OPTIMISM AND LOSS: THE EXPERIENCES OF CHILDREN IN FOSTER CARE

Christine McAuliffe

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Committee:

Catherine Stein, Advisor

Eric Dubow

Jennifer Gillespie

ABSTRACT

Catherine Stein, Advisor

On any given day in the U.S., there are approximately 540,000 children and adolescents in the foster care system. Researchers and practitioners document the economic, social, and emotional costs associated with foster care. Yet, relatively little is known about the resilience and coping strategies of children in foster care. The present study examined the role of foster care placement decisions on the optimism levels and feelings of personal loss of 53 children and adolescents placed in foster care. Participant's self-reports of optimism and personal loss were examined as a function of chronological age, gender, total length of time in care, length of time in a current placement, family visitation schedules, and the number of placements experienced. Relationships between levels of optimism and personal loss were also examined.

Participants in this sample of foster care children reported being less optimistic than other distressed and non-distressed samples. Children in this study also generally reported experiencing significant feelings of personal loss related to their placement in foster care. Experiencing supervised family visits was associated with reporting more feelings of overall personal loss. Children's feelings of personal loss regarding their futures were negatively related to the total length of time they spent in the foster care system. Children in stable current foster care placements also reported experiencing less feelings of personal loss both overall and across several domains. Implications for program development and advocacy for children in the foster care system are discussed.

For The Kids

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TABLE OF CONTENTS

	Page
INTRODUCTION	1
Foster Care System	1
Optimism	8
Personal Loss	14
Summary and Critique	17
Present Research	20
METHOD	21
Recruitment of Participants.....	21
Sample Characteristics	22
Measures	24
Caseworker Questionnaire	24
Children's Attributional Style Questionnaire- (CASQ).....	24
Foster Children's Personal Loss Scale- (FCPLS)	25
Procedure	25
RESULTS	27
Children in Foster Care's Reports of Optimism	27
Demographic Characteristics & Children in Foster Care's Reports of Optimism	30
Foster Children's Personal Loss Scale (FCPLS)	30
Demographic Characteristics & Feelings of Personal Loss	31
Foster Care System Setting Factors	32
Setting Factors, Optimism, & Feelings of Personal Loss	34

Optimism and Feelings of Personal Loss.....	35
DISCUSSION	37
Optimism Among Children in Foster Care Children	37
Personal Loss Experiences of Children in Foster Care.....	39
Foster Care Setting Factors, Reports of Optimism and Feelings of Personal Loss ..	41
Relationships Between Reports of Optimism and Personal Loss for FC Children ...	42
Implications of Present Research for Practice and Policy	44
Limitations of Present Research and Directions for Future Research	45
REFERENCES	49
APPENDIX A. SAMPLE INFORMATIONAL LETTER FOR STUDY.....	55
APPENDIX B. INSTRUCTION SHEET FOR CASE MANAGERS.....	58
APPENDIX C. CHILD ASSENT.....	60
APPENDIX D. CASEWORKER CONSENT	61
APPENDIX E. CASEWORKER QUESTIONNAIRE.....	62
APPENDIX F. CHILDREN’S ATTRIBUTIONAL STYLE QUESTIONNAIRE (CASQ)	65
APPENDIX G. FOSTER CHILDREN’S PERSONAL LOSS SCALE (FCPLS).....	71
TABLES	76

LIST OF TABLES

Table		Page
1	Demographic information for participants.....	76
2	Percentage and number of participants who scored in each range on CASQ scales.	77
3	Foster Children's Personal Loss Scale- internal consistency coefficients & items ...	78
4	Intercorrelations among scales of Foster Children's Personal Loss Scale (FCPLS).	79
5	Participants grouped by total length of time in care	80
6	Family visitation schedules for the sample.....	81
7	Correlations between setting factors, optimism and feelings of personal loss	82
8	Correlations between 3 CASQ scales and 6 FCPLS scales	83

INTRODUCTION

On any given day in the United States, there are approximately 540,000 children in the foster care system (U.S. Department of Health and Human Services, 2003). Researchers and practitioners have documented the economic, social and emotional costs associated with placement in the foster care system (Behrman, 2004). Debate continues regarding foster care effectiveness, with research revealing that the system may have both detrimental and beneficial effects on its participants (Pecora et al., 2000; Curtis, 1999; Kluger, Alexander, & Curtis, 2000). It is known that children in foster care face numerous threats to development because of their exposure to maltreatment and the foster care experience (Harden, 2004). Relatively little is still known about the resilience and coping strategies of foster care children. For community psychologists, identifying elements of the foster care system related to successful adaptation and coping has direct implications for community action.

The present study examines the role of foster care placement decisions on foster children's reports of optimism and sense of personal loss. The study examines the experiences of approximately 53 children, ages 7 to 18, who were placed in foster care in both Northwest Ohio and Northern New York. Relationships between aspects of the foster care system, such as type of foster care placement, family visitation schedules, and length of time in the system, on children's reports of optimism and personal loss will be investigated. A review of relevant literature regarding the foster care system, optimism, and personal loss is presented to provide a framework for the present research.

Foster Care System

The foster care system in the United States presents a unique challenge to researchers. The system is multi-faceted, as it encompasses a multitude of participants and is yoked to a

myriad of government mandates (Allen & Bissell, 2004; Curtis, 1999). It has been said that the current foster care system is not a cohesive unit- it instead consists of a multitude of “overlapping and interacting” agencies who are charged with providing care for and services to children and their families (Bass, Shields, & Behrman, 2004). A thorough understanding of the system’s history, in addition to acknowledging its current practices and policies, is necessary to facilitate the research process. Particular attention should be paid to documenting the consequences of foster care for children in the United States, as well as to the unknown aspects of the system.

Historically, the phrase “foster care” has been used as a generic term to describe children living in out-of-home care (Curtis, 1999). These children are usually removed from homes due to abuse or to neglect that is endangering their welfare. Despite the popular focus on children in nonrelative care, several different fostering environments currently exist across the United States. Children in the foster care system may be placed in kinship foster (relative) care, therapeutic foster care, residential (congregate) group care, or family (nonrelative) foster care. Each of these environments presents their own characteristics and challenges (Pecora et al., 2000; Curtis, 1999). Children in therapeutic, family, and kinship care have all been placed in individual home environments. Supervision and care levels vary- for instance, children in therapeutic care require more direct observation by foster parents and they are receiving a form of therapeutic intervention- but all of these children experience some sort of foster parenting (Pecora et al., 2000). In contrast, residential (congregate) group care is differentiated by its reliance on group facilities and staff for the fulfillment of a child’s needs (Curtis, 1999; Pecora et al., 2000).

The later- half of the twentieth century saw unprecedented growth in the foster care system in the United States. Several causes have been delineated for this expansion. Beginning in the 1960s, the term “battered child syndrome” came into public consciousness. This popularization resulted in the subsequent recognition of child abuse and neglect as significant social problems (Curtis, 1999). In response to this increased recognition, the U.S. Congress passed the Child Abuse Prevention and Treatment Act (CAPTA) in 1974. This act provided funding for the collection of national statistics, research projects, and state-level prevention and treatment programs for children in the welfare system. This act also introduced mandated reporting, further increasing community involvement in the child welfare system by requiring professionals such as teachers and physicians to report suspected cases of child abuse or neglect.

The 1980s and 1990s saw major increases in child welfare caseloads (Chipungu & Bent-Goodley, 2004; Curtis, 1999; Pecora et al., 2000). From 1980 to 2001, the number of children in foster care went from approximately 300,000 to 542,000 (U.S. House of Representatives, as cited in Chipungu & Bent-Goodley, 2004). Parallels have been made between these increases and the escalating number of children affected by poverty, parental substance abuse and incarceration, single-parent households, cuts in prevention programs, unemployment, and homelessness (U.S. House of Representatives, 1996 as cited in Curtis, 1999; Chipungu & Bent-Goodley, 2004; Pecora et al., 2000). In addition, a disproportionate number of children in the system are minorities, with African Americans showing the greatest amount of disparity.

In addition to a notable increase in volume of children in the system, the twentieth century also saw concern grow regarding the lengths of time children were staying in foster care. Foster care was originally designed to be temporary, with foster parents being reimbursed for their services (Curtis, 1999). The average current length of stay in foster care is approximately

thirty-three months. In 2001, approximately 38% percent of the children who existed in the system had been in care for 11 months or less while approximately 32% of those who existed had been in the system for three years or longer (Bass, Shields & Behrman, 2004).

These figures indicate that the average child in foster care is exposed to the system for an extended period of time. The relationship between length of stay in care and overall functioning, however, has been minimally researched. Length of stay in foster care has been associated with the number of placements experienced, with 85% of children in care for less than a year having two or fewer placements. With each additional year in care, placement instability increases, with increased likelihood of multiple placements occurring (U.S. Department of Health and Human Services, 2003). Additional consequences or benefits to remaining in care for extended periods of time have not been directly delineated and represent a research need for the foster care system.

Despite a dearth of empirical evidence, the concern over extended stays in the foster care system has lead to government legislation. The U.S. Congress passed the Adoption Assistance and Child Welfare Act in 1980. This act required states to take reasonable efforts in preventing unnecessary foster care placements but it also mandated that permanency planning be provided for children in care. Permanency planning involves finding safe homes for children to live in, either through adoption, independent living, or reunification with biological families (Pecora et al., 2000). The Adoption and Safe Families Act (ASFA) of 1997 further strengthened this emphasis on permanency planning. The ASFA placed limits on the amount of time a child can remain in care with reunification as a goal before alternative permanency planning options are pursued (Mallon & Leashore, 2002).

Reunification with biological families is, however, considered an extremely viable permanency planning option. The Adoption Assistance and Child Welfare Act charged child

welfare workers with the mandate “to use all practical means to reunite children with their birth parents” (Ansay & Perkins, 2001). This mandate has since been repealed for cases in which a child’s health or safety is endangered, but its effects are still felt in the foster care system. While the foster care system was never designed to be a permanent provider, some professionals in the system worry that reunification may not always be in the best interest of the child. They sometimes feel pressured to “make” reunification happen for their clients by the courts, biological parents, their clients and funding sources (Harris & Lindsey, 2002). On the opposite end of the spectrum, foster care workers are also entrusted with ensuring the safety of these children. Tragic events such as child maltreatment or death after reunification have been reported (Maluccio, 1999). The Adoption and Safe Families Act of 1997 limits the length of time parents have before their rights are terminated, which could effectively influence the types of biological parents that are eligible for reunification with their children.

Despite this controversy, reunification remains a primary goal of the foster care system (Maluccio, Warsh, & Pine, 1993; Pecora et al., 2000; Curtis, 1999). At the heart of reunification efforts are parent-child visits (Maluccio, 1999). If consistently completed at recommended levels, parental visitation has been shown to be a strong predictor of reunification (Davis et al., 1996). Parental visits typically involve face-to-face contact between foster children and their biological family members. These visits may be court-ordered and/or be supervised by foster care staff members to ensure the safety and appropriateness of the visit. Variable schedules are devised for visitation, with the frequency and type of contact agreed upon by caseworkers and biological family members. Some common visiting schedules have been identified in the literature: 1) regular and frequent- visitation takes place after specified intervals of time, 2) regular but infrequent- contact occurs several times a year but interval between visits is not

specified, 3) infrequent- visits tend to be less than once a year and are unexpected by child, and 4) no access- biological family members are not allowed contact with child in care (Browne & Moloney, 2002).

As with reunification, the advantages and disadvantages of parental visitation have also been debated. Parental visitation was championed in a landmark 1978 study that concluded that children who were frequently visited showed better emotional adjustment, positive behavior changes, and greater gains in intellectual functioning (Fanshel & Shinn, 1978). It has been described as helping to maintain family relationships, helping families to cope with changing relationships, providing a safe space to practice new parenting behaviors, and providing a transition back to the biological family (Hess & Proch, 1993). Other research, however, has shown that frequent visitation may result in loyalty conflicts and subsequent behavior problems for foster children (Leathers, 2003). Visiting has also been described as having potentially negative influences on a child's well-being and development if problematic patterns of attachment exist between family members (Haight, Kagle, & Black, 2003).

Although the merits of parental visitation and reunification are debatable, simply remaining in the foster care system may also be disadvantageous for children. As noted, the longer a child is in care the more likely he or she is to experience placement instability. Children in care often experience a multitude of placements (Pecora et al., 2000; Curtis, 1999; Bass, Shields, & Behrman, 2004). These instabilities have been described as 'multiple traumas' with which the child must cope with (Lanyado, 2003). Placement instability has also been shown to increase the risk of delinquency in male foster children (Ryan & Testa, 2005). Its impact on post-care outcomes is also described as negative. Positive correlations have been revealed between

post-care difficulties and multiple placements while in care for those adolescents transitioning into independent living (Reilly, 2003).

In addition to their traumatic experiences with placement instability, children in care have also been shown to be at risk for developing social, academic, and safety problems. Adolescents in care were found to be at risk for impaired identity development (Kools, 1997). Children in care also often experience disruptions in their educational experiences because of placement instability (Zetlin, Weinberg, & Kimm, 2004). Recent media reports regarding the inability of foster care workers in Florida to find a 5 year-old girl as well as 500 other children in the past decade also highlight the potential dangers of the system (*St. Petersburg Times*, 2002 as stated in Bass, Shields, & Behrman, 2004).

