the experts. Specifically, at least 80% of the experts would have to perceive the item as an accurate measure of the construct (treatment foster parent effectiveness) before being included in the inventory. Five items were deleted because of insufficient agreement and two other items were omitted from the final scale because they were not applicable to all the treatment foster parents.

As asserted by Cronbach and Meehl (1955) "construct validity must be investigated whenever no criterion or universe content is accepted as entirely adequate to define the quantity to be measured" (p. 282). One of the objectives of the present study was to begin to examine the construct validity of the TFPES. This will be accomplished by correlating the TFPES with the theoretically and empirically validated DIT, SCT, and AAPI. These correlations will be presented in Chapter 4. Positive and substantial correlations would have provided one piece of evidence to support the construct validity of the TFPES. Carmines and Zeller (1979) note that construct validity can only be sufficiently established by a "a pattern of consistent
findings involving different researchers using different theoretical structures across a number of different studies" (Carmines and Zeller, 1979, p.24).

Seventeen caseworkers also completed the Supplemental Questionnaire for the Treatment Foster Parent Effectiveness Scale in order to assess the content validity of individual items in the TFPES. Caseworkers were asked to give specific examples of foster parents "exhibiting" and "not exhibiting" traits/behaviors identified in the items. There was substantial agreement among caseworkers for each of the items suggesting strong content validity for the inventory.

Caseworkers and supervisors were administered the TFPES on two separate occasions (two weeks apart) so that the reliability of the TFPES could be assessed using several different measures. Due to scheduling conflicts, not all caseworkers or supervisors were available for both administrations of the TFPES. Cronbach alpha, a basic formula for estimating the internal consistency of the items was utilized. The results shown in Table 4 demonstrate substantial internal consistency.

<table>
<thead>
<tr>
<th></th>
<th>N of Cases</th>
<th>N of Items</th>
<th>Alpha</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caseworkers - Time 1</td>
<td>96</td>
<td>17</td>
<td>.9503</td>
</tr>
<tr>
<td>Caseworkers - Time 2</td>
<td>73</td>
<td>17</td>
<td>.9609</td>
</tr>
<tr>
<td>Supervisors - Time 1</td>
<td>93</td>
<td>17</td>
<td>.9459</td>
</tr>
<tr>
<td>Supervisors - Time 2</td>
<td>88</td>
<td>17</td>
<td>.9651</td>
</tr>
</tbody>
</table>
Cone and Foster (1993) recommend that at least 20% of the inventories should be double scored. Because of the relatively small sample size, temporal stability, or test-retest reliability, was calculated by having as many inventories as possible rescored by the same caseworkers and supervisors two weeks after the first assessment. Additionally, Pearson product-moment correlations (two-tailed) were calculated to assess interrater reliability. Both caseworkers ($r = .9492, p = .000$) and supervisors ($r = .9138, p = .000$) demonstrated very high test-retest reliability. Interrater reliability coefficients were not as substantial. It is possible that supervisors were not familiar enough with the traits/behaviors of the foster parents to make as accurate an evaluation as the primary caseworkers. These reliability coefficients are presented below in Table 5.

<table>
<thead>
<tr>
<th></th>
<th>Caseworker Time 1</th>
<th>Caseworker Time 2</th>
<th>Supervisor Time 1</th>
<th>Supervisor Time 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caseworker</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time 1</td>
<td>--</td>
<td>.9492</td>
<td>.6273</td>
<td>.5219</td>
</tr>
<tr>
<td></td>
<td>n=73</td>
<td>n=90</td>
<td>n=85</td>
<td></td>
</tr>
<tr>
<td>Caseworker</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time 2</td>
<td>--</td>
<td></td>
<td>.7873</td>
<td>.7609</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>n=67</td>
<td>n=64</td>
</tr>
<tr>
<td>Supervisor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time 1</td>
<td></td>
<td></td>
<td>--</td>
<td>.9138</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>n=88</td>
</tr>
<tr>
<td>Supervisor</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time 2</td>
<td></td>
<td></td>
<td>--</td>
<td></td>
</tr>
</tbody>
</table>

Note. $p = .000$ for all analyses.
In summary, reliability data for the TFPES indicated mixed results. The TFPES demonstrated high internal consistency and test-retest reliability but only moderate interrater reliability. Data from the Supplemental Questionnaires indicated substantial content validity. Additional strengths and weaknesses of the TFPES will be discussed in Chapters 4 and 5 and recommendations for improving the reliability and validity of the TFPES will be presented in Chapter 5.

RESEARCH DESIGN

The purpose of this study was to investigate the relationship between moral and ego development and treatment foster parent effectiveness and attitudes. The design was descriptive utilizing correlational comparisons between each of the variables. Additionally, the variables were considered in combination with demographic factors. Borg and Gall (1989) suggested that correlational designs are particularly useful in exploratory studies. As a heuristic study, it was hoped that the data obtained from this analysis could be pooled with results from previous research to help differentiate between effective and ineffective treatment foster parents, and provide justification and direction for screening, training, supervision, and intervention.
SPECIFIC NULL HYPOTHESES

1. There will not be a positive correlation between treatment foster parent effectiveness, as measured by the TFPES, and moral development of treatment foster parents, as assessed by the DIT.

2. There will not be a positive correlation between treatment foster parent effectiveness, as measured by the TFPES, and ego development of treatment foster parents, as assessed by the SCT.

3. There will not be a positive correlation between ego development of treatment foster parents, as measured by the SCT, and moral development of treatment foster parents, as assessed by the DIT.

4. There will not be a positive correlation between treatment foster parent effectiveness, as measured by the TFPES, and treatment foster parents' attitudes that are high risk for abuse and neglect, as assessed by the AAPI.

5. There will not be a positive correlation between moral development of treatment foster parents, as measured by the DIT, and treatment foster parents' attitudes that are high risk for abuse and neglect, as assessed by the AAPI.

6. There will not be a positive correlation between ego development of treatment foster parents, as measured by the SCT, and foster parents' attitudes that are high risk for abuse and neglect, as assessed by the AAPI.

7. Treatment foster parent effectiveness, as measured by the TFPES, is not predictable from combined scores on the SCT, DIT, and AAPI.
DATA ANALYSIS

The first six hypotheses of this study were tested using the Pearson Product-Moment (PPM) correlation. Multiple regression was used to determine the relationship between the criterion variable of treatment foster parent effectiveness and a combination of the three predictor variables (Hypothesis seven). Multiple regression and product-moment analysis was also used to explore the contributions of the demographic variables (i.e. sex, age, education, foster parenting experience). In 1989, Borg and Gall reported that the PPM correlation and multiple regression were two of the most widely use statistical techniques. For the purposes of analysis and determining statistical significance, alpha was set at .05.

ETHICAL CONSIDERATIONS

The following safeguards were established to ensure that ethical standards were upheld:

1. Permission to conduct the study and solicit volunteers from the monthly training sessions was granted by Lutheran Family Services of VA.

2. Subjects and caseworkers were orally informed of the investigation’s purpose. They were also provided a consent form which included a statement of purpose and ethical safeguards. Only those subjects who executed a written consent form were included in the study.

3. Participation was voluntary. Subjects and caseworkers
were given the right to decline to participate in the study or discontinue with the inventories, whether in part or in full, at any time.

4. All data collected in the study will be kept in confidence. The data from each subject's inventories was matched with caseworkers's TFPES and coded onto separate forms. Only the researcher has access to individual scores and only group data was reported in the study.

5. Subjects were given the opportunity to receive their personal results and discuss these results with the researcher.

6. Subjects were assured that their responses to the inventories would not jeopardize their status as treatment foster parents with the agency.

7. No data was collected until the proposal had been approved by the School of Education Human Subjects Review Committee.
CHAPTER 4
RESULTS

This chapter will present the findings of the study. It is organized into the following sections: (1) Descriptive Statistics; (2) Data Analysis for Research Hypotheses; and (3) Additional Findings.

