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Relationship between multiple indicators of wellness and parental stress in foster parents

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THE RELATIONSHIP BETWEEN MULTIPLE INDICATORS OF WELLNESS AND PARENTAL STRESS IN FOSTER PARENTS

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ABSTRACT

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The purpose of this study was to investigate the relationship between the parental stress reported by foster parents and factors of wellness. Outcomes were measured using the Parenting Stress Index – Short Form (Abidin, 1995) and the Five Factor Wellness Inventory (Myers & Sweeney, 2004). Data were collected on a single occasion from 148 foster parents utilizing on-line support groups. Pearson's correlation found that there was a significant negative relationship between Total Parenting Stress and Overall Wellness (r = -.306, P = <.0005) as well as Parent-Child Dysfunctional Interactions and Overall Wellness (r = -.246, P = .003). Stepwise regression was used to investigate factors of wellness predictive of lower levels of Total Stress and Parent Child Dysfunctional Interactions. Two factors of wellness, including Realistic Beliefs and Leisure, were found to be predictive of lower levels of Total Stress. Four factors of wellness, including Leisure, Emotions, Positive Humor, and Realistic Beliefs were found to be predictive of lower levels of Parent-Child Dysfunctional Interactions.

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CHAPTER I - INTRODUCTION

In 2007 there were 496,000 children in foster care in the United States (US Department of Health and Human Services [USDHHS], 2008). These children are at high risk for a multitude of problems in current functioning as well as increased risk of experiencing problems as an adult. With such high numbers of children who are wards of the state, there is a strong need to improve caregivers' ability to meet the needs of this challenging population. While there is growing research on foster children's experience in foster care, there is a lack of understanding of how the experience of being a foster parent, with its rewards and challenges, might impact the experience of foster children in foster care. Foster parents have difficult jobs that they feel are often underappreciated (Swartz, 2004; Tripp De Robertis & Litrownik, 2004). Yet, regardless of child characteristics, when the caregivers are able to meet the needs of foster children, primarily by providing a consistent placement and developing relationships with them, the children are better able to cope with the upheaval in their lives (Pecora, et al., 2005).

Unfortunately, the challenges of being a foster child are numerous. Foster children tend to have histories that place them at high risk for the development of behavioral problems. These risk factors include a lack of environmental stability, abuse or neglect, poverty, and displacement from loved ones (Tripp De Robertis & Litrownik, 2004). The removal of children from home results in multiple and immediate loses for children that can include the loss of their parents/caregivers, friends and family, as well as a change in school and neighborhood. Once in foster care, foster children continue to

be at risk for multiple transitions (Hines, Merdinger, & Wyatt, 2005). These risk factors compound foster children's risk for the development of behavioral problems (Linares, Montalto,Li, & Oza, 2006).

Children in foster care have increased rates of externalizing behavioral problems and psychiatric problems in general. Externalizing behaviors typical of foster children included noncompliance, oppositional behavior, aggressiveness (Fisher, Burraston, & Pears, 2005), greater levels of withdrawal, social immaturity, and testing behaviors (Hampson & Tavormina, 1980). Testing behaviors are common as children seek out boundaries and attempt to learn what is and is not acceptable with new caregivers. However, these behaviors often include negative behaviors as children seek to learn the frustration tolerance of their caregivers and what will and will not be punished.

In addition, it has been shown that maltreated youth tend to be at greater risk for "disorganization, problems in the attachment relationship, and delays in self-development, including the regulation and integration of emotional, cognitive, motivational, and social behavior" (Hines, Merdinger, & Wyatt, 2005, p.382). While the cause and effect relationship between preexisting problems of foster children and the effects of out of home placement are still somewhat unclear, it is clear that some foster children present a myriad of challenges to foster parents. It is also clear that long term placement in foster care does not bode well for the futures of foster children (Pecora, et al., 2005).

Adults who were former foster children have a higher likelihood of having problems as an adult. Research conducted by Casey Family Programs found that these children have higher rates of mental health problems, homelessness, and use of public

assistance as adults. They also tend to have lower rates of post-secondary education, lower incomes, and have less health insurance coverage (Pecora, et al., 2005; Pecora, et al., 2003). However, the same research found protective factors as well.

These protective factors often relate to stability for foster children. Pecora, et al. stated:

> "If we can establish a consistent and stable environment, allowing the youth to develop relationships with the foster family, stay in the same school, work at the same job, and not have to cope with the anxiety, anger and adjustment of changing homes and changing caseworkers, that youth has much better probability of completing high school, and from there going on to further success" (2003, p.43).

In addition, they found that fewer placement changes, no reunification failures and not running away resulted in a decrease in negative mental health outcomes, negative employment and financial outcomes, and negative education outcomes. It seems that placement stability has many positive effects (Pecora, et al. 2005). As a result, it is important to look at both child and foster parent characteristics that contribute to placement success and failures.

There is a growing understanding as to why foster parents decide to become foster parents. For the most part, reasons to become a foster parent tend to be altruistic and focus on a desire to provide a child with love and a good home. The majority of foster parents express a desire to provide a home for children so they will not have to be placed in an institution or to help children who have special problems. Another strong motivator for foster parents is a desire to do something positive for their community (Rhodes, Cox, Orme, & Coakley, 2006). Foster parents choose to become foster parents for many reasons, but the hopes held by foster parents when choosing to become a foster parent are often not realized.

One foster parent retention study found that the median length of service for foster families in three states was between 8 and 14 months and that 47 to 62 percent stopped foster parenting within one year (Gibbs, 2004). Interestingly, the median stay of foster children in foster care is longer than the median length of service for foster parents. Considering the many challenges that foster children pose, high burnout of foster parents would not be surprising. Yet, Gibb's study on foster parent retention also showed that having a greater number of children in the home and higher levels of care for "children with special needs were consistently associated with greater length of service" (p. 7). Clearly, there are many factors that impact foster parent retention above and beyond the presence of a difficult child.

Foster parents face a number of stressors in addition to caring for foster children who are challenging. Foster parents tend to be less financially secure and they report that support from social services agencies is inadequate (Tripp De Robertis & Litrownik, 2004). Other stressors inherent to foster parenting include the fact that foster parents often feel as though their parenting competence is undermined by state supervision, they lack authority to make decisions about the children they care for, and their family systems are often disrupted (Swartz, 2004). Foster parents also face the daily logistical difficulties of organizing the daily lives of children who often have special needs (Swartz, 2004). The combination of all of these stressors seems to compound the pressures felt by foster parents.

Need for the Study

While many foster parents decide that the hassles of foster parenting do not outweigh the benefits, as evidenced by high dropout rates, many other foster parents

continue to care for foster children. Why are some foster parent's more likely to negotiate the stressors of fostering while other drop out? Clearly, there needs to be a greater understanding of the impact of stressors on foster parents and the characteristics of foster parents who remain foster parents.

One avenue to increase understanding of characteristics that increase foster parents' ability to provide care for foster children is to look at characteristics of wellness. Characteristics of wellness include protective factors that allow individuals to live optimally and reduce the negative impacts of stress. In their introduction to positive psychology, Seligman and Csikszentmihalyi (2000) stated "psychology should be able to help document what kinds of families result in children who flourish" (p.5). Positive psychology emphasizes subjective experiences, individual traits, and civic virtues and societal institutions that lead to well-being. An emphasis on wellness allows greater understanding of how such diverse things as relationships, physical behaviors, emotions, beliefs, connectivity, identity, etc., relate to parental stress and the parent/child relationship. Examining factors of wellness can provide information about foster parent characteristics that may relate to their perceived levels of stress and their perceptions about the caregiver/child relationship.

With over half a million children in foster care and an estimated $10 billion of federal, state, and local money spent on out of home placements a year (Child Welfare Information Gateway, 2005), there is a strong need to provide the best care and treatment for foster children while they are in the custody of the state. Providing stable and consistent care increases the likelihood of successful permanent placements after foster care (Fisher, Burraston, & Pears, 2005). As the number of placements for a foster child

increases, the likelihood of behavioral problems grows and the likelihood of placement permanency declines.

While there is an abundance of research on child characteristics as well as parenting style characteristics that impact placement success, there is a lack of research on the how characteristics of foster parents themselves may impact foster parent/foster child interactions. As research shows, stressors inherent in foster parenting lead to increased parental stress and less satisfaction in foster parenting. However, some foster parents are able to work through the stressors inherent in foster parenting and help children maintain placements and positive experiences in the foster home. Therefore, a greater understanding of what parental characteristics relate to less parental stress is needed. An increased understanding of foster parent characteristics of wellness could increase the ability of foster care agencies and those who work with foster parents to improve the experiences of both foster parents as well as the children in their care.

Purpose of the Study

There were two purposes of this study. The first purpose was to examine the relationship between various foster parent characteristics of wellness and parental stress. This helped us establish that a relationship exists to provide greater insight for both foster parents and those who work with them into which characteristics are more strongly related to lower levels of parental stress. The second purpose was to examine the relationship between various characteristics of wellness and parent/child interactions. This helped establish that a relationship between foster parent characteristics and the parent child relationship exists and provided information about which foster parent characteristics are more strongly related to less dysfunctional parent/child relationships.

Research Questions

1. Is there a relationship between foster parent overall wellness and parental stress?

2. Is there a relationship between foster parent overall wellness and parent-child dysfunctional interactions?

3. Are particular characteristic of wellness more highly correlated with lower levels of parental stress and parent/child dysfunctional interactions?

Definition of Terms

Foster Care

As defined in the Code of Federal Regulations, foster care is substitute 24 hour care for children outside their homes. For the purpose of this study, foster care will include non-relative caregivers.

Wellness

This study uses the Indivisible Self evidence based model of wellness which defines wellness as "a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated by the individual to live more fully" (Myers, Sweeney, & Witmer, 2000, p.252).

Foster Parent Stress

Stress is conceptualized in this study using Folkman and Lazarus's theory of stress and coping. They define stress as "a relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and as endangering wellbeing" (Folkman, Lazarus, Gruen, & Delongis, 1986, p.572)

CHAPTER II – REVIEW OF LITERATURE

This chapter integrates theory and existing research in the areas of parental stress, wellness, and foster parenting. First, literature on stress and coping is reviewed to create an understanding of the role of appraisal and use of resources in parental stress. Second, the literature on the impact of parental stress on parents, children, and parent-child relationships is examined. Third, stressors and resources specific to foster parents, as well as a history of foster care in the United States, are examined in light of the research on stress and coping as well as parental stress. Finally, a model of wellness is discussed to expand understanding of characteristics that can be resources to buffer against parental stress.

Stress and Coping

In order to understand the effects of stress on parenting, an understanding of the stress and coping process is needed (see Table 1). Richard Lazarus (2003), who created a theory of stress and coping with Susan Folkman, stated that "a positive outlook on life depends on the coping process, which can integrate good and bad, positive and negative, and even transcend the negative" (p. 173). Therefore, individual and family functioning depends not only on life circumstances encountered but on the ability to cope or "transcend." Research on stress and coping helps to delineate the manner in which individuals encounter and define stress and yet carry on. Stress is a response to an event where the individual lacks belief in his or her ability to cope with an event effectively (Folkman, et al., 1986). The more the event is evaluated as endangering, the more likely

stress will result. Two essential processes in stress and coping are (1) appraisal and (2) coping (Folkman, et al.).

Table 1
Lazarus and Folkman's Theory of Stress and Coping

Stages of Coping	Strategies Employed
Appraisal	External Appraisal Internal Appraisal
Coping	Problem-Focused Coping Emotion-Focused Coping

When encountering stress, individuals first appraise the situation cognitively to determine if there is anything to gain or lose (Folkman, et al., 1986). A situation or event is stressing when the individual perceives it as a threat. This threat can range from a threat to self-concept to a threat of physical harm. In addition, the event does not necessarily need to be perceived as negative, it can simply be a change. Another facet of appraisal includes the individual's beliefs about what can be done to "overcome or prevent harm or to improve the prospects for benefit" (Folkman, et al., p 572). This appraisal allows the individual to respond to the stressor with a variety of coping strategies. Coping "refers to the person's cognitive and behavioral efforts to manage (reduce, minimize, master, or tolerate) the internal and external demands of the person-environment transaction that is appraised as taxing or exceeding the person's resources" (Folkman et al., p.572).

According to Lazarus and Folkman's theory of stress and coping (1984), individuals respond to stressors with two kinds of coping strategies. First, the individual can try to change the source of the stress, called problem-focused coping. Second, the

individual can cope by regulating their emotional responses, called emotion-focused coping (Folkman et al., 1986). Both emotional and problem focused coping are not mutually exclusive, are often used together, and have adaptive and maladaptive forms. Some examples of problem-focused coping include “aggressive interpersonal efforts to alter the situation, as well as cool, rational, deliberate efforts to problem solve” (Folkman et al., p. 572). Examples of emotion-focused coping “include distancing, self-controlling, seeking social support, escape-avoidance, accepting responsibility, and positive reappraisal” (Folkman, et al., p 572). Problem-focused coping tends to be utilized more when there is a belief that the individual can positively impact the situation while emotion-focused coping tends to be more effective in situations that cannot be changed, such as health related problems (Snyder, 1999).

While this conceptualization of stress and coping has been researched and expanded upon over the last 20 years, the implications for well-being have been addressed from the beginning. In 1986, Folkman, et al. published a study investigating the role of appraisal and coping on health status and psychological symptoms. They looked at the coping and appraisal strategies of 150 community-residing adults as well as environmental and personality variables. While they did not find that appraisal and coping strategies explained a significant amount of somatic health status, they did find that appraisal and coping did explain a significant amount of the variance of psychological symptoms. More interestingly, however, they found that environmental factors or situational contexts as well as personality factors strongly impact primary and secondary appraisals as well as the coping strategy used. Their study highlighted the

difficulty in labeling coping strategies as adaptive or maladaptive but also its usefulness in conceptualizing how coping can impact mental and physical health.

In the 20 years that have passed since that study, there has been a tremendous amount of stress and coping research. And while there are limitations in studying stress and coping (especially in measurement and classification), the theory developed by Lazarus and Folkman is still in use and still being expanded upon in light of environmental context, personality variables, and lifespan development (Folkman & Moskowitz, 2004). Increasingly, coping theory is being utilized to increase understanding of parental stress and coping. Ross and Aday (2006) used Lazarus and Folkman's theory to study stress and coping in 50 African American grandparents who were raising their grandchildren. Their study supported Folkman and Lazarus's theory in that both problem-focused and emotion-focused coping strategies reduced stress for these grandparents. This theory, with an emphasis on the role of appraisal and multiple ways of coping, has helped researchers understand parental stress as well as identify ways to increase parents' skills in managing stress.

Parental Stress

This section discusses what parents find stressing, differentiating between chronic stress, stressful life events, and the impact of parental beliefs and appraisals. It also explores the effects of parenting stress on children, parents and parent-child interactions.

Types of parental stressors

Parental stress, while unavoidable, is influenced by multiple sources which can act alone or can be compounded. These sources of stress can include role transitions (Levy-Shiff, Dimtrovsky, Shulman, & Har-Even, 1998), daily life hassles (Crnic &

Greenberg, 1990), socioeconomic status (Pinderhughes, Dodge, Bates, & Pettit, 2000) major life events, and lack of social support (Mulsow, et al., 2002; Pottie & Ingram, 2008; Sepa, Frodi, & Ludvigsson, 2004). Abidin (1992), discusses how beliefs about the parenting role contribute to stress. The events discussed above are more likely to be found stressful if the parents assess the event as potentially harmful to their self-concept or if the parent has negative attributions about the child. Abidin stated that parenting stress is the result "of a series of appraisals made by each parent in the context of his or her level of commitment to the parenting role" (p.410). As such, there are a multitude of factors that impact perception of parental stress and the impact of these factors is also influenced by parental beliefs or appraisals (see Table 2 for an overview).

Table 2
Studies Measuring Variables Related to Parental Stress

Author(s)	Stress Measures	Variables Related to Parental Stress
Roberts (1989) *N* = 30	- Horowitz Life Events Inventory - Tietjen Social Networks Questionnaire	- Social Support - Stressful life events
Crnic & Greenberg (1990), *N* = 74	- Satisfaction with Parenting Scale - Brief Symptom Index	- Daily hassles & Appraisals - Parent child interactions
Koeske & Koeske (1990) *N*= 125	- Troublesome Behavior Stress - Child Development Stress	- Role Satisfaction - Education - Self esteem
Pisterman, et al. (1992) *N* = 91	- Parenting Stress Index - Parenting Sense of Competence Scale	- Perception of competence - Group parent training
Levy-Shiff, et al. (1998) *N* = 140	- Ways of Coping Checklist - Cognitive appraisal checklists	- Role adjustment - Infant development
Ostberg & Hagekill (2000)	- Parenting Stress Index	- Social support

Table 2 (Continued)
Studies Measuring Variables Related to Parental Stress

Pinderhughes, et al. (2000) *N* = 978	- Coded interview	- Child behavior problems - Parental beliefs/attributions - Parent child interactions
Smith, et al. (2001) *N* = 880	- Parenting Stress Index Short Form	- Social support - Time available and Income
Early, et al. (2002) *N* = 164	- Child Behavior Checklist - 3 instruments measuring stress, pleasure, responsibility	- Levels of pleasure - Ability to fulfill duties - Cumulative effect of stress
Baker, et al. (2003) *N* =205	- Bayley Scales of Infant Development - Child Behavior Checklist - Family Impact Questionnaire	- Parental stress related to child behavior and reciprocal negative influence over time.
McKee, et al. (2004) *N* = 70	- COPE Inventory - Behavioral Assessment Scale for Children - PRS	- Maladaptive coping styles - Social support
Sudi, et al. (2004)	- Swedish Parenthood Stress Questionnaire	- Social support - Confidence/satisfaction
Baker, et al. (2005) *N* = 214	- Family Impact Questionnaire - Life Orientation Test - Dyadic Adjustment Scale	- Optimism - Child behavior problems
Copeland & Harbaugh (2005) *N* = 80	- Parenting Stress Index Short Form	- Single parenting
Raikes & Thompson (2005) *N* = 65	- Parenting Stress Index Short Form - Pearlin Mastery Scale - Dunst Family Resource Scale	- Socioeconomic status
Willinger, et al. (2005) *N* = 120	- Parenting Stress Index - Parental Bonding Index	- Parental bonding - Parent child relationship
Eisengart, et al. (2006) *N* = 199	- COPE	- Religious coping, Support - humor, parent/child interact.
Mazur (2006)	- Parenting Stress Index - Parenting Daily Hassles Scale - Brief Symptom Inventory	- Daily hassles - Cognitive appraisals - Psychological distress

Table 2 (Continued).
Studies Measuring Variables Related to Parental Stress

	- Parenting Sense of Competence Scale	
Ashford, et al. (2008)	- Parenting Stress Index - Child Behavior Checklist	- Child internalizing problems
Pottie and Ingram (2008)	- Positive and Negative Affect Schedule - Daily Coping Inventory	- Coping Strategies
Vermaes, et al. (2008)	- The Parenting Stress Index - The Quick Big Five	- Parental personality characteristics

For all parents, the transition into parenthood includes a change in roles, new responsibilities, and a change in daily routines. Research also suggests that "parenting is not a unitary, static event but a dynamic, unfolding process" (Levy-Shiff, et al., 1998). In fact, the transition into parenting requires a relatively constant need to appraise and shift coping strategies as new demands and changes to various roles (occupational, social, etc.) are required (Koeske & Koeske, 1990).

Levy-Shiff, et al.'s study used the Stress and Coping model to assess parental stress and appraisal in first time parents (1998). They found that mothers' assessments of parental stress decreased over time. Mothers found parenting most stressful and threatening when their parental role was new, immediately after birth. However, as the mothers in the study began to see themselves as more capable, they began to appraise situations as challenging and controllable. Their use of coping strategies also changed as they felt more capable. Problem-focused responses to stress increased, emotional focused responses remained stable, while accessing social support declined as mothers' personal resources increased. Of particular note, maternal cognitive appraisals about parenting

predicted adjustment. Mothers' views of parenting as challenging was associated with more positive adjustment than when mothers viewed parenting as threatening, highlighting the importance of a parents sense of control.

Pottie and Ingram (2008) investigated the relationship between coping strategies and daily psychological distress and well-being in parents of children with Autism Spectrum Disorders over 12 weeks. They found several coping strategies associated with higher levels of negative daily mood including problem focused coping, withdrawing socially, feeling helpless or giving up, worrying about the difficult aspects of a stressor, and blaming behaviors. The authors suggested that problem focused coping strategies related to higher levels of negative mood in this study because of the nature of the stressor as Autism Spectrum Disorders are pervasive and it can take a long time to see changes. Therefore their attempts to change the problem probably would not be accompanied by feelings of success on a daily basis.

Another strong source of parental stress is daily hassles. In fact, daily stressful events, as opposed to major life events, have been found to play a greater role in stress when parenting adolescents with emotional/behavioral problems (Compas, Howell, Phares, Williams, & Giunta, 1989). A 1990 study by Crnic and Greenberg examined the effect of daily hassles on the parental stress of 74 mothers. They defined parental hassles as "the irritating, frustrating, annoying, and distressing demands that to some degree characterize everyday transactions with the environment" (Crnic & Greenberg, p.1629). They found that daily hassles contributed significantly to parental stress and were more predictive of family status than major life stress. This relationship was especially strong when the mothers appraised the hassles as stressors. The negative effect of this type of

persistent stress is also supported by research findings that parents of children with externalizing behaviors have higher levels of parental stress (Morgan, Robinson, & Aldridge, 2002). The chronic nature of some externalizing child behavioral problems, such as ADHD, also tends to stress parents' beliefs about competency (Pisterman, et al., 1992).

The impact of daily hassles is also influenced by parental perceptions. Mazar studied the presence of daily hassles and the parental adjustment of 72 mothers with children 2-5 years of age (2006) and found a positive correlation between parental stress and the frequency and intensity of parenting daily hassles. In addition, she examined the impact of negative cognitive errors on parental adjustment. Building on the research of Aaron Beck and cognitive behavioral therapy, Mazar defines negative cognitive errors as "illogical inferences that overemphasize negative information at the expense of positive or ambiguous aspects of the situation" (p.162). By controlling for daily hassles, Mazar found that the endorsement of negative cognitive errors was more predictive of parenting stress, psychological stress and lower parental satisfaction that daily hassles alone.

Socioeconomic status (SES) has also been found to be a source of parental stress. Parents with low SES also have a greater likelihood of being single parents, having more children, and living in an unsafe environment. Pinderhughes, et al., found that the use of punitive discipline was greater with exposure to greater stressors (2000). They posited that this relationship created negative emotional states that result in hostile attributions, negative affect, worry, and decreased perceptions of parental control.

Regardless of SES, single mothers tend to have higher levels of parenting stress than married mothers. In a study of 80 first time mothers (Copeland & Harbaugh, 2005)

single mothers were found to have greater levels of parental stress, especially in terms of parental role distress and the tendency to believe their child was “more difficult to care for” (p.147). Despite this, low income status alone does not determine parental stress. Raikes and Thompson’s (2005) study investigated the effect of low-income status on parenting stress. They studied 65 mothers with children enrolled in Early Head Start. They found that the negative effects of low family income can be moderated by psychological resources.

