

**A. Myrth Ogilvie\***

*Center for the Study of  
Mental Health Policy and Services,  
Research and Training Center  
on Family Support and Children's Mental Health  
Portland State University  
P.O. Box 751  
Portland, Oregon 97207  
Voice: 503-725-4040  
Fax: 503-725-4180*

**Kay Dahl**

*President, British Columbia  
Federation of Foster  
Parent Associations  
Box 170 3456 Dunbar St.  
Vancouver, British Columbia  
Canada V5S 2C2*

## The Foster Family Survey: Strengthening Care of Our Children with Mental, Emotional, and Behavioral Disorders

The overall goals of the Foster Family Survey included an exploration of foster parent sensory learning styles and other variables of interest to the foster parents, an exploration of the assessment of attachment disorder in children in foster care, and a preliminary exploration of the assessment of incremental bonding through use of the Biopsychosocial Attachment Types (BAT). The preliminary results presented focused primarily upon the findings related to foster parents and the children they care for.

The Foster Family Survey was completed by 269 foster parents in this preliminary analysis. Foster parents were asked through a mailed, self-administered, cross-sectional survey to provide information on their perceptions of the behavior of a child with emotional, behavioral, or mental health challenges in their care for six months or more with dates within the past 12 months. If they had knowledge of more than one child meeting the criteria, they were asked to answer the survey with their foster child with the most problems in mind. The children were between 6 and 18 years.

The study had a target population of foster parents in British Columbia (BC). There are 4,400 foster parents

*\*Affiliation at time of presentation. New contact information:*

*University of Washington, Tacoma  
Box 358425, 1900 Commerce Street  
Tacoma, WA 98402-5825  
Phone: 253.692.4524  
FAX: 253.692.5825  
amo452@u.washington.edu*

in BC, and not all of them have provided ongoing care of six months or more within the last 12 months to children ages 6 to 18 who have emotional, behavioral, or mental disorders. No list existed to determine who met the study criteria, so a voluntary list of foster parents meeting the criteria of the sample was collected by the British Columbia Federation of Foster Parent Associations.

The sample included willing, eligible foster parents in BC. Foster parents are professionalized in BC and care for children likely to exhibit attachment disorder at a higher than average rate than in the general population. This makes the population attractive for such a study. The British Columbia Federation of Foster Parents Associations (BCFFPA), an organization of and for foster parents, assisted in collecting a list of foster parents willing and eligible to participate. The BCFFPA compiled and retained the list of foster parents to maintain the anonymity of participants.

The BCFFPA president sends out a quarterly letter to foster parents that is mailed by the government of BC to all licensed foster parents. The BCFFPA board and president had committed to using this letter and personal conversations to recruit foster parents who met the criteria and who were willing to participate. BCFFPA estimated that 500 foster parents participated in this non-probability convenience sample.

The Foster Parent Survey included four parts. The first part contained ten demographic questions on the foster child followed by the 52 questions of the Behavioral and Emotional Rating Scale, or BERS, (Epstein, 1998) and an additional pool of items of 23 questions for a total of 85 items. The majority of these items were written from a strengths perspective and could be completed in about 15 minutes. Demographic questions gathered facts on the child such as the child's sex, age at placement, current age, race/ethnicity, mental health status, mental health diagnosis, disability status, length of time in the placement, current placement, and number of known care providers. Examples of the items typical of the BERS included the following: "[This child] maintains positive family relationships," "[this child] demonstrates a sense of humor," and "[this child] asks for help." The response format included the following choices: 3 = very much like the child, 2 = like the child, 1 = not much like the child, and 0 = not at all like the child.

The second part of the Foster Parent Survey included the 30 questions of the Randolph Attachment Disorder Questionnaire or RADQ (Randolph, 1997). The time for completion of these items is stated as 10 minutes. Items included the following: "My child likes to sneak things without permission, even though he/she could have had them if he/she had asked;" "My child lies, often about obvious or ridiculous things, or when it would have been easier to tell the truth;" and "My child is very bossy with other children and adults" (Randolph, 1997). The response format included the following choices: 5 = usually, 4 = often, 3 = sometimes, 2 = occasionally, and 1 = rarely.

In exchange for their cooperative efforts, training information for the BCFFPA was collected in the survey, and a report will be provided from the researcher to the BCFFPA on training information and sensory learning styles of foster parents as measured by the Self-Administered Inventory of Learning Strengths: SAILS (Siegel, 1994). Therefore, the third part contained SAILS (15 questions) which takes about 5 minutes to complete.