Solely focusing, however, on the risks associated with being a child in care does not provide an accurate depiction of the foster care system. Placement in care is intended to prevent further maltreatment or abuse (Pecora & Maluccio, 2000). By being placed in the system, foster children are mandated at least a minimal level of safety. It is important to remember that removal from the home is not the initial step in any foster child's journey. Removal only comes after enough abuse or neglect has been discovered to warrant such an extreme response.

Placement in the foster care system may also increase a child's access to health, educational, and social resources. Many studies focus on the continuing needs of the system regarding health screenings and consistent mental health care (Grady, Kendall, & Schultz, 1999; Landsverk & Garland, 1999). While the aims of such studies are admirable, there is often no mention of the consistency of care these children were receiving before placement regarding these services. Children in the system may in fact have better access to mental and physical health care than they ever experienced before. The education problems of the foster care system

have also come under fire, particularly in light of the number of placement disruptions that children in care often face. What is often overlooked is that these children may in fact be identified for necessary educational services because of their placement in care.

Optimism

Like all children, children in the foster care system have the potential for resiliency in the face of adversity. Relatively little is known, however, about the specific resilience and coping strategies of foster care children. Resiliency is a well-explored topic in the current general child literature (Gore & Eckenrode, 1994; Haggerty et al. 1994; Harden, 2004; Wyman et al., 2000). Protective factors have been identified that researchers believe help children to overcome stressful life events. These protective factors include the development of coping skills, genetic-constitutional variables, access to societal supports, supportive family milieus, and personality dispositions (Garmezy, 1994).

One such personality disposition with a protective purpose is being optimistic. Being optimistic or tending to believe that good things will happen has been linked with coping more adaptively with adverse situations (Scheier & Carver, 1993). Optimists have also been shown to do better in school, to have better physical and mental health, and to perform well at work and in sports (Seligman, 1990). Adolescents who are optimistic abuse substances less often and also to tend to be less angry than their pessimistic peers (Puskar et al., 1999). Despite the benefits of being optimistic, no direct research has been conducted regarding optimism in foster children.

Optimism has been conceptualized in two ways, with distinct literatures. A first conceptualization is based upon expectancy-value theories, which assume that behavior is organized around the pursuit of goals (Carver & Scheier, 2002). The leading proponents of this approach are Scheier & Carver, who assume that expectancies can be directly measured. The

second conceptualization, as pursued by Seligman and colleagues (1990), focuses on the attributions that adults and children make about the events that happen to them. Despite these differences, both conceptualizations attempt to describe a person's optimistic or pessimistic personality style through his or her expectancies for the future. These expectancies are mutually identified as either positive or negative, with optimistic people expecting "good" things to happen to them and pessimistic people expecting "bad" things to happen to them (Carver & Scheier, 2002).

Researchers like Scheier & Carver who approach optimism from the expectancy-value theories describe optimists as having a generalized sense of confidence. Within these theories, the importance of goals is subjective, with their value dependent on individualized evaluation. A person's expectancy, in turn, is his or her sense that a valued goal can be accomplished. Optimists expect that they can accomplish a valued goal. Conversely, pessimists are identified as having negative expectations regarding achieving their valued goals. Based on these classifications, Scheier, Carver, & Bridges's (1994) Life Orientation Test-Revised (LOT-R) has been developed to "assess differences between people in optimism and pessimism" using a Likkert scale. Both the LOT-R and its predecessor, the LOT, have both been used in a number of studies involving optimism and their psychometric properties have well been established (Korkeila et al., 2004; Change & Sanna, 2003; Carver & Scheier, 2002; Scheirer, Carver & Bridges, 1994). The extensive empirical information regarding the LOT-R is the primary advantage of Scheier & Carver's conceptualization, in addition to its emphasis on directly measuring expectancies. This conceptualization, however, does have the disadvantage of primarily focusing on adults and older adolescents. The LOT-R has not been utilized with younger children and its applicability to this population is not known.

The second conceptualization of optimism has roots in the work of Seligman and colleagues (1990) regarding learned helplessness and the attributions that individuals make about situations over which they seemingly have no control (Peterson & Steen, 2002). This alternate theory of optimism also considers the type of future expectancies a person has to be indicative of his or her optimistic or pessimistic nature. The origins of these negative or positive future expectancies, however, are more of an interest in this approach. As such, a person's explanatory or attributional style becomes the key determinate of how optimistic or pessimistic he or she is.

In this approach to studying optimism, a person's explanatory or attributional style is based on the explanations or attributions that he or she makes regarding life events. These life events are described as both negative (e.g. losing a job) and positive (e.g. winning the lottery) (Roberts et al., 2002). People's explanatory styles are reflections of the causality that they assign to the events that happen to them. These styles are derived from three distinct dimensions: pervasiveness (universal versus specific), personalization (internal versus external), and permanence (permanent versus temporary) (Seligman, 1990).

The pervasiveness dimension describes whether a person views all events as being either positive or negative (i.e. universal) or events as being individually positive or negative (i.e. specific). Personalization refers to a person believing that events, whether they are positive or negative, are directly his or her own fault. A person who consistently denotes events as being his or her own fault has an internal personalization; those who believe that events also have outside causes that cannot be personally controlled are labeled as having an external personalization. Permanence pertains to how a person evaluates the effects of a positive or negative event—namely, will these effects be temporary or permanent.

Taken together, these three dimensions designate a person's explanatory style. Seligman developed both the adult Attributional Style Questionnaire (ASQ) and the Children's Attributional Style Questionnaire (CASQ) to assess these three dimensions of explanatory style. A positive explanatory style is distinguished by seeing defeat or success as temporary, not a person's direct fault, and confined to a particular event. This style is the hallmark of an optimist. A person with a negative explanatory style is, in contrast, designated a pessimist. Pessimists view defeat and success as permanent, universal events that are at least partially their own fault (Seligman, 1990). Both the ASQ and the CASQ have been used in multiple studies to assess optimism in adults, adolescents, and children (Seligman, 1990; Seligman et al., 1995; Gladstone & Kaslow, 1995).

Like Scheier & Carver's conceptualization, Seligman's approach to optimism has its advantages and disadvantages. Seligman's approach does not solely evaluate expectancy – instead, a relationship between expectancies and attributions is assumed (Garber, 2000). The empirical evidence for the ASQ and CASQ are also not as extensive. Both questionnaires rely on forced choice responses, which result in polarized results that may discount subtle differences in optimism levels. Despite this potential limitation, the CASQ has been used in a variety of studies of optimism in children (Cunningham et al., 2002; Gilham et al., 1995; Thompson et al., 1998; Conley et al., 2001; Runyon & Kenny, 2002; Gladstone et al., 1997; Mannarino & Cohen, 1996). Given that these measures have been worded for children and adolescents and have normative data, this assessment tool may be particularly well suited to a foster care population.

It is the learning component of Seligman and colleagues approach to optimism, however, that is its greatest advantage for foster care children, researchers, and workers. According to Seligman, children and adolescents can be effectively taught to be optimistic. Seligman has

described this phenomenon as learned optimism (Seligman, 1990 & 1995). The Penn Prevention Project was devised by Seligman and colleagues to teach children social problem solving and coping skills, as well as how to identify pessimistic explanations for events and generate alternative optimistic explanations (Gilham et al., 1995).

The results of research by Seligman and colleagues support the potential for interventions involving learned optimism for children. Overall, children in The Penn Prevention Project prevention condition were found to have half the rate of depression as children in the control group at the end of the program (Gilham et al., 1995). Increases in optimism were also observable in participants immediately after the program ended (Seligman, 1995). Over a two - year follow-up period, these increases in optimism were maintained, as indicated by scores on the CASQ.

However, Seligman (1995) admits that the effectiveness of such interventions for different types of children is as yet unknown. Its results have not been duplicated across populations of children with multiple behavioral and/or emotional problems, unstable home environments, or from economically disadvantaged communities. More specifically, studies have also not been done with the foster child population. Unfortunately, it is this population that may in fact benefit the most from a learned optimism intervention. A learned optimism intervention may help these children obtain or even maintain an optimistic explanatory style, despite their experiences with birth families and with trauma.

Research has shown that poor parental relationships may negatively impact a child's explanatory style. Adults from happy, supportive childhood homes have been shown to have more optimistic explanatory styles (Franz et al., 1994). A retrospective study also found that adults who experienced adversities and poor parent-child relationships in childhood had less

optimistic expectations (Korkeila et al., 2004). Adolescent optimism has also been related to positive parental relationships (Ben-Zur, 2003). Children in foster care are in the system specifically because their home lives were unsafe, abusive, and/or neglectful. Based on the empirical evidence, this may put them at a greater risk for developing a pessimistic explanatory style.

Many of the children in the foster care system have also experienced one or more traumas, putting them at a particular risk for developing a pessimistic explanatory style. Trauma in childhood has also been shown to be a particularly salient predictor of future pessimism. All children in the foster care system have experienced the trauma of a removal from a home environment. Additionally, some children in care have experienced parental divorce, death of a parent, rape, incest, or other forms of sexual victimizations. Experience of each of these events has been shown to increase the likelihood of having a pessimistic explanatory style (Gold 1986; Seligman, 1990; Bunce et al., 1995; Gibbs et al., 2001). Children experiencing at least two years of physical and emotional abuse at the hands of their parents have also been evaluated as having more pessimistic explanatory styles. Children in foster care are often the victims of such abuse before they are placed in the system (Pecora et al., 2000; Curtis, 1999).

More research is needed to explore these relationships between optimism, the foster care system, and the children in care. Currently, no known research has been produced that directly measures the optimism levels of children in the foster care system. As outlined, children in the foster care system may face a higher number of risk factors for developing a pessimistic explanatory style. An optimistic style, whether learned or encouraged, may serve as a protective factor for these children as they navigate the difficulties of the foster care system.

Personal Loss

Foster children are often repeatedly traumatized by their experiences in foster care. Multiple placements are not unusual for children in care (Lanyado, 2003). These repeated separations might serve to compound a child's feelings of loss, reactivating the trauma of being initially removed from his or her biological home (Kenrick, 2000). When a child is removed from a home environment, that child can experience an almost total loss of the life that he or she had known. Most foster children have no previous exposure to the people or homes in which they will be placed. They may be unable to bring all of their physical belongings with them, which can include pictures and mementos as well as clothes and toys. They are also sometimes leaving behind communities, schools, friends, and family members. Multiple placements can leave a child in a constant state of flux, with new homes, foster parents, caseworkers, schools, and communities to which they are expected to adjust. Along with these changes may come new personal losses, including the loss of material possessions and the loss of relationships with former foster families.

There is a growing empirical literature on the concept of personal loss (Harvey & Miller, 1998). Once primarily associated with death or bereavement, researchers now study a variety of losses. Studies regarding divorce, miscarriage, natural disasters, and acculturation are all a part of the current loss literature (Smart & Smart, 2001; Klier, Geller, & Ritsher, 2002; Miller & Omarzu, 1998). The current debate for loss researchers involves the extent to which loss is both a subjective and objective experience (Harvey & Miller, 1998). Are there commonalities to the loss experience across demographics, socioeconomic statuses, and loss events? How do we, as researchers, capture these experiences in a way that addresses the needs of the individual while being standardized enough to allow for comparisons?

Loss has been defined as “a reduction in resources, whether tangible or intangible, in which a person has a significant emotional investment” (as stated in Harvey & Miller, 1998, p.429). Current investigations often use the term loss interchangeably or in combination with the concepts of grief, bereavement, and even death (Baker and Sedney, 1996). Further delineation has produced the terms “primary loss” and “secondary loss” (Baker & Sedney, 1996). Primary losses involve the loss of an individual or object that had meaning. Secondary losses are losses that are consequences of the primary loss- for example, being forced to move after the death of a parent.

Research regarding loss in children has primarily focused on death, bereavement, divorce, and physical illness. Children may also experience loss from disasters, relocation of friends or family members, and the termination of friendship and romantic relationships. Some studies have described bereavement reactions in children as young as three, with loss often being referred to as a natural component of development (Gudas & Koocher, 2002). Despite the commonality of loss experiences, the short and term consequences of these losses are still under investigation. The ability of children to cope with personal losses has, however, been shown to differ from that of adults. Children are more likely to deny a loss, distract themselves, cling to familiar routines, and to use fantasy to cope with a loss (Sekaer, 1987).

To date, there have been no studies that empirically examine the specific personal loss experiences of children in the foster care system. As participants in a removal process, it is not unreasonable to extrapolate that children in foster care might face a variety of losses. Like a child whose parent(s) has died, a child in the foster care system may have limited or no contact with his or her birth parent(s). When contact does occur, it may be sporadic or occur under circumstances that are not familiar to the child. How parental contact affects a child’s personal

feelings of loss in the foster care system is undetermined- visitation may serve to combat these feelings by providing a child with at least some contact with his or her parent(s). In contrast, visitation may prolong feelings of loss by providing a constant reminder of a child's loss or by keeping him or her from fully embracing a foster family.