DESCRIPTIVE STATISTICS

One hundred and three treatment foster parents volunteered for the study and completed the consent form. Only one prospective subject declined to participate in the study. Of the 103 subjects, there were forty African-American women (38.8%), 25 White women (24.3%), 23 African-American men (22.3%), and 15 White men (14.6%). In terms of marital status, 81 (78.6%) were married and 22 (21.4%) were single. The age range was between 27 and 76 years with a mean age of 44.5 and a standard deviation of 9.8. Foster parenting experience ranged from six months to 26 years with a mean of 4.8 years and a standard deviation of 4.26. The years of education for the subjects ranged from 9 years to 18 years with a mean of 13.5 years and a standard deviation of 1.81. The frequency distributions for age, gender, race, marital status, education, and foster parent experience for the subjects are presented in Table 6.
<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>AGE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20-29</td>
<td>2</td>
<td>1.94</td>
</tr>
<tr>
<td>30-39</td>
<td>38</td>
<td>36.89</td>
</tr>
<tr>
<td>40-49</td>
<td>40</td>
<td>38.84</td>
</tr>
<tr>
<td>50-59</td>
<td>13</td>
<td>12.62</td>
</tr>
<tr>
<td>60-69</td>
<td>9</td>
<td>8.74</td>
</tr>
<tr>
<td>70-79</td>
<td>1</td>
<td>.97</td>
</tr>
<tr>
<td><strong>GENDER</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>38</td>
<td>36.90</td>
</tr>
<tr>
<td>Female</td>
<td>65</td>
<td>63.10</td>
</tr>
<tr>
<td><strong>RACE</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>40</td>
<td>38.80</td>
</tr>
<tr>
<td>African-American</td>
<td>63</td>
<td>61.20</td>
</tr>
<tr>
<td><strong>Marital Status</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>81</td>
<td>78.60</td>
</tr>
<tr>
<td>Single</td>
<td>22</td>
<td>21.40</td>
</tr>
<tr>
<td><strong>HIGHEST LEVEL OF EDUCATION</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Less than H.S. diploma</td>
<td>5</td>
<td>4.85</td>
</tr>
<tr>
<td>High School Diploma</td>
<td>31</td>
<td>30.10</td>
</tr>
<tr>
<td>1-3 yrs. of Post Second Ed.</td>
<td>52</td>
<td>50.49</td>
</tr>
<tr>
<td>Undergraduate degree</td>
<td>9</td>
<td>8.74</td>
</tr>
<tr>
<td>Master’s degree</td>
<td>6</td>
<td>5.82</td>
</tr>
<tr>
<td><strong>YEARS AS FOSTER PARENT</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>.5-1</td>
<td>15</td>
<td>14.56</td>
</tr>
<tr>
<td>&gt;1-3</td>
<td>38</td>
<td>36.89</td>
</tr>
<tr>
<td>&gt;3-6</td>
<td>28</td>
<td>27.18</td>
</tr>
<tr>
<td>&gt;6-10</td>
<td>7</td>
<td>6.80</td>
</tr>
<tr>
<td>&gt;10</td>
<td>15</td>
<td>14.56</td>
</tr>
</tbody>
</table>
As previously mentioned, the Defining Issues Test (DIT), the Washington University Sentence Completion Test (SCT), and the Adult-Adolescent Parenting Inventory (AAPI) were administered to each of the subjects. Mean scores and standard deviations for each of these variables are presented in Table 7.

**TABLE 7**
Mean Scores for Primary Variables

<table>
<thead>
<tr>
<th></th>
<th>CASES</th>
<th>MEAN</th>
<th>STAND DEV.</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIT P SCORE</td>
<td>89</td>
<td>27.15</td>
<td>16.53</td>
</tr>
<tr>
<td></td>
<td>(1149)</td>
<td>(40.0)</td>
<td>(16.70)</td>
</tr>
<tr>
<td>SCT</td>
<td>99</td>
<td>5.36*</td>
<td>.93</td>
</tr>
<tr>
<td>CASEWORKER TFPES</td>
<td>100</td>
<td>68.27</td>
<td>11.31</td>
</tr>
<tr>
<td>AAPI - INAPPROPRIATE</td>
<td>103</td>
<td>25.44</td>
<td>3.26</td>
</tr>
<tr>
<td>PARENT EXPECTATIONS</td>
<td>(1239)</td>
<td>(24.51)</td>
<td>(3.40)</td>
</tr>
<tr>
<td>AAPI - LACK OF EMPATHY</td>
<td>103</td>
<td>32.62</td>
<td>4.35</td>
</tr>
<tr>
<td></td>
<td>(1239)</td>
<td>(32.45)</td>
<td>(4.67)</td>
</tr>
<tr>
<td>AAPI - BELIEF IN CORP PUNISHMENT</td>
<td>103</td>
<td>38.29</td>
<td>5.85</td>
</tr>
<tr>
<td></td>
<td>(1239)</td>
<td>(35.42)</td>
<td>(6.77)</td>
</tr>
<tr>
<td>AAPI - ROLE REVERSAL</td>
<td>103</td>
<td>29.68</td>
<td>6.15</td>
</tr>
<tr>
<td></td>
<td>(1239)</td>
<td>(28.73)</td>
<td>(5.87)</td>
</tr>
</tbody>
</table>

Note. Available normative data presented in parentheses.
'Stages were scored as followed: I-2 = 2, Delta = 3, Delta/3 = 4, I-3 = 5, I-3/4 = 6, and I-4 = 7.

Ninety-eight subjects (95.1%) took the DIT. Of these 98 inventories, nine (9.2%) inventories could not be included in the analysis because they were incomplete or failed to meet specified reliability and validity guidelines outlined in the test manual (Rest, 1990), leaving 89 subjects for whom valid DIT data could be reported. Rest (1990, p. 3.7) noted that it is "typical to
lose between 5 and 15% of a sample due to the reliability checks in many studies asking for volunteers. Thus, the attrition rate for the present sample appears to compare with other studies using volunteer subjects. Data from each of the useable Defining Issues Tests yielded a P index, which indicates the percentage of chosen responses that are reflective of principled reasoning (Stages 5A, 5B, and 6). A subject's P score could range from 0 to 90. Treatment foster parent's P scores ranged from 0 to 70 with a mean P score of 27.15 and a standard deviation of 16.53.

Ninety-nine of the 103 subjects completed the SCT. All of these tests were valid and scoreable. As directed by the author, men (N = 35) and women (N = 64) were given gender specific versions of the SCT. Ego levels for men ranged from Self Protective (Delta) to Conscientious (I-4), and ego levels for women ranged from Impulsive (I-2) to Conscientious (I-4). For men, Conscientious/Conformist (I-3/4) was the median and modal level; for women, Conformist (I-3) was the median and modal level. Eighty-three (83.8%) of the subjects' assessed ego level was either at the Conformist level (N = 39) or Conscientious-Conformist (N = 44). No subject's ego level was assessed at the highest three levels. Frequency distributions for ego levels for men and women are presented in Table 8.

All 103 of the participants completed valid AAPIs. The AAPI yields four separate indices about parenting attitudes that are high risk for abuse and neglect: inappropriate parental expectations, lack of empathy, belief in corporal punishment, and
TABLE 8
Ego Levels of Subjects

<table>
<thead>
<tr>
<th></th>
<th>FEMALES</th>
<th>MALES</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>IMPULSIVE (I-2)</td>
<td>1 (1.6%)</td>
<td>0 (0%)</td>
<td>1 (1%)</td>
</tr>
<tr>
<td>SELF-PROTECTIVE (DELTA)</td>
<td>4 (6.2%)</td>
<td>1 (2.9%)</td>
<td>5 (5.1%)</td>
</tr>
<tr>
<td>SELF-PROTECTIVE/CONFORMIST (DELTA/3)</td>
<td>3 (4.7%)</td>
<td>2 (5.7%)</td>
<td>5 (5.1%)</td>
</tr>
<tr>
<td>CONFORMIST (I-3)</td>
<td>33 (51.6%)</td>
<td>6 (17.1%)</td>
<td>39 (39.4%)</td>
</tr>
<tr>
<td>CONSCIENTIOUS/CONFORMIST (I-3/4)</td>
<td>19 (29.7%)</td>
<td>25 (71.4%)</td>
<td>44 (44.4%)</td>
</tr>
<tr>
<td>CONSCIENTIOUS (I-4)</td>
<td>4 (6.2%)</td>
<td>1 (2.9%)</td>
<td>5 (5.1%)</td>
</tr>
</tbody>
</table>

reversing parent-child family roles. For each construct, very low scores indicate attitudes that are high risk for abusive parent-child interactions while very high scores are representative of very appropriate and nurturing parenting attitudes (Bavolek, 1984). The AAPI does not yield a composite score; subsequently, each of the variables needed to be analyzed individually. Means and standard deviations for the parenting variables are presented in Table 7.