In 2004, Sepa, et al. conducted a large questionnaire based study of 16,000 Swedish mothers with a 74% response rate. The mothers completed the questionnaire at birth of a child and when the child was one year old. They found that several factors were predictive of parental stress including dissatisfaction with the parental role, sleep problems with the child, lower social support, and lack of confidence/security. Mothers whose parents were born abroad, single mothers and mothers with health problems were more likely to report problems with social support. Mothers who reported feeling a lack of confidence/security were more likely to be mothers who lacked support or who had experienced stressful life events.

The Effects of Parenting Stress on Parents

The negative relationship between parental stress and parental satisfaction is supported by multiple studies. Koeske and Koeske’s study of 125 women found strong relationships between parental stress and “lower maternal esteem, lower parent satisfaction, and higher symptomatology” (p.448). Morgan, et al. (2002) discussed the effects of externalizing child behaviors on parents competency beliefs. These parents are more likely to perceive themselves as “having less parenting knowledge, less parental

competence, and fewer emotional and instrumental supports" (p.220). Early, Gregore, and McDonald's (2002) longitudinal study of 164 families showed that high levels of parental stress are also associated with decreased ability to fulfill responsibilities and lower levels of pleasure.

Another risk factor associated with parental stress is the adoption of maladaptive coping styles. One study of 46 mothers and 26 fathers found two negative coping patterns with parents of children diagnosed with ADHD (McKee, Harvey, Danforth, Ulaszek, & Friedman, 2004). This study found that mothers who coped with stress with avoidant or emotional coping strategies tended to use "lax and overreactive discipline, displayed more coercive parenting" and had children who displayed more negative behaviors (p. 163). Avoidant coping indicates a tendency to avoid stress while overreactive coping indicates a tendency to vent emotions. However, mothers who use adaptive coping styles sought out social support at a greater level and were less likely to use coercive parenting.

The Effects of Parenting Stress on Parent Child Interactions

Parent and child characteristics both impact parent child interactions. Crnic and Greenberg's 1990 study discussed previously found that daily hassles experienced by the caregiver contributed to negative parent child interactions. They discussed that, when daily hassles were present, mothers were more likely to respond irritably to their children. In response, their children were more likely to respond aggressively. This highlights what Crnic and Greenberg described as the "circular and dynamic" relationship that has "potential for creating or perpetuating parental distress, family dysfunction, and disruption in children's development" (p.1635).

Another study supporting the reciprocal impact of parents and children on parenting stress is a 2003 study (Baker et al) which investigated the continuity of behavioral problems in 205 preschool children over time. They investigated the impact of child behavior problems upon the family and parental stress's impact on the child behavior problems at 36 and 48 months. They used regression analysis to show that while behavior problems were predictive of higher subsequent parental stress, that "parental stress predicts subsequent child behavior problem levels," accounting for prior behavior problems (p. 226). They posited that this highlights the "mutually escalating effect" of parental stress and child behavior problems over time (p. 227).

Pinderhughes, et al., (2000) discussed this negative interaction as well. They stated that children's aggressive behavior "tends to evoke negative parent emotions and cognitions, which lead to more negative parenting behaviors" and ultimately more negative child behaviors (p.382). Their large study of 978 parents also looked at how parental beliefs and attributions impact parent/child interactions. They found that when parents believed their children had hostile intent, and "were highly upset by and worried about the future implications of the misbehavior, and who had fewer discipline strategies were more likely to choose physical punishment and more severe punishment"(p. 395).

Child characteristics also have a reciprocating effect on parental stress. Early, et al. (2002) longitudinal study found that caregivers do not necessarily adjust to child emotional and behavioral difficulties. The study measured parental well-being twice in a 12-18 month period. They found that caregivers were affected more by similar child functioning at the second measure. While 12-18 months is a relative short time

considering the length of time parents provide care for their children, it does emphasize the way, without intervention, that stressors have a cumulative effect on parents.

In addition to child characteristics having a cumulative effect on parents, parental stress can have a cumulative effect on children. A study conducted by Ashford, et al. (2008) investigated early risk indicators of internalization problems of 294 11-year-old children. There were multiple risk factors including low SES, family psychopathology at age 2-3 and parenting stress and parental reports of internalizing problems at age 4-5. In terms of parenting stress, they found that 20.3% of the children's internalizing problems at age 11 could be attributed to parental stress experienced when the child was 4-5 years. Conversely, they argue that for the children in this study, internalizing problems at age 11 would have been reduced by 20% if their parents had received successful intervention to cope with stress when the child was 4-5 years old.

Buffers to Parental Stress

Koeske and Koeske's (1990) study of 125 women found that education level and social support helped to insulate mothers from the effects of parental stress. This relationship was especially strong with education level and held true even when social support was absent. Several studies support the negative relationship between social support and parental stress. In 1989, Roberts studied the social networks of 30 normal functioning two parent families. He found that social support works as a buffer and that this relationship is most pronounced when there are high levels of stress. Mckee, et al, (2004) also found that mothers who accessed social support were more likely to utilize adaptive coping styles in reaction to parental stress.

Another study related to social support looked at differences in parental stress in married and single first time mothers (Copeland & Harbaugh, 2005). Their relatively small convenience sample of 22 single and 52 married first time mothers showed that single mothers experienced higher levels of parental stress than married mothers. They attributed this difference to single mothers having less social support, stating that social support helps combat stress and validates the mother. Another study supporting the buffering effect of social support looked at the relationship between parental coping styles, discipline and child behavior in 46 mothers and 26 fathers (McKee, et al., 2004). They found that the parents used both adaptive focused coping, social support, and less overreactive discipline. Pottie and Ingram's 2008 study of 93 parents of Autism Spectrum Disorder found that social support moderated the effect of daily stress.

However, there are contradictory findings in regards to the relationship between parental stress and seeking social support. A 2005 study conducted by Raikes and Thompson investigated whether or not self-efficacy and social support were predictors of parenting stress among 65 low income mothers. They found that "social support was not associated with lower parenting stress, nor did social support moderate the effect of income on parenting stress" (p.177). A 2000 study investigated multiple factors influencing parental stress in 1,081 Swedish mothers (Ostberg & Hagekull). They found that low social support contributed to parental stress but also that high levels of social support did not have a buffering effect. Raikes and Thompson hypothesized that contradictory findings regarding the buffering effects of social support is caused by difficulties in measurement and definition and that social support can have both positive and negative results. Social support that results in access to alternative child care or

support that offers advice or even a caring ear can provide one result while support that results in criticism even though they may also offer support may not help decrease parental stress. Regardless, the preponderance of literature supports the benefits of social support (Mulsow, et al., 2002; Pottie & Ingram, 2008; Sepa, et al., 2004)

Other buffers to parenting stress include parental perceptions about their children as well as parents perceptions about their ability to parent (Morgan, et al. 2002, Pisterman, et al., 1992). Parental beliefs about how their child is going to act impacts parental perceptions about the child and ultimately their reactions to the child. As discussed before, negative beliefs tend to illicit negative reactions, but positive beliefs can act as a buffer to parental stress, as these parents do not have the stress associated with negative beliefs. Pisterman, et al.'s study looked at the relationship between parental stress and feelings of incompetence with 91 families of preschoolers who met diagnostic criteria for ADHD. They found that after group parental training, "parents reported less stress and increased sense of competence" (p.54). With increased feelings of competence, parental satisfaction and interest also rose.

Several studies highlight the impact of personality characteristics on parental stress. Optimism has also been shown to buffer the negative effects of parental stress. Baker, Blacher, and Olsson studied optimism and well-being in parents of 214 children with and without developmental delays (2005). They found that mothers and fathers both had more reported symptoms of depression when their children had severe levels of behavioral problems. However, they found that "mothers higher in dispositional optimism are better able to cope with their children's challenging behaviors" (p.587). The benefits of optimism were also supported for fathers.

A 2008 study conducted by Vermaes, et al. investigated the impact of parent's personality on perceived parenting stress of 46 mothers and 37 fathers of children with spina bifida. While they found that the severity of parental stress was positively associated with the severity of the child's physical dysfunctions, they also found that parental personality characteristics explained the majority of variance of perceived stress (although differently for mothers and fathers). Fathers who were more emotionally stable and agreeable and mothers who were more extraverted experienced less stress. This highlights the way that personality characteristics can mitigate some of the negative effects of child characteristics in the perception of perceived stress.

In addition to personality characteristics, specific coping strategies can buffer against parental stress. Pottie and Ingram's study (2008) investigated the relationship between coping strategies and daily psychological distress and well-being in parents of children with Autism Spectrum Disorders over 12 weeks. They found that specific coping strategies were effective on a daily basis as well as some strategies that were especially helpful on high stress days. Positive reframing (focusing on the positive or accepting), emotional regulation (appropriately controlling or expressing emotion), and social support were related to more positive daily moods. In addition, distraction (engaging in self care or alternative activities) and emotional regulation reduced perceptions of negative mood. Finally, on especially stressful days, parents who avoided worrying (constantly thinking about the negative aspects of a problem) and who used emotional regulation had the most adaptive responses.

Another study looked at different coping strategies and their impact on parental stress in 199 mothers. Religious coping was "positively associated with maternal

attachment to the child and negatively associated with maternal perception of child demandingness, parenting stress, and maternal depression" (Eisengart, Singer, Kirchner, Min, & Fulton, 2006, p.283). In addition, seeking social support was associated with lower levels of psychological distress in mothers. The use of humor negatively correlated with "maternal perceptions of child demandingness" (p.283). This study was interesting in that it did not look simply at the impact of coping on psychological distress, but sought to learn the impact of coping on the parent/child relationship and interactions as well. As a result, it showed the relationship between coping and beliefs about parenting competence and attachment to the child as well.

Finally, the parent-child relationship has been shown to impact parental stress. Willinger, et al. looked at recalled parental bonding and current parental stress in 120 mothers. This 2005 study investigated the effect of parental bonding on the parent/child relationship and parental stress. They found that "empathy, closeness, emotional warmth, and affection on the one hand and autonomy and allowance of independence on the other hand was associated with less parenting stress in the child and parent domains" (p. 67). While parenting stress tends to increase parental rigidity and have negative effects on parental perceptions of the child as discussed earlier, it seems that focusing on potential positive relationship experiences can have the opposite effect.

History of Foster Care

While foster parents are susceptible to the many factors that impact parenting stress in general, they also experience stressors unique to foster parenting. A discussion of the history of foster care follows to provide a framework for how the foster care system developed in the United States. Today's foster care system is the product of

hundreds of years of trying to solve the problem of dependent children in the United States (Ashby, 1997). During this time there have been shifts from children being indentured to being placed in orphan asylums to the use of foster homes. There has also been a shift from informal means of placing dependent children to private philanthropies to state run agencies. There are many causes to these transitions: some economical, some political, and others focus on different social perceptions of children.

Colonial Era

During the colonial era, most dependent children became part of the indenture system based on English Poor Law and English custom (Ashby, 1997). The system of indentured servitude reduced the need for state involvement and provided a place for orphaned children or for children whose parents were unfit (Ashby). However, the focus was on a reciprocal relationship in which both parties, the family and the child, benefit. Kadushin (1976) described this form of indenture as "a formal agreement which defined the reciprocal obligations of the family and the apprentice, who was given vocational training while he received care in the foster home" (p.51). The use of the indenture system reflects the patriarchal, authoritarian view of the role of children common to the time, in which children were often viewed as property (Mintz, 2004). These children were often subject to harsh discipline, rarely had equal status as biological children, and were often passed to several different 'masters' (Ashby).

In addition to placing dependent children in indentured servitude, almshouses and work houses were created during the 1700s for child placement. Almshouses were usually used for children who were handicapped, too young to work, or who were "ill-behaved" (Kadushin, 1976). The 1700's also saw a rise in orphanages. Orphanages were

used more often when there was a sudden increase in need. The first orphanage in the United States was built in New Orleans after an attack on the area left many children parentless (Ashby, 1997).

19th Century

The common view of children as property, as with the use of indentured servitude, began to change during the time of the American Revolution (Mintz, 2004). The end of the Revolutionary War saw an increased need for child placement after the war caused an increase in widows and orphaned children, cholera and yellow fever epidemics in the late 1700's left many children without families, and there was increased urbanization (Ashby, 1997; Mintz, 2004). However, there was also a changing view of children in society in the United States and the placement of children in indentured servitude declined. This changing view reflected the rejection of patriarchic view of government after the American Revolution, a shift in beliefs about the needs of children, and the views of philosophers such as John Locke (Mintz). John Locke emphasized that the role of parenthood "was not to impose obedience, but rather to nurture children's powers of reason in order to prepare them to become self-governing adults" (Mintz, p.58). The Romantic philosophers also helped to change the view of children. They posited that children were born innocent and that it was exposure to civilization that corrupted children. During this time perceptions of children shifted and "childhood ignorance was construed as innocence, weakness as gentleness, and dependences as love" (O'Connor, 2001, p. 12).

At this time in history, there was also a change in beliefs about people who lived in poverty. There was an increase in the "belief that poverty was usually the result of

character flaws and that poor people were perfectable" (Hacsi, 1997, p. 17). As a result, poor children in particular could be 'saved' from developing the character flaws common among poor adults and intervening with children was seen more as prevention than reform (Hacsi).

Another cause of the changing view of children during this era was the rise of the middle class. During this time, there was an increase in both a middle class and an increase in poverty. However, the ideals of the middle class supported emerging beliefs that children should be sheltered (Mintz, 2004). As a result, there was an increase in the amount of time that middle and upper class children stayed in the home, increased emphasis on education, and there was a decrease in birthrate as children were needed less for labor. This is in sharp contrast to the experience of poor children as the decreased use of labor from middle class families meant that poor children were even more needed for labor (Mintz).

As a result of this changing view of children during the later part of the 18th century along with the greater need as a result of the Revolutionary War, philanthropists began opening a greater number of orphanages and charity schools (Mintz, 2004). The increase in orphanages continued throughout the 19th century. In 1800 there were six orphanages in the United States but by 1850 there were nearly 100 orphanages in New York State alone and by the 1900's the number of orphanages was roughly 1200 (Mintz). In addition, the percentage of children in orphanages who were true orphans (had no parents) decreased as more children were placed there as a result of poverty and the fact that their dual or single parents were not able to support them. At first, the goal was to protect the world from the children who would grow to be troubled adults like many of

their parents. However, as beliefs about childhood and children began to change, the goal of institutions changed into molding the lives of youngsters by protecting them from poverty and the "temptations of evil" (Kadushin, 1976, p. 52). With this lofty goal of "child saving" the use of placing children in institutions continued to increase and by 1923 there were 132,000 institutionalized children in the United States (Ashby, 1997).

Throughout the 19th century, the decrease in birth rates also allowed middle class mothers to focus more on the needs of their children. Society's view of the role of mother and the family changed and there was an increase in emphasis on need for the family in the moral development of children (Lindenmeyer, 1997). As a result, there was an eventual shift in emphasis on placing dependent children in family environments and there was a reaction against institutionalization (Mintz, 2004).

One example of this shift was the work of New York's Children's Aid Society and its president Charles Loring Brace. Brace, upset at the sight of thousands of homeless children in New York City, devised a plan to send destitute children to farm families in the West on trains, a practice later dubbed "orphan trains" (O'Connor, 2001). This plan was based on traditional indentured servitude and an idealized notion of the West (Mintz, 2004). It was also seen as a solution to the large numbers of destitute children in urban areas and resulted in the transplantation over 150,000 young people to the mid and far West on trains between 1853 and 1929 (Jackson, 1986). This solution not only allowed children to live with families but was also much more cost effective than traditional orphan asylums (O'Connor).

Unfortunately, there were also many problems associated with sending children West on trains. The prospective parents were "screened" but only cursorily, written

contracts were often rejected as they thought it implied accepting a child was purely a legal or financial agreement, and many of the children forced onto trains had parents who were not informed (Mintz, 2004). Despite many success stories, there were also many complaints of abuse, extreme child labor, and accusations that the child trains were used by Protestants to convert Catholics and Jews (Mintz; O'Connor, 2001). In 1929 this practice declined as there was declining need for farm labor and there were increased efforts to preserve the family. However, orphan trains were seen as the precursor to traditional foster care and it helped the country shift from more private run interventions with volunteer workers to more state run interventions with paid workers (Mintz). These experiences also highlight the need for greater supervision when placing children in homes (Mangold, 1914).

The Twentieth Century

In 1909, there was a White House conference on the care of dependent children and one outcome was the eventual creation of the Children's Bureau in 1912 (Lindenmeyer, 1997). With the Children's Bureau, the federal government took responsibility of the nation's children for the first time (Kadushin, 1975). During this time there was also greater emphasis on a scientific understanding of child welfare. In 1914, George Mangold, PhD, a sociologist, discussed the role of scientific information in child welfare. He said:

> "The need for accurate sociological facts is great. Recently an enormous amount of statistical material has been given to the public, but we are far from the possession of satisfactory information. The time has come when sensational overstatement and complacent depreciation of facts must be supplanted by scientific analyses of the real conditions."

Another reflection of the changing view of childhood was the work of G. Stanley Hall (Ashby, 1997). Stanley Hall increased psychological understanding of the role that development and childhood. His child study movement "provided scientific rationale for identifying childhood as a separate stage of life" (Ashby, p. 81). During this time the needs of children were emphasized, there was increased motivation to place children in homes, and there was increased government involvement (Hacsi, 1995).

Increased government involvement and an emphasis on the needs of the child, combined with the economic situation during the Great Depression increased the tendency to pay foster parents (Costin, Karger, & Stoesz, 1996). However, there was also an emphasis on the belief that foster families should want to take in children not for the money but to help children and many foster agencies "supposedly refused to place their boys and girls with parents interested mainly in the money that came with them" (West, 1996, p. 104-5). Despite this reluctance, there began to be an increase in paying for foster homes and by the 1920's placing out (placing children in free homes) had been replaced by boarding out (paying money to place children in homes) (Hasci, 1995). By 1950 more children were in foster homes than were in institutions. This trend continued and by 1963 there were three times as many children in foster care than in institutions (Hasci). While there was a decrease in the use of institutionalized care and an increase in the use of foster homes during this time, there was also a growing emphasis on keeping families together and avoiding the need to remove children in the first place (Ashby, 1997).

Aid to Dependent Children, a part of the Social Security Act of 1935, reflected the philosophy shift of keeping families together as well as the idea that children should not be removed from their home simply because of poverty (Ashby, 1997). This act provided

financial aid to mothers, decreased the need for the placement of dependent children due to poverty and increased emphasis on keeping children and families together. Unfortunately, the actual impact on families was relatively small financially and state standards for eligibility discriminated against "racial minorities, women who did not conform to traditional standards of behavior, (and) those who continued to work despite substandard wages" (Costin, et al. 1996, p. 108). Despite the increase in governmental intervention during the early 20th century, there was a decrease in focus on children throughout the Great Depression until the 1950's. Much of this is attributed to the distractions of the Depression and World War II (Ashby).

Another shift away from focusing on the needs of children and the effects of child abuse by welfare workers is attributed to an increased emphasis on psychoanalytic theory (Ashby, 1997; Costin, et al., 1996). With the increase in awareness and use of psychoanalytic theory after World War I, social workers chose to focus more on "casework above the poverty line" with clients who came for help voluntarily (Costin, et al.). This shifted focus away from more severe child abuse cases that were likely to result in children being placed outside the home (Ashby).

In the 1950's and 60's there was a resurgence in the use of foster care with an increase or "rediscovery of child abuse" in the popular press as well as in the scientific realm (Hasci, 1995). The concept of "the Battered Child Syndrome" increased understanding of the effects and realities of child abuse (Ashby, 1997). In addition, there was increased funding for foster care. During this time amendments to the Social Security Act made federal money available for foster care and created matching payments available to states that placed children in foster care by court decisions (Hasci).

In the 1980's, there was another shift in emphasis in the philosophy of foster care as the goals to provide out of home placement and the desire to keep families together merged. The Adoption Assistance and Child Welfare Act of 1980 emphasized the use of permanency planning for children and limited the definition of foster families (Ashby, 1997). As a result, the philosophy of foster care in the 20th century changed dramatically from the philosophy of foster care in the second half of the 19th century. Then, the emphasis was on removing children long term from impoverished families. This changed to emphasizing the role of foster parents as temporary while efforts are made to make changes in biological families to increase the likelihood of reunification (Hasci, 1995). These shifts reflect a steady change in philosophy as more child and family centered as opposed to the colonial and even 19th century emphasis on what is best for the community or the family who is caring for the child (Kadushin, 1976).

History's Impact on Today

By observing the development of foster care from a historical perspective, it is apparent how today's foster care system came to be in place. As stated earlier, many foster parents are frustrated by the lack of input they have in the lives of the children for whom they care, the amount of state supervision that they feel undermines their ability to make parenting decisions, lack of support, and a lack of financial aid (USDHHS, 2006; Rhodes, et al., 2006; and Swartz, 2004). Many of these issues have their roots in the history of foster care. Throughout that history there appears to have been a steady shift in emphasis away from the needs of the non-family caregiver to the needs of the biological family and the needs of the child (Ashby, 1997). There has also been a steady shift away from community intervention toward intervention driven by professionals and experts

(Costin, et al., 1996). Finally, there seems to be stigma against the need to financially support foster families, potentially resulting from beliefs that foster parents who are receiving funding are motivated for the wrong reasons (monetary motivations instead of child-centered motivations) instead of a belief that financially supporting foster parents is way to financially bolster foster families and therefore increase their ability to take care of children (similar to the indentured servitude philosophy of the colonial era or the increase of paying for foster parents during the Great Depression) (Ashby; West, 1996). While there are many benefits to these shifts, they may have also created an atmosphere that diminishes the potential input of foster care providers in creating change for both children and their families of origin, increasing separation of foster families and biological families and increasing the hierarchy between the professional and those actually providing day to day care for children placed in foster care (Tielman, Barnard, and Krieger, 2001).

Currently, there seems to be another shift in the philosophy of foster care that combines need for foster care with an emphasis on keeping families together, while increasing utilization of the foster parent as a helper to not only the child but also to the family of origin. In the last decade there has been an increase in a Family to Family philosophy of foster care and child welfare. Family to Family utilizes the foster parent as part of the treatment team and increases the foster family's ability to serve as a role model for the family of origin (Tielman, et al., 2001). While Family to Family foster care providers are still a vast minority, the trend is growing in many states in the U.S. and may represent the beginning of another paradigm change in the history of foster care.

Foster Parenting Today

Today's foster parents, as a group, are exposed to a significant degree of parental stressors. Foster parents cope with a variety of stressors unique to foster parenting in addition to the multitude of stressors simply associated with parenting. Stressors unique to foster parenting range from the stress of interacting with the foster care and child welfare systems to the lack the ability to make decisions about the children in their homes as well as the increased likelihood that children in foster care will exhibit externalizing behavioral problems such as being oppositional or aggressive. The following section describes the unique experience of foster parenting.

Why do people become foster parents?

Two studies analyzed the reasons that foster parents choose to foster. Typically, these reasons tend to be altruistic and focus on a desire to provide a child with love and a good home. Rhodes, et al. (2006) studied 1048 current and 265 former foster parents from 27 counties in 9 states. Parents were asked to check yes or no to a list of 28 reasons to foster parent. The top five reason endorsed for foster parenting a child are as follows: (1) 90% of foster parents wanted to provide a child with love, (2) 89% of parents wanted to provide a good home for a child, (3) 62% of foster parents expressed a desire to provide a home for children so they would not have to be placed in an institution, (4) 59% stated they wanted to help children who have special problems, and (5) 52% wanted to do something for society or the community. The least endorsed reasons were not child centered, such as wanting help around the house, to improve marriage, or wanting a child.