Speculation exists that many of the personal losses that a child faces in foster care are ongoing and repetitive. When children are placed in care, the purpose is to effectively remove them from a situation that was dangerous to their well-being. Inherent in this removal, then, is the loss of the life that the child knew before. Not all aspects of this life were likely to be detrimental but researchers have not examined them close enough to be sure. Children placed in care are often separated from material possessions, family members, neighborhoods, schools, and relationships that had meaning to them. These separations may be experienced as loss but the current literature has not addressed these issues enough to allow for positive identification.

In addition to being separated from the people, places or things that had meaning to them, foster children also face challenges to their senses of identity, feelings of belonging, and levels of personal control. Kools (1997) expounded that "the status of 'foster child' is conferred upon the child upon foster care entry, and the child soon learns that it is not a status of which to be proud." Children in care report being identified as different by their peers, a distinction that may be at least partially accurate given the circumstances of a foster child's life. Foster children may interpret this differentiation as devaluation or even stigmatization. From these feelings of difference, a sense of limited options and hopelessness may eventually arise. Children in care have also reported feeling like they have minimal control over the decisions that are made regarding their placements. From their entry into the system to their exit, foster children are often at the mercy of child welfare professionals and legal mandates. This lack of decision-making

power may be interpreted as a loss of personal control and may impact how the child views both themselves and their stay in the foster care system.

Summary and Critique

Unprecedented growth was seen in the foster care system in the United States during the later- half of the twentieth century. The system continues to attract legislative attention, particularly in response to an increased societal awareness regarding childhood maltreatment and abuse. Parallels have also been made between the increasing number of children in the foster care system and increases in poverty, parental substance abuse and incarceration, single-parent households, and cuts in prevention programs (U.S. House of Representatives, 1996 as cited in Curtis, 1999; Chipungu & Bent-Goodley, 2004; Pecora et al., 2000). The system likewise presents a unique challenge to researchers, who must grapple with its multi-faceted nature in order to provide an accurate depiction of the foster care experience.

Placement in foster care is intended to prevent further maltreatment or abuse (Pecora & Maluccio, 2000). The essential mandate of the foster care system is to protect children. Additional benefits to children in the system may include increased access to health, educational, and social services. Children in care do, however, face documented threats to their development. They are at risk for developing social, academic, and safety problems, including impaired identity development and disruptions in their educational experiences (Kools, 1997; Zetlin, Weinberg, & Kimm, 2004). These impediments may arise from their backgrounds of maltreatment and abuse or they may be a result of their experiences in the foster care system.

Researchers have conducted initial investigations into aspects of the foster care system that may impact the experiences of its denizens. In particular, length of time in care, experiencing multiple placements or placement instability, and receiving parental visitation have

been explored. Average length of time in foster care has been shown to be significant (Bass, Shields, & Behrman, 2004). Research has also revealed that, the longer children are in care, the more likely they are to experience placement instability. Length of stay in foster care has been associated with the number of placements experienced (U.S. Department of Health and Human Services, 2003). The relationship between length of stay in care and overall functioning, unfortunately, has been minimally explored and remains a research need.

For children in care, placement instability has been shown to have detrimental consequences. Increased risks of delinquency in male foster children and in post-care difficulties are associated with multiple placements while in care (Ryan & Testa, 2005; Reilly, 2003). Multiple placements have also been described as repeated ‘traumas’ for children in the foster care system (Lanyado, 2003). How children in care could or do cope with placement instability, however, is currently unspecified.

Reunification with biological families is a priority for the contemporary foster care system (Maluccio, Warsh, & Pine, 1993; Pecora et al., 2000; Curtis, 1999). Consistent parental visitation has been shown to be a strong predictor of reunification (Davis et al., 1996). The empirical evidence concerning the effects of parental visitation is, however, inconclusive. Visitation has been conversely described as enhancing a child’s functioning in care as well as negatively influencing behavior and adjustment to the system (Hess & Proch, 1993; Leathers, 2003; Haight, Kagle, & Black, 2003). Further empirical research is needed regarding the impact of parental visitation, particularly beyond its role in reunification efforts.

Based on their involvement with the child welfare system, it is logical to assume that children in foster care endure a multitude of personal losses. Research suggests that children, in general, do feel loss and that their coping strategies for dealing with loss may differ from those

of adults (Gudas & Koocher, 2002; Sekaer, 1987). Little is known, however, about the consequences of personal loss for children. Children in foster care may experience a myriad of substantial personal losses, including material possessions, family members, neighborhoods, schools, relationships, communities, and other support resources. Without empirical research, however, an active understanding of the personal losses of foster children is not possible.

Clearly, children in the foster care system encounter a multitude of challenges during their stay in care. Fortunately, they also have the potential for resiliency that children not in care have. Having an optimistic explanatory style, in particular, has been shown to be a protective factor for children. Several benefits have been associated with being optimistic, including coping more adaptively with adverse situations, doing better in school, and having better physical and mental health (Scheier & Carver, 1993; Seligman, 1990). Seligman (1995) and his colleagues have evidence that suggests that children can learn to be optimistic. Despite the adversities that they often experience, no studies have been done to date that empirically describe the reported levels of optimism of children in foster care.

In summation, children in the foster care system face numerous challenges as a result of their experiences while in care. Important elements of the system have been identified, including length of time in care, placement instability, and parental visitations. It can also be assumed that children in care face numerous personal losses, although their perceptions of these losses have not been systematically delineated. An optimistic explanatory style has likewise been described as a protective factor for children, one that can be taught and learned. No known investigations have been made into reported levels of optimism for children in care, despite the myriad of difficulties that they encounter. An examination of children in care's reports of optimism and

loss is needed, particularly as they relate to the aspects of the foster care system that they are exposed to.

Present Research

The present research examines children's self-reports of optimism and personal loss as a function of aspects of the foster care system. The research is primarily descriptive in nature, given the lack of previous studies of optimism and personal loss in this population. Specifically, children's reports of optimism and personal loss will be examined as a function of chronological age, gender, number of placements experienced, total lengths of time in foster care, lengths of time in their current placements, and current family visitation schedules.

Descriptive information will be obtained about the levels of self-reported optimism and personal loss in a sample of foster children. Relationships between levels of optimism and personal loss will also be examined. Overall differences in reports of optimism and loss will also be examined as a function of age of the participant. Finally, relationships between participants' reports of optimism and personal loss and aspects of the foster care system such as number of placements experienced, total length of time in foster care, length of time in a current placement, and family visitations schedules will be investigated.

METHOD

Recruitment of Participants

Recruitment for this study took place between December 2005 and May 2006.

Participants were recruited from three separate social service organizations in Ohio and New York. Organizations served as the legal guardians for the children in their care and written permission to conduct the study was collected from a director or program supervisor at all sites. Participation in the study was voluntary and involved foster care staff members and children between the ages of 7 and 18 currently in the foster care system.

For each organization, phone contact was initially made between the researcher and a contact person at the organization. After these initial phone contacts, an informational letter was then mailed to each of these contacts regarding the details of the study. This letter explained the purpose of the study, the benefits of participation, who was eligible to participate, and the procedure for completing the study. A sample of this informational letter can be found in Appendix A.

A total of 24 foster care case managers agreed to participate in the study across the three organizations. These 24 case managers were then asked to individually review their caseloads and identify potential participants for the study. Eligible participants for the study included children and adolescents between the ages of 7 and 18 who were in non-relative (family), therapeutic, or residential foster care placements. Case managers also received instructions for completing the study, a copy of which is included in Appendix B.

After reviewing their caseloads, these 24 case managers were then asked to either directly discuss the study with potential participants or to oversee discussions between potential participants and other foster care staff members. Case managers were asked to repeatedly discuss

the voluntary nature of the study when recruiting participants. The children themselves also gave their assent to participate in the study (see Appendix C).

Approximately 112 children and adolescents in foster care were asked to participate in the research. A total of 65 children returned surveys directly to the researcher using self-addressed stamped envelopes. Of the 65 who returned surveys, 53 children were eligible for participation in the study. The remaining children refused participation in the study (8 children) or returned incomplete surveys (4 children).

The 24 case managers were asked to either directly complete a caseworker survey for each participant or to supervise the completion of these surveys by other foster care staff members. Case manager and foster care staff member participation in the study was voluntary (see Appendix D for consent form). Their responses were anonymous and linked to children's responses through the use of common identification numbers for both the caseworker and child surveys. Caseworker surveys were returned for 89 of the 112 children and adolescents in foster care that had received child surveys. Of those 89 caseworker surveys that were returned, child surveys were completed and returned for 53 children and adolescents.

Sample Characteristics

Only those 53 children and adolescents for whom both caseworker and child surveys were returned were considered full participants for the purposes of this study. Data gathered from the caseworker surveys regarding the other 36 children and adolescents was not further analyzed.

Based on the information gathered from the caseworker surveys, only one significant group difference could be found between the 53 children who completed the child survey and the 36 children who did not. For the group of 53 children who completed the child survey, 55% of

the group was female. For the group of 36 children who did not complete the child survey, only 33% of that group was females. Females therefore represented a significantly larger portion of the group of 53 children who completed the child survey than of the group of 36 children who did not ($\chi^2 = 3.95, p < .05$). No significant differences were found between these two groups of children in foster care as a function of age or ethnicity. Additionally, no significant group differences were found as a function of foster care setting factors (e.g., types of foster care placements, lengths of time in care, number of placements experienced, lengths of time in current foster care placement, family visitation schedules, or lengths of time the case managers had known the children).

Of the 53 children who were considered full participants in the study, information gathered from the caseworker surveys indicated that 45% of these foster care children were male while 55% were female. The age of these 53 participants ranged from 7-18 years old, with a mean age of 13.7 years old ($SD = 2.71$). These participants were divided into three age ranges 1) pre-adolescence (ages 7-12), 2) early adolescence (ages 13-15), and 3) late adolescence (ages 16-18). In this sample of 53 children in foster care, 18 were pre-adolescents, 18 were early adolescents, and 17 were late adolescents. Data from the caseworker surveys also indicated that 62% of the sample was Caucasian, while 38% was non-Caucasian (e.g., African American, Hispanic, Multi/Bi Racial). The majority of these 53 children were enrolled in school (98%) and 32% of them had experienced some sort of legal problem (e.g., on probation, incarceration).

Table 1 summarizes the demographic information gathered from the caseworker surveys regarding these 53 children in foster care. Additionally, data is also provided regarding some of the basic placement experiences of these children in the foster care system (e.g., type of placements that they are in, permanency plans).

Measures

Caseworker Questionnaire

The caseworker questionnaire (see Appendix E) solicited basic information about each participant's foster care history. Case managers or other foster care staff members were asked to specify: 1) Demographic information- age, gender, ethnicity, grade in school, and history of any legal problems, 2) Placement information- reason for placement, length of time in care, number of placements experienced, length of time in current placement, and permanency plan for child (e.g. available for adoption, independent living, return to caretaker, continuing in foster care system), and 3) Family visitation schedules- who is visiting the child, how often visits are occurring (e.g. regular and frequent, regular but infrequent, infrequent, no access), and whether visits are court-ordered and/or supervised .

Children's Attributional Style Questionnaire- (CASQ)

The Children's Attributional Style Questionnaire (Seligman et al, 1984) is a 48-item self-report measure of optimism (see Appendix F). The CASQ assesses a child's explanatory style for both positive and negative hypothetical events- namely whether a child explains these events in an optimistic or pessimistic way. Besides designating a child's explanatory style as optimistic or pessimistic, the CASQ also describes this style as stable or unstable, global or specific, and internal or external.

The CASQ was originally designed in 1984 to be used with children ages 8 to 13 that had a least one parent. For the purposes of this study, the language of 12 items was modified for use with today's foster child and adolescent populations. For example, the wording on an item was changed from "You get all the toys you want on your birthday" to "You get all the things you

want on your birthday.” These revisions did not change the meaning of any of these items and therefore should not have affected the results of the scale.

Foster Children’s Personal Loss Scale- (FCPLS)

The Foster Children’s Personal Loss Scale (FCPLS) is a newly developed self-report instrument designed to assess feelings of personal loss experienced due to placement in the foster care system (see Appendix G). The scale contains 25 items. Items were generated from the current foster care, loss, adoption, grief, and divorce literatures. Pilot testing was conducted with doctoral students in clinical psychology for reliability of items and item categorization. The scale is scored using a five-point Likkert-type scale, with higher scores indicating more severe perceptions of loss. It takes about 15 minutes to complete and can be given by paper and pencil or read out loud

Items were selected to represent the following domains: 1) Loss of Personal Control- which includes losses of freedom, ability to make own choices, control, personal items like CDs or clothes, and things from the past, 2) Loss of Future- which includes losses of dreams, plans, vision for future, options, and thoughts about future, 3) Loss of Family- which includes losses of relationship with biological parents and role in family, 4) Loss of Relationships- which includes loss of contact with former neighborhoods, important people, and feeling different from other people, and 5) Loss of Physical Place- which include feelings of not belonging and not having a place to call home, loss of place in school, and missing the place that you used to live.