Nineteen caseworkers who provide direct supervision to the subjects also volunteered to participate in the study. These nineteen caseworkers completed the Treatment Foster Parent Effectiveness Scale (TFPES) for 100 (97%) subjects. The number of Treatment Foster Parent Effective Scales completed by each caseworker ranged from two to nine. The total score on the TFPES
could potentially range from a low of 17 to a high of 85. Foster parents' TFPES scores ranged from 38 to 85 with a mean score of 68.27 and a standard deviation of 11.3.

**DATA ANALYSIS FOR RESEARCH HYPOTHESES**

In this section, each research hypothesis will be restated followed by the results for that hypothesis. The Pearson Product-Moment (PPM) correlation was used to assess the relationships in the first six hypotheses. The correlation matrix in Table 9 illustrates the relationships between each of these paired variables. Multiple regression analysis was used to assess Hypothesis seven. An alpha level of .05 was utilized for all statistical tests.

**Hypothesis 1:**

There will be a significant positive correlation between treatment foster parent effectiveness and moral development.

The PPM correlation did not yield a significant relationship between caseworkers' assessment of treatment foster parent effectiveness and moral development of foster parents ($r = .0655, p = .547$).

The hypothesized relationship between treatment foster parent effectiveness and moral development was not supported.
Hypothesis 2:

There will be a significant positive correlation between treatment foster parent effectiveness and ego development.

The PPM correlation did not yield a significant relationship between treatment foster parent effectiveness and ego development of foster parents ($r = .1346$, $p = .191$).

The hypothesized relationship between treatment foster parent effectiveness and ego development was not supported.
Hypothesis 3:

There will be a significant positive correlation between ego and moral development of treatment foster parents.

The PPM correlation yielded a significant positive correlation between moral development and ego development ($r = .225, p = .036$).

The hypothesized relationship between moral and ego development was supported by the data; however, the strength of the relationship was weak and smaller than most previous studies cited in Chapter 2.

Hypothesis 4:

There will be a significant negative correlation between treatment foster parent effectiveness and parenting attitudes that are high risk for abuse and neglect.

The AAPI yields four separate subscores: inappropriate parental expectations, lack of empathy, belief in corporal punishment, and family role-reversal. Each of these variables needed to be analyzed individually.

The PPM correlation did not yield a significant relationship between caseworker’s assessment of treatment foster parent effectiveness and inappropriate parental expectations ($r = -.1302, p = .197$) and belief in corporal punishment ($r = -.1313, p = .193$); however, a small but significant inverse relationship was found between treatment foster parent effectiveness and lack of empathy ($r = -.2516, p = .012$) and
family role-reversal ($r = -.2618$, $p = .009$).

The hypothesized relationship between treatment foster parent effectiveness and parenting attitudes was partially supported.

**Hypothesis 5:**

There will be a significant negative correlation between moral development and parenting attitudes that are high risk for abuse and neglect.

The PPM correlation did not yield a significant relationship between moral development and inappropriate parental expectations ($r = -.1176$, $p = .096$); however, a significant moderate inverse relationship was found between moral development and lack of empathy ($r = -.3590$, $p = .001$), belief in corporal punishment ($r = -.4087$, $p = .000$), and family role-reversal ($r = -.3904$, $p = .000$).

The hypothesized relationship between moral development and parenting attitudes was largely supported.

**Hypothesis 6:**

There will be a significant negative correlation between ego development and parenting attitudes that are high risk for abuse and neglect.

The PPM correlation did not yield a significant relationship between ego development and inappropriate parental expectations ($r = -.1908$, $p = .058$), belief in corporal punishment
(r = -.1606, p = .112), or family role-reversal (r = -.1109, p = .274); however, a small but significant relationship was found between ego development and lack of empathy (-.2798, p = .005).

The hypothesized relationship between ego development and parenting attitudes was partially supported.

**Hypothesis 7:**

Treatment foster parent effectiveness will be predictable from the combination of foster parent’s attitudes and level of moral and ego development.

Moral development, ego development, and parenting attitudes of foster parents were entered into a multiple regression equation by the stepwise method as potential predictors of treatment foster parent effectiveness. The results of the multiple regression are anomalous when compared with the results of the bivariate correlations. While several bivariate correlations indicated significant relationships, the multiple regression was nonsignificant. The results indicate that one of the variables in the multiple regression may be acting as a moderator variable. Results of this analysis are presented in Table 10.

The hypothesis that treatment foster parent effectiveness could be predicted from the combination of foster parent’s attitudes and level of moral and ego development was not supported (F = 1.535, p = .178).
TABLE 10
Multiple Regression Analysis for Hypothesis 7

Dependent Variable: Treatment Foster Parent Effectiveness

Variables Entered on Step Number:
1. Belief in Corporal Punishment
2. Ego Development
3. Inappropriate Parental Expectations
4. Moral Development
5. Lack of Empathy
6. Role Reversal

Multiple R .32500
R Square .10562
Adjusted R Square .03682
Standard Error 10.88483

Analysis of Variance

<table>
<thead>
<tr>
<th></th>
<th>DF</th>
<th>Sum of Squares</th>
<th>Mean Square</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regression</td>
<td>6</td>
<td>1091.38083</td>
<td>181.89681</td>
</tr>
<tr>
<td>Residual</td>
<td>78</td>
<td>9241.39564</td>
<td>118.47943</td>
</tr>
</tbody>
</table>

F = 1.53526    Signif F = .1778

ADDITIONAL FINDINGS

Although the primary thrust of this study was to examine the relationships identified in the seven research hypotheses, the study's design also permits comparisons between the main variables and demographic variables such as gender, race, age, education, and foster parenting experience. In addition, the Pearson product-moment correlation was used to assess the relationships among the AAPI parenting variables. An alpha level of .05 was also utilized for these statistical tests.
Developmental and Demographic Variables

Both moral development \( r = .2492, p = .019 \) and ego development \( r = .2230, p = .027 \) were significantly correlated with years of education. Foster parents with more education tended to score higher on both the SCT and the DIT. These results are consistent with theoretical suppositions and previous research findings. Additionally, moral development \( r = .3404, p = .001 \) and ego development \( r = .2861, p = .004 \) were both significantly correlated with race. White subjects scored higher on both developmental inventories than African-American subjects. Also, although gender was significantly related with both moral development \( r = .2209, p = .038 \) and ego development \( r = .2344, p = .020 \), the direction of these relationships were somewhat surprising. Male subjects scored higher on the SCT while female subjects scored higher on the DIT.

Treatment Foster Parent Effectiveness (TFPE)

TFPE, as assessed by the foster parents' primary caseworkers, was positively correlated with education \( r = .1989, p = .047 \), but inversely related to foster parenting experience \( r = -.2573, p = .010 \). Foster parents who attended college tended to receive higher ratings than those who did not. Also, foster parents with many years of experience tended to receive lower effectiveness ratings than those with minimal experience. TFPE was not found to be significantly related to gender, race, or marital status.
AAPI Variables

All four of the AAPI attitudinal subscales showed moderate to high (range of $r = .4568$ to $.6795$) correlations with one another. The strongest relationship was between role reversal and lack of empathy ($r = .6795$, $p = .000$). Foster parents who displayed low levels of empathy were also likely to inappropriately reverse parent-child roles. Interrelationships between these subscales are presented in Table 9. These interrelationships are very similar to those from the normative sample (range of .45 to .68).