Ethnographic research, done by Teresa Toguchi Swartz, with 42 foster families and 25 foster care workers discussed foster parents reasons for fostering as well. Like the

previous study, her research showed that the majority of reasons for fostering were child centered. She found that foster mothers took satisfaction from seeing positive changes in the children they fostered. Some mothers took pride in their ability to provide "discipline and practical skills" (2004, p. 575). Some Latino foster parents stated they "wanted to help children maintain cultural and linguistic ties" to their families and ethnic community by speaking Spanish, "teaching them Mexican cooking, and taking them to Catholic mass" (p. 576).

Stressors unique to foster care

The altruistic reasons that motivate most foster parents seem to be necessary due to the tremendous amount of stress on foster parents. Swartz's 2004 ethnographic study also explored stressors inherent to foster parenting. She found that foster parents often feel as though their parenting competence is undermined by state supervision, they lack authority to make decisions about the children they care for, and their family systems are often disrupted (Swartz). Foster parents also face the daily logistical difficulties of organizing the daily lives of children who often have special needs (Swartz).

In a larger study, conducted by the U.S. Department of Health and Human Services (USDHHS) Office of Inspector General, issues related to retaining foster families were investigated. The study generated information in two ways. First, they conducted 14 foster parent (115 total foster parents) and 11 child welfare staff (107 total staff) focus groups in 5 states. Second, they sent a mail survey to the foster care program managers in 50 states; 41 were returned. They learned foster families felt they had little input into the decisions made about the children in their care and that their suggestions often went unheeded. Foster parents also felt limited caseworker support and assistance.

In addition to a lack of caseworker support, they found it difficult to access support services such as respite, child care, and medical and mental health care. Another frustration felt by foster parents was the impact and repercussion from false allegations by foster children. Finally, the study found that Program Managers lacked information needed to improve retention.

As discussed earlier, parental stress can increase when there is less financial security. The Rhodes, et al. (2006) study of 1048 current and 265 former foster parents described earlier also looked at annual family income. They found that 83% of foster parents have an annual family income of less than $50,000 and that over half of foster parents have an annual family income of less that $30,000. Gibbs's (2004) foster parent retention study found that foster parents with income greater than the median income had longer lengths of service.

Characteristics of Children in Foster Care

The majority of children in foster care have experienced trauma. The USDHHS' *National survey of child and adolescent well-being: One year in foster care report,* studied the characteristics and experiences of 6,200 children from public child welfare agencies in a stratified random sample of 92 localities across the United States. They reported the "most serious" type of abuse that resulted in these children being removed from the home (See Table 3). However, while the majority of these children experienced neglect, the majority also experienced more than one type of abuse. In addition, the report stated that problem behaviors in these children is high and that "many children in out-of-home care with significant behavioral problems are not receiving mental heath services" (p.17).

Table 3
Types of abuse experienced by children removed from home

Type of Abuse	Percentage of Children
Neglect	60%
Emotional, moral, legal, educational, or abandonment	14%
Physical abuse	10%
Sexual abuse	8%
Other (domestic violence mental health services)	8%

One explanation for why children who experienced trauma have such high rates of maladaptive behaviors is explained by the research of Dr. Perry and his colleagues on brain development, specifically the relationship between traumatic experiences and neurodevelopment, of 175 children (Perry, Pollard, Blakely, Baker, & Vigilante, 1995). They describe these maladaptive behaviors as the result of what were once adaptive responses to the abuse and neglect they once experienced. They stated that brain development is a "process of creating some internal representation of the external world" depending on neural activity created by "sensing, processing, and storing signals" (p. 275). When children experience trauma in the form of neglect or abuse they often develop a stress response similar to post traumatic stress disorder in which the aroused states become traits. Perry et al. stated that "in the long run, what is observed in these children is a set of maladaptive emotional, behavioral, and cognitive problems, which are rooted in the original adaptive response to a traumatic event" (p. 278). These maladaptive problems often occur in the form of hyperarousal or disassociation.

A study by Pollak and Tolley-Schell in 2003 supports Dr. Perry's research. They conducted an experiment with 14 maltreated children and 14 non-maltreated children,

whose ages ranged from 3 to 5 years old, to determine if maltreated children demonstrate attentional problems when processing angry faces. They used psychophysiological data in the form of electroencephalogram (EEG) data and behavioral response scoring of a selective attention task. The results of the experiment showed that maltreated children had enhanced processing of anger cues and reduced processing of happy cues. This implies that some of the maladaptive behaviors exhibited by foster children may be related to the trauma they experienced which resulted in such things as hyperarousal and attending to threatening cues more than nonthreatening cues.

The high rates of externalizing behaviors exhibited in foster children could help create a negative cycle of discipline in foster parent/foster child interactions. Doelling and Johnson (1990) studied parent child interactions of 51 foster children from seven Florida counties. They found that foster children with negative moods paired with inflexible mothers predicted "relative placement failure in terms of greater conflict, lower maternal satisfaction and case workers' ratings of placement success" (p. 590-1).

Hines, Merdinger, and Wyatt's (2005) study of resiliency factors in former foster youth highlights the importance of a positive relationship between foster parent and foster child. They interviewed fourteen children who were attending college and who had aged out of the foster care system. One outcome of their study was that the foster children they interviewed described the importance of developing a positive relationship with a caring adult not from their biological families. However, failed foster care placements can have the opposite effect. Fisher, Buraston, and Pears' (2005) study of permanent placement outcomes researched 90 children placed in foster care. They found that "failed placements translate directly into disrupted relationships, major living transitions,

relocation, and renewed uncertainty about the future" (p.68). In addition, they also found the greater the number of placements during foster care the greater the likelihood of having a failed permanent placement. All of these outcome cause increased stress and bode poorly for healthy development and wellbeing.

Wellness

Well-being, or wellness, is potentially another way of looking at how parental beliefs and resources impact their ability to cope with parental stress. Well-being, or wellness, is a term that covers a broad area of growing research and interest. Interest in wellness or well-being increased after the World Health Organization (WHO) emphasized wellness in its constitution in 1946. The WHO constitution states that "Health is a state of complete physical, mental and social well-being and not merely the absence of disease of infirmity" (p.2). This de-emphasis on pathology and emphasis on well-being parallels a great deal of research done in the area of positive psychology since the last half of the 20th century.

Of special interest has been research into qualities that impact a person's ability to live and function optimally, not just without pathology or dysfunction. "Ageless wisdom defines wellness as the integration, balance, and harmony of mind, body, spirit and emotions, where the whole is greater than the sum of its parts" (Seaward, 2000, p.242). This definition emphasizes the interaction and balance of the different aspects of wellness. Definitions of wellness have also emphasized an ecological framework that incorporates environmental factors in addition to personal factors (Townes, 1984). Individual wellness is also dependent upon developmental life stages (Cohen, 1991). However, definitions of wellness are varied and have been developed in several different disciplines (Witmer &

Sweeney, 1992). The Wheel of Wellness and Indivisible Self models of wellness are were developed from a psychological perspective but also incorporate research from several different disciplines.

The Indivisible Self Model of Wellness

One model of well-being is The Indivisible Self evidence based model of wellness. This model attempts to assess individual well-being from a holistic stance. The Indivisible Self model is a strength-based way of looking at how individuals may improve their quality of life. The model defines wellness as "a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated by the individual to live more fully" (Myers, Sweeney, & Witmer, 2000, p.252). The model draws from Adlerian theory, multiple disciplines including social, clinical, health, developmental, and personality psychology, as well as stress management, behavioral medicine, psychoneuroimunology, ecology, and contextualism (Myers, et al., 2000). This model is distinguished from other models of wellness because it is based in psychological development as opposed to health care (Hattie, Myers, and Sweeney, 2004). Research and theoretical perspectives from these disciplines originally created The Wheel of Wellness model (a theoretical model). Research on wellness, using the Wellness Evaluation of Lifestyle (WEL) assessment tool based on the Wheel of Wellness model, led to the evidence-based model of The Indivisible Self, a restructuring of the original Wheel of Wellness model (Meyers and Sweeney, 2005).

The original Wheel of Wellness theoretical model defined five interrelated life tasks that impact individual wellness (Myers, et. al, 2000). These tasks include spirituality, self-direction, work and leisure, friendship, and love. The self-direction task was divided

into 12 subtasks including: sense of worth, sense of control, realistic beliefs, emotional awareness and coping, problem solving and creativity, sense of humor, nutrition, exercise, self-care, stress management, gender identity, and cultural identity. Extensive research using the Wellness Evaluation of Lifestyle supported the measures of wellness but not the structure (five life tasks and 12 subtasks) of wellness (Hattie, et al., 2004). The 17 original components of the WEL were regrouped to create the Indivisible Self model. The Indivisible Self incorporates the theoretical background of the Wheel of Wellness and the empirical results of the Wellness Evaluation of Lifestyle.

The Indivisible Self model includes one higher order wellness factor and five second order factors. The higher order factor (or Indivisible Self factor) is defined by the manner in which the five second-order factors interact to create the "unity of personality" or "self" and represents overall wellness (Hattie, et al., 2004, p. 359). The second order factors include the "Essential Self," "Creative Self," "Coping Self," "Social Self," and "Physical Self" (Myers & Sweeney, 2005).

The Essential Self

The "Essential Self" includes spirituality, self-care, gender identity, and cultural identity. *Spirituality* has been a growing area of research. Myers, et al. (2000) differentiate between religiosity and spirituality and focus on the sense of connectedness and wholeness of spirituality. Recently there has been more evidence of spirituality as a buffer against stresses. A study of 75 individuals with spinal cord injury showed that the use of spiritual-based coping related to measures of quality of life. While almost all participants used some form of coping, existential spirituality as opposed to religious spiritual coping related to higher perceived life quality. Existential spirituality focuses on "a worldview or

perspective in which individuals seek purpose in their life and come to understand their life as having ultimate meaning and value" (Matheis, Tulky, & Matheis, 2006,p. 265).

Self-care refers to personal habits and preventative behaviors. This includes such things as having regular physical checkups to safety habits that increase the likelihood that one's environment is safe. As a part of the "Essential Self," it seems that self-care represents the individual's desire to purposely increase the likelihood of longevity and health. *Cultural and gender identity*, however, relate more to a sense of who we are. Aspects of cultural identity in the Indivisible Self model incorporate aspects of satisfaction with cultural and gender identity as well as valuing relationships with the other gender and people of other cultures.

Creative Self

The "Creative Self" includes thinking, emotions, control, positive humor, and work. *Thinking* is defined as having qualities such as flexibility in problem solving and curiosity, and *emotions* is defined as being aware of one's feelings and being able to cope with both positive and negative emotions (Myers & Sweeney, 2004). This parallels the research of Folkman and Lazarus discussed earlier. The way individuals approach problems relates to their ability to cope and problem-focused as well as emotionally-focused coping had beneficial results. Ross and Aday's 2006 study of African American grandparents raising their grandchildren discussed earlier showed that the ability to use multiple ways to address problems decreased stress. *Control* is defined as beliefs or confidence in one's competence or mastery. Pisterman, et al. (1992) study discussed earlier looked at the relationship between parental stress and feelings of competence. They

discussed how parents' sense of competence increased parental satisfaction and decreased stress.

Positive humor is defined as being able to laugh at one's mistakes as well as life's idiosyncrasies. A 1993 study by Kuiper, Martin, and Olinger investigated the relationship between humor and cognitive appraisals and reappraisals. While their sample size was relatively small (n=44), they did find that "humor was negatively related to both perceived stress and dysfunctional standards for self-evaluation" (p. 81). They also proposed that humor facilitates coping and adjustment.

Work is defined as being satisfied with what you do, having adequate financial security, enjoying relationships at work, and feeling a sense of job security. While the stressors associated with financial hardships, especially as related to parenting stress were discussed above, understanding the beneficial effects of job satisfaction is also important. A large study (n=1,145) looked at the impact of employment on military wives (Ickovics and Moghadam, 1990). They found that the amount of time employed and role fit were significantly related to well-being. In addition, satisfaction with career development prospects "had a significant direct impact on general well-being" (p.371).

Coping Self

The "Coping Self" includes realistic beliefs, stress management, self-worth, and leisure. *Realistic beliefs* are defined as "having the courage to be imperfect" or "avoiding unrealistic expectations or wishful thinking" (Myers & Sweeney, 2005, p. 13*). Stress management* is defined as ones understanding of coping resources and ability to manage resources. As discussed above, coping and coping resources can vary depending on the individual and the situation as well as the individual's beliefs about their ability to

implement those coping resources. The Indivisible Self emphasizes the need to use multiple avenues to cope as well as perceiving events and change as a challenge rather than a threat.

Self-worth is defined as self esteem or self-concept (Myers, et al., 2000). Self-worth or self-esteem has been shown to impact affect. A study of 486 psychology students showed that decreased levels of self-esteem led to depressive symptoms (Roberts, Gotlib, & Kassel, 1996). Self-esteem or self-worth has also been shown to impact how people respond to stress (Hafen, Karren, Frandsen, & Smith, 1996). *Leisure* is also a characteristic of the coping self that has been related to wellness. One questionnaire, reported in Hefen, et al, sent to 500 family professionals asked about traits of strong families. The results indicated that "healthy families have a balanced amount of leisure time—spending some of it in pursuit of their own activities and some of it together as a family" (p. 349).

Social Self

The "Social Self" includes *friendship* and *love* and honors the role that social support has in wellness. A study of 272 college students observed a strong relationship between "social support, social competence, social connectedness and general psychological health" as measured by depression and self-esteem (Williams & Galliher, 2006, p. 869). The role of social support, whether from partners or friends, in coping for parents and foster parents was discussed earlier. In addition to those positive benefits, research also indicates the negative effects of poor romantic relationships. Hawkins and Booth (2005) conducted a longitudinal (12 year) study of 1,150 couples. They found that "remaining unhappily married is associated with significantly lower levels of overall

happiness, life satisfaction, self-esteem and overall health along with elevated levels of psychological distress" (p. 445).

Physical Self

And, finally, the "Physical Self" factor includes *exercise* and *nutrition* and honors the need to take care of physical development and functioning. According to the USDA Dietary Guidelines for Americans, data from 1999-2002 showed that 30% of Americans were obese (Thompson & Veneman, 2005). They also targeted poor diet and a sedentary lifestyle as the major causes of morbidity and mortality in the Untied States. One study conducted by Elavsky et al. (2005), looked at the role of physical activity in improving quality of life. They studied 174 older adults (*M age* = 66.7 years) over a five year period. They found that at one year, physical activity was related to "self-efficacy, physical self-esteem, and positive affect" and at five years physical activity was related to "increases in self-esteem and positive affect" (p.138).

In addition to the factors discussed above, this model is also ecological in that it attempts to acknowledge environmental factors, such as local, global, and chronometrical contexts into understanding the individual's overall wellness (Myers & Sweeney, 2005). As the model of wellness evolved from The Wheel of Wellness to the Indivisible Self, the WEL assessment tool evolved into the WEL-5F (Myers and Sweeney). The WEL -5F includes scores from the original 17 scales of the Wheel of Wellness but also provides a score for the higher order factor of wellness, the five second order factors (essential, social, creative, physical, and coping self), and has a measure of contextual variables.

Wellness and Foster Families

As Deater-Deckard (2004) aptly put, “it is apparent that coping successfully with stressors (ranging from daily hassles to severe life events) is the norm in many families” (p. 115). By default the same is true for foster families. By investigating the strengths utilized by those foster parents, agencies and the professionals who interact with foster families can help increase those strengths and increase the chances that those resources are utilized purposefully. The Indivisible Self model of wellness, by incorporating both problem and emotionally focused coping skills as well as dispositional characteristics, provides a unique way of looking at how foster parents may be coping. The following chapter will describe the use of the Indivisible Self model of wellness and its corresponding measure, The Five Factor Wellness Inventory, in examining parental stress in foster parents. Levels of parental stress will be examined in relation to the characteristics of foster mother’s levels of wellness.

CHAPTER III- METHODOLOGY

Participants and Procedures

Potential foster parents were recruited through seven online foster parent support groups. The support groups were found through multiple searches of foster parent websites and through yahoo groups. An invitation was posted on National Foster Parents Association's online discussion forum, FosterParents.com's online forum, Foster Care and Adoption Alliance's online discussion forum, FosterCareCentral.com's discussion forum, and three Yahoo groups for foster parents. The moderators of the groups were contacted prior to posting information about the study. See Appendix B for a copy of the invitation posted on the forums of the online support groups.

The postings explained that the study hoped to learn more about the relationship between parental stress and factors of wellness in foster parents. If foster parents were interested in completing the instruments they were linked to the measures (the Parental Stress Index – Short Form and the Five Factor Wellness Inventory) and demographic questions posted on www.surveymonkey.com. The measures were cited and an equivalent number were purchased for the purpose of this study. Once linked to the survey, participants first read a letter of informed consent before being able to continue. The letter of informed consent explained the purpose of the study, assured participants that their responses would be kept anonymous, that participation was voluntary, and that they could stop participation at any time. (See Appendix C for a copy of the letter of informed consent.)

An incentive was provided in order to motivate foster parents to complete the instruments. The respondents were given the opportunity to e-mail the researcher their contact information (namely an e-mail address) to be entered into a drawing for $200 after they completed the survey. As the separate submission of their e-mail address could not be linked back to a particular respondents score, the respondents were able to maintain response anonymity. When data collection was completed, there was a random drawing of e-mail addresses and the winner was contacted and sent $200.

The decision to recruit foster parents online was made only after an exhaustive attempt to collect data locally. The majority of the private foster care agencies in the Colorado area (of which there were twelve at the time) were contacted to ask permission to access their foster parents. One foster care agency allowed the researcher to send the instruments to their 20 foster parents. Only three of the foster parents responded. Other agencies either did not return voicemails or indicated that they were not interested in participating in the study. The Colorado Association of Foster Parents was also contacted by voicemail on several occasions to ask permission to recruit foster parents at trainings they provide but there was never a response. After these unsuccessful attempts to access foster parents in Colorado, the decision was made to access foster parents through on-line support groups.

Ideally, the goal was to use only foster mothers of foster children between 1 month and 12 years old. The rationale for limiting the foster parents in the study to mothers was based on the measure of parental stress discussed below. The measure has better normative data on mothers as fathers were underrepresented in the normative sample (Abidin, 1995). Utilizing only mothers would allow for better comparison to

normative data and allow for an increased understanding of foster parent stress levels compared to parents in general. However, both foster mothers and foster fathers were invited to participate in the study in case there was not a large enough sample of mothers to maintain sufficient power.

Variables and Instruments

Parenting Stress Index – Short Form (PSI-SF)

The Parenting Stress Index was developed by Richard Abidin, Ed.D, to identify stressed parent-child systems with the hope of enabling early intervention (Abidin, 1995). This screening and diagnostic assessment tool can be used with parents of children from 1 month of age to 12 years old. The PSI-SF is a 36 item Likert scale self report measure developed to measure stress levels in parent-child systems. It is based on the long version of the Parenting Stress Index – 3rd edition and takes less than 10 minutes to complete. The PSI-SF provides measures of four domains including: total stress, the parental distress domain, parent child dysfunctional interaction domain, and difficult child domain.

The four domains of the PSI-SF were derived from an exploratory factor analysis of the long version of the PSI. The Total Stress domain measures "personal parental distress, stresses derived from the parent's interaction with the child, and stresses that result from the child's behavioral characteristics" and does not measure stressors unrelated to the parental role (Abidin, 1995, p.55). The Parental Distress subscale measures stress related to the role of a parent. These stresses include "impaired sense of parenting competence, stresses associated with the restrictions placed on other life roles, conflict with the child's other parent, lack of social support, and presence of depression" (p.56). The Parent-Child Dysfunctional Interaction subscale measures "the parent's perception

that his or her child does not meet the parent's expectations and the interactions with his or her child are not reinforcing" (p.56). Finally, the Difficult Child subscale focuses on the parent's perceptions about the behavioral characteristics of the child, such as the child's moods, the parent's ability to redirect the child, sleeping behaviors, fighting, whining, etc.

The PSI-SF was normed on 800 mothers from two separate samples collected from a small city in Virginia. The sample was predominantly white (87%) and African American (10%) resulting in an underrepresentation of minority groups. The mothers' ages were 32.4 +/-4.9 years and they were predominantly married (88%). Sixty seven percent of the mothers worked full time and the range of education varied from elementary education to college graduate. The normative data for the long version of the PSI was more comprehensive. However, fathers were underrepresented in both samples.

Abidin reported on two studies that evidenced reliability of the PSI-SF. The first test-retest study was conducted over a 6-month interval and included all 800 of the normative sample. The coefficient alpha's ranged from .80 for Parent-Child Dysfunctional Interaction to .91 for Total Stress. A 1994 study of 103 Head Start parents showed alpha reliabilities of .79 for Parent Distress, .80 for Parent-Child Dysfunctional Interaction, .78 for Difficult Child, and .90 for Total Stress.

Evidence of validity was demonstrated by correlating the PSI-SF and the full length PSI in sample of 530 subjects. The correlation between the Total Stress measures for each test was .94. Correlations of the other three domains with their corresponding domains in the long form varied from .92 for the Parent Distress, to .87 for Difficult Child, to .73 for Parent Child Dysfunctional Interaction. The items for the short forms Parent Distress scale and Difficult Child scale were derived from questions from the long form's

Parent Domain and Child Domain respectively. The short form's Parent Child Dysfunctional Interaction scale was derived from questions from the long forms Parent Domain and Child Domain. Evidence for validity from the full length PSI was given as evidence for the PSI-SF's validity. Convergent and discriminant validity were used as evidence for validity with the full length PSI. The PSI manual provides 16 pages of abstracts investigating validity as well as citations for 92 measures that have correlated to the PSI. In addition, the PSI has been studied cross-culturally and there are also studies that show it can be used as an outcome measure for stress reduction interventions (Alison, Barnes, & Oehler Stinnett, 2004).

Five Factor Wellness Inventory (5f-Wel)

The 5f-Wel is a 100 item self-report measure of holistic wellness based on the Indivisible Self model of wellness. It provides 23 factor scores, four context scores, and one validity index. The 23 factor scores include a total wellness score and five second order factors and 17 third order factor scores grouped under the second order factors (Myers & Sweeney, 2004). The 5-f-Wel was developed through a structural equation modeling analysis of the Wellness Evaluation of Lifestyle, the 5f-well's precursor. Myers and Sweeney used a restricted factor pattern that only allowed items to load on their respective scales and were then loaded on the second order factors. The goodness of fit index (RMSEA) indicated an acceptable fit (.042). The first-order factor is Overall Wellness, the five second-order factors (including Essential Self, Coping Self, Creative Self, Social Self, and Physical) were named based on the third-order content of the factors and scales that loaded in them in combination with Adlerian theory. The context factors were developed independently based on literature review and are considered experimental.

The context and factor scores parallel those in the Indivisible Self model described in Chapter II and delineated in Table 4.