Procedure

This study involved the one-time completion of two separate surveys (e.g., the child and caseworker surveys) for every child in foster care who agreed to participate in the study. For the purposes of this study, the child survey consisted of two measures: 1) the Children’s

Attributional Style Questionnaire (CASQ) and 2) the Foster Children's Personal Loss Scale (FCPLS). The child survey could be filled out either independently by each participant or with the help of a foster care staff member. Child surveys were returned to the researcher in provided self-addressed stamped envelopes. Each child was also given the option of discussing his or her responses on the survey; however, these discussions were to be completely voluntary and at no time would a participant be penalized for his or her responses.

The second survey completed for each participant (e.g., the children and adolescents in foster care) was the caseworker survey. These surveys were also returned to the researcher in provided self-addressed stamped envelopes. Responses on the caseworker survey were not shared with the participants in the study.

RESULTS

Children in Foster Care's Reports of Optimism

Using data collected from the completed child surveys and Seligman's (1991) scoring procedure, an overall explanatory style score (e.g., the CASQ Overall) was designated for each of the participants ($M=3.39$, $SD=4.15$). Higher scores on the CASQ Overall scale indicate more optimistic explanatory styles, with lower scores indicating more pessimistic explanatory styles. Two additional subscale scores (e.g., the CASQ Total Good and the CASQ Total Bad) were also generated for each participant. Scores on the CASQ Total Good subscale represent the sum total of the optimistic responses that were made on the CASQ by each participant ($M=12.12$, $SD=3.01$), with higher scores indicating a more optimistic explanatory style. Scores on the CASQ Total Bad subscale represent the sum total of the pessimistic responses that were made on the CASQ by each participant ($M=8.72$, $SD=2.96$), with higher scores indicating a more pessimistic explanatory style.

Although there are no published normative data for the CASQ, previous studies using the CASQ with non-distressed and distressed samples can serve to place present results in a larger context. In a study of 96 non-distressed elementary school children, Seligman et al. (1984) reported mean scores for the CASQ Total Good ($M=13.49$, $SD=3.72$ at Time 1; $M=13.43$, $SD=4.10$ at Time 2) and the CASQ Total Bad ($M=6.58$, $SD=2.77$ at Time 1; $M=6.09$, $SD=2.08$ at Time 2) subscales.

At both Time 1 ($t(147) = -2.30$, $p < .05$) and Time 2 ($t(147) = -2.04$, $p < .05$), the children in Seligman et al.'s sample scored significantly higher on the CASQ Total Good subscale than the present sample of children in foster care, indicating that the non-distressed sample reported higher levels of optimism than the present sample. For the CASQ Total Bad

subscale, the children in Seligman et al.'s sample generally scored significantly lower and were therefore more optimistic at both Time 1 ($t(147) = 4.41, p < .01$) and Time 2 ($t(147) = 6.33, p < .01$) than the children in foster care in the present sample.

Perhaps more relevant to the present study are previous findings using the CASQ with children and adolescents who had experienced some type of physical or emotional trauma or abuse. Mannarino and Cohen (1996) conducted a study with 77 girls between the ages of 7 and 12 who had been sexually abused. These authors report scores for the indices of the CASQ (CASQ Overall: $M=5.8, SD=4.3$; CASQ Total Good: $M=13.2, SD=3.0$; and CASQ Total Bad: $M=7.4, SD=2.6$). On the CASQ Overall scale, Mannarino and Cohen's sample generally scored significantly higher than this present sample, indicating that the distressed sample had higher levels of optimism ($t(128) = -3.18, p < .01$). For the CASQ Total Good subscale, Mannarino and Cohen's sample of girls experiencing sexual abuse scored on average significantly higher than the foster care children in the present study ($t(128) = -2.01, p < .05$). On the CASQ Total Bad subscale, their sample scored significantly lower than this present sample ($t(128) = 2.69, p < .01$). These results indicate that, across all three scales of the CASQ, the explanatory styles of the children in Mannarino and Cohen's sample were more optimistic than those of the children in the present sample.

In a study of 99 children and adolescents who had experienced residential fires, Ollendick et al. (2001) reported a mean score on the CASQ Overall scale ($M= 5.79; SD= 4.34$). The children in Ollendick et al.'s sample generally scored significantly higher and were also more optimistic than the children in foster care in the present sample ($t(150) = -3.30, p < .01$).

These results suggest that the present sample of children in the foster care system generally reported explanatory styles that are less optimistic than a non-distressed sample.

Results also suggest that the explanatory styles of the children in foster care in the present sample are less optimistic than those of children who were victims of sexual abuse or of those children who had experienced residential fires.

Using cutoff scores for each of these three indices of the CASQ reported by Seligman (1991), the present sample was also grouped into the following categories: 1) normal to optimistic, 2) between optimistic and pessimistic, and 3) very pessimistic. Table 2 shows the distribution of the sample for each of the three groups for each indices of explanatory style.

For the CASQ Overall scale, approximately 30% of the participants were found to have normal to optimistic explanatory styles. Forty-two percent of the participants had explanatory styles that were between normal and pessimistic; 28% were found to be very pessimistic. Further investigation revealed that three-fifths of the participants whose scores were in the very pessimistic range actually had negative scale scores. Negative scale scores were never directly addressed by Seligman (1991); their presence, however, seems to indicate that these participants have especially pessimistic overall explanatory styles.

As also seen in Table 2, 32% of participants scored in the normal to optimistic range on the CASQ Total Good subscale, 43% were between normal and pessimistic, and 25% were very pessimistic. For the CASQ Total Bad subscale, 43% scored in the normal or optimistic range, 26% were between normal and pessimistic, and 30% were very pessimistic.

Taken together, the results for these three scales (e.g., the CASQ Overall, the CASQ Total Good, and the CASQ Total Bad) seem to suggest that about 30-40% of the children in care surveyed display optimistic explanatory styles. Additionally, about 26-40 % of these children in care display explanatory styles that can be best described as between optimistic and pessimistic.

Finally, approximately 25-30% of the children in care surveyed display very pessimistic explanatory styles.

Demographic Characteristics & Children in Foster Care's Reports of Optimism

A series of one-way analysis of variance (ANOVA) analyses were also conducted to test for any gender differences on CASQ scale scores. No significant differences were found for scores on the CASQ Overall scale ($F(1, 52) = .630, p = n/s$). For the CASQ Total Good subscale, females in general scored significantly higher ($M = 13.15, SD = 2.75$) on the scale and were therefore more optimistic than males ($M = 10.86, SD = 2.88; F(1, 52) = 8.74, p < .01$).

No significant bivariate correlations were found between overall scores on any of the three CASQ scales and participant age (CASQ Overall: $r = -.026, p = n/s$; CASQ Total Good: $r = .16, p = n/s$; CASQ Total Bad: $r = .20, p = n/s$). Additionally, no significant ANOVA differences were found for scores on any of the three CASQ scales as a function of participant age range (e.g., pre-adolescent, early adolescent, late adolescent) (CASQ Overall: $F(2, 52) = .772, p = n/s$; CASQ Total Good: $F(2, 52) = 1.645, p = n/s$; CASQ Total Bad: $F(2, 52) = 1.293, p = n/s$). Likewise, no significant Chi-Square relationships were found between participant age range and categorization on any of the three CASQ scales (e.g., normal to optimistic, between optimistic and pessimistic, and very pessimistic).

Foster Children's Personal Loss Scale (FCPLS)

Due to the limited number of study participants, an empirical analysis could not be performed to determine the structure of the FCPLS. An overall personal loss score was calculated by summing participant scores on each the scale's 25 items. Scores on the five naturally constructed subscales (Loss of Personal Control, Loss of Future, Loss of Family, Loss of Relationships, Loss of Physical Place) were calculated by summing participant scores on

items for each of the five subscales. The items and internal consistency coefficients for the subscales of the measure are found in Table 3. Internal consistency coefficients range from .68 to .84. The subscales of the measure are moderately intercorrelated (range from .27 to .67), as shown in Table 4.

Using data collected from the completed child surveys and the scoring procedure developed for this study, an overall feeling of personal loss score (e.g., the FCPLS Overall) was designated for each of the participants ($M=36.5$, $SD=19.6$). Out of a possible 100 points, scores on this scale ranged from 7 to 85, with higher scores indicating more feelings of personal loss.

Means and standard deviations for the five personal loss subscales are as follows: Loss of Personal Control: $M = 8.3$, $SD = 5.1$; Loss of Future: $M = 4.5$, $SD = 4.9$; Loss of Family: $M = 8.0$, $SD = 4.6$; Loss of Relationships: $M = 7.6$, $SD = 5.3$; and Loss of Physical Place: $M = 8.1$, $SD = 5.4$. Scores on the subscales ranged from 0 to 20, with higher scores again indicating more feelings of personal loss.

Overall, results from both the overall and subscale scores on the FCPLS seem to suggest that, on average, children in care do experience significant feelings of personal loss. The variance in mean subscale scores also suggests that these loss experiences may be multi-faceted and reflective of the complex impact that being placed in foster care can have upon a child.

Demographic Characteristics & Feelings of Personal Loss

A series of one-way ANOVAs were also utilized to explore any significant differences in scores on the FCPLS as a function of participant gender. For the five subscales of the FCPLS, no significant gender differences were found (Loss of Personal Control: $F(1, 52) = 2.86$, $p = n/s$); Loss of Future: $F(1, 52) = .19$, $p = n/s$; Loss of Family: $F(1, 52) = .91$, $p = n/s$; Loss of Relationships: $F(1, 52) = 1.10$, $p = n/s$; Loss of Physical Place: $F(1, 52) = .25$, $p = n/s$). No

significant gender differences were also found for the overall loss score (FCPLS Overall: $F(1, 52) = .48, p = n/s$).

A series of one-way ANOVAs were also used to explore any significant differences in scores on the FCPLS as a function of participant age range (e.g., pre-adolescent, early adolescent, late adolescent). For four of the five subscales of the FCPLS, results revealed no significant participant age range differences (Loss of Personal Control: $F(2, 52) = .50, p = n/s$; Loss of Family: $F(2, 52) = .27, p = n/s$; Loss of Relationships: $F(2, 52) = .44, p = n/s$; Loss of Physical Place: $F(2, 52) = .21, p = n/s$). For the Loss of Future subscale, scores on the scale were found to be significantly related to participant age range ($F(2, 52) = 5.15, p < .01$). Post-hoc Scheffe tests revealed that both early adolescents ($M = 3.33, SD = 3.56$) and late adolescents ($M = 2.76, SD = 3.42$) experience less feelings of personal loss regarding their futures than pre-adolescents ($M = 7.22, SD = 6.00$). No significant differences were found for overall loss scores as a function of participant age range (FCPLS Overall: $F(2, 52) = .41, p = n/s$).

Foster Care System Setting Factors

Information regarding several setting factors associated with the foster care system was gathered from the caseworker surveys that were completed for each participant. On average, the information reported in these surveys revealed that participants had spent 22.6 months ($SD = 19.3$) or just under two years in foster care. The total length of time in foster care for the sample ranged from 2 to 96 months. Using data gathered from the caseworker surveys, participants were placed into one of four groups based on the total length of time that participants that had been in the foster care system (e.g., less than 12 months, 12 to 23 months, 24 to 35 months, and 36 months and up). Table 5 shows the number and percentage of the sample in each of these four groups.

Information reported from the caseworker surveys also revealed that participants' length of time in their current foster care placements ranged from 1 to 72 months with an average of 14 months ($SD= 13.4$). The caseworker surveys also reported the number of foster care placements each participant had experienced. A total of 56% of participants ($n= 29$) had experienced multiple placements while in foster care and 44% ($n= 23$) had experienced one placement. For participants who experienced multiple placements, 29% had two placements total (range 2-8).

The caseworker surveys also contained information regarding the family visitation schedules of the foster care children in the study. They provided information regarding the types of visits occurring (e.g., court ordered, supervised), frequency of visitations (e.g., "regular and frequent," "regular but infrequent, and "infrequent"), and who was visiting the participants. Case managers or other foster care staff members reported that 87% of participants ($n= 46$) had at least one person (e.g., parents, siblings, extended family members, other visitors) who was visiting them. A total of 36% ($n= 16$) of visits were court-ordered and 60% ($n= 27$) were supervised (e.g., participant was not allowed to be left alone with visitor). Forty-five percent of these visits were described as "regular and frequent," 40% were "regular but infrequent," and 14% were "infrequent." Of the participants being visited, 55% were visited by their biological mothers, 13% by their biological fathers, 8% by stepparents or other significant others, 36% by siblings, 38% by other relative (e.g., aunts, uncles, grandparents), and 4% by other unspecified visitors. Table 6 summarizes this information.

A series of one-way ANOVAs were used to determine any differences in setting factors in the foster care system as a function of gender of the participant. No significant differences were found for total lengths of time in care ($F(1, 49) = 2.469, p = n/s$), lengths of time in current

placement ($F(1, 48) = .313, p = n/s$), number of placements ($F(1, 50) = 1.865, p = n/s$), or frequency of visitations ($F(1, 48) = .012, p = n/s$) as a function of participant gender.