Low to moderate relationships were also found between the AAPI subscales and gender, education, and age. Gender was significantly related to three of the four subscales: lack of empathy ($r = .1983$, $p = .045$); belief in corporal punishment ($r = .2423$, $p = .014$); and role reversal ($r = .3988$, $p = .000$). Female subjects demonstrated more nurturing and appropriate parenting attitudes than male subjects for each of the variables. In addition, subjects with higher levels of education were more likely to show empathic attitudes ($r = .3590$, $p = .000$) and less likely to inappropriately reverse parent-child roles ($r = .3624$, $p = .000$). There was also an inverse relationship between age and role reversal ($r = -.3029$, $p = .002$). Younger foster parents were more likely to demonstrate appropriate understanding and acceptance of the needs of self and children. There were no significant differences for any of the parenting subscales based on race, experience, or marital status.
Comparisons with Normative Data

Normative comparisons were presented in Table 7. Based on a 1979 secondary analysis of over 12,000 subjects, Rest (1990) reported mean P scores of 40 with a standard deviation of 16.7. Treatment foster parents mean P scores of 27.15 with a standard deviation of 16.53 were significantly lower. Table 7 also illustrates that treatment foster parent means for all four of the AAPI parenting constructs were at least as high as the means for the normative sample taken from the general population of non-abusive adults.
CHAPTER 5
DISCUSSION AND CONCLUSIONS

This study was undertaken to gain a better understanding of treatment foster parents and to determine whether a cognitive-developmental framework might be appropriate for assessing and working with this population. The results which were summarized in the previous chapter support a variety of tentative conclusions regarding the selection, training, and supervision of treatment foster parents and their direct supervisors. In this chapter, a comprehensive review of the major research findings will be presented and discussed. Findings from this study will be compared to previous studies and explanations will be proposed for both convergent and divergent findings. Additional findings relevant to the demographic variables will also be discussed. Potential limitations of the study will be identified and considered as general conclusions and implications are drawn from the findings. Finally, recommendations will be made for future research that could further contribute to a better understanding of treatment foster parents and cognitive-developmental theory.

DISCUSSION OF MAJOR FINDINGS

The data yielded several interesting findings supporting the relationship between moral reasoning and parental attitudes of treatment foster parents. The results indicated that a moderate inverse relationship did exist between moral reasoning and parental attitudes that are high risk for abuse and neglect. Specifically, treatment foster parents more likely to employ
"principled" or higher levels of moral reasoning were also less likely to believe in corporal punishment, reverse parent-child roles, and lack empathy toward children's needs. The direction and strength of these correlations are similar to the results of various studies discussed in Chapter 2 linking moral reasoning to moral behavior (Blasi, 1980; Thoma and Rest, 1986; Bowman and Reeves, 1987).

The observed relationship between moral reasoning and parenting attitudes is also consistent with Kohlberg's (1969) hierarchal stage theory of moral development. Foster parents who utilize preconventional moral reasoning in which decisions are often motivated by fear of punishment and the superior power of authority may more readily resort to corporal punishment as a means of controlling a child's behavior. These parents tend to adopt exceptionally strict, rigid, and authoritarian parenting styles and have a very limited number of options from which to choose for disciplining children. An inability to empathize with a child and a tendency to reverse parent-child roles would also be characteristic of foster parents who display preconventional reasoning. They typically have an egocentric perspective of the world and subsequently are incapable of "putting themselves in someone else's shoes". These parents often view children in the home as "little adults" who are responsible for fulfilling their parent's emotional needs.

Conversely, those parents who demonstrate a preference for higher level moral reasoning often view corporal punishment as
too simplistic, harsh, or counter productive, preferring to choose from a variety of less punitive and more logical consequences to discipline children. Rather than forcing submission and teaching "might makes right" they are more apt to promote growth and responsibility by allowing the child to make choices. Emphasis is placed on the reality of the social order rather than on the power of personal authority. Having the ability to empathize, they are more likely to focus their interventions on the needs of the child rather than their own needs. In addition, treatment foster parents who have developed the capacity for principled moral reasoning would likely have a clearer understanding of the different roles of parents and children. Children are permitted to be children rather than pseudo-caregivers.

As previously discussed in Chapter 2, a pivotal 1980 study by Bavolek found that a large sample of foster parents was more empathic and less inclined to reverse roles than a sample of abusive parents, whereas there was no difference between the two samples regarding parental expectations and belief in corporal punishment. The foster parent sample in Bavolek’s study also scored significantly lower than a sample of non-abusive parents for all four constructs. The results of the present study suggest "treatment" foster parents may have considerably more appropriate and nurturing parenting attitudes than "regular" foster parents. Mean scores for treatment foster parents were at least as high as mean scores for the normative sample of
non-abusive parents (n = 1239) for each of the four parenting constructs. Different levels of education cannot account for these differences as only fourteen percent of the treatment foster parents in this study had college degrees. These considerable differences in parenting attitudes could be attributed to the fact that "treatment" foster parents receive considerably more training, supervision, and support than "regular" foster parents. There is also a possibility that the higher scores could be due to subjects' desire to give the "right" answers despite the researcher's assurance that responses would be kept confidential and would not jeopardize the subject's status with the agency. This could be particularly true for questions regarding corporal punishment since all of the subjects were previously required to sign a statement declaring that they would not use corporal punishment with foster children. However, the same dynamics would also have existed for Bavolek's study of foster parents which reported below average scores.

While the comparisons between parental attitudes of the present sample of treatment foster parents and previous foster parent and normative samples bode well for treatment foster parents, comparisons with previous adult samples on moral reasoning are not as encouraging. Treatment foster parents in the present study chose significantly fewer principled responses than previous adult samples reported in Rest's 1990 test manual. The treatment foster parents' responses to the moral dilemmas in the present study were similar to previous studies using high
school subjects (Rest, 1990). These comparisons coupled with the findings associating more appropriate and nurturing parenting attitudes with higher level moral reasoning suggest that developmental interventions designed to promote moral growth might be beneficial to treatment foster parents.

Results of the present study linking ego development and empathy were also consistent with previous research. Carlozzi, Gaa, and Liberman (1983) found dormitory advisors at higher levels of ego development to have a greater capacity to empathize than advisors at lower levels. Loevinger (1976) suggested that as individuals mature beyond the conformist stage of ego development (I-3), they cultivate a greater capacity to empathize. Theory and research, including the present study, would suggest that foster parents functioning at higher levels of ego development would typically have a greater awareness of self in relation to others and a better understanding of the impact their responses and reactions will have on foster children. They are able to move past the anger that is often projected from emotionally disturbed children and focus on the pain that stimulates the anger.

The only parenting construct that correlated with both moral and ego development was empathy. Treatment foster parents who exhibited higher ego and moral development also demonstrated a greater willingness and capacity to empathize with the needs of children. These findings are consistent with theoretical expectations since role-taking or empathy is considered a
prerequisite for advanced cognitive-developmental growth. In addition, there was a small but negative correlation between lack of empathy and treatment foster parent effectiveness. Parents who were given lower caseworker ratings also demonstrated less ability to empathize with children. Bielke (cited in Sprinthall and Collins, 1984) also found a significant relationship between ego development and effectiveness of young mothers. Furthermore, lack of empathy was also moderately to highly related to belief in corporal punishment, inappropriate parental expectations, and inclination to reverse parent-child roles. Empathy was found to be correlated in the expected direction with each of the six other main variables.

These findings lend support for the counseling research by prominent theorists Rogers (1961) and Carkhuff (1969) maintaining that empathy is the most significant factor in stimulating positive change in clients. Furthermore, the ability to empathize is an essential component for treatment foster parents working with emotionally disturbed youth. Many foster children have grown up in a world without empathy. Because they have not been exposed to positive responses and examples, they are unable to be empathic when responding to others. They tend to view conflict in simplistic, self-serving terms. It is imperative that these children be exposed to persons capable of providing an empathic response. If the child is not exposed to a warm and caring environment and persons with strongly held principles, the child cannot acquire patterns of advanced moral or ego
development. Also, since empathy appears to be a necessary condition for effective counseling, these findings are particularly important for identifying and supervising treatment foster parents who are expected to serve a quasi-counseling role with troubled children and adolescents.

The hypothesized relationship between ego and moral development of treatment foster parents was supported by the data; however, the strength of this relationship (r = .23) was less than most previous studies. In a comprehensive secondary analysis of nine previous studies, Lee and Snarey (1988) found correlations ranging from r = .24 to r = .80. The small but positive correlation supports previous contentions that although there are common themes and interrelatedness between the two cognitive-developmental theories, each theory accentuates a unique aspect of development.

Previous research, reported in Chapter 2, found moral and ego development to be related to effectiveness for a variety of helping professionals. However, the present study was unable to extend these findings directly to treatment foster parent effectiveness. Although the results of the present study did not show a significant relationship between moral or ego development and treatment foster parent effectiveness, there were several indications that these nonsignificant results may be attributed to weaknesses in the administration and completion of the Treatment Foster Parent Effectiveness Scale developed specifically for this study. These potential limitations will be
discussed fully in the "Limitations" section of this chapter. Although the results did not provide a direct link between treatment foster parent effectiveness and moral or ego development, the AAPI could actually be considered another more valid and substantiated measure of treatment foster parent effectiveness. As previously noted, several significant relationships were found between the attitudinal variables identified by the AAPI and the developmental variables, particularly moral development. Further research will be needed to determine whether treatment foster parent effectiveness is actually related to moral or ego development.