Table 4
Factors Measured by the 5f-wel

Overall Wellness	
Essential Self	Coping Self
Spirituality	Leisure
Gender Identity	Stress Management
Cultural Identity	Self Worth
Self Care	Realistic Beliefs
Creative Self	Social Self
Thinking	Friendship
Emotions	Love
Control	
Work	Physical Self
Positive Humor	Nutrition
	Exercise
Context Factors	
Safety	
Institutional Context (education, religion, government, media, etc)	
Global Context (politics, culture, world events, etc.)	
Chronometrical Context (growth, movement, and change)	
Life Satisfaction	

The *Manual for the Five Factor Wellness Inventory: 5f-Wel* (Myers & Sweeney, 2004) describes scoring procedures. The 5f-Wel uses a 4-point Likert-type scale ranging from (A) “Strongly Agree” to (D) “Strongly Disagree”. Each response is converted to a numerical equivalent from one (strongly disagree) to four (strongly agree) and summed to create the subscales. With the exception of responses on the Realistic Beliefs scale and one item in the Safety scale, all items are worded positively. Items not worded positively are

reverse scored. All Subscales are divided by the mean score and multiplied by 25 to create a common metric. This means converted subscale scores will range from 25 to 100, making interpretations and comparisons easier. Currently, the5f-Wel is scored by the test publisher and the number of items that load on each factor is not available.

The norm group is comprised of 1,899 people who were volunteers recruited through classes, professional workshops, research projects and doctoral dissertations. However, the norm group has an overrepresentation of females and young adults (age 26-35) are underrepresented. The males in the norm group also tend to have a high rate of masters or doctoral degrees. Ethnic diversity was described as representative compared to national population statistics (Myers & Sweeney, 2004) but those statistics were not disclosed.

Reliability for the model was determined via internal consistency based on a study of 3,043 individuals. The study revealed that the five second order factors had the following alpha coefficients: Creative Self (.93), Coping Self (.92), Social Self (.94), Essential Self (.91) and Physical Self (.90), with Total Wellness being .94. Diversity for the sample is as follows: 54% males and 46% females; 80% Caucasian and 20% ethnic minority; all aged 18 and older; and slightly less that half of the participants had completed high school, 30% had a bachelor's degree, and 15.7% held a master's degree or higher.

Myers and Sweeney (2004) report several studies that provide evidence for convergent and divergent validity. First and second order factors were found discriminant for variables such as ethnic identity, acculturation, spirituality, moral identity and social interest, academic self-concept, mattering, self-esteem, transitions, age, life satisfaction,

family environment and adolescent delinquency, and relationship self-efficacy. Discrimination was also found for the first, second and third order factors based on demographic indexes such as age, gender and ethnicity. Convergent validity has been found in correlations between total wellness and happiness, health, and life satisfaction.

Sample Size

The optimal sample size for this study was determined using Green's (1991) two step "rule of thumb." This rule of thumb is based on a power analytic approach and factors in alpha (α = .05), power (.80) and effect size (medium effect size R^2 =.13 or f^2 = .15). Green suggests using the equation $N \geq L/f^2$. Based on the 17 variables of the 5f-Wel, the optimal sample size for this study is greater than or equal to 148.

Research Questions and Hypotheses

Q1 Is there a relationship between foster parent overall wellness and parental stress?
H1 Higher levels of Overall Wellness are associated with lower levels of Total Stress.

This hypothesis was tested using correlational statistical analysis of the Total Stress domain of the PSI-SF and the Overall Wellness factor of the 5f-Wel.

Q2 Is there a relationship between foster parent overall wellness and parent-child dysfunctional interactions?
H2 Higher levels of Overall Wellness are associated with lower levels of Parent-Child Dysfunctional Interaction.

This hypothesis was tested using correlational statistical analysis of the Parental-Child Dysfunctional Interactions domain of the PSI-SF and the Overall Wellness factor of the 5f-Wel.

Q3 How well do particular characteristic of wellness predict lower levels of parental stress and parent/child dysfunctional interactions?
H3 There are particular characteristics of wellness that account for more variance in Total Stress than others.

This hypothesis was tested using stepwise regression statistical analysis of the Total Stress domain of the PSI-SF and the 17 factors of wellness that contribute to Overall Wellness as measured by the 5f-Wel.

H4 There are particular characteristics of wellness that account for more variance in Parent-Child Dysfunctional Interactions.

This hypothesis was tested using stepwise regression statistical analysis of the Parent-Child Dysfunctional Interaction domain of the PSI-SF and the 17 factors of wellness that contribute to Overall Wellness as measured by the 5f-Wel.

The first two hypotheses, if supported, provide support that the individual factors of wellness may impact parental stress and support for using stepwise regression to explore which factors are more predictive of lower levels of total stress and parent child dysfunctional interactions in hypothesis 3 and 4. The following chapter discusses the demographic information of the respondents and the results of the four hypotheses tested.

CHAPTER IV – RESULTS

The purpose of the study was to examine the relationship between foster parent levels of stress and foster parent factors of wellness. The following chapter includes a description of the sample, an analysis of the three research questions, and post hoc analyses.

Description of the Sample

The needed sample size of the study, based on a power analysis, was 148 participants. A total of 155 foster parents completed the study. However, seventeen of the respondents had elevated Defensive Responding scores on the PSI-SF. High scores on the Defensive Responding scale can be indicative that the foster parents are minimizing their concerns and/or problems, could be disengaged from their role as parent, or may be especially competent in their role as parent (Abidin, 1995). To maintain the suggested sample size based on the power analysis all of the defensive responders were not eliminated. Instead, based on the recommendations in the Parenting Stress Index manual (Abidin, 1995), seven of the seventeen respondents were eliminated based on significant Defensive Responding scores and Total Stress scores below the 15th percentile of the Parenting Stress Index – Short Form (PSI-SF). By using the 15th percentile cutoff on Total Stress, the risk of including dishonest respondents is reduced as parents with a Total Stress score above the 15th percentile cutoff are endorsing parental stress more typical of average parents. However, there is still some risk that the 10 individuals included could be minimizing their concerns and problems as parents or be disengaged

from their role as parent. As a result of including some of the defensive responders the data analysis was able to be based on the recommended sample size of 148.

Demographic information collected includes age, gender, family income, education, sexual affiliation, and culture (Table 5). In addition, demographic information related more directly to foster parenting including length of time foster parenting, the number of children in the home, and the type of foster care provided was collected (Table 6). As foster parents were asked to answer questions on the PSI-SF in relation to their most difficult foster child, information about the age, sex and number of placements of the foster child was also collected (Table 7). Finally, foster parents from 39 states in the US and from Canada participated (Table 8).

Ninety-five percent of the respondents were women. While the goal was for there to have been enough of a response from foster mothers to limit analysis to the responses of foster mothers, there were not a sufficient number of women respondents to reach the required sample size of 148. To maintain the sample size of 148, and therefore, sufficient power, the decision was made to include the four male respondents and the three respondents who omitted their gender. Forty-six percent of the respondents were between the ages of 30-39 but the ages ranged from 24 to 63 years of age. The majority of participants reported being Caucasian (96%) and heterosexual (97%). Only one participant reported a family income of less than $25,000 with the majority (65%) reporting a family income of between $25,000 and $75,000.

The length of foster parenting for the respondents ranged from two months to 42 years. However, 23% had foster parented for less than 2 years, 33% had foster parented between 2 to 4 years, and 31% had foster parented between 5 to 10 years. Only 11% of

the respondents had foster parented for more that 10 years. The number of children in the home ranged from 1 to 10 with the mean of 3.7. The majority (60.1%) of the foster parents provided standard foster care, followed by therapeutic foster care (16.2%). However respondents also reported providing respite, foster adopt, kinship, medical, specialized, and a combination of types of foster care. (Table 6.)

Table 5
Demographic Information of Foster Parents

Variable	Totals	
	N	%
Gender (missing 3)		
Female	141	95.3
Male	4	2.7
Age (missing 6)		
24 - 29	18	12.3
30 – 39	68	46.1
40 – 49	38	25.8
50 – 59	17	11.6
60 - 63	1	.7
Family Income (missing 2)		
< $25,000	1	3.4
$25, 000 - $50,000	47	31.8
$50,000 - $75,000	49	33.1
> $75,000	45	30.4
Education (missing 1)		
Less then high school	3	2
High school graduate	34	23
Trade/technical school/A.A. degree	41	27.7
Bachelor's degree	51	34.5
Advanced degree	18	12.2
Sexual Affiliation (missing 5)		
Gay	0	0
Lesbian	2	1.4
Bisexual	0	0
Heterosexual	141	96.6
Culture		
Native American	3	2
Asian or Pacific Islander	0	0
Caucasian	142	95.9
Hispanic/Latino/Latina	1	0.7
African American	2	1.4

Table 6
Demographic Information of Foster Parent Experience

Variable	Totals N	Totals %
Length of Time Foster Parenting (missing 5)		
0-1 years	33	22.3
2-4 years	49	33.1
5-10 years	45	30.4
11-20 years	11	7.4
21-42 years	5	3.4
Number of children in the home		
0-1	22	3.4
2-3	52	35.1
4-5	47	31.8
6-7	16	10.8
8-10	11	7.4
Type of foster care provided (missing 2)		
Standard	89	60.1
Therapeutic	24	16.2
Kinship	5	3.4
Foster adopt	6	4.1
Respite	2	1.4
Medical	4	2.7
Specialized	1	0.7
Combination of types	15	10.1

The PSI-SF required parents to answer parenting questions related to parenting a specific child. The respondents were asked to rate their answers based on their experiences with the most difficult foster child in their home. Table 7 shows demographic information related to the foster children. Fifty percent of the foster children were female and 46% were male (4% of the respondents did not indicate sex). Sixty percent of the children were under the age of five. Fifty seven percent of the children had experienced one or two placements but there was a range of 1 to 40 placements.

Table 7
Demographic Information of Foster Children

Variable	Totals	
	N	%
Gender (missing 6)		
Female	74	50
Male	68	45.9
Age (missing 8)		
< 2	45	30.4
2-4	45	30.4
5-7	20	13.5
8-10	16	10.8
11-12	14	9.5
Number of placements (missing 9)		
1	48	32.4
2	37	25.0
3	18	12.2
4	12	8.1
5-9	19	12.8
≥ 10	5	3.7

As the participants were accessed through support groups on the internet, there were respondents from 38 U.S. and 5 from Canada. (Table 8).

Table 8
Demographic Information of Foster Parents' State of Residence

Alabama	2	Indiana	11	Nevada	1	Rhode Island	1
Alaska	3	Kansas	5	New Hampshire	1	South Carolina	1
Arizona	5	Kentucky	2	New Jersey	3	Tennessee	1
Arkansas	2	Maine	4	New Mexico	2	Texas	12
California	11	Maryland	1	New York	5	Virginia	4
Colorado	3	Massachusetts	6	North Carolina	5	Washington	2
Florida	4	Michigan	8	Ohio	3	West Virginia	1
Georgia	3	Minnesota	3	Oklahoma	2	Wisconsin	3
Idaho	1	Missouri	3	Oregon	1	Canada	5
Illinois	5	Nebraska	3	Pennsylvania	7	Missing	3

The means for the three subscales on the Parenting Stress Index – Short Form (PSI-SF) as well as for Total Stress are reported (Table 9). In accordance with the procedures outlined in the PSI-SF manual (Abidin, 1995), missing scores were replaced with the average of the subscale totals. According to the PSI manual Total Stress raw scores above 90 are considered clinically significant. For the Parental Distress and Difficult Child subscales, raw scores at or above 33 are considered high; for the Parent-Child Dysfunctional Interaction subscale, scores at or above 26 are considered high. In the sample, mean scores for Total Stress, Parent-Child Dysfunctional Interaction, and Difficult Child are high while mean scores for Parental Distress are in the normal range.

Table 9
Mean Scores on the Parenting Stress Index – Short Form

Variable	*M*	*SE*	Minimum	Maximum
Total Stress	91.6*	2.17	44	159
Parental Distress	28.8	.72	13	53
Parent-Child Dysfunctional Interaction	27.6*	.86	12	51
Difficult Child	35.3*	.98	12	58

* Indicates mean scores above the high or clinically significant cutoff.

The means for the respondent's scores on the Five Factor Wellness Inventory (5f-Wel) as well as the mean scores for the norm group as reported in the manual for the 5f-Wel (Myers & Sweeney, 2004) are reported in Table 10. All of the foster parent Wellness factor means were within one standard deviation of the 5f-Wel's normative sample mean scores.

Table 10
Comparison of Wellness Scores between Study and Normative Sample

	Current Study *(N=148)*		Normative Sample *(N=1,899)*	
	Mean	Std. Deviation	Mean	Std. Deviation
Overall Wellness	75.88	7.64	76.22	12.51
Creative Self	77.88	8.47	77.80	12.99
Thinking	79.27	9.29	78.31	14.81
Emotions	78.29	9.41	77.64	14.97
Control	79.67	10.68	78.31	14.45
Work	73.81	11.62	75.02	15.06
Positive Humor	78.36	12.29	79.79	16.17
Coping Self	71.86	8.96	72.36	10.63
Leisure	70.84	13.01	76.65	16.21
Stress Management	74.00	10.59	76.00	12.37
Self Worth	78.87	11.67	79.90	16.91
Realistic Beliefs	65.76	11.66	62.25	10.69
Social Self	84.14	11.50	84.06	17.82
Friendship	79.92	13.33	82.64	17.65
Love	88.17	12.37	85.57	19.82
Essential Self	80.17	9.58	78.90	16.15
Spirituality	75.91	19.99	76.90	21.02
Self-Care	93.31	9.41	84.72	21.00
Gender Identity	77.72	10.80	78.74	16.41
Cultural Identity	73.01	12.43	74.82	17.99
Physical Self	66.10	13.35	70.98	17.00
Nutrition	68.48	14.53	68.48	19.57
Exercise	63.72	15.28	73.46	18.82

Hypotheses

The focus of the study was to investigate the relationship of factors or wellness on parental stress in foster parents and attempted to answer the following research questions:

Q1 Is there a relationship between foster parent overall wellness and parental stress (hypothesis 1)?

Q2 Is there a relationship between foster parent overall wellness and parent-child dysfunctional interactions (hypothesis 2)?

Q3 How well do particular characteristic of wellness predict lower levels of parental stress and parent/child dysfunctional interactions (hypotheses 3 and 4)?

Hypothesis 1

The first hypothesis of the study stated:

H1 Higher levels of Overall Wellness are associated with lower levels of Total Stress.

As the two variables are continuous, Pearson 2-tailed correlation was used to determine the relationship between Overall Wellness and Total Stress. The assumptions for linearity and homoscedasticity were investigated utilizing a scatter diagram of the sample data. No violations to the assumptions fo linearity and homoscedasticity were found. The relationship between Total Stress and Overall Wellness was negative (r = -.306, P = <.0005), was moderate based on Cohen's Effect size values (Huck, 2004), and supported Hypothesis 1 at the .05 level of significance.

Hypothesis 2

The second hypothesis of the study stated:

H2 Higher levels of Overall Wellness are associated with lower levels of Parent-Child Dysfunctional Interaction.

As the two variables are continuous, Pearson 2-tailed correlation was used to determine the relationship between Overall Wellness and Parent-Child Dysfunctional Interaction. The assumptions for linearity and homoscedasticity were investigated utilizing a scatter diagram of the sample data. No violations to the assumptions of linearity and

homoscedasticity were found. The relationship between Parent-Child Dysfunctional Interactions and Overall Wellness was a negative relationship *(r* = -.246, *P* = .003), was moderate to small based on Cohen's Effect size values (Huck, 2004), and supported Hypothesis 2 at the .05 level of significance. (See Table 11 for a description of the correlational relationships of H1 and H2.)

Table 11
The Relationship between Wellness, Total Parental Stress and Parent-Child Dysfunctional Interactions

	Overall Wellness	
	Correlation	Significance Level
Total Stress	-.306*	< .001
Parent-Child Dysfunctional Interactions	-.246*	.003

* indicates significance level of .005 or less

Hypothesis 3

The third hypothesis of the study stated:

H3 There are particular characteristics of wellness more predictive of lower levels of total parental stress.

As there are more than two continuous independent variables and one continuous dependent variable, stepwise multiple regression was used to establish which factors of wellness, as measured by the Five Factor Wellness Inventory, accounted for variance in the Parental Distress subscale, as measured by the Parenting Stress Index – Short Form. An analysis of the assumptions for multiple regression indicated that there were no major deviations. Normality and linearity were detected using a residuals scatterplot and normal probability plot. No significant outliers were apparent as standard residual values were between -3.3 and 3.3 (Pallant, 2007). Multicollinearity was also tested. There were no

bivariate correlations above .7 and collinearity tolerance statistics (.891) suggesting that the relationships among independent variables are not overly strong. According to Pallant, collinearity tolerance statistics should not be less than 0.1.

The stepwise regression analysis was used and each variable was entered into the regression equation if it accounted for a significant proportion of the variance in Total Stress. Two of the 17 wellness variables, realistic beliefs and leisure, significantly impacted Total Stress of the foster parents. In the first step, Realistic Beliefs accounted for 10.4% of the variance of Total Stress (R^2 = .11, ΔR^2 = .104). When Leisure was added the model accounted for 14.2% of the variance, contributing to an additional 4.3% of the variance (R^2 = .153, ΔR^2 = .043). See Table 12 for the stepwise regression analysis findings. Because 2 of the 17 factors of wellness contributed significantly to Total stress, Hypothesis 3 was supported. (See Table 12 for a summary.)

Table 12
Summary of Stepwise Regression Analysis for Variables Predicting Total Stress

	B	*SE*	Beta	*t*	*p* value
Step 1 (R^2 = .110, ΔR^2 = .104)					
Constant	141.330	11.823		11.953	<.001
Realistic Beliefs	-.754	.177	-.332**	-4.258	<.001
Step 2 (R^2 = .153, ΔR^2 = .043)					
Constant	162.170	13.889		11.676	<.001
Realistic Beliefs	-.590	.184	-.260**	-3.212	.002
Leisure	-.447	.165	-.220*	-2.71	.007

* indicates significance level of .0005 or less, ** indicates significance of .05 or less

Hypothesis 4

The fourth hypothesis of the study stated:

H4 There are particular characteristics of wellness more predictive of lower levels of parent/child dysfunctional interactions.

As there are more than two continuous independent and one continuous dependent variable, stepwise multiple regression was used to establish which factors of Wellness contributed to variance in the Parent-Child Dysfunctional Interaction subscale. An analysis of the assumptions for multiple regression indicated that there were no major deviations. Normality and linearity were detected using a residuals scatterplot and normal probability plot. No significant outliers were apparent as standard residual values were between -3.3 and 3.3 (Pallant, 2007). Multicollinearity was also tested. There were no bivariate correlations above .7 and collinearity tolerance statistics (.704 to .878) suggesting that the relationships among independent variables are not overly strong. According to Pallant, collinearity tolerance statistics should not be less than 0.1.

The stepwise regression analysis was used and each variable of wellness was entered into the regression equation if it accounted for a significant proportion of the variance in Parent-Child Dysfunctional Interactions. Four of the 17 wellness variables (Leisure, Emotions, Positive Humor, and Realistic Beliefs) significantly impacted variance in the Parent–Child Dysfunctional Interactions subscales of the foster parents. In the first step, Leisure accounted for 7.9% of the variance of Parent-Child Dysfunctional Interactions (R^2 = .079, ΔR^2 = .079). In step 2, which included Leisure and Emotions, the model accounted for 11.7% of the variance, contributing to an additional 3.8% of the variance (R^2 = .117, ΔR^2 = .038). In step 3, which included Leisure, Emotions, and Positive Humor, the model accounted for 14.9% of the variance, contributing to an

additional 3.3% of the variance (R^2 = .149, ΔR^2 = .033). Finally, in step 4, which included Leisure, Emotions, Positive Humor, and Realistic Beliefs, the model accounted for 17.7% of the variance, contributing to an additional 2.8% of the variance (R^2 = .177, ΔR^2 = .028). See Table 13 for the summary of the stepwise regression analysis findings. Because 4 of the 17 factors of wellness contributed significantly at the .05 level, Hypothesis 4 was supported.

Table 13
Summary of Stepwise Regression Analysis for Variables Predicting Parent-Child Dysfunctional Interactions

	B	*SE*	Beta	*t*	*p* value
Step 1 (R^2 = .079, ΔR^2 = .079)					
Constant	43.741	4.622		9.463	<.001
Leisure	-.227	.064	-.281**	-3.542	<.001
Step 2 (R^2 = .117, ΔR^2 = .038)					
Constant	58.123	7.364		7.892	<.001
Leisure	-.181	.066	-.224*	-2.755	.007
Emotions	-.225	.091	-.202*	-2.481	.014
Step 3 (R^2 = .149, ΔR^2 = .033)					
Constant	54.055	7.457		7.249	<.001
Leisure	-.240	.069	-.297**	-3.457	.001
Emotions	-.303	.095	-.271**	-3.175	.002
Positive Humor	.182	.078	.213*	2.345	.020
Step 4 (R^2 = .177, ΔR^2 = .028)					
Constant	60.531	7.934		7.629	<.001
Leisure	-.200	.071	-.248**	-2.824	.005
Emotions	-.308	.094	-.276**	-3.271	.001
Positive Humor	.203	.077	.237*	2.625	.010
Realistic Beliefs	-.160	.073	-.177*	-2.187	.030

* indicates significance level of .0005 or less, ** indicates significance of .05 or less

Post Hoc Analysis

A post hoc analysis was conducted to ascertain the impact that factors of wellness as measured by the Five Factor Wellness Inventory have on both the Parental Distress

and Difficult Child Subscales of the Parenting Stress Index – Short Form. Stepwise regression was used to ascertain the impact of factors of wellness on Parental Distress. An analysis of the assumptions for multiple regression indicated that there were no major deviations. Normality and linearity were detected using a residuals scatterplot and normal probability plot. No significant outliers were apparent as standard residual values were between -3.3 and 3.3 (Pallant, 2007). Multicollinearity was also tested. There were no bivariate correlations above .7 and collinearity tolerance statistics (.717 to .886) suggesting that the relationships among independent variables are not overly strong. According to Pallant, collinearity tolerance statistics should not be less than 0.1.

The stepwise regression analysis was used and each variable of wellness was entered into the regression equation if it accounted for a significant proportion of the variance in Parental Distress. Three of the 17 wellness variables (Realistic Beliefs, Work, and Leisure) significantly impacted the Parental Distress scale of the foster parents in this sample. In the first step, Realistic Beliefs accounted for 26.2% of the variance of Parental Distress (R^2 = .262, ΔR^2 = .262). In step 2, which included Realistic Beliefs and Work, the model accounted for 40.6% of the variance, contributing to an additional 14.1% of the variance (R^2 = .406, ΔR^2 = .144). In step 3, which included Realistic Beliefs, Work, and Leisure, the model accounted for 43.3% of the variance, contributing to an additional 2.3% of the variance (R^2 = .433, ΔR^2 = .027). See Table 14 for the stepwise regression analysis findings.