One-way ANOVAs were conducted to determine any significant differences in settings factors experienced as a function of participant age range. A significant difference was found for total lengths of time in care ($F(2, 49) = 4.126, p < .05$). A Scheffe post-hoc test revealed that late adolescents ($M = 33.19, SD = 26.50$) spent significantly more months in foster care on average than pre-adolescents ($M = 16.13, SD = 14.20$). No significant differences were found for lengths of time in current placement ($F(2, 48) = .2095, p = n/s$), number of placements ($F(2, 50) = .007, p = n/s$), or frequency of visitations ($F(2, 48) = 2.128, p = n/s$) as a function of participant age range. Correlations found that participant age is positively related to total length of time in care ($r = .32, p < .05$) and length of time in current placement ($r = .30, p < .05$).

Setting Factors, Optimism, & Feelings of Personal Loss

Pearson correlations were run between three of the settings factors (e.g., total length of time in care, length of time in current placement, and number of placements experienced), the three scales of the CASQ, and the six scales of the FCPLS. Results are presented in Table 7. No significant bivariate correlations were found between any of the three setting factors and any of the three CASQ scales.

For the six scales of the FCPLS, total length of time in care was found to be significantly negatively correlated with children's reports of personal loss experienced regarding the future ($r = -.29, p < .05$). This result suggests that the longer children spent in the foster care system, the less feelings of loss about the future that they report.

Participants' overall reports of personal loss (e.g., FCPLS Overall) were significantly negatively correlated with length of time in their current placement ($r = -.41, p < .05$). This result

suggests that as length of time in their current placement increases, participants reported less overall feelings of personal loss. Similar results were found for reports of length of time in current placement and children's reports of loss experienced regarding personal control ($r = -.30$, $p < .05$), family ($r = -.35$, $p < .05$), relationships ($r = -.32$, $p < .05$), and physical place ($r = -.41$, $p < .01$).

For family visitation schedules, both the type of visits (e.g., court ordered, supervised) and the frequency of visits (e.g., "regular and frequent," "regular but infrequent," and "irregular") experienced were compared to participant scores on the three scales of the CASQ and the six scales of the FCPLS. A one-way ANOVA revealed that participants whose visits were supervised (e.g., participant was not left alone with the visitor) experienced more overall feelings ($M = 41.77$, $SD = 19.69$) of personal loss (e.g., FCPLS Overall) than those participants whose visits were not supervised ($M = 28.81$, $SD = 19.44$; $F(1,44) = 4.73$, $p < 0.05$).

A series of bivariate correlations also revealed no significant relationships between frequency of visits and scores on any of the three CASQ scales. No significant correlations were found between frequency of visits and scores on any of the six FCPLS scales.

Optimism and Feelings of Personal Loss

Using the data collected from the completed child surveys, the relationships between overall explanatory style and feelings of personal loss experienced were examined. As shown in Table 8, no significant bivariate correlations were found between scores on any of the three scales of the CASQ and scores on the six scales of the FCPLS.

A MANOVA was conducted to investigate the differences between groups on the CASQ Total Good subscale (independent variable) and the five subscales of the FCPLS (dependent variables). Results revealed that significant group differences exist between participant scores on

the CASQ Total Good subscale and scores on the FCPLS Loss of Relationships subscale (Wilks' Lambda $F(2,52) = 5.28, p < 0.01$). Post-hoc LSD tests showed that participants scoring in the normal or optimistic range on the subscale experienced more feeling of personal loss regarding relationships ($M = 10.76, SD = 4.89$) than those participants whose scores were either between normal and pessimistic ($M = 5.85, SD = 5.00$) or in the very pessimistic range ($M = 6.46, SD = 4.86$).

A MANOVA was performed using the groups on the CASQ Total Bad subscale (independent variable) and the five subscales of the FCPLS (dependent variables). Results showed significant group differences between participant scores on the CASQ Total Bad subscale and their scores on the FCPLS Loss of Personal Control subscale (Wilks' Lambda $F(2,52) = 5.19, p < 0.01$). Post-hoc LSD tests showed that participants scoring in the between normal and pessimistic range on the CASQ Total Bad subscale experienced more feelings of loss ($M = 11.36, SD = 4.92$) regarding personal control than those participants scoring in the optimistic range ($M = 6.22, SD = 4.30$).

DISCUSSION

The present study examined self-reports of optimism and personal loss among a sample of 53 children and adolescents in the foster care system. The study was primarily descriptive in nature and examined associations between children's reports of optimism and their feelings of personal loss that arose from their placement in the foster care system. A measure of personal loss as a result of placement in foster care was developed for the present research. Children's reports of optimism and personal loss were examined as a function of demographic characteristics. Foster care placement information was gathered from case managers and other foster care staff members regarding these children. This information was then utilized to examine these children's reports of optimism and personal loss as a function of their experiences while in the foster care system.

Optimism Among Children in Foster Care

The present study examined the variability in children's reports of optimism as an explanatory style and compared levels of optimism for the sample to levels of optimism reported by both distressed and non-distressed populations in previous research. Based on previous studies, it was expected that children and adolescents in foster care would tend to be pessimistic, given the adversities and difficult parental relationships that they have endured (Franz et al., 1994; Korkeila et al., 2004; Ben-Zur, 2003). Results indicate that foster care children in the present study generally reported being significantly less optimistic than a sample of non-distressed elementary school children (Seligman et al., 1984). Moreover, foster care children generally reported being significantly less optimistic than a sample of girls who had experienced the trauma of sexual abuse without placement in the foster care system (Mannarino and Cohen, 1996). Study findings also suggest that, on average, foster care children in this sample were less

optimistic than children who had experienced a single traumatic event, a residential fire (Ollendick et al., 2001). Reports of overall optimism by foster care children in the present study did not significantly differ as a function of age or gender of the participant. By placing the overall optimism levels reported by foster care children in a larger context, findings indicate that children who are in the foster care system may in general use an explanatory style that is more pessimistic than children who have experienced other types of traumas.

Results from the study, however, did reveal that almost one third of the present sample of children and adolescents in foster care report being optimistic. These children use a positive explanatory style in ascribing causality to their experiences, despite the often-extensive and repetitive traumas that they have experienced before or sometimes after being placed in foster care. These children in foster care have optimism levels similar to those of other optimistic children, who see defeat or success as temporary, not directly their own faults, and confined to particular events (Seligman, 1990). This optimistic explanatory style may serve as important protective factor for these foster care children, particularly as they continue to navigate the overwhelmingly negative life experiences that resulted in them being placed in foster care or the potentially detrimental effects of being in the foster care system itself.

While 30% of the present sample did report optimistic explanatory styles, an additional 30% of participants reported themselves as being pessimistic. These children use negative explanatory styles that view defeat and success as permanent, universal events that are at least partially their own faults (Seligman, 1990). Presently, these children are not being afforded the protection that being optimistic may provide for them as they attempt to circumvent the complexities of the foster care system. Previous research has also revealed that children who are described as being pessimistic may be at an elevated risk for developing depression.

Overall, the variability in reports of optimism in the present sample suggests that some foster care children can be and are optimistic. Optimistic explanatory styles have been associated with coping more adaptively with adverse events, doing better in school, having better physical and mental health, and performing well at work and sports (Scheier & Carver, 1993; Seligman, 1990). Optimistic adolescents have also been found to be less angry and less likely to abuse substances than pessimistic adolescents (Puskar et al., 1999). Future research is needed to determine any significant associations between explanatory style, individual well-being, and various levels of individual adjustment for children in foster care, as these factors were not considered in the present research.

If significant relationships are found between explanatory style, individual well-being, and individual adjustment for children in foster care, attempts should be made to increase the optimism levels of these children. Previous research has indicated that effective interventions do exist that increase children's levels of optimism. For example, Seligman (1995) has reported that interventions such as The Penn Prevention Project can increase the optimism levels of children and maintain that increase through several years of researcher follow-up. As of yet, this type of optimism intervention has not been utilized with children who are at a high risk for being pessimistic or more even specifically with a foster care population.

Personal Loss Experiences of Children in Foster Care

In general, participants in the present study reported experiencing significant overall feelings of personal loss because of their placements in the foster care system. These children and adolescents also relayed that these feelings were multi-faceted, with several differing types of personal loss experiences arising from their stays in foster care.

There were not enough participants in the study to empirically analyze the newly developed measure of foster children's personal loss experiences. Subscales of the measure were created using rational test construction methods. Intercorrelations among these subscales were relatively high- however a differential pattern of relationships between these subscales and the other measures employed in the present research justified their use. Participants endorsed items on the personal loss measure that suggest that they have experienced personal losses related to their feelings of personal control, their families, their relationships, their futures, and physical places that have had meaning for them.

Results from this study also reveal that the chronological age of a child in foster care may influence the amounts of personal loss experiences that he or she has had. Preadolescent children (ages 7 to 12) in foster care in the present sample reported more feelings of personal loss related to their futures than early (ages 13 to 15) or late (ages 16-18) adolescent participants. This result suggests that, on average, the preadolescent children in foster care in this sample experience greater feelings of loss regarding their dreams, thoughts about the future, and options for the future than their older counterparts. Previous research, however, has found that adolescents in foster care are at a particular risk for impaired identity development (Kools, 1997). Further research is needed to examine the individual and setting factors that may aid in accounting for these preadolescents elevated perceptions of personal loss regarding their futures.

Compared to the other aspects of personal loss explored, the foster care children in this sample also reported on average the least amount of personal loss experiences regarding their futures. This result suggests that the nature(s) of these various personal loss experiences may differ. Although the loss of families, relationships, physical places, or personal control may

represent more objective personal losses for these children, their personal losses experienced regarding the future may be more perceptual and less tangible.

The results of this study demonstrate that children and adolescents in foster care experience significant feelings of personal loss regarding numerous aspects of their lives. More ambiguous, however, is how the personal loss experiences of children in foster care compare to those of other children. In order to place the reports of foster care children in a larger theoretical context, research comparing the personal loss experiences of children in foster care with those of children who have experienced other traumatic events such as parental divorce or physical illness is needed.

Foster Care Setting Factors, Reports of Optimism and Feelings of Personal Loss

It was expected that aspects of the foster care experience such as the number of placements experienced, total length of time in foster care, length of time in a current placement, and family visitation schedules would be related to children's reports of optimism and personal loss. Results indicate a lack of significant relationships between children in foster care's reported explanatory styles and the foster care setting factors assessed in the present study. It is possible, however, that this lack of significant findings is influenced by the relatively small size and variability of the present sample.

Surprisingly, the total number of foster care placements experienced was not significantly related to foster care children's reports of personal loss. Children who had stable current placements, however, reported less overall feelings of personal loss as well as less feelings of loss regarding personal control, family, relationships, and physical places. Children who had spent longer periods of total time in the foster care system also reported less feelings of personal loss regarding their futures. These results suggest that the temporal stability of the foster care

placements, and not the number of placements overall, is the relevant factor in describing children's reports of personal loss.

The frequency categories of family visits (e.g., "regular and frequent," "regular but infrequent," and "irregular") were not associated with children's reports of personal loss. However, the types of family visitations experienced (e.g., court-ordered, supervised) were found to influence the personal loss experiences of these foster care children. Specifically, children in foster care whose visits are supervised generally reported greater overall feelings of personal loss than those children whose visits are not supervised. Although these foster care children are being visited, this result suggests that the circumstances of these visits may be resulting in more feelings of personal loss. An outside person, rather than the members of the child's own family, essentially directs supervised visits to ensure the safety and appropriateness of child-visitor interactions. Children with supervised visitation are therefore not allowed to interact with their visitors (primarily their biological mothers, siblings, and other relatives in this sample) in the same way that they did before being placed in foster care.

Relationships Between Reports of Optimism and Personal Loss for Foster Care Children

The present study also examined relationships between children's reports of optimism and personal loss. Results indicate no significant relationships exist between children's overall explanatory styles (as designated by their scores on the CASQ Overall scale) and any of the aspects of personal loss experienced as a result of being placed in foster care. Participants who were delineated as being optimistic by the CASQ Total Good subscale, however, were found to have experienced more feelings of personal loss regarding their relationships than all other participants. Scores on the CASQ Total Good subscale indicate the number of optimistic responses a participant made on the CASQ; participants scoring in the optimistic range on this

subscale therefore made the greatest number of these responses. Despite making an elevated number of optimistic responses, this result suggests that participants designated as being optimistic by the CASQ Total Good subscale experience more feelings of being different from others and losing contact with important people than all other participants.

In contrast, participants designated as being optimistic by the CASQ Total Bad subscale experienced less feelings of loss regarding personal control than participants who were between optimistic and pessimistic. Scores on the CASQ Total Bad subscale indicate the number of pessimistic responses a participant made on the CASQ; participants scoring in the optimistic range on this subscale therefore reported the least number of pessimistic responses. This result suggests that participants reporting the least amount of pessimistic responses on the CASQ Total Bad subscale feel more able to make their own choices, have control over their own lives, and hold on to personal items or things from their past than participants reporting a medium amount of pessimistic responses (e.g., participants designated as being between optimistic and pessimistic).

Taken together, these results suggest that any significant relationships between reports of optimism and personal loss may be complicated. Foster care children designated as optimists by the CASQ Overall scale reported no significant differences in their personal losses experiences as compared to participants who were pessimists or between optimistic and pessimistic in their explanatory styles. Children demarcated as optimists by the CASQ Total Good or CASQ Total Bad subscales, however, did report significant differences in their personal loss experiences as compared to other participants. This discrepancy suggests that how a child is delineated as being optimist may be important when attempting to understand the relationship between reported explanatory styles and feelings of personal loss experienced.