The fourth and final section contained demographic questions about the foster parent (10 questions), three open-ended questions on topics of interest to the BCFFPA, and one open-ended ventilation question. The demographic questions on foster parents included foster parent sex, race/ethnicity, age, level of care designation in BC, length of foster parenting, training hours in the last year, current placements in the foster home, postal code, BCFFPA region, and care responsibility level.

The total survey contained 144 questions. The items were sequenced to reduce order effects; however, in a mailed survey, the rater can complete the survey in any order and can look ahead to see what sections or questions come next. The order of the questions was structured to account for basic responder fatigue by placing the items of greatest interest earlier in the survey. The complexity was low for vocabulary and moderate for sentences. The reading grade level was 8.3.

Attachment disorder was defined as a failure of social relationships, which is not the result of developmental delay or pervasive developmental disorder, accompanied by pathogenic care. Pathogenic care included many

caregivers; child abuse, neglect or maltreatment; and extreme in-utero unwantedness. The majority of children who have attachment disorder also have a diagnosis of Conduct disorder or Oppositional Defiant Disorder.

In the preliminary analysis the foster parents reported that they had specific knowledge of placements for 92 of the children. These children had experienced 1 to 18 placements with an average of 4.3 placements each. Another 154 foster parents made educated estimates of between 2 and 25 placements for 154 children with an average of 6 placements each. Finally, placement information for 24 children was unknown.

Attachment disorder was reported through answers on the RADQ for 99 children (36.8% of the sample). These children were in need of immediate and thorough assessment since the vast majority had no diagnosis. Foster parents often were put in the situation of guessing about mental health status concerns based upon their own behavioral observations.

Foster parents reported sensory learning styles information on the SAILS. The foster parents indicated at- or above-average levels of use at a rate of 46.1% for visual learning, contrasted with a rate of 60% in the general population. Foster parents reported an auditory learning rate of 26.2% compared to a rate of 30% in the general population. Finally, the foster parents reported a kinesthetic/tactile learning rate of 27.6% compared to a rate of 10% in the general population.

The foster parents who responded had between 1 and 35 years of experience fostering children, with an average level of experience of 8.6 years. They reported taking an average of 36.5 hours of training in the past 12 months, with the range of hours stretching from 0 to 400 per foster parent. The most experienced foster parents did not consistently have the most distressed children in their homes. The need for assessment of attachment disorder existed in foster homes across the full range of experience.

Foster children were seen as at risk if they had skills, behaviors, or circumstances that increased the likelihood

that they would experience outcomes that were not preferred or desirable. They were seen as resilient when the skills, behaviors, or circumstances increased the likelihood that the child would experience outcomes that were better than expected. From this perspective, preliminary results on the BERS showed that foster children need additional assistance in the following areas: (a) use of anger management skills, (b) considering consequences of their own behavior, (c) participation in church activities, (d) accepting responsibility for their own actions, (e) admitting mistakes, (f) computing math problems at or above age level, and (g) note-taking and listening skills for school. They were seen as having strength in the following areas: (a) demonstrating a sense of belonging to family, (b) trusting a significant person with his/her life, (c) accepting a hug, (d) demonstrating a sense of humor, (e) participating in family activities, (f) smiling often, and (g) attending school regularly.

Incremental bonding measured through the Biopsychosocial Attachment Types (BAT) was also under study in the Foster Family Survey. The categories of the BAT are based upon clinical observation and theory compiled by A. Myrth Ogilvie. The questionnaire attempted to measure the categories and sub-categories of the BAT continuum. The continuum describes a range of insecure attachment styles which may indicate an incremental bonding intervention to advance the capacity for bonding when children have failed to form a secure attachment model in the first 5 years of life. The BAT begins at the weakest capacity to bond by examining the child's interaction with objects and non-living things in their world. Next, the child's interaction with plants and animals is examined. Finally, it examines interaction with humans, broken down into interactions with younger children, peers, and adults. Successful interaction with adults represents the secure end of the attachment continuum.

The preliminary results indicate that recruitment, training, and retention efforts for foster parents could be more successful if the generally more kinesthetic and tactile learning style were considered in planning and in policy. Further interventions for children in care may best take advantage of these learning style strengths. The BAT approach may show promise to do just that.

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Regional Research Institute for Human Services, Portland State University.

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