Table 14
Summary of Stepwise Regression Analysis for Variables Predicting Parental Distress

	B	*SE*	Beta	*t*	*p* value
Step 1 (R^2 = .262, ΔR^2 = .262)					
Constant	53.985	3.551		15.463	<.001
Realistic Beliefs	-.383	.053	-.512**	-7.206	<.001
Step 2 (R^2 = .406, ΔR^2 = .144)					
Constant	71.331	4.332		16.465	<.001
Realistic Beliefs	-.319	.049	-.427**	-6.504	<.001
Work	-.292	.049	-.389**	-5.932	<.001
Step 3 (R^2 = .433, ΔR^2 = .027)					
Constant	73.689	4.343		16.967	<.001
Realistic Beliefs	-.285	.050	-.381**	-5.719	<.001
Work	-.230	.054	-.306**	-4.271	<.001
Leisure	-.130	.050	-.193*	-2.609	.010

* indicates significance of .05 or less, ** indicates significance level of .0005 or less

Stepwise regression was used to ascertain the impact of factors of wellness on the Difficult Child subscale of the Parenting Stress Index – Short Form. None of the variables of wellness met criteria to be entered into the model, implying that none of the factors have a significant impact on the variance of foster parent's ratings on the Difficult Child subscale. As no information could be used from the stepwise regression model, the Pearsons Correlations were analyzed. Realistic Beliefs was the only factor of the 17 wellness factors that correlated with lower levels of ratings on the Difficult Child subscale at a statistically significant level *(r* = -.159, *P* = .027). See Table 15 for the correlation findings.

Table 15
The Relationship between Difficult Child ratings and Wellness

	Difficult Child	
	Correlation	Significance Level
Thinking	.112	.087
Emotions	-.079	.171
Control	.065	.215
Work	-.056	.249
Positive Humor	.125	.065
Leisure	-.088	.143
Stress Management	-.025	.382
Self Worth	-.007	.468
Realistic Beliefs	-.159**	.027**
Friendship	-.082	.159
Love	-.061	.230
Spirituality	-.105	.103
Gender Identity	-.105	.101
Cultural Identity	-.082	.161
Self Care	.027	.373
Nutrition	.004	.483
Exercise	-.029	.364

** indicates significance level of .05 or less

Summary

The results for the four hypotheses were examined and supported. The results for Hypothesis 1 showed that there is a moderate negative relationship between the foster parent participants Overall Wellness as measured by the Five Factor Wellness Inventory (5f-Wel) and Total Stress as measured by the Parenting Stress Index – Short Form (PSI-SF). The results for Hypothesis 2 showed that there is a moderate to small negative relationship between Overall Wellness scale and Parent Child Dysfunctional Interactions subscale in foster parents.

Hypothesis 3 and 4 provide more detailed information about which factors of wellness as measured by the 5f-Wel account for the most variance observed in Total Stress and Parent-Child Dysfunctional Interactions as measured by the PSI-SF. The

results of Hypothesis 3 showed that Realistic Beliefs and Leisure accounted for 14.2% of the variance measured in the foster parent's ratings of Total Stress. Hypothesis 4 found that Leisure, Emotions, Positive Humor, and Realistic Beliefs accounted for 15.4% of the variance measured in foster parent's ratings of Parent-Child Dysfunctional Interactions.

A post hoc analysis examined which factors of wellness measured by the 5f-Wel accounted for variance observed in the Parental Distress and Difficult Child subscales of the PSI-SF. Results showed that Realistic Beliefs, Work, and Leisure accounted for 42% of the variance measured in ratings of Parental Distress. However, none of the factors of wellness significantly impacted the variance measured in foster parent ratings of the Difficult Child subscale and only one of the 17 wellness factors, Realistic Beliefs, had a small negative correlation with the Difficult Child subscale.

CHAPTER V – DISCUSSION

The goal of this study was to explore the relationships between multiple factors of wellness and parental stress in foster parents. Information about parental stress and factors of wellness was collected from 148 foster parents. Compared to the normative data of the Parenting Stress Index-Short Form (PSI-SF) the foster parents in the study had mean scores in the clinically significant range for the Total Stress, Parent-Child Dysfunctional Interactions, and the Difficult Child scales. Parental Distress means were below the statistically significant cutoff. All of the foster parent wellness factor means were within one standard deviation of the 5f-Wel's normative sample mean scores. This data supports previous research about the stressful nature of foster parenting. The fact that Parental Distress was the only subscale of the PSI-SF that was not elevated implies that a majority of the parental stress and parent-child dysfunctional interactions experienced by foster parents was perceived by the foster parents to stem from the child's behaviors. In addition, all of the four hypothesis were supported, but to varying degrees. Below is a discussion that reviews the findings, and explores how the findings might contribute to the current literature on foster parents.

Overall Wellness and Parental Stress

The Overall Wellness factor of the Five Factor Wellness Inventory (5f-Wel) encompasses the emphasis in the wellness literature on the interaction and balance of the different aspects of wellness (Seward, 2000; Townes, 1984, and Cohen, 1991). This interaction creates what Hattie, Myers, and Sweeny (2004) called a "unity of personality"

and paints a picture of an individual's overall wellness. Due to previous research on buffers to parental stress (Baker, et al., 2005; Eisengart, et al., 2006)), it was assumed that higher scores on Overall Wellness would relate to lower scores on Total Stress. Abidin (1995) defined Total Stress as stressors that relate to personal parental distress, stressors related to interactions with the child, and stressors caused by the child's behaviors.

Correlational statistical analysis was used to establish the relationship between Overall Wellness, as measured by the Five Factor Wellness Inventory (5f-Wel), and Overall Parental Stress, as measure by the Parental Stress Inventory-Short Form (PSI-SF). The results showed that there was a moderate negative correlation (r = -.306, P = <.0005), indicating that further exploration of which factors of wellness might relate to lower levels of foster parent total stress, as tested in Hypothesis 3 and discussed further below, was warranted.

Overall Wellness and Parent-Child Dysfunctional Interactions

Abidin (1995) defined Parent-Child Dysfunctional Interactions as "parent's perceptions that his or her child does not meet the parent's expectations, and the interactions with his or her child are not reinforcing him or her as a parent" (p.56). Due to previous research on the reciprocal relationship between the parent-child relationship and parental stress (Crnic & Greenberg, 1990; Pinderhughes, et al., 2000; and Willinger, et al., 2005), it was assumed that higher scores on Overall Wellness would relate to lower scores on Parent Child Dysfunctional Interactions. Correlational statistical analysis was used to establish the relationship between Overall Wellness, as measured by the 5f-Wel, and Parent Child Dysfunctional Interactions, as measure by the PSI-SF. The results showed that there was a moderate to small negative correlation (r = -.246, P = .003),

indicating that further exploration of which factors of wellness might relate to lower levels of foster parent/foster child dysfunctional interactions, as tested in Hypothesis 4 and discussed further below, was warranted.

The results of research questions 1 and 2 highlight the fact that behaviors related to wellness in general, not simply related to parenting, impact both overall parental stress and the interactions of foster parents and foster children. This is encouraging given the fact that there are so many stressors for foster parents over which they have little ability to control such as the past experiences of the foster child, daily hassles related to foster parenting, and the stress involved in being part of an imperfect child protection system (Swartz, 2004; USDHHS, 2002; and USDHHS, 2001). This encourages hope that foster parents can engage in behaviors that may decrease their stress and increase positive interactions with the foster children in their care.

However, the correlations between Overall Wellness and both Total Parental Stress and Parent-child Dysfunctional Interactions were moderate and moderate to small. Two issues that may impact the strength of these correlations include, one, the multitude of factors that impact stress of foster parents and, two, the interactions of the factors of wellness that make up Overall Wellness. First, since foster parent behavior is only one aspect of the stress they are feeling, engaging in behaviors that relate to wellness may reduce the stress felt by foster parents but not eliminate it. This may be especially true for parent-child interactions as the foster parent is only part of the equation that makes up the interaction. As foster children often come to foster care with high rates of behavioral problems and trauma histories, the parent-child interactions of foster children and foster parents have greater risk factors for being problematic (USDHHS, 2002; Fisher,

Burraston, & Pears, 2005; Hines, Merdinger, & Wyatt, 2005; and Crnic & Greenberg, 1990). Second, there may be some factors of wellness that have a greater impact on the stress experienced by foster parents. The regression analysis used to test hypotheses three and four provides more information about which factors of wellness do impact both Total Parental Stress and levels of Parent Child Dysfunctional Interactions.

Factors of Wellness and Total Parental Stress

Authors have reported numerous buffers to parental stress including education level, social support, marital status, parental beliefs, feeling competent, optimism, religious coping, and the parent-child relationship (Koeske and Koeske, 1990; Willinger, et al., 2005; Eisengart, et al., 2006; Baker, et al., 2005; Morgan, et al., 2002, Pisterman, et al., 1992; and Copeland and Harbaugh, 2005). Some of these related specifically to parenting while others are considered strengths that contribute more generally to a person's ability to live optimally. The current study investigated whether or not factors related to wellness in general, not related specifically to parenting, would impact ratings of parental stress. Stepwise multiple regression was utilized to analyze the impact that different factors of wellness, as measured by the 5f-Wel, on total parental stress, as measure by the PSI-SF. Of the 17 factors of wellness, only Realistic Beliefs (R^2 = .110, ΔR^2 = .110) and Leisure (R^2 = .153, ΔR^2 = .043) contributed significantly to lower levels of total parental stress.

Realistic Beliefs and Total Stress

The Indivisible Self Model of Wellness defines "Realistic Beliefs" as

> "Understanding that perfection or being loved by everyone are impossible goals, and having the courage to be imperfect; the ability to perceive reality accurately, not as one might want or desire it to be; separating that which is logical and rational from that which is distorted, irrational, or wishful thinking; controlling

> the ‘shoulds,’ ‘oughts,’ ‘dos,’ and ‘don’t’ which tend to rule ones life; avoiding unrealistic expectations or wishful thinking” (Myers and Sweeney, 2004, p.13).

According to this definition, Realistic Beliefs appear to be an emotion-focused coping mechanism because they help foster parents manage their reactions and, potentially, their emotional responses to stressors associated with being foster parents. This finding could have important implications for preparing new foster parents for the realities of foster parenting. The impact of beliefs may also relate to the fact that almost half of foster parents stop foster parenting within one year of beginning (Gibbs, 2004). Maybe their beliefs about what foster parenting would be like did not match the realities, increasing foster parent stress. This may be an area where foster care agencies and foster care workers could provide valuable help. Through training and support, they could help increase foster parents’ realistic expectations of the behaviors foster children exhibit, the way their needs and struggles may be different or of greater intensity than other children, and the fact that many of the behaviors of foster children may take a long time to change.

Another factor that may impact foster parent’s beliefs about foster parenting and foster children in general may be their motivations to become foster parents. As discussed earlier, most foster parents are motivated to become foster parents for altruistic reasons. What do they expect the results of their altruistic act to be? Some foster parents expect little while others expect appreciation or the child to come to their home and be successful. While these expectations may be realized some times, other times they may not.

Leisure and Total Stress

The Indivisible Self Model of Wellness defines Leisure as

> "Activities done in one's free time: satisfaction with one's leisure activities, importance of leisure, positive feelings associated with leisure, having at least one activity in which 'I lose myself and time stands still,' ability to approach tasks from a playful point of view; having a balance between work and leisure activities; ability to put work aside for leisure without feeling guilty" (Myers and Sweeney, 2004, p.13).

This finding could have important implications for the support that foster care agencies/workers provide foster parents to increase their ability to focus on activities that they enjoy and could be rejuvenating. Leisure, as defined by Myers and Sweeney, could be considered emotion-focused coping. Potentially, foster parents who are more balanced in work and play are able to cope more effectively with stressors associated with being a foster parent.

Characteristics of Wellness and Parent-Child Dysfunctional Interactions

Previous research specific to parent-child relationships illustrates that some parental characteristics (such as parental beliefs, social support, humor, religious coping and optimism) help decrease dysfunctional parent-child relationships (Willinger, et al., 2005; Baker, et al., 2005; Eisengart, et al, 2006). This study, focusing on factors of general wellness, found that four of the seventeen factors of wellness measured by the 5f-Wel contributed to lower levels of dysfunctional parent child interactions as measured by the PSI-SF. Leisure contributed the most (R^2 = .079, ΔR^2 = .079), followed by Emotions (R^2 = .117, ΔR^2 = .038), Positive Humor (R^2 = .149, ΔR^2 = .033), and Realistic Beliefs (R^2 = .177, ΔR^2 = .028).

Leisure and Parent-Child Dysfunctional Interactions

Leisure, also a contributing factor to lower levels of Total Parental Stress, relates to a tendency to prioritize having fun by "having a balance between work and leisure activities; ability to put work aside for leisure without feeling guilty" (Myers & Sweeney, 2004, p.13). In this case, Leisure is an emotion-focused coping response. The point is not to change the stressor of the dysfunctional parent child interactions, but to help the individual increase the ability to regulate emotional responses. By honoring the personal need for fun and relaxation, foster parents are able to positively impact the parent/child relationship, perhaps by being more emotionally available to the child, less reactive, and more patient. However, some foster parents may struggle with putting an emphasis on leisure activities. Given that the majority of foster parents are motivated to become foster parents due to altruistic motive, some may be less likely to make leisure activities a priority. Some foster parents may feel guilt about taking time for themselves or see it as a selfish act. Training and increased support could help reframe making leisure a priority by increasing foster parents understanding that it could actually increase positive interactions and the development of a healthy relationship.

Emotions and Parent-Child Dysfunctional Interactions

Emotions are defined as "Being aware of or in touch with one's feelings; being able to express one's feelings appropriately; being able to enjoy positive emotions as well as being able to cope with negative emotions; having a sense of energy; avoiding chronic negative emotional states" (Myers and Sweeney, 2004, p.12). As defined here, Emotions are an emotion-focused coping response. By honoring and being aware of their emotions, foster parents' are likely able to increase their ability to have positive parent-child

interactions. This type of self awareness may allow foster parents to acknowledge their feelings before interacting with foster children or may increase foster parents' ability to cope proactively when feeling negative emotions instead of letting them build up (a contributor to burnout).

Positive Humor and Parent-Child Dysfunctional Interactions

Myers and Sweeney (2004) define Positive Humor as:

> "Being able to laugh at one's own mistakes and the unexpected things that happen; the ability to laugh appropriately at others; having the capacity to see the contradictions and predicaments of life in an objective manner such that one can gain new perspectives; enjoying the idiosyncrasies and inconsistencies of life; the ability to use humor to accomplish even serious tasks" (p. 12).

As another emotion-focused coping response, humor may allow foster parents to deal more positively with frustrating interactions with foster children. The above definition's emphasis on using humor (as a way to acknowledge the contradictions and predicaments of life objectively) may prevent foster parents from viewing negative interactions with their foster children as being rejected or alienated, maybe increasing the foster parent's ability to acknowledge the child's experience. The use of humor may also prevent the negative interactions from perpetuating further negative reactions.

Realistic Beliefs and Parent-Child Dysfunctional Interactions

Finally, Realistic Beliefs (defined above) also contributed to lower levels of overall stress. Similarly to the use of Emotions and Positive Humor, Realistic Beliefs appears to be an emotion-focused coping response that allows foster parents to avoid the trap of perpetuating negative emotions. While it is understandable that foster parents internalize a foster child's negative behavior as being rejecting, it seems that coping through Realistic Beliefs could allow foster parents to cope with their needs for positive

interactions and highlight the reality of the causes of the child's difficulty in developing a positive relationship with a foster parent.

Auxiliary Analyses

A post hoc analysis was conducted to ascertain the impact that the different factors of wellness had on both the Parental Distress and Difficult Child Subscales of the Parenting Stress Index – Short Form. It seems that the Parental Distress and Difficult Child subscales could be impacted by foster parent wellness very differently. The Parental Distress subscale, with its emphasis on "the distress a parent is experiencing in his or her role as a parent as a function of personal factors that are directly related to parenting," measures aspects of stress that could be impacted by a foster parent's wellness behaviors or beliefs (Abidin, 1995, p.55). Conversely, the Difficult Child subscale emphasizes "the basic behavioral characteristics of children that make them either easy of difficult to manage" (Abidin, p. 56). Depending on the time the foster child has been placed with the foster parent, it seems that this subscale is less likely to be influenced by the foster parents wellness behaviors and beliefs.

Factors of Wellness Predicting Parental Distress

Previous research has highlighted the way that role satisfaction, perceptions of competence and role adjustment impact the way parents in general feel about parenting (Koeske & Koeske, 1990; Levy-Shiff, et al., 1998; Pisterman, et al., 1992). This study, focusing on factors of general wellness, found that three of the seventeen factors of wellness measured by the 5f-Wel contributed to lower levels of parent distress as measured by the PSI-SF. Parental distress was defined as stresses related to feelings of competence as a parent, feelings about restrictions placed on other roles as a result of

being a parent, reports of a lack of social support, or the presence of depression (Abidin, 1995). Of the 17 factors, Realistic Beliefs (R^2 = .262, ΔR^2 = .262) contributed the most to lower levels of parental distress, followed by Work (R^2 = .406, ΔR^2 = .144) and Leisure (R^2 = .433, ΔR^2 = .027).

Realistic Beliefs, also a contributing factor for lower levels of total parental stress and parent/child dysfunctional interactions, appears to help parents in having positive perceptions about their role as a parent. Possibly, realistic beliefs allow foster parents to acknowledge the limitations of what they can and cannot expect to accomplish as a foster parent. Abidin (1995) states that one of the stressors associated with higher scores on the Parental Distress subscale is an "impaired sense of parenting competence" (p.56). Previous research has emphasized the reciprocal impact that appraisal of competency can have on feeling of stress, parent child interactions, and discipline style (Morgan, et al., 2002; Pinderhughes, et al., 2000; and Pisterman, et al., 1992). Since foster children tend to have increased needs and/or behavioral problems, foster parents in particular may benefit from having realistic expectations and beliefs about their role and abilities to prevent threats to their sense of competence.

Work, as defined by Myers and Sweeney (2004), is "being satisfied with one's work, having adequate financial security, feeling that one's skills are used appropriately, …, and feeling appreciated in the work one does" (p.12). This finding is interesting given that 39% of the respondents reported that they are "not working." It is possible that some foster parents answered "work" related questions on the 5f-Wel with their role as foster parents in mind. This highlights the fact that being a foster parent has different meaning for some and that, while it does not come with a salary, it is considered by some to be

their work. Further research is needed to ascertain if working outside the home impacts the role of foster parent and/or ratings of foster parent distress.

Finally, Leisure, also a contributing factor to lower levels of Total Parental Stress and lower levels of Parent/Child Dysfunctional Interactions, relates to a tendency to prioritize having fun by creating a balance between work and play and by having activities that are enjoyable and engrossing. The fact that Leisure is predictive of lower levels of Parental Distress makes sense as it implies that the foster parent who engages in leisure activities is making it a priority to nourish the other roles in his or her life.

Factors of Wellness Predicting Ratings of Difficult Child

While previous research highlights the way that parental factors such as optimism or ways of coping can impact beliefs about a child's behavior (Baker, et al., 2005; McKee, et al., 2004), the current study did not find that any of the 17 factors of wellness were predictive of lower ratings of Difficult Child. However, Realistic Beliefs were found to be negatively correlated with ratings of Difficult Child, implying that foster parent's with realistic beliefs were less likely to rate the child's behaviors as difficult. It is possible that foster parents with an accurate understanding of behaviors to expect from children who have been abused, neglected, or who may be experiencing grief, are more likely to see these behaviors as less difficult.

Recommendation

The fact that there was a smaller relationship between Parent-Child Dysfunctional Interactions and Wellness than Total Stress and Wellness emphasized the way that the Parent-Child interactions are impacted by both the parent and the child, as well as the parent/child relationship. A foster parent engaging in healthy behaviors can impact the

parent-child relationship but that relationship is still affected by the behaviors and experiences of the child. This study highlighted however, the way that certain behaviors, or ways of coping, can have a positive impact on both the overall parental stress experienced by foster parents as well as the parent-child relationship.

The information provided by this study could be an invaluable tool for both foster parents and those whose job it is to support foster parents and foster children. This study emphasized the potential impact of realistic beliefs on total parental stress, parent/child dysfunctional interactions, parental distress and ratings of difficult children. Increasing foster parent's access to useful training about potential behaviors expected from foster children as well as the reasons they might occur (such as trauma responses, grief, etc.) could increase foster parents' ability to have realistic beliefs about the children in their homes. Multiple studies have cited negative beliefs about parental competence as a source of parental stress in foster parents as well as the tendency for child behavior problems to decrease parental feelings of competence (Sudi, et al., 2004; Morgan, et al., 2002; Levy-Shiff, et al., 1998). The pervasive nature of the problems many foster children experience could lead foster parents to question their competence and abilities as a parent. This may be especially true for foster parents who have parented children, either biological or other foster children, who they felt they were able to be more successful with in the past. Increased training to help foster parents have realistic beliefs about foster child's behaviors, especially foster children who have experienced trauma, could decrease foster parent perceptions that they are not being successful.

Several studies highlight foster parent frustrations associated with the foster care system (Swartz, 2004; USDHHS, 2002; and Rhodes, et al., 2006). Increasing foster

parents' understanding of the frustration and realities of working within the foster care and human services disciplines may also allow them to have more accurate perceptions of what to expect when being a part of those systems. One problem associated with this is that foster parents' experiences with training and support will vary because each state creates its own expectations around training, support and licensing requirements and practices also vary among providers within the state (USDHHS, 2009). In addition, high caseworker caseloads and high rates of turnover can limit caseworkers' ability to maintain consistent contact with foster parents regarding the foster children in their care (USDHHS, 2002). However, accurate understanding of how those systems work and the roles and responsibilities of treatment team members may allow foster parents to more successfully navigate them. In addition, preparing foster parents not only for foster parenting in general but about the specific needs of the children being placed with them might also bolster realistic beliefs.

Foster parents and professionals who support foster parents could also benefit from a greater emphasis on providing opportunities for leisure time for foster parents. Leisure was found to impact total stress, parent/child interactions, and parental distress. Respite care for foster families is sometimes provided by foster care agencies. However, there are some barriers to its use. There can be limited information about respite care, limited contact between foster parents and respite workers causing some foster parents to look for other alternatives, and state requirements that require respite providers be licensed limiting foster parents ability to utilize family or social supports (USDHHS, 2002). The cost for respite care is often the burden of the foster family. Respite care can also be a disruption to the foster child (and therefore the foster family) because it often

requires that the foster child stay with a family he or she does not know. As a result, some foster parents may be reluctant or feel guilty about using respite care. They may fear that it could create attachment reactions or send the message to the child that the parent is overwhelmed with their behavior. Finally, some foster parents may have trouble expressing the need for help and may consider it a negative to have to reach out for support, fearing that their competency or abilities might be questioned.

Finding ways to create respite for foster parents where the child is not disrupted (through foster care agencies or more through more social supports) could allow foster parents more time to nurture the other roles in their lives (friend, partner, etc.). If respite care was more embedded into the philosophy of foster care and training and if it could be implemented in a safe and non-threatening way for foster children, foster parents may utilize it more frequently. One solution is pairing foster families with other foster parents who could provide respite care on a regular basis. This would allow the child to develop a relationship with the respite family and may function similarly to an extended family member in more traditional families. If the child has a positive relationship with the respite family, spending time with them may be considered something fun and provide respite for the child as well as the foster parent. In addition, increasing foster parents ability to access more family oriented leisure activities while including foster children may enable them to be able to have more enjoyable times with the foster children, supporting the parent child relationship.

Emotional awareness also impacted perceptions about parent/child dysfunctional interactions. Foster parents should be provided with support through therapists, support groups, etc, that will enable them to increase their ability to understand their emotions as

well as find ways to be able to discharge negative emotions. Finally, highlighting the way that simply using positive humor can positively impact parent/child interactions may give foster parents a tool they had not purposefully utilized in the past.