Implications of the Present Research For Practice and Policy

Results of the present study suggest that foster care children generally report being less optimistic than non-distressed children or children who have experienced other types of trauma. It is noteworthy, however, that almost a third of this sample of children and adolescents in foster care reported optimistic explanatory styles. This finding suggests that being in foster care does not preclude a child from being optimistic. However, these children may also have experienced extremely difficult situations such as family conflict or maltreatment that would make developing and maintaining an optimistic explanatory style less likely.

Given the findings of this study, mental health professionals would do well to assess the levels of optimism of the foster care children with whom they work. These professionals could capitalize on the optimism levels of these children in care while planning for and implementing treatments. Practitioners may also be able to identify those children who are overly pessimistic and assess them for their risk of developing or having depression. It is also important to note that, in the present study, foster care setting factors themselves were not related to children's reports of optimism. If replicated, this finding would suggest that experiences within the foster care system itself may be less related to the optimism levels of children in foster care than other factors such as negative experiences with their biological families or incidents of trauma that occurred before placement in foster care.

The present research can also alert practitioners to the fact that children in foster care generally report experiencing significant feelings of personal loss as a result of their placement in the system. These feelings of personal loss are diverse and reflect the complex impact that being in foster care can have upon a child or adolescent. Unlike explanatory style, foster care children's feelings of personal loss do appear to be influenced by their experiences with certain

foster care setting factors. Children who were in foster care for longer periods of time total were found to experience less feelings of loss regarding their futures. Longer lengths of time in a current placement were also associated with fewer reports of various personal losses.

The relationships between time spent in a current foster care placement, total length of time in foster care, and experiences of personal loss, if replicated, have important implications for policy decisions regarding foster care. Current legislative emphasis is placed on limiting the total length of time a child spends in foster care in favor of reuniting of the child with his or her biological parents. Some professionals in the foster care system continue to worry that reunification might not always be in the best interest of the child; they sometimes feel pressured to “make” reunification happen by the courts, biological parents, their clients and funding sources (Harris & Lindsey, 2002). Despite these concerted efforts, children continue to remain in the foster care system for extended periods of time, as indicated by the findings of this study and those of other previous research. Efforts aimed at increasing the temporal stability of foster care placements may prove instead to be an important mitigating factor in reducing the personal loss experiences of children in care.

Limitations of the Present Research and Directions for Future Research

The present research is limited in a number of respects. The relatively small number of participants in the present study may not accurately represent the broader experiences of children and adolescents in foster care. This may be especially true for minority children in foster care, as approximately 60% of participants in this study were identified as Caucasian. This limited number of participants also hindered empirical analysis of the personal loss measure developed for the present study. Further analysis may have provided a deeper understanding of the

underlying structure of the personal loss measure and in turn the personal loss experiences of children and adolescents in foster care.

Due to a lack of previous research regarding the personal loss experiences of foster care children, the measure utilized by this study was newly developed. Present findings using this measure are therefore preliminary. It is currently unknown whether the measure encompasses all of the potential personal loss experiences of these children and adolescents. Additionally, it is also possible that results from the measure may not be consistent across repeated administrations. Taken together, these limitations may have influenced the outcomes of this study and reduced the possibility of finding significant relationships between reports of optimism, foster care setting factors, and feelings of personal loss experienced. Further research is needed to better ascertain the psychometric properties of the measure. Replications should also be made using a larger, more diverse sample of children and adolescents in foster care in order to ascertain the generalizability of the measure.

The present study was also limited as it was a cross-sectional study of children and adolescents in foster care's reports of optimism, personal loss and experiences with foster care setting factors. Relationships between optimism, personal loss, and aspects of individual adjustment and well-being were not examined. It is unclear the degree to which optimism or personal loss experiences relate to indices of adjustment such as school performance, behavior management, or individual well-being such as self-esteem, happiness and satisfaction, or psychological symptoms. Future research that relates reports of optimism and personal loss to individual adjustment and well-being is necessary to understand the practical relevance of these constructs.

The findings of this study also highlight several possible directions for future research on children and adolescents in the foster care system. Despite the limited number of participants in the study, current information was gathered regarding the optimism levels of children in care and their feelings of personal loss experienced. Future studies regarding the explanatory styles and personal loss experiences of foster care children should be done longitudinally, particularly as these children enter and/or leave the foster care system or as they make significant placement transitions such as moving from one placement to another.

The findings of this study also underscore the importance of a continuing investigation into the impact of foster care setting factors upon child and adolescent well-being. For the children in this sample, longer lengths of time in current placements served to reduce feelings of personal loss. This setting factor has currently not received the same empirical or legislative attention as the total length of time a child spends in care. Future studies should continue to explore the importance of this setting factor, including its impact on the functioning of foster care children. Potential systemic impediments to maintaining a stable current placement should also be addressed, particularly as they relate to the development of policy decisions regarding the foster care system. Further research is also needed regarding the impact that other foster care setting factors may be having on children's experiences of personal loss and their senses of well-being.

Perhaps even more specifically, the results of this research suggest that interventions targeted at changing children's explanatory styles should be implemented in the foster care system. Only one-third of the children in this sample were optimistic and eligible for the protection that having that explanatory style can afford a child. Future studies should measure the optimism levels of these children and adolescents, both before receiving an optimism

intervention and afterwards. Follow-up measurements of explanatory style should also be administered to establish the long-term impact of these interventions. Additionally, well-being measures should also be completed and compared to changes in explanatory style to establish the impact of becoming more optimistic on functioning for children in foster care.

Finally, further investigation regarding the feelings of personal loss experienced by children in care should also be conducted. The results of this study establish that children and adolescents in the foster care not only experience personal losses but that they experience feelings of personal loss that are a result of their placement in the system. Future studies could gather additional information from these children regarding their personal loss experiences through first-hand methods such as personal interviews or using open-ended questions. The impact of these personal loss experiences on functioning should also be explored, as it was not addressed in the present study. It is possible that experiencing different types of personal loss (e.g., loss of relationships, personal control, family, physical place, or future) can result in differing impacts upon child well-being. Longitudinal studies could also explore the long-term impact of these personal loss experiences on these children, particularly once they have left the foster care system. Addressing these questions could provide the impetus for designing a foster care system that can more effectively meet the diverse needs of children.

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APPENDIX A

SAMPLE INFORMATIONAL LETTER FOR STUDY

September 14, 2005

Greetings Laura Cerow, JCDSS Director of Services:

Thank you for speaking to me recently about conducting research with the Jefferson County DSS foster care population. As a part of my doctoral training in clinical psychology at Bowling Green State University, I am conducting research with Dr. Catherine Stein regarding children in the foster care system. As a native of Watertown and a former caseworker for several area agencies, I am particularly interested in working with children and adolescents in Jefferson County DSS foster care placements.

Purpose of Study

As you know all too well, children in the foster care system often face a multitude of challenges. But rather than focusing on the problems that these children are confronted with, this study takes a strengths-based approach to understanding the experiences of children in care. The study examines what aspects of the foster care system itself may help these children successfully adapt to and cope with the stresses that they face. Children's feelings of optimism and personal loss will specifically be explored, particularly as they influence their experiences while in foster care.

Benefits of Participation

The project provides a systematic look at aspects of the foster care system related to children's reports of optimism and personal loss. The study is designed to capture the unique experiences of individuals in foster care. Results of the study can be used to help administrators and system staff members consider practices that promote the growth and development of children in care.

Who is Eligible to Participate?

Eligible study participants are children and adolescents who are:

- Between the ages of 8 and 17
- Currently in a foster care placement
- Placements may be kinship (relative), therapeutic, residential, or family (nonrelative) foster care
- A minimum length of time in care or functioning level is not specified

Participation in the study is voluntary and may be withdrawn at any time by any respondent.

Study Procedures

Three paper-and-paper measures will need to be completed for each child participating in the study. A DSS or placement agency staff member will be asked to complete a caseworker questionnaire about the child's placement experiences. This questionnaire should take approximately 5-15 minutes to complete. The children themselves will be asked to complete two measures regarding their reported levels of optimism and experiences with personal loss. Depending on the reading level of the children, these measures can be completed independently or by being read aloud to the children by an adult. Time to fill out these surveys may vary but it is estimated to be 10-20 minutes.

Self-addressed, stamped envelopes will be provided for all respondents. For staff convenience, the child measures and the caseworker measure do not need to be mailed together- each will be labeled with identification numbers unique to each child respondent. Copies of these measures are included with this packet. Slight modifications that do not change the meaning or relative length of these measures may be made before distribution.

Confidentiality of Research

All information gathered about or from the children in care will be held in the strictest of confidences and will only be used by the designated researchers. All information will be referred to by numbers only, not by names, and it will be stored in a secure place. Any procedures required by the Human Subjects Review Board at Bowling Green State University and Jefferson County Department of Social Services to ensure confidentiality for study participants will be strictly followed.

Contact Person

For more information about this study, please contact:

Christine McAuliffe
Psychology Department
Bowling Green State University
Bowling Green, OH 43403
Phone: 315-489-9904 (cell)
Email: cemcaul@bgnet.bgsu.edu

Thank you for your time- please feel free to contact me with any questions or concerns you may have. For your convenience, I have also enclosed a brief description of the study that could be used as a flyer to introduce staff members to the project. I look forward to working with you!

Sincerely,

Christine McAuliffe

Optimism & Loss: The Experiences of Children in Foster Care

Why This Study?

Children in the foster care system face multiple challenges. This study will explore what aspects of the foster care system help these children successfully face and cope with these challenges.

Benefits of Participation

By knowing more about the experiences of children in foster care, both researchers and staff members in the system are able to design better and more efficient interventions for this at-risk population. The children and caseworkers themselves are also able to have their voices heard in a way that might not otherwise be possible.

Who is Eligible to Participate?

Eligible study participants are children and adolescents who are:

- Between the ages of 8 and 17
- Currently in a foster care placement
- Placements may be kinship (relative), therapeutic, residential, or family (nonrelative) foster care
- Minimum length of time in care or functioning level is not specified

Participation is voluntary and may be withdrawn at any time.

How to Participate

Both the eligible child in care and someone familiar with their placement history are asked to complete measures. Caseworkers will be asked to complete a brief (5-15 minute) questionnaire asking about the child and their placement experiences. The child will be asked to complete two additional questionnaires about how optimistic they are and the kinds of personal losses they have experienced. Caseworker and child questionnaires can be mailed back separately to the researcher in provided self-addressed, stamped envelopes.

Contact Person

For more information about this study, please contact:

Christine McAuliffe
 Psychology Department
 Bowling Green State University
 Bowling Green, OH 43403
 Phone: 315-489-9904 (cell)
 Email: cemcaul@bgnet.bgsu.edu

APPENDIX B

INSTRUCTION SHEET FOR CASE MANAGERS

Dear Foster Care Program Staff Member:

Thank you again for agreeing to participate in this study. Your cooperation and efforts are greatly appreciated! The following are the instructions for completing the study surveys:

You have been given **one packet for each eligible child on your caseload**. Each packet contains two surveys, as well as self-addressed, stamped envelopes to mail each back to me.

- **Caseworker Questionnaire**- This survey is **GREEN** in color and labeled. You are being asked to complete **ONE survey per eligible child** on your caseload.
- **Client Questionnaire**- This survey is **YELLOW** in color and labeled. Each eligible child on your caseload is being asked to complete **ONE survey**.

1) Completing/Returning the **Caseworker Questionnaire**:

- **Consent to Participate**- Each Caseworker Questionnaire has a sheet attached to it. This sheet serves as your consent for participating in the study- you do not need to sign anything or to provide your name on the survey itself. Please feel free to either tear off the consents and keep them for your own records or to leave them attached.
- **Completing the Survey**- Please answer each survey question to the best of your knowledge, including what can be found out from each child's individual or family files.
- **Labeling the Survey**- Each Caseworker Questionnaire as a *unique identification number in its upper right-hand corner*. One corresponding Client Questionnaire is also labeled with this unique identification number in its upper right-hand corner. **For study purposes, it essential that I be able to link your Caseworker Questionnaire responses about a specific child to his or her responses on a corresponding Client Questionnaire.**

*** **Please make sure that the ID number on your survey matches the ID number on the corresponding child's survey** ***

For your convenience, I have also provided a sheet on which you can record the names and ID numbers of the clients on your caseload. Please **do not** return this sheet to me- it is for your use only and it is important that I do not know the names of the clients filling out surveys.

- **Returning the Survey**- I have included a stamped, self-addressed **white envelope** with each Caseworker Questionnaire that can be used to mail your responses back to me. It is not necessary to that your survey(s) be mailed back to me at the same time as that of your client(s).