Despite possible weaknesses in administration and completion of the TFPES, the findings did show a relationship between treatment foster parent effectiveness and both empathy and role reversal. Although the strength of these relationships was small, they were in the hypothesized direction and lend tentative support for the construct validity of the TFPES. Child development theory certainly would suggest that more effective parents would also be more sensitive and understanding of childrens' needs and roles. The correlations between treatment foster parent effectiveness and the other parenting constructs, belief in corporal punishment and inappropriate parental expectations did not reach statistical significance but approached significance and were in the predicted direction.
DISCUSSION OF ADDITIONAL FINDINGS

In Chapter 4, the results of comparisons between the main variables and the demographic variables (gender, age, race, education, and foster parenting experience) were presented. Many of these comparisons yielded additional findings that are relevant in light of earlier research and theoretical suppositions.

Gender

Numerous studies have investigated whether males and females have different patterns of moral development. Walker's (1984) meta-analysis of 72 studies found that sex differences in moral development were more the exception than the rule. Thoma's (1984) comprehensive review of 56 studies focusing exclusively on the Defining Issues Test yielded significant but small sex differences favoring females. Thoma's findings were supported by the present study as female foster parents also scored slightly higher than male foster parents. Previous studies exploring the relationship between gender and ego development have also produced mixed results. Interestingly, female subjects' responses were more reflective of higher levels of moral development while male responses were more reflective of higher levels of ego development. Although differences in moral and ego development did exist based on gender, these differences were minimal. This question of whether men and women have different patterns of moral and ego development will need to continue to be addressed in future studies.
With regard to gender and parenting attitudes, the results from the present study are consistent with Bavolek's 1980 normative sample. His study found non-abusive females to have more nurturing and appropriate attitudes for all four parenting constructs than non-abusive males. Results from the present study indicate that foster mothers demonstrated a slightly higher capacity to empathize with children and less inclination to believe in corporal punishment than foster fathers. An even stronger relationship was found between gender and role reversal. Women were much more likely to display an understanding of how the needs and roles of children differ from adults. Comparisons of two specific statements from the Adult-Adolescent Parenting Inventory designed to assess parents' tendency to reverse parent-child roles illustrate the different perceptions of foster mothers and fathers regarding the role of the child. Fifty-three percent of foster fathers and only 15 percent of foster mothers agreed with the following statement "Young children should be expected to comfort their mother when she is feeling blue". When asked to respond to the statement "Young children should be expected to comfort their father when he is upset", 26 percent of males and only nine percent of females agreed with the statement. A considerable majority of mothers felt that it was not the responsibility of a child to comfort his or her parent, regardless of the gender of the parent. However, while one in four foster fathers felt that children should comfort their fathers when he is upset, more than half the foster fathers felt
that children should comfort their mother when she is sad. Several possible explanations could account for the different perspectives of foster mothers and fathers. Perhaps the most obvious explanations are cultural and societal expectations regarding different gender roles. While these gender roles may no longer be as rigid and extreme as they once were, many Americans have been socialized to have considerably different perspectives regarding interpersonal relationships based on gender. Competitiveness, dominance, and independence are expected from men while more interpersonal traits such as empathy, nurturance, and sensitivity are expected from women (Sprinthall and Collins, 1984).

The different perspectives could also be attributed to different levels of training and supervision. Foster mothers tend to attend more training sessions and interact more regularly with their caseworker and other clinical team members than foster fathers. Although these results are consistent with previous research and cultural expectations in Western society, they are somewhat troubling. Children who are placed in treatment foster care have often experienced severe emotional, physical and sexual abuse, often at the hands of male adults. They were perceived as objects for adult gratification and "valued" only when they were responding to the needs of their caregivers. As the primary adult male, treatment foster fathers who are nurturing and understanding of the separate roles of children and adults can play a major role in restoring a sense of safety and trust in
these children’s lives.

Age

Most of the foster parents in the present study were over 30 years old; therefore, it is not surprising that no relationship was found between moral or ego development and age since cognitive-developmental growth levels off in adulthood. However, small to moderate correlations were found between age and both role reversal and lack of empathy. Younger foster parents were more likely to be empathically aware of the child’s needs and less likely to confuse parent-child roles. As noted in Chapter 2, Campbell et al. (1979-1980) found age to be moderately inversely related to foster placement success. The results of the present study provide one possible explanation for their findings.

Race

White subjects scored slightly higher than African-American subjects on both developmental inventories. The reason for these differences are unclear. When education was controlled, significant differences between the two groups were still detected. Previous studies have found socio-economic status to influence moral and ego development. However, since socio-economic status was not assessed in the present study, it is not possible to determine whether socio-economic status accounts for the differences. Results from Bavolek’s (1980) normative sample found significant differences between African-American and White non-abusive adults for all four parenting constructs. This study
found no evidence to support these claims with treatment foster parents. Mean scores for both African-American and White treatment foster parents were higher than mean scores for the general population of non-abusive adults from the normative sample. Again, it is likely that these higher scores are reflective of the extensive training and weekly supervision these treatment foster parents receive.

**Marital Status**

Single foster parents did not differ significantly from married foster parents on any of the developmental, effectiveness, or attitudinal variables.

**Foster Parenting Experience**

Years of foster parenting experience was not found to be related to either of the developmental indices or any of the four parenting constructs. A surprising result was the slight inverse correlation between experience as foster parents and treatment foster parent effectiveness. Foster parents who had more experience were given lower ratings by caseworkers than those parents with less experience. Since the strength of the relationship is small, it is possible that these results are more reflective of limitations of the TFPES rather than a true relationship. Nevertheless, several other possible explanations exist. As caseworkers and foster parents extend their relationship to include different placements and numerous "problem solving" sessions, caseworkers may inadvertently begin to identify real or perceived deficiencies in the foster parents.
For example, a relatively new foster parent might receive high ratings for "Is resilient (reluctant to disrupt placements)"; however, as the child begins to act out and new stressors are placed on the family, the same parent may readily request that the placement be disrupted. Another item that demonstrates this potential phenomenon is "Consistency in parenting practices". Obviously, it is easier to exhibit consistency over a shorter span of time. There are also plausible explanations to explain why foster parenting experience could be inversely related to effectiveness. Often, "beginning" treatment foster parents are more eager to attend training sessions and meet regularly with other members of the treatment team. They may be more likely to view the experience as a learning opportunity and respond positively to caseworker suggestions or directions. For foster parents with many years of experience, the novelty has worn off and they may be less receptive to feedback from caseworkers who are often younger with less parenting experience. The foster parents' many years of experience could potentially limit their openness and flexibility and subsequently their overall effectiveness.

LIMITATIONS OF THE STUDY

There were several limitations with the research design and measurement instruments that may have influenced the findings. Research Design

Because of the relatively small pool of accessable treatment
foster parents, random sampling was not feasible. Utilizing a geographically, educationally, and otherwise demographically diverse group of treatment foster parents should have enhanced the generalizability. Nevertheless, caution should be used in generalizing the results to all treatment foster parents. In addition, the nature of the research dictated that the sample be voluntary. Each treatment foster parent had the option of whether to participate in the study. Borg and Gall (1989) stated that although most educational research involves voluntary subjects, these samples have greater potential for bias than random, non-voluntary samples. It should be noted that only one foster parent who attended the training sessions declined to participate. Also, choosing only treatment foster parents currently certified by the agency may have rendered the sample somewhat biased in favor of more effective foster parents on the basis of the agency's decision to continue to place children with them. Many prospective parents who may be judged ineffective would probably have been eliminated in the thorough screening process. Additionally, it was not possible to discriminate possible effects of training and supervision.

Measurement Instruments

Since no reliable and valid instruments were available to assess treatment foster parent effectiveness, it was necessary for the researcher to develop the Treatment Foster Parent Effectiveness Scale (TFPES). Chapter 3 outlines the steps that were taken to generate and test items to enhance the reliability
and validity of the inventory. Nevertheless, there are several potential limitations of the TFPES that could influence the findings. The reliability of the findings are dependent on the somewhat subjective ratings of effectiveness by the primary caseworkers. There was the potential that caseworkers felt the ratings they gave foster parents would be reflective of their supervisory skills and subsequently skewed the ratings. Unfortunately, this potential may have been magnified by the fact that the researcher is also a supervisor with the agency.