Limitations

One limitation of this study is the sample, which was a volunteer and convenience sample. Volunteer samples risk bias in that the results may be influenced by the people who choose to participate (McMillan, 2000). In addition, there may be problems with generalizing from foster parents involved in online groups. The foster parents in the study may be more stressed than foster parents in general and that is why they are reaching out for help or are they may be less stressed because they are receiving support or handling their stress in more positive ways than foster parents who are not involved in a support group. In addition, the fact that the sample was accessed using on line support groups could have affected the samples generalizability to foster parents in general. Foster parents who seek out support on-line may be significantly different from other foster parents. Finally, the use of an incentive to participate (the drawing to win $200) may have ensured a large enough sample size but it may have also impacted generalizability to foster parents in general.

While the Parental Stress Index – Short Form (PSI_SF) provided the researchers with a measure of parental stress its use also has limitations. One limit to generalizability is because of the age range of the children being rated by the PSI-SF. The instrument itself makes this study only applicable to children between the ages of 1 month to 12 years of age. In addition, 60% of the children the foster parents used to complete the PSI-SF were under 4 years of age. The results of this study may have been impacted by that

restricted age range. The current study is also not applicable to foster parents of adolescents as they were not included in the sample. In addition, the fact that PSI-SF was normed on more traditional parents is also a limitation because foster parenting has unique stressors that may not be measured by PSI-SF. In addition some of the questions (for example, there are questions about how the parent's expectations of the child are being met by the child) may have different implications for foster parents than more traditional parents.

The use of self report measures that are relatively face valid is another limitation. As with any self report measure there is a risk of fakability and self-deception (Hopkins, 1998). Anonymity could help but researching the subject of feelings related to parenting can be sensitive and subjects may have trouble admitting feelings of frustration, negative feelings about children, or parental dissatisfaction. The deviant responding scale of the PSI-SF can help identify faking good but as the measure it is also fairly face valid, the minimization of negative feelings remains a concern.

Finally, it is difficult to draw conclusions or make strong interpretive statements with survey data from a single sample and with data from only one occasion. This study allows us to see that there are some factors of wellness that relate and that are even more predictive of lower levels of parental stress than others, however, further studies are needed to enable researchers to draw more concrete conclusions.

Recommendations for Future Research

1. Future research could emphasize investigating the development of interventions aimed to increase behaviors that the current study found predictive of lower

levels of foster parent stress and dysfunctional interactions. These interventions could be aimed at both foster parents and at the agencies that help train and support foster parents.

2. Future research could utilize qualitative procedures to learn more about the nature of wellness that are particular to foster parents. Foster parenting, which is a unique situation, may tend to create unique strengths in foster parents or tend to attract individuals with unique strengths. Qualitative research could provide more rich information about the nature of foster parent wellness and provide information about ways to study it more accurately in the future.

3. Future research could also increase the age range of the foster children being cared for by the foster parents being studied. Foster parents of adolescents could have different needs and different expectations from foster parents of younger children. They could also have unique strengths.

4. The instruments used in this study were created to measure parental stress in more traditional parents (biological, adoptive, etc). Future research may focus on the development of measures of parent stress in foster parents specifically or on the development of norms specific to foster parents.

5. It was this researcher's experience that foster parents can be a difficult population to access and that foster parents may be more willing to facilitate research than the agencies that support them. More information is needed to understand the barriers to accessing foster parents. In addition, more support from agencies is needed to increase the likelihood that foster parents being studied are more representative of foster parents in general.

6. Given the fact that the roles of foster parents are changing and there is a growing emphasis on Family to Family foster care, future research could investigate which factors of wellness or strengths are most beneficial for different types of foster care work.

Summary

This study examined the relationship between factors of wellness and parental stress in foster parents. A comparison of the stress levels of the foster parents in this study to normative data showed that the foster parents had higher levels of total stress, ratings of dysfunctional parent-child interactions, and ratings that the children in their care were difficult. It was hypothesized that different factors of wellness would be more predictive of lower levels of total foster parent stress and lower levels of dysfunctional parent/child interactions. The study found that realistic beliefs and an emphasis on leisure activities was predictive of lower levels of total foster parent stress. In addition, an emphasis on leisure activities, emotional awareness, positive humor, and realistic beliefs were predictive of lower levels of dysfunctional parent/child interactions. Finally, auxiliary analysis found that realistic beliefs, satisfaction with work, and an emphasis on leisure activities were predictive of lower levels of foster parent role distress while realistic beliefs was related to lower ratings of children's behaviors as difficult.

All of the factors of wellness predictive of lower levels of foster parent stress in this study were forms of emotion-focused coping. They highlight ways to cope with stressors by increasing internal resources instead of trying to change the source of foster parent stress. One source of foster parent stress is the foster care system itself and the support provided by agencies that help foster parents. Foster parents, who have limited

impact on the system, foster care agencies, and workers who provide support to foster parents (caseworkers, therapists) can, however, utilize some of the information gained in this study to utilize problem focused coping strategies as well as emotion-focused coping strategies to increasing training for foster parents to help the development of realistic beliefs and to shift the culture around the importance of respite or leisure and how it can be accessed in the foster care system.

In the future, it is hoped that there will continue to be investigations into the way that foster parents and professionals who support foster parents can improve the experience foster parenting. Further investigations could emphasize finding interventions that increase wellness in foster parents and decrease foster parent stress or dysfunctional parent/child interactions. In this study the fact that only two of the seventeen wellness factors significantly impacted overall stress was somewhat surprising as some of the Wellness factors that did not contribute significantly to lower levels of foster parent stress have been supported in previous research about parenting stress (such as humor and religious coping). Further research could increase our understanding of whether or not this finding was unique to this sample or if foster parents tend to have protective factors that are different from parents in general.

In addition, future research should take into account the developing change in the roles of foster parents and the ways that factors of wellness can help them develop and maintain positive coping strategies. It is also hoped that this research will add to the research on how valuable foster parents are in the lives of the foster children they provide homes for. Having positive experiences in foster homes, with an emphasis on support during a difficult time, less overall number of placements for children in foster care, and

the ability to potentially experience healthy family life is largely dependent upon the foster parents and the type and amount of support they receive. While history and current literature have shown that the current foster care system is constantly changing and, hopefully being improved upon, the role of the foster parent in the life of a foster child is indisputable, just as the need to provide support, education and resources to foster parents is indisputable.

REFERENCES

Abidin, R. (1992). The determinants of parenting behavior. *Journal of Clinical Child Psychology*, 21(4), 407-412.

Abidin, R. (1995). *Parenting Stress Index (3rd ed.): Professional Manual.* Florida: Psychological Assessment Resources, Inc.

Alison, J., Barnes, L., and Oehler Stinnett, J. (2004). Review of the Parenting Stress Index. *The thirteenth mental measurements yearbook* [Electronic version]. Retrieved June 26, 2007, from EBSCOhost.

Ashby, LeRoy. (1997). *Endangered Children: Dependency, Neglect, and Abuse in American History.* New York: Twayne Publishers.

Ashford, J., Smit, F., van Lier, P., Cuijpers, P., and Koot, M. (2008). Early risk indicators of internalizing problems in late childhood: A 9-year longitudinal study. *The Journal of Child Psychology and Psychiatry*, 49(7), 774-780.

Baker, B, Blacher, J., and Olsson, M. (2005). Preschool children with and without developmental delay: behavior problems, parents' optimism and well-being. *Journal of Intellectual Disability Research*, 49(8), 575-590.

Baker, B., McIntyre, L., Blacher, J., Crnic, K., Edelbrock, C. & Low, C. (2003). Preschool children with and without developmental delay: behavior problems and parenting stress over time. *Journal of Intellectual Disability Research*, 47(4/5), 217-230.

Child Welfare Information Gateway (2005). *Foster Care: Numbers and Trends.* Retrieved from: http://www.childwelfare.gov/pubs/factsheets/foster.cfm.

Copeland, D. and Harbaugh, B. (2005). Differences in parenting stress between married and single first time mothers at six to eight weeks after birth. *Issues in Comprehensive Pediatric Nursing*, 28, 139-152.

Costin, L., Karger, H., and Stoesz, D. (1996). *The Politics of Child Abuse in America.* New York: Oxford University Press.

Cowen, E. (1991). In pursuit of wellness. *American Psychologist,* 46(4), 404-408.

Crnic, K. and Greenberg, M. (1990). Minor Parenting Stresses with young children. *Child Development,* 61, 1628-1637.

Deater-Dechard, K. (2005). Parenting stress and children's development: Introduction to the special issue. *Infant and Child Development.* 14, 111-115.

Doelling, J. and Johnson, J. (1990). Predicting success in foster placement: The contribution of parent-child temperament characteristics. *American Journal of Orthopsychiatry,* 60(4), 585-593.

Early, T., Gregoire, T., and McDonald, T. (2002). Child functioning and caregiver well-being in families of children with emotional disorders. *Journal of Family Issues,* 23(3), 374-391.

Eisengart, S., Siger, L., Kirchner, H., Oh Min, M., and Fulton, S. (2006). Factor Structure of Coping: Two studies of mothers with high levels of life stress. *Psychological Assessment,* 18(3), 278-288.

Elavsky, S., McAuley, E., Motl, R. Konopack, J., Marquez, D., Hu, L., Jerome, G., and Diener, E. (2005). Physical activity enhances long-term quality of life in older

adults: Efficacy, esteem, and affective influences. *The Society of Behavioral Medicine,* 30(2), 138-145.

Fisher, P., Burraston, B., and Pears, K. (2005). The early intervention foster care program: Permanent placement outcomes from a randomized trial. *Child Maltreatment,* 10(1), 61-71.

Folkman, S. and Moskowitz, J. (2004). Coping: Pitfalls and Promise. *Annual Review of Psychology.* 55, 745-774.

Folkman, S., Lazarus, R., Gruen, R., and Delongis, A. (1986). Appraisal, Coping, Health Status, and Psychological Symptoms. *Journal of Personality and Social Psychology,* 50(3), 571-579.

Gibbs, D.A. (2004). *Understanding Foster Parenting: Using Administrative Data to Explore Retention.* Report prepared by RTI International for U.S. Department of Health and Human Services; Office of the Assistant Secretary for Planning and Evaluation. Washington, DC: U.S. Department of Heath and Human Services.

Green, S. (1991). How many subjects does it take to do a regression analysis? *Multivariate Behavioral Research,* 26(3), 499-510.

Hacsi, Tim (1995). From Indenture to family foster care: A brief history of child placing. *Child Welfare,* 74(1), 162-180.

Hacsi, Timothy (1997). *Second Home: Orphan asylums and poor families in America.* Massachusetts: Harvard University Press.

Hafen, B., Karren, K., Frandsen, K., and Smith, N. (1996). *Mind/Body Health: The Effects of Attitudes, Emotions, and Relationships.* Massachusetts; Allyn & Bacon.

Hampson, R.B. and Tavormina, J.B. (1980). Relative effectiveness of behavioral and reflective group training with foster mothers. *Journal of Counseling and Clinical Psychology,* 48(2), 294-295.

Hattie, J., Myers, J., and Sweeney, T. (2004). A factor Structure of Wellness: Theory, assessment, analysis, and practice. *Journal of Counseling and Development,* 82, 354-364.

Hawkins, D. and Booth, A. (2005). Unhappily ever after: Effects of long-term, low-quality marriages on well-being. *Social Forces*, 84(1), 445-465.

Hines, A.M., Merdinger, J. and Wyatt, P. (2005). Former foster youth attending college: Resilience and the transition to young adulthood. *American Journal of Orthopsychiatry,* 75(3), 381-394.

Hopkins, Kenneth D. (1998). *Educational and Psychological Measurement and Evaluation.* Boston, Allyn and Bacon.

Huck, S. (2004). *Reading Statistics and Research, 4th Edition*. Boston, Pearson Education Inc.

Jackson, Donald (1986). It took trains to put street kids on the right track out of the slums. *Smithsonian*, 94(10).

Kadushin, Alfred (1976). Child welfare services past and present. *Journal of Clinical Child Psychology,* Winter, 51-55.

Koeske, G. and Koeske, R. (1990). The buffering effect of social support on parental stress. *American Journal of Orthopsychiatry*, 60(3), 440-451.

Kuiper, N., Martin, R., and Olinger, L. (1993). Coping humor, stress, and cognitive appraisals. *Canadian Journal of Behavioral Science,* 25(1), 81-96.

Lazarus, R. S. (2003). The Lazarus Manifesto for Positive Psychology and Psychology in General. *Psychological Inquiry,* 14(2), 173-189.

Lazarus, R. and Folkman, S. (1984). *Stress, appraisal, and coping.* New York: Springer.

Levy-Shiff, R., Dimtrovsky, L, Shulman, S., and Har-Even, D. (1998). Cognitive appraisals, coping strategies, and support resources as correlates of parenting and infant development. *Developmental Psychology,* 34(6), 1417-1427.

Linares, L.O., Montalto, D., Li, M., and Oza, V.S. (2006). A promising parenting intervention in foster care. *Journal of Counseling and Clinical Psychology,* 74(1), 32-41.

Lindenmeyer, Kriste (1997). *"A Right to Childhood;" The U.S. Children's Bureau and Child Welfare, 1912-1946.* Urbana: University of Illinois Press.

Matheis, E., Tulsky, D., and Metheis, R. (2006). The relation between spirituality and quality of life among individuals with spinal cord injury. *Rehabilitation Psychology,* 51(3), 265-271.

Mangold, George (1914). *Problems of Child Welfare.* New York: The Macmillan Company.

Mazur, Elizabeth (2006). Biased Appraisals of Parenting Daily Hassles Among Mothers of Young Children: Predictors of Parenting Adjustment. *Cognitive Therapy and Research,* 30, 161-175.

McKee, T., Harvey, E., Danforth, J., Ulaszek, W., and Friedman, J. (2004). The relation between parental coping styles and parent-child interactions before and after treatment for children with ADHD and oppositional behavior. *Journal of Clinical Child and Adolescent Psychology,* 33(1), 158-168.

McMillan, James H. (2000). *Educational Research: Fundamental s for the Consumer.* New York, Longman.

Mintz, Steven. (2004). *Huck's Raft: A History of American Childhood.* Massachusetts: The Belknap Press of Harvard University Press.

Morgan, J., Robinson, D., and Aldridge, J. (2002). Parenting stress and externalizing child behavior. *Child and Family Social Work,* 7, 219-225.

Mulsow, M, Caldera, Y., Pursley, M, Reifman, A., and Huston, A. (2002). Multilevel Factors Influencing Maternal stress during the first three years. *Journal of Marriage and Family,* 64, 944-956.

Myers, J. and Sweeney, T (2004). *Manual for the Five Factor Wellness Inventory (5f-Wel).* Provided by authors.

Myers, J. and Sweeney, T. (2005). The Indivisible Self: An Evidence-Based Model of Wellness. *Journal of Individual Psychology.* 61(3), 269-279.

Myers, J., Sweeney, T., and Witmer, J. (2000). The Wheel of Wellness Counseling for Wellness: A Holistic Model for Treatment Planning. *Journal of Counseling and Development.* 78, 251-266.

O'Connor, Stephen. (2001). *Orphan Trains: The story of Charles Loring Brace and the children he saved and failed.* Boston: Houghton Mifflin Company.

Ostberg, M. and Hagekill, B. (2000). A structural modeling approach to the understanding of parenting stress. *Journal of Clinical Child Psychology,* 29(4), 615-625.

Pallant, J. (2007). *SPSS Survival Manual: A step by step guide to data analysis using SPSS, 3rd edition.* Allen & Unwin.

Pecora, P., Kessler, R., Williams, J., O'Brien, K., Downs, A., English, D., White, J., Hiripi, E., White, C., Wiggins, T., and Holmes, K. (2005). Improving *Family Foster Care: Findings from the Northwest Foster Care Alumni Study*. Retrieved June 14, 2007 from http://www.casey.org/NR/rdonlyres/4E1E7C77-7624-4260-A253-892C5A6CB9E1/923/CaseyAlumniStudyupdated082006.pdf.

Pecora, P., Williams, J. Kessler, R., Downs, A., O'Brien, K., Hiripi, E., and Morello, S. (2003). *Assessing the effects of foster care: Early results from the Casey National Alumni Study*. Retrieved June 14, 2007 from http://www.casey.org/NR/rdonlyres/CEFBB1B6-7ED1-440D-925A-E5BAF602294D/302/casey_alumni_studies_report.pdf.

Perry, B.D., Pollard, R.A., Blakley, T.L., Baker, W.L., & Vigilante, D. (1995). Childhood Trauma, the Neurobiology of Adaptation and "Use-dependent" Development of the Brain: How "States" become "Traits." *Infant Mental Health Journal*. 16(4).

Pinderughes, E., Dodge, K., Bates, J., Pettit, G, and Zelli, A. (2000). Discipline responses: Influences of parents' socioeconomic status, ethnicity, beliefs about parenting, stress, and cognitive-emotional processes. *Journal of Family Psychology*, 14(3), 380-400.

Pisterman, S., Firestone, P., McGrath, P., Goodman, J., Webster, I., Mallory, R., and Goffin, B. (1992). The effects of parent training on parenting stress and sense of competence. *Canadian Journal of Behavioral Science*, 24(1), 41-58.

Pollak, S. and Tolley-Schell (2003). Selective attention to facial emotion in physically abused children. *Journal of Abnormal Psychology*, 112(3), 323-338.

Pottie, C. and Ingram, K. (2008). Daily stress, coping, and well-being in parents of children with autism: A multilevel modeling approach. *Journal of Family Psychology,* 22(6), 855-864.

Raikes, A. and Thompson, R. (2005). Efficacy and social support as predictors of parenting stress among families in poverty. *Infant Mental Health Journal,* 26(3), 177-190.

Rhodes, K., Cox, M.E., Orme, J.G., and Coakley, T. (2006). Foster parents' reasons for fostering and foster family utilization. *Journal of Sociology and Social Welfare,* 33(4), 105-126.

Roberts, J., Gotlib, I., and Kassel, J. (1996). Adult attachment security and symptoms of depression: The mediating roles of dysfunctional attitudes and low self-esteem. *Journal of Personality and Social Psychology.* 70(2), 310-320.

Rosen, L., Ickovics, J., and Moghadam, L. (1990). Employment and role satisfaction: Implications for the general well-being of military wives. *Psychology of Women Quarterly,* 14, 371-385.

Seaward, B. (2000). Stress and Human Spirituality 2000: At the Cross Roads of Physics and Metaphysics. *Applied Psychophysiology and Biofeedback.* 25(4), 241-246.

Seligman, M. and Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist,* 55(1), 5-14.

Sepa, A., Frodi, A, and Ludvigsson, J. (2004). Psychosocial correlates of parenting stress, lack of support and lack of confidence/security. *Scandinavian Journal of Psychology,* 45, 169-179.

Swartz, T.T. (2004). Mothering for the state: Foster parenting and the challenges of government-contracted carework. *Gender and Society,* 18(5), 567-587.

Thompson, T. and Veneman, A. (2005). *HHS and USDA Dietary Guidelines for Americans.* Retrieved June 26, 2007 from http://www.health.gov/dietaryguidelines/

Thielman, B., Barnard, S., and Krieger, U. (2001). Implementing the Values and Strategies of Family to Family. *Annie E. Casey Foundation;* American Public Human Services Association. Retrieved November 10, 2007 from http://www.aecf.org/upload/pdffiles/familytofamily/implementing.pdf.

Townes, C. (1984). Wellness: The emerging concept and its components. *Individual Psychology: Journal of Adlerian Theory, Research & Practice.* 40(4), 372-383.

Tripp De Robertis, M. and Litrownik, A.J. (2004). The experience of foster care: Relationship between foster parent disciplinary approaches and aggression in a sample of young foster children. *Child Maltreatment* 9(1), 92-102.

U.S. Department of Health and Human Services (2002). *Retaining Foster Parents* (Publication No. OEI-07-00-00601). Retrieved May 11, 2007 from http://oig.hhs.gov/oei/reports/oei-07-00-00601.pdf.

U.S. Department of Health and Human Services (2006). *The AFCARS Report: Preliminary FY 2005 Estimates as of September 2006 (13).* Retrieved from www.afc.hhs.gov/programs/cb.

U.S. Department of Health and Human Services (2008). *Trends in Foster Care and Adoption.* Retrieved from http://www.acf.hhs.gov/programs/cb/stats_research/afcars/trends_02-07.pdf.

U.S. Department of Health and Human Services, Administration for Children and Families (2009). *Questions and Answers Support.* Retreived from http://faq.acf.hhs.gov/cgi-bin/acfrightnow.cfg/php/enduser/home.php?

U.S. Department of Health and Human Services, Administration for Children, Youth and Families (2001). *National survey of child and adolescent well-being: One year in foster care report.* Washington, D.C.

Vermaes, I., Janssens, J., Mullaart, R., Vincks, A and Gerris, J. (2008). Parents' personality and parenting stress in families of children with spina bifida. *Child: Care, health and development,* 34(5), 665-674.

West, Elliot (1996). *Growing Up in Twentieth Century America: A history and reference guide.* Connecticut: Greenwood Press.

Williams, K. and Galliher, R. (2006). Predicting depression and self-esteem from social connectedness, support, and competence. *Journal of Social and Clinical Psychology,* 25(8), 855-874.

Willinger, U., Diendorfer-Radner, G., Willnauer, R. Jorgl, G., and Hager, V. (2005). Parenting stress and parental bonding. *Behavioral Medicine,* 31, 63-69.

Witmer, J. and Sweeney, T. (1992). A Holistic Model for Wellness and Prevention Over the Life Span. *Journal of Counseling & Development.* 71, 140-148.

World Health Organization, Constitution, World Health Organization, Geneva, 1946. Available online at http://w3.whosea.org/aboutsearo/pdf/const.pdf. Accessed August 18, 2006.

APPENDIX A

JOURNAL MANUSCRIPT

The Relationship among Multiple Factors of Wellness and Parent Stress in Foster Parents

Abstract

The purpose of this study was to investigate the relationship between the parental stress of foster parents and factors of wellness. Outcomes were measured using the Parenting Stress Inventory – Short Form (Abidin, 1995) and the Five Factor Wellness Inventory (Myers & Sweeney, 2004). Data were collected on a single occasion from 148 foster parents utilizing on-line support groups. Pearsons correlation found that there was a significant negative relationship between both Total Parenting Stress and Overall Wellness as well as Parent-Child Dysfunctional Interactions and Overall Wellness. Stepwise regression was used to investigate the variance caused by different factors of wellness. Two factors of wellness, Realistic Beliefs and Leisure, were found to be related to lower levels of Total Stress. Four factors of wellness, Leisure, Emotions, Positive Humor, and Realistic Beliefs were found to be related to lower levels of Parent-Child Dysfunctional Interactions.

Introduction

In 2007 there were 496,000 children in foster care in the United States (US Department of Health and Human Services [USDHHS], 2008). With such high numbers of children who are wards of the state, there is a strong need to improve caregivers' ability to meet the needs of this challenging population. While there is growing research on foster children's experience in foster care, there is a lack of understanding of how the experience of being a foster parent, with its rewards and challenges, might impact the experience of foster children in foster care. Foster parents have difficult jobs that are often underappreciated (Swartz, 2004; Tripp De Robertis & Litrownik, 2004). However, when the caregivers are able to meet the needs of foster children, primarily by providing a consistent placement and developing relationships with them, the children are better able to cope with the upheaval in their lives (Pecora, et al., 2005).