2) Completing/Returning the **Client Questionnaire**:

- **Assent to Participate**- Each Client Questionnaire also has an assent sheet attached to it- this sheet serves as the client's assent for participating in the study. Each client needs to read or have this assent read to him/her. He/she should then check a box indicating whether or not he/she is willing to participate in the study. This assent should be left stapled to the survey. ***Each client has the right to refuse to complete the survey at any time.***
- **Completing the Survey**- Depending on each client's needs, the survey can be filled out independently or by someone reading the questions to the client. It is asked that, if he/she can, the client be allowed to complete the survey independently. Survey questions and each client's answers to them should not be discussed directly with the client- it is important for the study that each client's answers remain confidential. If you wish, the general topic of the survey (e.g. feelings of optimism and personal loss) may be discussed with the client after you have mailed the client's survey back to me.
- **Labeling the Survey**- Each Client Questionnaire as a *unique identification number in its upper right-hand corner*. One corresponding Caseworker Questionnaire is also labeled with this unique identification number in its upper right-hand corner.
 *** **Again, please make sure that the ID number on the client's survey matches the ID number on your corresponding survey** ***
- **Returning the Survey**- Even if a client decides to not complete the survey, please ask him/her to mail the incomplete survey back to me for tracking purposes. I have included a stamped, self-addressed 9X12 **brown envelope** with each Client Questionnaire that can be used to mail the client's responses back to me. It is not necessary to that his or her survey be mailed back to me at the same time as yours.

Please feel free to contact me with any questions you may have regarding completing the survey or about the survey itself:

Christine McAuliffe	Phone: 315-489-9904 (cell) or
Psychology Department	419-372-4597 (office)
Bowling Green State University	Email: cemcaul@bgnet.bgsu.edu
Bowling Green, OH 43403	

THANK YOU FOR YOUR TIME AND EFFORTS!

APPENDIX C

CHILD ASSENT

Hello! My name is Christine McAuliffe and I am trying to find out about the thoughts, feelings, and experiences of children and teenagers in foster care. I hope that the things that I learn from you will help me understand better what foster care is like and how you feel about being in foster care. I need YOUR help to learn about these things! Your opinions are VERY IMPORTANT to me. I would like you to answer these questions so that you can share your thoughts, feelings, and experiences.

You DO NOT have to answer these questions if you don't want to. If you start and then change your mind, you can stop. If you do answer these questions, your responses will be PRIVATE and CONFIDENTIAL. This means that no one will be able to know what you wrote. You will not write your name on the questions anywhere. Just check one of the boxes below and leave this form on your answers. This sheet is your own permission form for answering the questions.

Please make a check mark in the space below that shows if you chose to fill out the survey:

After reading this permission form

_____ I WANT to answer these questions

_____ I DO NOT want to answer these questions

ID Number: _____

Any Questions? Write or email:

Christine McAuliffe
Psychology Department
Bowling Green State University
Bowling Green, OH 43403

cemcaul@bgnet.bgsu.edu

APPENDIX D

CASEWORKER CONSENT

Dear Foster Care Program Staff Member:

You are invited to participate in a research project regarding the experiences and feelings of children and adolescents in the foster care system. This study examines what aspects of the foster care system itself may help these children successfully adapt to and cope with the multiple challenges that they face. I ask you for your assistance in gathering some basic information regarding the placement experiences of those children in care with whom you work.

Benefits and Risks

By knowing more about the experiences of children in foster care, both researchers and staff members in the system are able to design better and more efficient interventions for this at-risk population. By participating in the project you and the children in care can share your views in a meaningful way. The anticipated risks to you are no greater than those normally encountered in daily life.

How to Participate

I have attached a brief questionnaire to this letter that asks you about the individual placement experiences of eligible children on your caseload. I ask that you complete one questionnaire per child, with each questionnaire taking approximately 5-10 minutes for you to complete. Each questionnaire that you complete will be labeled with a unique identification number, which will allow your responses to be linked anonymously to those of each child participating in the project. Your questionnaires can be returned to the researcher in the provided, self-addressed stamped envelope(s). I ask that you return all completed questionnaires by **January 1, 2006**.

Please note that the completion and return of these questionnaires indicates your consent to participate in this project. You are free to withdraw consent and to discontinue participation in the project at any time. As a participant you have the right to have all questions concerning the study answered by the researcher and may request a summary or copy of the results of the study after its completion.

Confidentiality

Your responses on these questionnaires are completely anonymous. No information will be collected that can directly link you or the children on your caseload by name to the responses that you provide. Your participation in this study is completely voluntary and you can refrain from answering any or all questions without penalty or explanation.

Contact Information

If you have any questions, comments, or concerns about this project, please feel free to contact me:

Christine McAuliffe	Phone: 315-489-9904 (cell) or
Psychology Department	419-372-4597 (office)
Bowling Green State University	Email: cemcaul@bgnet.bgsu.edu
Bowling Green, OH 43403	

You may also contact my advisor, Dr. Catherine Stein, at 419-372-2301 or cstein@bgnet.bgsu.edu. If you have any questions or concerns about your rights as a research participant, please contact Bowling Green State University's Human Subjects Review Board (Chair) at (419) 372-7716 or via email at hsrb@bgnet.bgsu.edu.

Thank you for your time and efforts,

Christine McAuliffe

APPENDIX E

CASEWORKER QUESTIONNAIRE

Client ID Number: _____ **Agency:** _____

General Information

- Date: _____
- Agency Position (as applies to client): _____
- How long have you known or worked with this client? _____
- How often do you have contact with this client? _____
- What types of contact do you have with this client?
(please circle **ALL** that apply):
 - a) Therapy
 - b) Supervising Visitations
 - c) Foster Home Visits
 - d) Meetings (school, services)
 - e) Treatment Planning
 - f) Crisis Intervention
 - g) Other (specify): _____

Client Information

- Client's Age: _____
- Client's Gender (please circle): MALE FEMALE
- Client's Ethnicity (please circle):
 - a) Caucasian
 - b) African American
 - c) Hispanic
 - d) Asian
 - e) Native American
 - f) Multi-Racial (specify): _____
 - g) Other (specify): _____
 - h) Unknown or unclear
- Current Placement/Level of Treatment:
 - a) Kinship (relative) Care
 - b) Therapeutic Foster Care (TFC)
 - c) Residential Placement
 - d) Family (nonrelative) Foster Care
- Is this client currently enrolled in school? (please circle): YES NO
- If yes, what grade is he/she enrolled in? _____
- Does this client have or had any legal problems such as being placed on probation or being incarcerated?(please circle) YES NO
- Current Permanency Plan (if known):
 - a) Return to Caretaker
 - b) Available for Adoption
 - c) Independent Living
 - d) Continue in Foster Care/Residential System

Placement Information

- How long has this client been in care (total)? _____
- How many placements has this client had? _____
- If client has had more than 1 placement, why has this occurred?
(please circle **ALL** that apply):
 - a) Client Behavior
 - b) Foster Parent Behavior
 - c) Client Return from Hospitalization
 - d) Foster Parent Relocation/Leaving Program
 - e) Unsuccessful Adoptions>Returns to Caretaker(s)
 - f) Return from Residential Care
 - g) Problems with Law Enforcement
 - h) Other (please specify): _____
- Why was this client **primarily** placed in care?
 - a) Neglect by Caretaker(s)
 - b) Abuse by Caretaker(s)
 - c) Abandoned
 - d) Death of Caretaker(s)
 - e) Surrender of Caretaker(s) Rights
 - f) Client Behavior
 - g) Other (specify): _____
- Why is this client still in care? _____

Current Placement

- How long has your client been in his/her current placement: _____
- Is the current placement successful? (please circle): YES NO MAYBE
- How would you rate your client's **overall** functioning in this placement?
 - a) Successful
 - b) Sort of Successful
 - c) Neither successful or unsuccessful- somewhere in the middle
 - d) Sort of Unsuccessful
 - e) Unsuccessful
 - f) Don't Know or Undecided

Visitation Information

- How would you describe the type of visitation that the client receives?
 - a) Regular and Frequent (set schedule of visits)
 - b) Regular but Infrequent (visits occur but not always at same time or on a specified schedule)
 - c) Infrequent (visits are rare but do occasionally occur)
 - d) No Access/Visitation

- Who, if anyone, is visiting the client?
(please circle ALL that apply):
 - a) Birth Parent(s) (mother? _____ father? _____)
 - b) Stepparents/Significant Others
 - c) Sibling(s)
 - d) Other Relatives/Caretakers (grandparent, aunt, uncle)
 - e) Other (specify): _____
- Are these visits court-ordered? (please circle) YES or NO
- Are these visits supervised? (please circle) YES or NO
- How would you rate these visits ***in general?***
 - a) Successful
 - b) Sort of Successful
 - c) Neither successful or unsuccessful- somewhere in the middle
 - d) Sort of Unsuccessful
 - e) Unsuccessful
 - f) Don't Know or Undecided

Comments

- Please let us know if you have any other relevant comments or information regarding this client:

THANKS FOR YOUR TIME!

APPENDIX F

CHILDREN'S ATTRIBUTIONAL STYLE QUESTIONNAIRE (CASQ)

Imagine that each of these little stories happened to you, even if they never have. Circle either the 'A' or 'B' answer- the one that best describes the way you would feel if that story happened to you. There are no right or wrong answers- just answer how you would feel.

1. You get an A on a test. ¹
 A. I am smart.
 B. I am good in the subject that the test was in.
2. You play a game with some friends and you win. ¹
 A. The people I played with did not play the game well.
 B. I play that game well.
3. You spend the night at a friend's house and you have a good time. ¹
 A. My friend was in a friendly mood that night.
 B. Everyone on my friend's family was in a friendly mood that night.
4. You go on a vacation with a group of people and you have fun. ¹
 A. I was in a good mood.
 B. The people I was with were in good moods.
5. All of your friends catch a cold except you. ¹
 A. I have been healthy lately.
 B. I am a healthy person.
6. Your pet gets run over by a car. ²
 A. I don't take good care of my pets.
 B. Drivers are not cautious enough.
7. Some kids you know say that they don't like you. ²
 A. Once in a while people are mean to me.
 B. Once in a while I am mean to other people.
8. You get very good grades. ¹
 A. Schoolwork is simple.
 B. I am a hard worker.
9. You meet a friend and your friend tells you that you look nice. ¹
 A. My friend felt like praising the way people looked that day.
 B. Usually my friend praises the way people look.

10. A good friend tells you that he hates you.²
 - A. My friend was in a bad mood that day.
 - B. I wasn't nice to my friend that day.
11. You tell a joke and no one laughs.²
 - A. I don't tell jokes well.
 - B. The jokes is so well known that it is no longer funny.
12. Your teacher gives a lesson and you don't understand it.²
 - A. I didn't pay attention to anything that day.
 - B. I didn't pay attention when my teacher was talking.
13. You fail a test.²
 - A. My teacher makes hard tests.
 - B. The past few weeks, my teacher has made hard tests.
14. You gain a lot of weight and start to look fat.²
 - A. The food I have to eat is fattening.
 - B. I like fattening foods.
15. A person steals money from you.²
 - A. That person is dishonest.
 - B. People are dishonest.
16. 16.** Modified Question: Your friends praise something you make.¹
 - A. I am good at making some things.
 - B. My friends like some things I make.

Original Question: Your parents praise something you make.

 - A. I am good at making some things.
 - B. My parents like some things I make.
17. You play a game and you win money.¹
 - A. I am a lucky person.
 - B. I am lucky when I play games.
18. You almost drown when swimming in a river.²
 - A. I am not a very cautious person.
 - B. Some days I am not a cautious person.
19. You are invited to a lot of parties.
 - A. A lot of people have been acting friendly toward me lately.¹
 - B. I have been acting friendly toward a lot of people lately.

20. ** Modified Question: An adult yells at you.²
 A. That person yelled at the first person he saw.
 B. That person yelled at a lot of people he saw that day.

Original Question: A grown-up yells at you.
 A. That person yelled at the first person he saw.
 B. That person yelled at a lot of people he saw that day

21. You do a project with a group of kids and it turns out badly.²
 A. I don't work well with the people in the group.
 B. I never work well with a group.

22. You make a new friend.¹
 A. I am a nice person.
 B. The people that I meet are nice.

23. You have been getting along well with your family.¹
 A. I am easy to get along with when I am with my family.
 B. Once in a while I am easy to get along with when I am with my family.

24. ** Modified Question: You try to sell candy but no one will buy any.²
 A. Lately a lot of kids are selling things so people don't want to buy anything else from kids.
 B. People don't like to buy things from kids.

Original Question: You try to sell candy but no one will buy any.
 A. Lately a lot of children are selling things so people don't want to buy anything else from children.
 B. People don't like to buy things from children.

25. You play a game and you win.¹
 A. Sometimes I try as hard as I can at games.
 B. Sometimes I try as hard as I can.

26. You get a bad grade in school.²
 A. I am stupid.
 B. Teachers are unfair graders.

27. You walk into a door and you get a bloody nose.²
 A. I wasn't looking where I was going.
 B. I have been careless lately.

28. You miss the ball and your team loses the game.²
 A. I didn't try hard while playing ball that day.
 B. I usually don't try hard when I am playing ball.

29. You twist your ankle in gym class.²
 A. The past few weeks, the sports we played in gym class have been dangerous.
 B. The past few weeks I have been clumsy in gym class.

30. ** Modified Question: Your friends take you to the beach and you have a good time.¹
 A. Everything at the beach was nice that day.
 B. The weather at the beach was nice that day.

Original Question: Your parents take you to the beach and you have a good time.

- A. Everything at the beach was nice that day.
 B. The weather at the beach was nice that day.