Although caseworkers were provided specific guidelines for assessment, encouraged to be as objective as possible, and assured that their responses would also be kept confidential and not affect their status with the agency, this researcher could not control for possible bias, prejudices, or personal values. Several caseworkers gave ratings of "All of the time" for almost all of the seventeen items for each of the treatment foster parents they assessed. For these caseworkers, there was not sufficient variability to differentiate between effective and ineffective foster parents. Also, the composite score for "least effective" foster parent rated by these caseworkers was higher than the composite score for the "most effective" foster parent from many other caseworkers. These varying beliefs, attitudes, and opinions about effectiveness in treatment foster care suggest a need for additional training and education of caseworkers.

In a similar study assessing foster parent effectiveness,
Jordan and Rodway (1984) relied on four caseworkers to assess 486 families. It was expected that small caseloads of the primary caseworkers in the present study would improve the reliability of the assessments. Using seventeen caseworkers to assess the treatment foster parents' effectiveness could possibly have had the opposite effect. Although test-retest reliability was high, interrater reliability correlations between supervisors and caseworkers were not as substantial. The inventory may have been too subjective to expect so many caseworkers to have similar interpretations of the items. Although the utilization of subjective ratings by caseworkers is what actually occurs in agency practice, these potential limitations need to be considered before making any conclusions based on the TFPES.

Although substantial reliability and validity data have been reported for the DIT (Schlaefli, Rest, and Thoma, 1985), several potential limitations exist for using this instrument with this population. Although the authors recommend the use of the DIT with middle school students, treatment foster parents with less formal education or reading disabilities may have had difficulty comprehending the task well enough to produce an accurate score. This could account for the low mean P scores or the nine inventories which failed to meet specified reliability and validity guidelines. Since the test was group administered, foster parents might have been reluctant to acknowledge difficulties reading or comprehending the inventory.

In addition, the P scores from the DIT do not provide any
significant information regarding preconventional and conventional stages. Rather, the P scores are reflective of the subject's preference for "principled" or higher level moral reasoning. It is not recommended to attempt to assess an individual's stage of moral development based on P scores. It should also be reiterated that the DIT is a recognition test rather than a production test. Subsequently, subjects who may not be capable of formulating a principled response to a moral dilemma could choose such a response from the multiple choice options in the DIT. Therefore, despite McGeorge's (1975) findings that the DIT was generally not susceptible to "faking good", a possibility exists for any multiple choice test for subjects to choose responses they do not fully comprehend.

As previously discussed, the AAPI does appear to be somewhat susceptible to "faking good". This potential weakness was minimized by reassurances that responses would be kept confidential and would not jeopardize foster parents' status with the agency. Another possible limitation of the AAPI with this population is the construct "Inappropriate Parental Expectations". Scores for this construct are derived primarily from statements about children less than two years old while the vast majority of children in treatment foster care are over seven years old. Therefore, it was not surprising that "Inappropriate Parental Expectations" resulted in fewer significant correlations than "Lack of Empathy", "Role Reversal" or "Belief in Corporal Punishment". Overall, however, the AAPI did appear to be a valid
and reliable instrument which contributed significantly to a better understanding of treatment foster parents.

**GENERAL CONCLUSIONS**

1. Treatment foster parents who exhibit higher or postconventional levels of moral reasoning are more likely to display more appropriate and nurturing parenting attitudes. Parents who exhibit preconventional moral reasoning are more likely to display attitudes that are high risk for abuse and neglect.

2. A treatment foster parent's ability to empathize is positively related to their overall effectiveness as well as their level of moral and ego development. Parents who display less empathic attitudes toward children are also more likely to have inappropriate expectations, believe in corporal punishment, and confuse parent-child roles. Subsequently, the ability to empathize may be the most important criteria for differentiating effective and ineffective treatment foster parents.

3. Treatment foster parents may be more likely to display appropriate and nurturing parenting attitudes than "regular" foster parents. This can most likely be attributed to the fact that treatment foster parents are screened more thoroughly and receive considerably more training, supervision, and support than regular foster parents.

4. Treatment foster mothers are more likely to display appropriate and nurturing parenting attitudes than treatment foster fathers, particularly with regard to confusing parent-
child roles.

5. Cultural differences may account for differences in cognitive-developmental scores as White treatment foster parents had significantly higher ego and moral development scores than African-American treatment foster parents. There was no differences between the two groups regarding effectiveness or parental attitudes.

6. There is some evidence that older, more experienced treatment foster parents may have less ability to empathize with children and a greater tendency to confuse parent-child roles.

Problems in the administration and completion of the Treatment Foster Parent Effectiveness Scale suggests that any relationships found between the TFPES and other primary or demographic variables should be considered with extreme caution. Additional studies with different administrators, caseworkers, and subjects should be conducted to determine if actual relationships exist between treatment foster parent effectiveness and these other variables.

ADDITIONAL IMPLICATIONS

Treatment foster care programs can only be as strong as the primary treatment agents - the foster parents. These paraprofessionals are tasked with an enormous challenge. They are asked to develop meaningful relationships with youth who have experienced severe abuse, neglect, and/or rejection. These children bring with them intense emotional pain manifested in
feelings of mistrust, abandonment, rage, confusion, low self-esteem, etc. Treatment foster parents must attempt to help stabilize the child’s life despite past emotionally damaging experiences and a plethora of adjustments the child must make to a new home, adult caretakers, siblings, peers, neighborhood, and school. It takes a well-adjusted foster family to effectively deal with the problems and transitions of these troubled youth.

Unfortunately, as noted in Chapter 1, traditional screening, training, and supervision models have been largely unsuccessful in preparing foster parents for this challenge. Woolf (1988) observed that the certification of less than adequate homes, abuse and neglect by foster parents, and unplanned disruptions do not appear uncommon. Foster parent training and supervision models have traditionally provided low-level skill acquisition for foster parents and hoped for the best. While the findings of the present study suggest that more stringent screening, more extensive preservice and inservice training requirements, and regular supervision may have resulted in more appropriate and nurturing parenting attitudes for treatment foster parents, additional steps could be taken to further improve agency screening practices and develop more effective treatment foster parents. These findings suggest that it may be desirable to include in the selection process a more systematic assessment of the psychological maturity and parental attitudes of these prospective caregivers.

The current research supports Bavolek’s (1990)
recommendation for using the AAPI to screen and train foster parent applicants. The more objective results of the AAPI can be combined with the clinical assessments of treatment foster care professionals during training and homestudies to reduce the likelihood of certifying parents with attitudes that are high risk for abuse or neglect. Furthermore, the AAPI could help professionals identify specific areas of needed improvement.

Additionally, the findings from this research coupled with previous research linking higher cognitive-developmental stage with more effective teaching, parenting and counseling skills also substantiate a rationale for applying a cognitive developmental framework to the goals of promoting treatment foster parent psychological growth as well as specific skill acquisition. Oja and Sprinthall (1978) acknowledged that since "adults tend to stabilize into consistent and somewhat impervious stages" (p.224), it is much more difficult to create significant developmental experiences for adults than it is for children or adolescents. Nevertheless, as noted in Chapter 1, researchers have found developmental models of assessment and supervision to be successful with a variety of other adult professional populations including teachers (Oja and Sprinthall, 1978; Thies-Sprinthall, 1984), counselors, (Borders, 1986, Stolenberg, 1981), and group home leaders (Foster and McAdams, 1995). Additionally, Morrissette (1994) proposed that a developmental framework would be the most appropriate for working with foster parents.

If we expect treatment foster parents to effectively meet
the challenges presented by emotionally disturbed youth, training and supervision needs to be structured to help promote treatment foster parent’s development to higher, more complex stages. First, it is important to conduct a developmental assessment of the treatment foster parent’s modal level of psychological functioning. Results from both the DIT and SCT coupled with the caseworkers’ clinical impressions of the parent(s) could be utilized to make this assessment. An individual plan of supervision (Appendix I) could be developed for each treatment foster parent based on their cognitive-developmental level, communication and problem solving style, and specific areas of strengths and weaknesses. Generally, the lower a person’s cognitive-developmental level, the more structured and directive the supervision will need to be for the person to learn from that experience. Also, the higher a person’s cognitive-developmental level, the less structured and directive the supervision will need to be for the person to learn from that experience. It is imperative that caseworkers recognize that individuals process information, make decisions, and react to different situations differently depending on their current level of cognitive development. Subsequently, supervision styles need to be designed to match and challenge the foster parents current developmental level to increase the chances of promoting growth.