Factor Related to Foster Parenting

Unfortunately, the challenges of being a foster child are numerous. Foster children tend to have histories that place them at high risk for the development of behavioral problems. These risk factors include a lack of environmental stability, abuse or neglect, poverty, and displacement from loved ones (Tripp De Robertis & Litrownik, 2004). Once in foster care, foster children continue to be at risk for multiple transitions (Hines, Merdinger, & Wyatt, 2005). These risk factors compound foster children's risk for the development of behavioral problems (Linares, Montalto,Li, & Oza, 2006).

Children in foster care have increased rates of externalizing behavioral problems and psychiatric problems in general including noncompliance, oppositional behavior, aggressiveness (Fisher, Burraston, & Pears, 2005), greater levels of withdrawal, social immaturity, and testing behaviors (Hampson & Tavormina, 1980). In addition, it has been shown that maltreated youth tend to be at greater risk for "disorganization, problems in the attachment relationship, and delays in self-development, including the regulation and integration of emotional, cognitive, motivational, and social behavior" (Hines, Merdinger, & Wyatt, 2005, p.382).

Research conducted with former foster children found protective factors as well and these protective factors often relate to stability for foster children. Pecora, et al. (2005) found that fewer placement changes, no reunification failures and not running away resulted in a decrease in negative mental health outcomes, negative employment and financial outcomes, and negative education outcomes. There are many causes of placement changes in foster care, not the least of which include foster parent retention, satisfaction, and the foster parent/foster child relationship.

One foster parent retention study found that the median length of service for foster families in three states was between 8 and 14 months and that 47 to 62 percent stopped foster parenting within one year (Gibbs, 2004). Considering the many challenges that foster children pose, high burnout of foster parents would not be surprising. Yet, Gibb's study on foster parent retention also showed that having a greater number of children in the home and higher levels of care for "children with special needs were consistently associated with greater length of service" (p. 7). Clearly, there are many factors that impact foster parent retention above and beyond the presence of a difficult child and may relate to the reasons people chose to foster parent. Reasons to become a foster parent tend to be altruistic and focus on a desire to provide a home for children so they will not have to be placed in an institution, to help children who have special problems, or to do something positive for their community (Rhodes, Cox, Orme, & Coakley, 2006).

However, foster parents face a number of stressors in addition to caring for foster children who are challenging. Foster parents tend to be less financially secure and they report that support from social services agencies is inadequate (Tripp De Robertis & Litrownik, 2004); they often feel as though their parenting competence is undermined by state supervision, they lack authority to make decisions about the children they care for, and their family systems are often disrupted (Swartz, 2004); and they face the daily logistical difficulties of organizing the daily lives of children who often have special needs (Swartz). The combination of all of these stressors seems to compound the pressures felt by foster parents and do not necessarily take into account the stressors of every day parenting.

Parenting Stress

The following discussion of parenting stress utilizes Folkman and Lazarus's theory of stress and coping which defines stress as a response to an event where the individual lacks belief in his or her ability to cope with an event effectively (Folkman, Lazarus, Gruen, and DeLongis, 1986). Two processes essential to the model are (1) appraisal, and (2) coping. An event must first be appraised as a threat and then the individual's resources to cope with the threat are appraised. Then coping utilizes behavioral or cognitive means to either change the problem (problem focused) and/or to cope with their emotional responses (emotion focused).

Parental stress is influenced by multiple sources which can act alone or can be compounded. These sources of stress can include role transitions (Levy-Shiff, Dimtrovsky, Shulman, & Har-Even, 1998), daily life hassles (Crnic & Greenberg, 1990), socioeconomic status (Pinderhughes, Dodge, Bates, & Pettit, 2000), lack of social support (Mulsow, et al., 2002; Pottie & Ingram, 2008; Sepa, Frodi, & Ludvigsson, 2004) and beliefs about the parenting role (Abidin, 1992). The events discussed above are more likely to be found stressful if the parents assess the event as potentially harmful to their self-concept or if the parent has negative attributions about the child. Abidin stated that parenting stress is the result "of a series of appraisals made by each parent in the context of his or her level of commitment to the parenting role" (p.410).

The negative relationship between parental stress and parental satisfaction is supported by multiple studies (Crnic & Greenberg, 1990; Koeske & Koeske, 1990). Morgan, et al. (2002) discuss the effects of externalizing child behaviors on parents competency beliefs. These parents are more likely to perceive themselves as "having less

parenting knowledge, less parental competence, and fewer emotional and instrumental supports" (p.220). Early, Gregore, and McDonald's (2002) longitudinal study of 164 families showed that high levels of parental stress are also associated with decreased ability to fulfill responsibilities and lower levels of pleasure.

Both parent and child characteristics impact parent child interactions. Daily hassles increased mothers' tendency to respond irritably to their children (Crnic & Greenberg, 1990). In response, their children were more likely to respond aggressively. Baker, et al. (2005) found that while behavior problems were predictive of higher subsequent parental stress, that "parental stress predicts subsequent child behavior problem levels" (p. 226). They posit that this highlights the "mutually escalating effect" of parental stress and child behavior problems over time (p. 227).

While there are multiple causes of parental stress and while parental stress and child characteristics can have a "mutually escalating effect," there are also multiple buffers to parental stress. Koeske and Koeske's (1990) found that education level and social support helped to insulate mothers from the effects of parental stress. Several other studies support the negative relationship between social support and parental stress. In 1989, Roberts found that the benefits of social support are most pronounced when there are high levels of stress. Mckee, et al, (2004) found that mothers who accessed social support were more likely to utilize adaptive coping styles in reaction to parental stress and were less likely to use overreactive discipline. Pottie and Ingram's 2008 study of 93 parents of Autism Spectrum Disorder found that social support moderated the effect of daily stress. However, several other studies highlight contradictory findings in regards to the relationship between parental stress and seeking social support (Ostberg & Hagekull,

2000; Raikes & Thompson, 2005). Raikes and Thompson hypothesized that social support that results in access to alternative child care or support that offers advice or even a caring ear can provide one result while support that results in criticism may not help decrease parental stress.

Other buffers to parenting stress include positive perceptions about their children and about their ability to parent (Morgan, et al. 2002, Pisterman, et al., 1992). Other studies highlight the impact of personality characteristics, such as optimism (Baker, et al., 2005), agreeableness in fathers, and extraversion in mothers (Vermaes, 2008), on parental stress. Pottie and Ingram (2008) found that specific coping strategies, including positive reframing, emotional regulation, distraction, impact perceptions of parental stress. On especially stressful days, parents who avoided worrying (constantly thinking about the negative aspects of a problem) and who used emotional regulation had the most adaptive responses. Finally, the parent/child relationship has been shown to impact parental stress. Willinger, et al. (2005) found that "empathy, closeness, emotional warmth, and affection on the one hand and autonomy and allowance of independence on the other hand was associated with less parenting stress in the child and parent domains" (p. 67). The buffers to parental stress highlight the impact that an emphasis on wellness can have on parental stress.

Wellness

When investigating the causes of and buffers to parental stress and foster parent stress, a focus on factors of wellness can provide a unique lens to research. Interest in wellness or well-being increased after the World Health Organization (WHO) emphasized wellness in its constitution in 1946. The WHO constitution states that "Health is a state of

complete physical, mental and social well-being and not merely the absence of disease of infirmity" (p.2). This de-emphasis on pathology and emphasis on well-being parallels a great deal of research done in the area of positive psychology since the last half of the 20th century. Of special interest has been research into qualities that impact a person's ability to live and function optimally, not just without pathology or dysfunction. "Ageless wisdom defines wellness as the integration, balance, and harmony of mind, body, spirit and emotions, where the whole is greater than the sum of its parts" (Seaward, 2000, p.242). Definitions of wellness have also emphasized environmental factors as well as developmental life stages (Cohen, 1991; Townes, 1984). However, definitions of wellness are varied and have been developed in several different disciplines (Witmer and Sweeney, 1992).

The Indivisible Self Model of Wellness

One model of well-being is The Indivisible Self evidence based model of wellness. This model attempts to assess individual well-being from a holistic stance. The Indivisible Self model is a strength-based way of looking at how individuals may improve their quality of life. The model defines wellness as "a way of life oriented toward optimal health and well-being in which body, mind, and spirit are integrated by the individual to live more fully (Myers, Sweeney, and Witmer, 2000, p.252). The model draws from multiple disciplines including social, clinical, health, developmental, and personality psychology as well as stress management, behavioral medicine, psychoneuoimunology, ecology, and contextualism (Myers, Sweeney, and Witmer).

The Indivisible Self model incorporates 17 factors of wellness in 5 second order wellness factors which combine to create the "unity of personality" or "self" and

represents overall wellness (Hattie, Myers, and Sweeney, 2004, p. 359). The "Essential Self" includes spirituality, self-care, gender identity, and cultural identity. The "Creative Self" includes thinking, emotions, control, positive humor, and work. The "Coping Self" includes realistic beliefs, stress management, self-worth, and leisure. The "Social Self" includes of friendship and love. And, finally, the "Physical Self" factor includes exercise and nutrition.

Need for the Study

While many foster parents decide that the hassles of foster parenting do not outweigh the benefits, as evidenced by high dropout rates, many other foster parents continue to care for foster children. Why are some foster parents more likely to negotiate the stressors of fostering while other drop out? Clearly, there needs to be a greater understanding of the impact of stressors on foster parents and the characteristics of foster parents who remain foster parents.

One avenue to increase understanding of characteristics that increase foster parents' ability to provide care for foster children is to look at characteristics of wellness. Characteristics of wellness include protective factors that allow individuals to live optimally and reduce the negative impacts of stress. In their introduction to positive psychology, Seligman and Csikszentmihalyi (2000) stated "psychology should be able to help document what kinds of families result in children who flourish" (p.5). Examining factors of wellness can provide information about foster parent characteristics that may relate to their perceived levels of stress and their perceptions about the caregiver/child relationship.

With over half a million children in foster care and an estimated $10 billion of federal, state, and local money spent on out of home placements a year (USDHHS, 2006, Child Welfare Information Gateway, 2005), there is a strong need to provide the best care and treatment for foster children while they are in the custody of the state. While there is an abundance of research on child characteristics as well as parenting style characteristics that impact placement success, there is a lack of research on the how characteristics of foster parents themselves may impact foster parent/foster child interactions. Some foster parents are able to work through the stressors inherent in foster parenting and help children maintain placements and positive experiences in the foster home. An increased understanding of foster parent characteristics of wellness could increase the ability of foster care agencies and those who work with foster parents to improve the experiences of both foster parents as well as the children in their care. This study aims to answer the following three research questions and four hypotheses:

Question 1 - Is there a relationship between foster parent overall wellness and parental stress?

H_1) Higher levels of Overall Wellness are associated with lower levels of Total Stress.

Question 2 - Is there a relationship between foster parent overall wellness and parent-child dysfunctional interactions?

H_2) Higher levels of Overall Wellness are associated with lower levels of Parent-Child Dysfunctional Interaction.

Question 3 - How well do particular characteristic of wellness predict lower levels of parental stress and parent/child dysfunctional interactions?

H_3) There are particular characteristics of wellness that account for more variance in Total Stress than others.

H_4) There are particular characteristics of wellness that account for more variance in Parent-Child Dysfunctional Interactions.

Methods

Participants and Procedures

Potential foster parents were recruited through seven online foster parent support groups. The incentive of a drawing for $200 was provided in order to motivate foster parents to complete the instruments. The optimal sample size for this study was determined using Green's (1991) two step "rule of thumb." This rule of thumb is based on a power analytic approach and factors in alpha (α = .05), power (.80) and effect size (medium effect size R^2 =.13 or f^2 = .15). Green suggests using the equation $N \geq L/f^2$. Based on the 17 variables of the 5f-Wel, the optimal sample size for this study is greater than or equal to 148.

Ninety-five percent of the respondents were women. Forty-six percent of the respondents were between the ages of 30-39 but the ages ranged from 24 to 63 years of age. The overwhelming number of participants reported that they are Caucasian (96%) and heterosexual (97%). Only one participant reported a family income of less than $25,000 with the majority (65%) reporting a family income of between $25,000 and $75,000.

The length of foster parenting for the respondents ranged from two months to 42 years. However, 23% had foster parented for less than 2 years, 33% had foster parented between 2 to 4 years, and 31% had foster parented between 5 to 10 years. Only 11% of the respondents had foster parented for more that 10 years. The number of children in the home ranged from 1 to 10 with the mean of 3.7. The majority (60.1%) of the foster parents provided standard foster care, followed by therapeutic foster care (16.2%). However respondents also reported providing respite, foster adopt, kinship, medical,

specialized, and a combination of types of foster care. As the participants were accessed through support groups on the internet, there were respondents from 38 states in the U.S. and 5 from Canada.

The PSI-SF required that parents to answer parenting questions related to parenting a specific child. The respondents were asked to rate their answers based on their experiences with the most difficult foster child in their home. Fifty percent of the foster children were female and 46% were male (4% of the respondents did not indicate sex). Sixty percent of the children were under the age of five. Fifty-seven percent of the children had only had one or two placements but there was a range of 1 to 40 placements.

Variables and Instruments

Parenting Stress Index – Short Form (PSI-SF)

The Parenting Stress Index was developed by Richard Abidin, Ed.D, to identify stressed parent-child systems with the hope of enabling early intervention and can be used with parents of children 1 month to 12 years of age (Abidin, 1995). The PSI-SF uses a 36 items on a Likert scale to provide measures of four domains including; total stress, the parental distress domain, parent child dysfunctional interaction domain, and difficult child domain.

The four domains of the PSI-SF were derived from a factor analysis of the long version of the PSI. The Total Stress domain measures “personal parental distress, stresses derived from the parent’s interaction with the child, and stresses that result from the child’s behavioral characteristics” and does not measure stressors unrelated to the parental role (Abidin, 1995, p.55). The Parental Distress subscale measures stress related to the role of a parent including “impaired sense of parenting competence, stresses associated with

the restrictions placed on other life roles, conflict with the child's other parent, lack of social support, and presence of depression" (p.56). The Parent-Child Dysfunctional Interaction subscale measures "the parent's perception that his or her child does not meet the parent's expectations and the interactions with his or her child are not reinforcing" (p.56). Finally, the Difficult Child subscale focuses on the parent's perceptions about the behavioral characteristics of the child.

The PSI-SF was normed on 800 mothers from two separate samples collected from a small city in Virginia. The sample was predominantly white (87%) and African American (10%) resulting in an underrepresentation of minority groups. The mothers' ages were 32.4 +/-4.9 and they were predominantly married (88%). Abidin reported on two studies that evidenced reliability of the PSI-SF. The first test-retest study was conducted over a 6-month interval and included all 800 of the normative sample. The coefficient alphas ranged from .91 for Total Stress to .80 for Parent-Child Dysfunctional Interaction. A 1994 study of 103 Head Start parents showed alpha reliabilities of .79 for Parent Distress, .80 for Parent-Child Dysfunctional Interaction, .78 for Difficult Child, and .90 for Total Stress.

Evidence of validity was demonstrated by correlating the PSI-SF and the full length PSI in sample of 530 subjects. Evidence for validity from the full length PSI was given as evidence for the PSI-SF's validity. Convergent and discriminant validity were used as evidence for validity with the full length PSI. The PSI manual provides 16 pages of abstracts investigating validity as well as citations for 92 measures that have correlated to the PSI. In addition, the PSI has been studied cross-culturally and there are also studies

that show it can be used as an outcome measure for stress reduction interventions (Alison, Barnes, & Oehler Stinnett, 2004).

Five Factor Wellness Inventory (5f-Wel)

The 5f-Wel is a self-report measure of holistic wellness based on the Indivisible Self model of wellness. It provides 23 factor scores, four context scores, and one validity index. The 23 factor scores include a total wellness score and five second order factors and 17 third order factor scores grouped under the second order factors (Myers & Sweeney, 2004). The 5-f-Wel was developed through a structural equation modeling analysis of the Wellness Evaluation of Lifestyle, the 5f-well's precursor. The factors measured by the 5f-wel parallel those in the Indivisible Self model described in the introduction and delineated in Table 1. Contextual factors were not included in analysis or in Table 1.

Table 1
Factors Measured by the 5f-wel

Overall Wellness	
Essential Self	Coping Self
Spirituality	Leisure
Gender Identity	Stress Management
Cultural Identity	Self Worth
Self Care	Realistic Beliefs
Creative Self	Social Self
Thinking	Friendship
Emotions	Love
Control	
Work	Physical Self
Positive Humor	Nutrition
	Exercise

The norm group is comprised of 1,899 volunteers recruited through classes, professional workshops, research projects and doctoral dissertations. The norm group has

an overrepresentation of females and young adults (age 26-35) are underrepresented. The males in the norm group also tend to have a high rate of masters or doctoral degrees. Ethnic diversity was described as representative compared to national population statistics (Myers & Sweeney, 2004). Reliability for the model was determined via internal consistency based on a study of 3,043 individuals. The study revealed that the five second order factors had the following alpha coefficients: Creative Self (.93), Coping Self (.92), Social Self (.94), Essential Self (.91) and Physical Self (.90), with Total Wellness being .94. Diversity for the sample is as follows: 54% males and 46% females; 80% Caucasian and 20% ethnic minority; all aged 18 and older; and slightly less that half of the participants had completed high school, 30% had a bachelor's degree, and 15.7% held a master's degree or higher.

Myers and Sweeney (2004) report several studies that provide evidence for convergent and divergent validity. First and second order factors were found discriminant for variables such as ethnic identity, acculturation, spirituality, moral identity and social interest, academic self-concept, mattering, self-esteem, transitions, age, life satisfaction, family environment and adolescent delinquency, and relationship self-efficacy. Discrimination was also found for the first, second and third order factors based on demographic indexes such as age, gender and ethnicity. Convergent validity has been found in correlations between total wellness and happiness, health, and life satisfaction.

Results

The means for the three subscales on the Parenting Stress Index – Short Form (PSI-SF) as well as for Total Stress can fall in the normal range (16-84th percentile) or high range ($\geq$ to 85th percentile). In addition, Total Stress scores above 90th percentile are

considered clinically significant. In the sample, mean scores for Parent-Child Dysfunctional Interaction, and Difficult Child were high while mean scores for Parental Distress were in the normal range. The mean score for Total Stress was in the clinically significant range. The means for the respondent's scores on the Five Factor Wellness Inventory (5f-Wel) were within one standard deviation of the 5f-Wel's normative sample mean scores.

Research Question 1

The first hypothesis of the study states that higher levels of Overall Wellness are associated with lower levels of Total Stress. Pearson 2-tailed correlation was used to determine the relationship between Overall Wellness and Total Stress. The relationship between Total Stress and Overall Wellness is negative and moderate (r = -.306, P = <.0005), supporting Hypothesis 1 at the .05 level of significance.

Research Question 2

The second hypothesis of the study states higher levels of Overall Wellness are associated with lower levels of Parent-Child Dysfunctional Interaction. Pearson 2-tailed correlation was used to determine the relationship between Overall Wellness and Parent-Child Dysfunctional Interaction. The relationship between Parent-Child Dysfunctional Interactions and Overall wellness was a moderate to small negative relationship (r = -.246, P = .003), supporting Hypothesis 2 at the .05 level of significance.

Research Question 3

The third hypothesis of the study states that there are particular characteristics of wellness more predictive of lower levels of total parental stress. The stepwise regression analysis showed that two of the 17 wellness variables, realistic beliefs and leisure,

significantly impacted Total Stress of the foster parents. Realistic Beliefs accounted for 11% of the variance of Total Stress (R^2 = .11, ΔR^2 = .104). When Leisure was added the model accounted for 15.3% of the variance, contributing to an additional 4.3% of the variance (R^2 = .153, ΔR^2 = .043). See Table 12 for the stepwise regression analysis findings. (See Table 2 for a summary.)

Table 2
Summary of Stepwise Regression Analysis for Variables Predicting Total Stress

	B	*SE*	Beta	*t*	*p* value
Step 1 (R^2 = .110, ΔR^2 = .104)					
Constant	141.330	11.823		11.953	<.0005
Realistic Beliefs	-.754	.177	-.332	-4.258	<.0005
Step 2 (R^2 = .153, ΔR^2 = .043)					
Constant	162.170	13.889		11.676	<.0005
Realistic Beliefs	-.590	.184	-.260	-3.212	.002
Leisure	-.447	.165	-.220	-2.714	.007

The fourth hypothesis of the study stated that there are particular characteristics of wellness more predictive of lower levels of parent/child dysfunctional interactions. The stepwise regression analysis showed that 4 of the 17 wellness variables (Leisure, Emotions, Positive Humor, and Realistic Beliefs) significantly impacted variance in the Parent–Child Dysfunctional Interactions subscales of the foster parents. Leisure accounted for 7.9% of the variance of Parent-Child Dysfunctional Interactions (R^2 = .079, ΔR^2 = .079). Leisure and Emotions accounted for 11.7% of the variance (R^2 = .117, ΔR^2 = .038). Leisure, Emotions, and Positive Humor accounted for 14.9% of the variance (R^2 = .149, ΔR^2 = .033). Leisure, Emotions, Positive Humor, and Realistic Beliefs accounted

for 17.7% of the variance, (R^2 = .177, ΔR^2 = .028). See Table 3 for the summary of the stepwise regression analysis findings.

Table 3
Summary of Stepwise Regression Analysis for Parent-Child Dysfunctional Interactions

	B	*SE*	Beta	*t*	*p* value
Step 1 (R^2 = .079, ΔR^2 = .079)					
Constant	43.741	4.622		9.463	<.0005
Leisure	-.227	.064	-.281	-3.542	<.001
Step 2 (R^2 = .117, ΔR^2 = .038)					
Constant	58.123	7.364		7.892	<.0005
Leisure	-.181	.066	-.224	-2.755	.007
Emotions	-.225	.091	-.202	-2.481	.014
Step 3 (R^2 = .149, ΔR^2 = .033)					
Constant	54.055	7.457		7.249	<.0005
Leisure	-.240	.069	-.297	-3.457	.001
Emotions	-.303	.095	-.271	-3.175	.002
Positive Humor	.182	.078	.213	2.345	.020
Step 4 (R^2 = .177, ΔR^2 = .028)					
Constant	60.531	7.934		7.629	<.0005
Leisure	-.200	.071	-.248	-2.824	.005
Emotions	-.308	.094	-.276	-3.271	.001
Positive Humor	.203	.077	.237	2.625	.010
Realistic Beliefs	-.160	.073	-.177	-2.187	.030

Post Hoc Analysis

A post hoc analysis was conducted to ascertain the impact that factors of wellness as measure by the Five Factor Wellness Inventory have on both the Parental Distress and Difficult Child Subscales of the Parenting Stress Index – Short Form.

Stepwise regression was used to ascertain the impact of factors of wellness on Parental Distress. Three of the 17 wellness variables (Realistic Beliefs, Work, and Leisure) significantly impacted the Parental Distress scale of the foster parents. Realistic

Beliefs accounted for 26.2% of the variance of Parental Distress (R^2 = .262, ΔR^2 = .262). Realistic Beliefs and Work accounted for 40.6% of the variance (R^2 = .406, ΔR^2 = .144). Realistic Beliefs, Work, and Leisure accounted for 43.3% of the variance (R^2 = .433, ΔR^2 = .027).