Sprinthall (1994) identified five conditions that need to be present in the learning environment before developmental growth can occur: "(a) a role-taking experience in helping"; (b) guided
reflection; (c) a balance between action and reflection; (d) continuity, or time on task of at least one semester; and (e) a classroom climate that was both supportive and challenging" (p. 94). Many of these conditions for growth may be inherent in the treatment foster care experience; however, models of supervision and training can be deliberately restructured to assure that each of these conditions are met. It is important that caseworkers provide opportunities for discussion and give regular feedback consistent with the developmental level and needs identified in the individual plan of supervision. Caseworkers need to challenge foster parents to develop more sensitive and flexible perspectives but also support them through the discomfort of giving up old systems. Both training and supervision need to consistently incorporate a systematic and developmental framework over time before any significant change can occur.

RECOMMENDATIONS FOR FURTHER RESEARCH

No previous studies could be found that explored the relationship between foster parent effectiveness, attitudes, and cognitive-developmental variables. In addition, an extensive review of the literature yielded only one study that focused specifically on "treatment" foster parent effectiveness. Subsequently, in spite of the meaningful additions to the treatment foster care and cognitive developmental literature made by this study, any conclusions will need to remain tentative until these findings are replicated by further research. In
addition, a number of questions related to these variables remain unanswered. The following section will briefly address those questions and provide recommendations for further research.

Many of the limitations of this study involved the administration and completion of the Treatment Foster Parent Effectiveness Scale. Additional research is needed to further assess the reliability and validity of this instrument. This study should be repeated using different samples, administrators, and caseworkers. To reduce the potential for bias, it is recommended that the researcher not be affiliated with the foster care agency. Also, to increase variability and improve reliability, it is recommended that the study be replicated with fewer caseworkers and clearer guidelines for assessing individual items.

It would also be interesting to see if the findings would be replicated using Kohlberg's Moral Judgment Interview rather than the Defining Issues Test. The Moral Judgment Interview would require subjects to formulate their own responses to moral dilemmas and also enable the researcher to assess subjects' developmental stage. Also, as noted in Chapter 2, Rest (1986) identified four distinct psychological components that determine moral behavior. Moral judgment, as assessed by both the Defining Issues Test and Moral Judgment Interview, is only the second of these four components. Additional research is needed to explore each of the psychological processes that prompt treatment foster parents to act morally.
Because the current study focused on certified treatment foster parents, the sample may have been somewhat biased in favor of more effective treatment foster parents. Important information could be gained by assessing treatment foster parents' attitudes and developmental levels prior to becoming foster parents. Also, with the current research design, it was not possible to discriminate possible effects of training and supervision. It would be important to know if training, supervision, and/or the role-taking experience of being a treatment foster parent itself promotes developmental growth or impacts parenting attitudes. Also, the current design only allowed for indirect comparisons between "treatment" and regular foster parents. It is recommended that future research make more direct comparisons of the two groups. Various pretest-posttest control-group designs could be utilized.

In addition, similar designs could be used to assess whether other developmental interventions or differential supervision models promote developmental stage growth or enhance overall effectiveness. Another way to explore the validity of these research findings would be to assess whether other cognitive developmental variables, such as intellectual or conceptual development, are related to treatment foster parents' attitudes or effectiveness.
PLEASE NOTE

Copyrighted materials in this document have not been filmed at the request of the author. They are available for consultation, however, in the author's university library.

Appendix A
Pages 113 thru 116

UMI
APPENDIX B
SENTENCE COMPLETION TEST FOR WOMEN (FORM 11-68)

Name _____________________________

Instructions: Complete the following sentences.

1. Raising a family

2. A girl has a right to

3. When he avoided me

4. If my mother

5. Being with other people

6. The thing I like about myself

7. My mother and I

8. What gets me into trouble is

9. Education

10. When people are helpless

11. Women are lucky because

12. My father

13. A pregnant woman

14. When my mother spanked me, I

15. A wife should

16. I feel sorry

17. Rules are

18. When I get mad
SENTENCE COMPLETION TEST FOR MEN (FORM 11-68)

Name__________________________________

Instructions: Complete the following sentences.

1. Raising a family

2. When a child will not join in group activities

3. When they avoided me

4. A man’s job

5. Being with other people

6. The thing I like about myself is

7. If my mother

8. Crime and delinquency could be halted if

9. When I am with a woman

10. Education

11. When people are helpless

12. Women are lucky because

13. What gets me into trouble is

14. A good father

15. A man feels good when

16. A wife should

17. I feel sorry
PLEASE NOTE

Copyrighted materials in this document have not been filmed at the request of the author. They are available for consultation, however, in the author's university library.

Appendix C
Pages 119 thru 121

UMI
APPENDIX D - TREATMENT FOSTER PARENT EFFECTIVENESS SCALE

Evaluator: _______________________________________.

INSTRUCTIONS: There are 17 statements on this questionnaire. Please read each statement and decide the degree to which you believe the foster parent exhibits the trait/behavior and check the corresponding response.

ALL - Check ALL if you feel the statement is true all of the time.
MOST - Check MOST if you feel this statement is true most of the time.
HALF - Check HALF if you feel this statement is true half of the time.
OCCASIONALLY - Check OCCAS if the statement is true occasionally.
NEVER - Check NEVER if the statement is never true.

Check only 1 response for each statement. Make sure you respond to every statement. With 2 parent families, use a separate form for each parent.

Foster parent: __________________________________________

Yrs/months worked with parent: ____________________________

<table>
<thead>
<tr>
<th>Statement</th>
<th>ALL</th>
<th>MOST</th>
<th>HALF</th>
<th>OCCAS</th>
<th>NEVER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Works with professionals as a team member</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Responds positively to adult direction/suggestion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilizes support services appropriately</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Takes initiative in responding to foster child's needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Keeps scheduled appointments</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Regularly attends &amp; participates in scheduled training activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is resilient (reluctant to disrupt placement)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Functions effectively in stressful situations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conveys genuine affection and nurturance</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is tolerant of attitudes &amp; behaviors that conflict with his/her own</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is empathically aware of child's needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is consistent in parenting practices</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Has appropriate parental expectations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicates effectively</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is flexible</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Adheres to treatment plans</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is an effective treatment foster parent (global rating of performance)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX E

LUTHERAN FAMILY SERVICES
TREATMENT FOSTER PARENT RESEARCH PROJECT
DEMOGRAPHIC INFORMATION SHEET

Name: ___________________________________________

Age: __________________

Gender: _______________

Race: _______________

Years of Education: _______________________

Years/months as "treatment" foster parent: __________

Additional years/months as "regular" foster parent: __________
APPENDIX F
SUPPLEMENTAL QUESTIONNAIRE FOR TREATMENT FOSTER PARENT EFFECTIVENESS SCALE

Name of Evaluator: __________________________

The purpose of this supplemental questionnaire is to assess the validity of individual items in the scale. Please give specific examples of foster parents exhibiting the following traits/behaviors. Please complete as many as possible.

Works with professionals as a team member:
1. __________________________
2. __________________________

Responds positively to adult direction/suggestion:
1. ______________________________________________________________________
2. ______________________________________________________________________

Utilizes support services appropriately:
1. ______________________________________________________________________
2. ______________________________________________________________________

Takes initiative in responding to foster child's needs:
1. ______________________________________________________________________
2. ______________________________________________________________________

Is resilient (reluctant to disrupt placement):
1. ______________________________________________________________________
2. ______________________________________________________________________

Functions effectively in stressful situations:
1. ______________________________________________________________________
2. ______________________________________________________________________

Conveys genuine affection and nurturance:
1. ______________________________________________________________________
2. ______________________________________________________________________

Is tolerant of attitudes and behaviors that conflict with his/her own:
1. ______________________________________________________________________
2. ______________________________________________________________________

Is empathically aware of child's needs:
1. ______________________________________________________________________
2. ______________________________________________________________________
Is consistent in parenting practices:
1. _____________________________________________
2. _____________________________________________

Has appropriate parental expectations:
1. _____________________________________________
2. _____________________________________________

Communicates effectively:
1. _____________________________________________
2. _____________________________________________

Is flexible:
1. _____________________________________________
2. _____________________________________________

Adheres to treatment plans:
1. _____________________________________________
2. _____________________________________________

Please give specific examples of foster parents NOT exhibiting the following traits/behaviors or performing poorly in that area. Please complete as many as possible.