Stepwise regression was also used to ascertain the impact of factors of wellness on the Difficult Child subscale of the Parenting Stress Index – Short Form. None of the variables of wellness met criteria to be entered into the model, implying that none of the factors have a significant impact on the variance of foster parent's ratings on the Difficult Child subscale. A Pearson's Correlations showed that Realistic Beliefs was the only factor of the 17 wellness factors that correlated with lower levels of ratings on the Difficult Child subscale at a statistically significant level (r = -.159, P = .027).

Discussion

The goal of this study was to explore the relationships between multiple factors of wellness and parental stress in foster parents. Compared to the normative data of the Parenting Stress Index-Short Form (PSI-SF) the foster parents in the study had mean scores in the clinically significant range for the Total Stress, Parent-Child Dysfunctional Interactions, and the Difficult Child scales. Parental Distress means were below the statistically significant cutoff. All of the foster parent wellness factor means were within one standard deviation of the 5f-Wel's normative sample mean scores. All of the four hypothesis were supported, but to varying degrees. There was a moderate negative correlation between Total Wellness and both Total Stress and Parent-Child Dysfunctional Interactions, indicating that further exploration of what factors of wellness might relate to lower levels of foster parent total stress was warranted. Below is a discussion that

reviews the findings of how well the different factors of wellness predict lower levels of total parental stress, parent-child dysfunctional interactions, parental distress and ratings of difficult child.

Authors have reported numerous buffers to parental stress and parent-child dysfunctional interactions including education level, social support, marital status, parental beliefs, feeling competent, optimism, religious coping, humor, role satisfaction, and the parent-child relationship (Baker, et al., 2005; Copeland and Harbaugh, 2005; Eisengart, et al., 2006; Koeske and Koeske, 1990; Morgan, et al., 2002, Pisterman, et al., 1992; and Willinger, et al., 2005). Some of these related specifically to parenting while others are considered strengths that contribute more generally to a person's ability to live optimally. This study investigated if factors related to wellness in general, not related specifically to parenting, would impact ratings of parental stress and parent child dysfunctional interactions.

Realistic Beliefs contributed significantly to lower levels of total foster parent stress, parent-child dysfunctional interactions, and parental distress. It also correlated with lower ratings of difficult child. The Indivisible Self Model of Wellness defines "Realistic Beliefs" as "understanding that perfection or being loved by everyone are impossible goals, and having the courage to be imperfect; … avoiding unrealistic expectations or wishful thinking" (Myers and Sweeney, 2004, p13). According to this definition, Realistic Beliefs appear to be an emotion-focused coping mechanism because they help foster parents manage their reactions and, potentially, their emotional responses to stressors associated with foster parents. This finding could have important implications for preparing new foster parents for the realities of foster parenting. The impact of beliefs

may also relate to the fact that almost half of foster parents stop foster parenting within one year of beginning (Gibbs, 2004). Maybe their beliefs about what foster parenting will be like do not match the realities, increasing foster parent stress. Foster care agencies and foster care workers can provide a valuable function of keeping foster parents realistic in their beliefs about child behaviors, their needs and struggles, and the fact that many of the behaviors of foster children may take a long time to change. While it is understandable that foster parents internalize a foster child's negative behavior as being rejecting, it seems that Realistic Beliefs could allow foster parents to highlight the reality of the causes of the child's difficulty in developing a positive relationship with a foster parent. Finally, realistic beliefs may allow foster parents to acknowledge the limitations of what they can and cannot expect to accomplish as a foster parent.

Leisure contributed significantly to lower levels of total parental stress, parent-child dysfunctional interactions, and parental distress. The Indivisible Self Model of Wellness defines Leisure as "Activities done in one's free time: satisfaction with one's leisure activities, importance of leisure, positive feelings associated with leisure" (Myers and Sweeney, 2004, p.13). This finding could have important implications for the support that foster care agencies/workers provide foster parents to increase their ability to focus on activities that they enjoy and could be rejuvenating. Leisure, as defined by Myers and Sweeney, could be considered emotion-focused coping. The point is not to change the stressor contributing to parenting stress or dysfunctional parent child interactions, but to help the individual increase the ability to regulate emotional responses. Potentially, foster parents who are more balanced in work and play are able to cope more effectively with stressors associated with being a foster parent. By honoring the personal need for fun and

relaxation, foster parents are able to positively impact the parent/child relationship, perhaps by being more emotionally available to the child, less reactive, and more patient.

Emotions contributed significantly to lower levels of parent-child dysfunctional interactions. The Emotions subscale is defined as "Being aware of or in touch with one's feelings; being able to express one's feelings appropriately; being able to enjoy positive emotions as well as being able to cope with negative emotions…" (Myers and Sweeney, 2004, p.12). As defined here, Emotions are an emotion-focused coping response. By honoring and being aware of their emotions, foster parents are increasing their ability to have positive parent/child interactions. This self awareness may allow foster parents to acknowledge their feelings before interacting with foster children or may increase foster parent's ability to cope proactively when feeling negative emotions instead of letting them build up (a contributor to burnout).

Positive Humor also contributed significantly to lower levels of parent-child dysfunctional interactions. Myers and Sweeney define Positive Humor as "Being able to laugh at one's own mistakes and the unexpected things that happen" and "having the capacity to see the contradictions and predicaments of life in an objective manner such that one can gain new perspectives" (p. 12). As another emotion-focused coping response, humor may allow foster parents to deal more positively with frustrating interactions with foster children. The above definitions emphasis on using humor to acknowledge the contradictions and predicaments objectively may decrease foster parents from viewing negative interactions with their foster children as being rejected or alienated, and maybe increasing the foster parent's ability to acknowledge the child's

experience. The use of humor may also prevent the negative interactions from perpetuating further negative reactions.

Work contributed significantly to lower levels of parental distress. Work, as defined by Myers and Sweeney (2004), is "being satisfied with one's work, having adequate financial security, feeling that one's skills are used appropriately, …, and feeling appreciated in the work one does" (p.12). This finding is interesting given that 39% of the respondents reported that they are "not working." It is possible that some foster parents answered "work" related questions on the 5f-Wel with their role as foster parents in mind. This highlights the fact that being a foster parent has different meaning for some and that, while it does not come with a salary, it is considered by some to be their work. Further research is needed to ascertain if working outside the home impacts the role of foster parent and/or ratings of foster parent distress.

Recommendation

The fact that there was a smaller relationship between Parent-Child Dysfunctional Interactions and Wellness than Total Stress and Wellness emphasizes the way that the Parent-Child interactions are impacted by both the parent and the child, as well as the parent/child relationship. A foster parent engaging in healthy behaviors can impact the parent-child relationship but that relationship is still affected by the behaviors and experiences of the child. This study highlights however, the way that certain behaviors, or ways of coping, can have a positive impact on both the overall parental stress experienced by foster parents as well as the parent-child relationship.

This information could be an invaluable tool for both foster parents and those whose job it is to support foster parents and foster children. Increasing foster parent's

access to useful training about potential behaviors expected from foster children as well as the reasons that they might occur (such as trauma responses, grief, etc.) could increase foster parent's ability to have realistic beliefs about the children in their homes. In addition, increasing foster parents' understanding of the frustration and realities of working within the foster care and human services disciplines may also allow them to have more accurate perceptions of what to expect when being a part of those systems. Accurate understandings of how those systems work and the roles and responsibilities of treatment team members may allow foster parents to more successfully negotiate them.

Foster parents and professionals who support foster parents could also benefit from a greater emphasis on providing opportunities for leisure time for foster parents. Increasing access to respite care (through foster care agencies or more through more social supports) could allow foster parents more time to nurture the other roles in their lives (friend, partner, etc.). In addition, increasing foster parents ability to access more family oriented leisure activities while including foster children may enable them to be able to have more enjoyable times with the foster children, supporting the parent child relationship.

Emotional awareness also impacted perceptions about parent/child dysfunctional interactions. Foster parents should be provided with support through therapists, support groups, etc, that will enable them to increase their ability to understand their emotions as well as find ways to be able to discharge negative emotions. Finally, highlighting the way that simply using positive humor can positively impact parent/child interactions may give foster parents a tool they had not purposefully utilized in the past.

Limitations

One limitation of this study is the sample, which was a volunteer and convenience sample. Volunteer samples risk becoming biased in that the results could depend on the people who choose to participate (McMillan, 2000). In addition, there may be problems with generalizing from foster parents involved in online groups. Are foster parents who seek out support on-line significantly different from other foster parents? Finally, the use of an incentive to participate (drawing to win $200) may have ensured a large enough sample size but it may have also impacted generalizability to foster parents in general.

The use of self report measures that are relatively face valid is another limitation. As with any self report measure there is a risk of fakability and self-deception (Hopkins, 1998). Anonymity could help but researching the subject of feelings related to parenting can be sensitive and subjects may have trouble admitting feelings of frustration, negative feelings about children, or parental dissatisfaction. Finally, it is difficult to draw strong conclusions or make strong statements with survey data from a single sample and with data from only one occasion. This study allows us to see that there are some factors of wellness more predictive of lower levels of parental stress than others, however, further studies are needed to enable researchers to draw more concrete conclusions.

Summary

This study examined the relationship between factors of wellness and parental stress in foster parents. A comparison of the stress levels of the foster parents in this study to normative data showed that the foster parents had higher levels of total stress, ratings of dysfunctional parent-child interactions, and ratings that the children in their care were difficult. The study found that realistic beliefs and an emphasis on leisure activities was

predictive of lower levels of total foster parent levels of success. In addition, an emphasis on leisure activities, emotional awareness, positive humor, and realistic beliefs were predictive of lower levels of dysfunctional parent/child interactions. Finally, supplementary analysis found that realistic beliefs, satisfaction with work, and an emphasis on leisure activities were predictive of lower levels of foster parent role distress while realistic beliefs was related to lower ratings of children's behaviors as difficult.

Future research should take into account the developing change in the roles of foster parents and the ways that factors of wellness or positive psychology in general can help them develop and maintain positive coping strategies. It is also hoped that this research will add to the research that can be used to increase support for foster parents and the impact they have on the foster children they provide homes for. Having positive experiences in foster homes, with an emphasis on support during a difficult time, less overall number of placements for children in foster care, and the ability to potentially experience healthy family life is largely dependent upon the foster parents and the type and amount of support they receive. While history and current literature has shown that the current foster care system is constantly changing and, hopefully being improved upon, the role of the foster parent in the life of a foster child is indisputable, just as the need to provide support, education and resources to foster parents is indisputable.

References

Abidin, R. (1992). The determinants of parenting behavior. *Journal of Clinical Child Psychology*, 21(4), 407-412.

Abidin, R. (1995). *Parenting Stress Index (3rd ed.): Professional Manual.* Florida: Psychological Assessment Resources, Inc.

Alison, J., Barnes, L., and Oehler Stinnett, J. (2004). Review of the Parenting Stress Index. *The thirteenth mental measurements yearbook* [Electronic version]. Retrieved June 26, 2007, from EBSCOhost.

Baker, B, Blacher, J., and Olsson, M. (2005). Preschool children with and without developmental delay: behavior problems, parents' optimism and well-being. *Journal of Intellectual Disability Research,* 49(8), 575-590.

Baker, B., McIntyre, L., Blacher, J., Crnic, K., Edelbrock, C. & Low, C. (2003). Preschool children with and without developmental delay: behavior problems and parenting stress over time. *Journal of Intellectual Disability Research*, 47(4/5), 217-230.

Child Welfare Information Gateway (2005). *Foster Care: Numbers and Trends.* Retrieved from: http://www.childwelfare.gov/pubs/factsheets/foster.cfm.

Copeland, D. and Harbaugh, B. (2005). Differences in parenting stress between married and single first time mothers at six to eight weeks after birth. *Issues in Comprehensive Pediatric Nursing*, 28, 139-152.

Cowen, E. (1991). In pursuit of wellness. *American Psychologist*, 46(4), 404-408.

Crnic, K. and Greenberg, M. (1990). Minor Parenting Stresses with young children. *Child Development*, 61, 1628-1637.

Early, T., Gregoire, T., and McDonald, T. (2002). Child functioning and caregiver well-being in families of children with emotional disorders. *Journal of Family Issues,* 23(3), 374-391.

Eisengart, S., Siger, L., Kirchner, H., Oh Min, M., and Fulton, S. (2006). Factor Structure of Coping: Two studies of mothers with high levels of life stress. *Psychological Assessment,* 18(3), 278-288.

Fisher, P., Burraston, B., and Pears, K. (2005). The early intervention foster care program: Permanent placement outcomes from a randomized trial. *Child Maltreatment,* 10(1), 61-71.

Folkman, S., Lazarus, R., Gruen, R., and Delongis, A. (1986). Appraisal, Coping, Health Status, and Psychological Symptoms. *Journal of Personality and Social Psychology,* 50(3), 571-579.

Gibbs, D.A. (2004). *Understanding Foster Parenting: Using Administrative Data to Explore Retention.* Report prepared by RTI International for U.S. Department of Health and Human Services; Office of the Assistant Secretary for Planning and Evaluation. Washington, DC: U.S. Department of Heath and Human Services.

Green, S. (1991). How many subjects does it take to do a regression analysis? *Multivariate Behavioral Research,* 26(3), 499-510.

Hampson, R.B. and Tavormina, J.B. (1980). Relative effectiveness of behavioral and reflective group training with foster mothers. *Journal of Counseling and Clinical Psychology,* 48(2), 294-295.

Hattie, J., Myers, J., and Sweeney, T. (2004). A factor Structure of Wellness: Theory, assessment, analysis, and practice. *Journal of Counseling and Development,* 82, 354-364.

Hines, A.M., Merdinger, J. and Wyatt, P. (2005). Former foster youth attending college: Resilience and the transition to young adulthood. *American Journal of Orthopsychiatry,* 75(3), 381-394.

Koeske, G. and Koeske, R. (1990). The buffering effect of social support on parental stress. *American Journal of Orthopsychiatry,* 60(3), 440-451.

Lazarus, R. and Folkman, S. (1984). *Stress, appraisal, and coping.* New York: Springer.

Levy-Shiff, R., Dimtrovsky, L, Shulman, S., and Har-Even, D. (1998). Cognitive appraisals, coping strategies, and support resources as correlates of parenting and infant development. *Developmental Psychology*, 34(6), 1417-1427.

Linares, L.O., Montalto, D., Li, M., and Oza, V.S. (2006). A promising parenting intervention in foster care. *Journal of Counseling and Clinical Psychology,* 74(1), 32-41.

McKee, T., Harvey, E., Danforth, J., Ulaszek, W., and Friedman, J. (2004). The relation between parental coping styles and parent-child interactions before and after treatment for children with ADHD and oppositional behavior. *Journal of Clinical Child and Adolescent Psychology,* 33(1), 158-168.

Morgan, J., Robinson, D., and Aldridge, J. (2002). Parenting stress and externalizing child behavior. *Child and Family Social Work,* 7, 219-225.

Mulsow, M, Caldera, Y., Pursley, M, Reifman, A., and Huston, A. (2002). Multilevel Factors Influencing Maternal stress during the first three years. *Journal of Marriage and Family*, 64, 944-956.

Myers, J. and Sweeney, T (2004). *Manual for the Five Factor Wellness Inventory (5f-Wel).* Provided by authors.

Myers, J. and Sweeney, T. (2005). The Indivisible Self: An Evidence-Based Model of Wellness. *Journal of Individual Psychology.* 61(3), 269-279.

Myers, J., Sweeney, T., and Witmer, J. (2000). The Wheel of Wellness Counseling for Wellness: A Holistic Model for Treatment Planning. *Journal of Counseling and Development.* 78, 251-266.

Ostberg, M. and Hagekill, B. (2000). A structural modeling approach to the understanding of parenting stress. *Journal of Clinical Child Psychology,* 29(4), 615-625.

Pecora, P., Kessler, R., Williams, J., O'Brien, K., Downs, A., English, D., White, J., Hiripi, E., White, C., Wiggins, T., and Holmes, K. (2005). Improving *Family Foster Care: Findings from the Northwest Foster Care Alumni Study*. Retrieved June 14, 2007 from http://www.casey.org/NR/rdonlyres/4E1E7C77-7624-4260-A253-892C5A6CB9E1/923/CaseyAlumniStudyupdated082006.pdf.

Pecora, P., Williams, J. Kessler, R., Downs, A., O'Brien, K., Hiripi, E., and Morello, S. (2003). *Assessing the effects of foster care: Early results from the Casey National Alumni Study*. Retrieved June 14, 2007 from http://www.casey.org/NR/rdonlyres/CEFBB1B6-7ED1-440D-925A-E5BAF602294D/302/casey_alumni_studies_report.pdf.

Pinderughes, E., Dodge, K., Bates, J., Pettit, G, and Zelli, A. (2000). Discipline responses: Influences of parents' socioeconomic status, ethnicity, beliefs about parenting, stress, and cognitive-emotional processes. *Journal of Family Psychology,* 14(3), 380-400.

Pisterman, S., Firestone, P., McGrath, P., Goodman, J., Webster, I., Mallory, R., and Goffin, B. (1992). The effects of parent training on parenting stress and sense of competence. *Canadian Journal of Behavioral Science,* 24(1), 41-58.

Seaward, B. (2000). Stress and Human Spirituality 2000: At the Cross Roads of Physics and Metaphysics. *Applied Psychophysiology and Biofeedback.* 25(4), 241-246.

Seligman, M. and Csikszentmihalyi, M. (2000). Positive psychology: An introduction. *American Psychologist,* 55(1), 5-14.

Sepa, A., Frodi, A, and Ludvigsson, J. (2004). Psychosocial correlates of parenting stress, lack of support and lack of confidence/security. *Scandinavian Journal of Psychology,* 45, 169-179.

Swartz, T.T. (2004). Mothering for the state: Foster parenting and the challenges of government-contracted carework. *Gender and Society,* 18(5), 567-587.

Townes, C. (1984). Wellness: The emerging concept and its components. *Individual Psychology: Journal of Adlerian Theory, Research & Practice.* 40(4), 372-383.

Tripp De Robertis, M. and Litrownik, A.J. (2004). The experience of foster care: Relationship between foster parent disciplinary approaches and aggression in a sample of young foster children. *Child Maltreatment* 9(1), 92-102.

U.S. Department of Health and Human Services (2008). *Trends in Foster Care and Adoption.* Retrieved from http://www.acf.hhs.gov/programs/cb/stats_research/afcars/trends_02-07.pdf.

Vermaes, I., Janssens, J., Mullaart, R., Vincks, A and Gerris, J. (2008). Parents' personality and parenting stress in families of children with spina bifida. *Child: Care, health and development,* 34(5), 665-674.

Willinger, U., Diendorfer-Radner, G., Willnauer, R. Jorgl, G., and Hager, V. (2005). Parenting stress and parental bonding. *Behavioral Medicine,* 31, 63-69.

Witmer, J. and Sweeney, T. (1992). A Holistic Model for Wellness and Prevention Over the Life Span. *Journal of Counseling & Development.* 71, 140-148.

World Health Organization, Constitution, World Health Organization, Geneva, 1946. Available online at http://w3.whosea.org/aboutsearo/pdf/const.pdf. Accessed August 18, 2006.

APPENDIX B

LETTER OF INVITATION TO PARTICIPATE IN STUDY

Hello Foster Parents,

I am a doctoral student at the University of Northern Colorado collecting data for my dissertation and I need your help. I am researching factors of foster parent wellness or strengths and parental stress. I have worked for the past 10 years with foster children and have always been amazed by what you do as foster parents. I believe that foster parents are unique individuals with unique strengths who choose to do a very challenging job. However, there isn't a lot of research available about what can make it easier to deal with the challenges and stresses associated with foster parenting. So, that is what I am trying to learn.

I know that you are very busy but I hope that you will take a few minutes to complete my on-line survey. It will take approximately 10-15 minutes and your participation is completely anonymous. Simply click on or cut and paste the link below and it will take you to my survey.

www.surveymonkey.com/s.aspx?sm=5_2fywzDwIMDWe4b3E1_2bGU_2bg_3d_3d

To thank you for completing the survey I am doing a random drawing with the prize of $200 when I get the number of respondents I need (which is only 150 so the odds are pretty good). If you are interested just send me an email at Gillingham.sarah@yahoo.com, stating you completed the survey. Include your e-mail or other contact information and I will contact the winner! Since the e-mail you send is separate from survey collection I am able to maintain response anonymity.

Please feel free to contact me with any questions or concerns. Thank you so much for you participation and for providing a home for children in need!

Sarah Gillingham, MA LPC
University of Northern Colorado
gillingham.sarah@yahoo.com
303-679-2352

APPENDIX C

LETTER OF INFORMED CONSENT

University of Northern Colorado
Institutional Review Board
Information Sheet
Project Title: Lifestyle Questionnaire

Researchers: Sarah Gillingham, MA
Department of Applied Psychology and Counselor Education

Research Advisor: David Gonzalez, Ph.D.
Department of Applied Psychology and Counselor Education

Phone Number: (970) 351-1639

We are conducting research to increase understanding of aspects that impact the quality of life of foster parents. If you agree to participate, we will provide two questionnaires for you to complete on this single occasion. It will take approximately 25 minutes for you to complete the questions. You will be asked questions about different areas of you life: your habits, beliefs, and coping skills as well as your feelings about parenting. We foresee no risks to participants beyond those normally encountered completing a questionnaire about lifestyle practices and parenting stress. Your responses to the questionnaires will be kept confidential. You will not be asked to put your name or other identifying information on the questionnaires; however, demographic information such as sex, birth date, education level, type of foster home, etc. will be asked.

Participation is voluntary. You may decide not to participation this study and if you begin participation you may still decide to stop and withdraw at any time. Your decision will be respected and will not result in loss of benefits to which you are otherwise entitled. Having read the above and having had an opportunity to ask questions, please begin the questionnaires, which will indicate your consent to participate. This letter is your copy for you to retain for future reference. If you have any concerns about your selection or treatment as a research participant, please contact the Sponsored Programs and Academic Research Center, Kepner Hall, University of Northern Colorado Greeley, CO 80639; 970-351-1907.

Please feel free to phone us if you have any questions or concerns about this research. Thank you for assisting us with our research.

Sincerely,

Sarah Gillingham and Dr. David Gonzalez

APPENDIX D

DEMOGRAPHIC QUESTIONS

1. What is your annual family income?

   - ○ Less than $25,000
   - ○ $25,000 – $50,000
   - ○ $50,000 - $75,000
   - ○ Greater than $75,000

2. How long have you been a foster parent?

   _____

3. How many placements has your foster child had?

   _____

4. How many children are in your home?

   Total? _____

   Biological? _____

   Adoptive? _____

   Foster? _____

5. What type of foster care do you provide (Therapeutic, standard, kinship, etc.)?

   _____

APPENDIX E

INFORMATION ON COPYWRITED INSTRUMENTS

Abidin, R. (1995). *Parenting Stress Index (3rd ed.): Professional Manual.* Florida: Psychological Assessment Resources, Inc.

The Parenting Stress Index is available from:

Psychological Assessment Resources, Inc. (PAR).

www3.parinc.com

1-800-331-8378

Myers, J. and Sweeney, T (2004). *Manual for the Five Factor Wellness Inventory (5f-Wel).* Provided by authors.

The 5f-Wel is available from:

Mind Garden

www.mindgarden.com

(650) 322-6300