Works with professionals as a team member:
1. _____________________________________________
2. _____________________________________________

Responds positively to adult direction/suggestion:
1. _____________________________________________
2. _____________________________________________

Utilizes support services appropriately:
1. _____________________________________________
2. _____________________________________________

Takes initiative in responding to foster child's needs
1. _____________________________________________
2. _____________________________________________

Is resilient (reluctant to disrupt placement):
1. _____________________________________________
2. _____________________________________________
Functions effectively in stressful situations:
1. _________________________________________________________________
2. _________________________________________________________________

Conveys genuine affection and nurturance:
1. _________________________________________________________________
2. _________________________________________________________________

Is tolerant of attitudes and behaviors that conflict with his/her own:
1. _________________________________________________________________
2. _________________________________________________________________

Is empathically aware of child's needs:
1. _________________________________________________________________
2. _________________________________________________________________

Is consistent in parenting practices:
1. _________________________________________________________________
2. _________________________________________________________________

Has appropriate parental expectations:
1. _________________________________________________________________
2. _________________________________________________________________

Communicates effectively:
1. _________________________________________________________________
2. _________________________________________________________________

Is flexible:
1. _________________________________________________________________
2. _________________________________________________________________

Adheres to treatment plans:
1. _________________________________________________________________
2. _________________________________________________________________
APPENDIX G

CONSENT FORM
TREATMENT FOSTER PARENTS

This consent form is to request your voluntary participation in a study to be conducted by Brent Richardson in partial fulfillment of the requirements for the doctoral degree at the College of William and Mary. Please read the following information carefully and sign the section marked "Informed and Voluntary Consent to Participate" if you are willing to participate in this study.

Purpose of the Study

The purpose of this study is to investigate different characteristics of treatment foster parents. Participating foster parents will be asked to complete the following inventories: (1) The Defining Issues Test, a test commonly used to assess how people think about social problems (2) The Sentence Completion Test, which contains 18 sentence stems (3) The Adult-Adolescent Parenting Inventory, a 32-item questionnaire about parenting and raising children. There are no right or wrong answers to any of the inventories.

Amount of Time Involved for Subjects

It generally takes approximately 1 to 1 and 1/2 hours to complete the three inventories.

Risks and Benefits

I understand that the risks involved in participating in this study are minimal. Your responses will not affect your status as treatment foster parents with Lutheran Family Services. I understand that no benefit from can be guaranteed from participating in this study, except for the satisfaction of knowing that I am contributing to a better understanding of treatment foster parents.

Assurance of Confidentiality

I understand that the data collected in this research project will be confidential. I also understand that the data derived from this study could be used in reports, presentations, and publications, however I will not be individually identified. Any reports of the data collected from this study will be presented in a group format that makes identification of any individual participant impossible.

Assurance of Voluntary Participation

Participation in this study is strictly voluntary. Subjects are guaranteed the right to decline to participate or to withdraw at any time.
Availability of Results

Individual results may be obtained by contacting the investigator at the following address and phone number:

Brent Richardson
1407 Horsepen Road
Richmond, VA 23226
(804) 288-0122

Questions or Concerns: If you have any questions or concerns about this study, please contact the investigator responsible, Dr. Victoria Foster, School of Education, College of William and Mary, Licensed Professional Counselor, (804) 221-2321.

Informed and Voluntary Consent to Participate

I have been informed and agree to participate in the study outlined above. My right to decline to participate or to withdraw at any time has been guaranteed.

Volunteer ___________________________ Date ________
APPENDIX H

CONSENT FORM
CASESWORKERS AND SUPERVISORS

This consent form is to request your voluntary participation in a study to be conducted by Brent Richardson in partial fulfillment of the requirements for the doctoral degree at the College of William and Mary. Please read the following information carefully and sign the section marked "Informed and Voluntary Consent to Participate" if you are willing to participate in this study.

Purpose of the Study
The purpose of this study is to investigate different characteristics of treatment foster parents. Participating foster parents will be asked to complete the following inventories: (1) The Defining Issues Test, a test commonly used to assess how people think about social problems (2) The Sentence Completion Test, which contains 18 sentence stems (3) The Adult-Adolescent Parenting Inventory, a 32-item questionnaire about parenting and raising children. There are no right or wrong answers to any of the inventories. Family Service Workers and supervisors will be asked to complete the Treatment Foster Parent Effectiveness Scale (TFPES) for each parent who has volunteered to participate in this research project. As a heuristic study, it is hoped that data obtained from these inventories could be pooled with results from previous research to help differentiate between effective and ineffective treatment foster parents, and provide justification and direction for screening, supervision, and intervention.

Amount of Time Involved for Subjects
It should take approximately one hour to complete the TFPES and Supplemental Questionnaire.

Risks and Benefits
I understand that the risks involved in participating in this study are minimal. My responses will not affect my status at Lutheran Family Services. I understand that no benefit can be guaranteed from participating in this study, except for the satisfaction of knowing that I am contributing to a better understanding of treatment foster parents.

Assurance of Confidentiality
I understand that the data collected in this research project will be confidential. I also understand that the data derived from this study could be used in reports, presentations, and publications, however I will not be individually identified. Any reports of the data collected from this study will be presented in a group format that makes identification of any individual participant impossible.
Assurance of Voluntary Participation

Participation in this study is strictly voluntary. Subjects are guaranteed the right to decline to participate or to withdraw at any time.

Availability of Results

Upon completion of the research, the results will be presented to all Lutheran Family Services staff in Tidewater and Richmond. A written summary of these results may be obtained by contacting the investigator at the following address and phone number:

Brent Richardson
1407 Horsepen Road
Richmond, VA 23226
(804) 288-0122

Questions or Concerns: If you have any questions or concerns about this study, please contact the investigator responsible, Dr. Victoria Foster, School of Education, College of William and Mary, Licensed Professional Counselor, (804) 221-2321.

Informed and Voluntary Consent to Participate

I have been informed and agree to participate in the study outlined above. My right to decline to participate or to withdraw at any time has been guaranteed.

Volunteer                                      Date
APPENDIX I
PLAN OF SUPERVISION

For: ___________________________ Date: ___________________________

1. Assessed level of functioning (include model used and bases for making this assessment):

2. How structured will your supervision of this person need to be: Highly____, Moderately____, Minimally____? Describe the structure that you will build into your supervision with this person.

3. How many practice attempts at acquiring a new foster parenting skill (with you providing feedback after each one) do you think that this person will require: Many____, Some____, Few____? How can you most effectively present new skills and provide feedback after unsuccessful practice attempts?

4. How self-directed do you expect this person to be: Highly____, Moderately____, Minimally____? How will you most effectively direct this person to appropriate courses of action?

5. How important will it be that you model desired behaviors for this person: Highly____, Moderately____, Minimally____? When, if at all, will you choose to model a new skill or behavior for this person?
6. How much will you expect this person to rely on your ideas about problem solving vs. his/her own? Always____, Occasionally____, Never____?

   a. Do you expect that he/she will offer ideas of his/her own: yes____, no____?

   b. Should you offer your own ideas to this person: Yes____, No____?

With regard to consideration of your ideas and his/her ideas, what will your approach to problem solving with this person be?

7. How much do you expect this person to talk about feelings? Much____, Some____, Little____? What role will consideration of feelings play in your supervision with this person?

8. How much support and encouragement do you think that this person will require from you: Constant____, Occasional____, Minimal____? What type of support will be most beneficial to this person?:

9. What communication (counseling) approach do you think will be most effective with this person: More Direct____, More Indirect____? Justify your choice here.
References


Burns, B. J. & Friedman, R. M. (1990). Examining the research base for child mental health services and policy. Journal of Mental Health Administration, 17, 87-98.


validation. New York: Cambridge University Press.


Galdston, R. (1965). Observations on children who have been physically abused and their parents. American Journal of
Psychiatry, 122, 440-443.


Holstein, C. (1972). The relation of children's moral judgment level to that of their parents and to communication patterns in the family. In R. Smart & M. Smart (Eds.), Readings in child development (pp. 484-494). New York: Macmillan.


Kohlberg, L. (1976). Moral stages and moralization: The


of hope and renewal from family therapy. New York: Free Press.