31. ** Modified Question: You take a bus which arrives so late that you miss a movie.²
 A. The past few days there have been problems with the bus being on time.
 B. The busses are almost never on time.

Original Question: You take a train which arrives so late that you miss a movie.

- A. The past few days there have been problems with the train being on time.
 B. The trains are almost never on time.

32. ** Modified Question: Your friend makes your favorite dinner for you.¹
 A. There are a few things that my friend does to please me,
 B. My friend likes to please me

Original Question: Your mother makes your favorite dinner for you.

- A. There are a few things that my mother does to please me,
 B. My mother likes to please me

33. A team that you are on loses a game.²
 A. The team members don't play well together.
 B. That day the team members didn't play well together.

34. You finish your homework quickly.¹
 A. Lately I have been doing everything quickly.
 B. Lately I have been doing schoolwork quickly.

35. Your teacher asks you a question and you give the wrong answer.²
 A. I get nervous when I have to answer questions.
 B. That day I got nervous when I had to answer questions.

36. You get on the wrong bus and you get lost.²
 A. That day I wasn't paying attention to what was going on.
 B. I usually don't pay attention to what's going on.

37. You go to an amusement park and you have a good time. ¹
 A. I usually enjoy myself at amusement parks.
 B. I usually enjoy myself.

38. ** Modified Question: Another person slaps you in the face. ²
 A. I teased his younger brother.
 B. His younger brother told him I had teased him.

Original Question: An older kid slaps you in the face.
 A. I teased his younger brother.
 B. His younger brother told him I had teased him.

39. ** Modified Question: You get all the things you want on your birthday. ¹
 A. People always guess what things to buy me for my birthday.
 B. This birthday people guessed right as to what things I wanted.

Original Question: You get all the toys you want on your birthday.
 A. People always guess what toys to buy me for my birthday.
 B. This birthday people guessed right as to what toys I wanted.

40. You take a vacation in the country and you have a wonderful time. ¹
 A. The country is a beautiful place to be.
 B. The time of the year that we went was beautiful.

41. Your neighbors ask you over for dinner. ¹
 A. Sometimes people are in kind moods.
 B. People are kind.

42. You have a substitute teacher and she likes you. ¹
 A. I was well behaved during class that day.
 B. I am almost always well behaved during class.

43. You make your friends happy. ¹
 A. I am a fun person to be with.
 B. Sometimes I am a fun person to be with.

44. ** Modified Question: You get a free candy bar at a store. ¹
 A. I was friendly to the clerk that day.
 B. The clerk was feeling friendly that day.

Original Question: You get a free ice-cream cone
 A. I was friendly to the ice-cream man that day.
 B. The ice-cream man was feeling friendly that day.

45. ** Modified Question: At a school assembly the speaker asks you to help him out.¹

A. It was just luck that I got picked.
B. I looked really interested in what was going on.

Original Question: At your friend's party the magician asks you to help him out.

A. It was just luck that I got picked.
B. I looked really interested in what was going on.

46. You try to convince a kid to go to the movies with you but he won't go.²

A. That day he did not feel like doing anything.
B. That day he did not feel like going to the movies.

47. ** Modified Question: Your friend's parents get a divorce.²

A. It is hard for people to get along well when they are married.
B. It is hard for my friend's parents to get along well when they are married.

Original Question: Your parents get a divorce.

A. It is hard for people to get along well when they are married.
B. It is hard for my parents to get along well when they are married.

48. ** Modified Question: You have been trying to get into a school club and you don't get in.²

A. I don't get along well with other people.
B. I don't get along well with the people in the school club.

Original Question: You have been trying to get into a club and you don't get in.

A. I don't get along well with other people.
B. I don't get along well with the people in the club.

¹ Items on the CASQ Total Good subscale

² Items on the CASQ Total Bad subscale

APPENDIX G

FOSTER CHILDREN'S PERSONAL LOSS SCALE (FCPLS)

Please **CIRCLE** the choice that best describes
YOUR FEELINGS about foster care.

Loss of Control (Personal)- 5 Items

- **I feel like I can't make my own choices because I am in foster care.**

This is

Not at All	A Little	A Medium Amount	A Lot	Always
Like Me (0)	Like Me (1)	Like Me (2)	Like Me (3)	Like Me (4)

- **I lose stuff like clothes or CDs that are important to me because of being in foster care.**

This is

Not at All	A Little	A Medium Amount	A Lot	Always
Like Me (0)	Like Me (1)	Like Me (2)	Like Me (3)	Like Me (4)

- **I lose things that remind me of my past because I am in foster care.**

This is

Not at All	A Little	A Medium Amount	A Lot	Always
Like Me (0)	Like Me (1)	Like Me (2)	Like Me (3)	Like Me (4)

- **I feel like I have less freedom to do what I want in foster care.**

This is

Not at All	A Little	A Medium Amount	A Lot	Always
Like Me (0)	Like Me (1)	Like Me (2)	Like Me (3)	Like Me (4)

- **I feel like I have less control over what happens to me now that I am in foster care.**

This is

Not at All	A Little	A Medium Amount	A Lot	Always
Like Me (0)	Like Me (1)	Like Me (2)	Like Me (3)	Like Me (4)

Loss of Future- 5 Items

- **Since I've been in foster care, I think less about my future.**

This is				
Not at All	A Little	A Medium Amount	A Lot	Always
Like Me (0)	Like Me (1)	Like Me (2)	Like Me (3)	Like Me (4)

- **I have fewer plans for my future now that I am in foster care.**

This is				
Not at All	A Little	A Medium Amount	A Lot	Always
Like Me (0)	Like Me (1)	Like Me (2)	Like Me (3)	Like Me (4)

- **I have fewer dreams for myself now that I am in foster care.**

This is				
Not at All	A Little	A Medium Amount	A Lot	Always
Like Me (0)	Like Me (1)	Like Me (2)	Like Me (3)	Like Me (4)

- **I feel like I can never be who I thought I would become because I am in foster care.**

This is				
Not at All	A Little	A Medium Amount	A Lot	Always
Like Me (0)	Like Me (1)	Like Me (2)	Like Me (3)	Like Me (4)

- **Being in foster care makes me feel like I have fewer options for my future.**

This is				
Not at All	A Little	A Medium Amount	A Lot	Always
Like Me (0)	Like Me (1)	Like Me (2)	Like Me (3)	Like Me (4)

Loss of Family- 5 Items

- **While in foster care, I miss being with my family.**

This is				
Not at All	A Little	A Medium Amount	A Lot	Always
Like Me (0)	Like Me (1)	Like Me (2)	Like Me (3)	Like Me (4)

- **I don't feel like I really have parents now that I am in foster care.**

This is				
Not at All	A Little	A Medium Amount	A Lot	Always
Like Me (0)	Like Me (1)	Like Me (2)	Like Me (3)	Like Me (4)

- **Being in foster care helps me have an important role in a family.**

This is				
Not at All	A Little	A Medium Amount	A Lot	Always
Like Me (0)	Like Me (1)	Like Me (2)	Like Me (3)	Like Me (4)

- **I don't have a family to call my own now that I am in foster care.**

This is				
Not at All	A Little	A Medium Amount	A Lot	Always
Like Me (0)	Like Me (1)	Like Me (2)	Like Me (3)	Like Me (4)

- **Because of foster care, I don't feel like I'm part of a family.**

This is				
Not at All	A Little	A Medium Amount	A Lot	Always
Like Me (0)	Like Me (1)	Like Me (2)	Like Me (3)	Like Me (4)

Loss of Relationships (Social Support)- 5 Items

- **I have less contact with people who are important to me now that I am in foster care.**

This is				
Not at All	A Little	A Medium Amount	A Lot	Always
Like Me (0)	Like Me (1)	Like Me (2)	Like Me (3)	Like Me (4)

- **I move away from people who are important to me while in foster care.**

This is				
Not at All	A Little	A Medium Amount	A Lot	Always
Like Me (0)	Like Me (1)	Like Me (2)	Like Me (3)	Like Me (4)

- **I have fewer people who care about me now that I am in foster care.**

This is				
Not at All	A Little	A Medium Amount	A Lot	Always
Like Me (0)	Like Me (1)	Like Me (2)	Like Me (3)	Like Me (4)

- **I feel like I lose friends because I am in foster care.**

This is				
Not at All	A Little	A Medium Amount	A Lot	Always
Like Me (0)	Like Me (1)	Like Me (2)	Like Me (3)	Like Me (4)

- **Because I am in foster care I feel different from other people my age.**

This is				
Not at All	A Little	A Medium Amount	A Lot	Always
Like Me (0)	Like Me (1)	Like Me (2)	Like Me (3)	Like Me (4)

Loss of Place (Physical)- 5 Items

- **I feel like I have lost my place in school since foster care.**

This is				
Not at All	A Little	A Medium Amount	A Lot	Always
Like Me (0)	Like Me (1)	Like Me (2)	Like Me (3)	Like Me (4)

- **I feel like I am always moving because of foster care.**

This is				
Not at All	A Little	A Medium Amount	A Lot	Always
Like Me (0)	Like Me (1)	Like Me (2)	Like Me (3)	Like Me (4)

- **Being in foster care makes me feel like I don't belong anywhere.**

This is				
Not at All	A Little	A Medium Amount	A Lot	Always
Like Me (0)	Like Me (1)	Like Me (2)	Like Me (3)	Like Me (4)

- **Being in foster care makes me feel like I have a place to call home.**

This is				
Not at All	A Little	A Medium Amount	A Lot	Always
Like Me (0)	Like Me (1)	Like Me (2)	Like Me (3)	Like Me (4)

- **I miss the place where I used to live.**

This is				
Not at All	A Little	A Medium Amount	A Lot	Always
Like Me (0)	Like Me (1)	Like Me (2)	Like Me (3)	Like Me (4)

Table 1. Demographic information for participants

	Percentage/Number of Participants
Gender	
Male	45% (N=24)
Female	55% (N=29)
Age	Range 7-18 (M= 13.7, SD= 2.71)
Preadolescents	34% (N=18)
Early Adolescents	34% (N=18)
Late Adolescents	32% (N=17)
Ethnicity	
Caucasian	62% (N=33)
Non-Caucasian	38% (N=20)
School Enrollment	
Enrolled	98% (N=52)
Not Enrolled	2% (N=1)
Legal Problems	
Yes	32% (N=17)
No	68% (N=36)
Type of Foster Care Placement	
Therapeutic	49% (N=26)
Family (Nonrelative) Care	43% (N=23)
Residential	8% (N=4)
Permanency Plan	
Return to Caretaker	38% (N=20)
Available for Adoption	26% (N=14)
Independent Living	17% (N=9)
Continue in Foster Care	11% (N=6)
Unknown	8% (N=4)

Table 2. Percentage and number of participants who scored in each range on CASQ scales

	CASQ Overall	CASQ Total Good	CASQ Total Bad
Normal or Optimistic	30% N=16	32% N=17	43% N=23
Between Normal & Pessimistic	42% N=22	43% N=23	26% N=14
Very Pessimistic	28% N=15*	25% N=13	30% N=16

* Number includes participants with negative scores on scale

Table 3. Foster Children's Personal Loss Scale- internal consistency coefficients & items

(1) Overall Loss Score $\alpha = .84$ **(2) Loss of Personal Control** $\alpha = .79$

(e.g., Losses of freedom, ability to make own choices, control, personal items, things from the past)

I feel like I can't make my own choices because I am in foster care.

I lose stuff like clothes or CDs that are important to me because of being in foster care.

I lose things that remind me of my past because I am in foster care.

I feel like I have less freedom to do what I want in foster care.

I feel like I have less control over what happens to me now that I am in foster care.

(3) Loss of Future $\alpha = .83$

(e.g., Losses of dreams, plans, vision for future, options, thoughts about future)

Since I've been in foster care, I think less about my future.

I have fewer plans for my future now that I am in foster care.

I have fewer dreams for myself now that I am in foster care.

I feel like I can never be who I thought I would become because I am in foster care.

Being in foster care makes me feel like I have fewer options for my future.

(4) Loss of Family $\alpha = .68$

(e.g., Losses of relationship with biological parents and role in family)

While in foster care, I miss being with my family.

I don't feel like I really have parents now that I am in foster care.

Being in foster care helps me have an important role in a family.

I don't have a family to call my own now that I am in foster care.

Because of foster care, I don't feel like I'm part of a family.

(5) Loss of Relationships $\alpha = .76$

(e.g., Loss of contact w/former neighborhoods, important people, & feeling different from other people)

I have less contact with people who are important to me now that I am in foster care.

I move away from people who are important to me while in foster care.

I have fewer people who care about me now that I am in foster care.

I feel like I lose friends because I am in foster care.

Because I am in foster care I feel different from other people my age.

(6) Loss of Physical Place $\alpha = .76$

(e.g., Feelings of not belonging & not having a place to call home, loss of place in school, & missing the place that you used to live)

I feel like I am always moving because of foster care.

I feel like I have lost my place in school since foster care.

Being in foster care makes me feel like I don't belong anywhere.

Being in foster care makes me feel like I have a place to call home.

I miss the place where I used to live.

Table 4. Intercorrelations among scales of Foster Children's Personal Loss Scale (FCPLS)

FCPLS Scale	(1)	(2)	(3)	(4)	(5)
(1) Loss of Personal Control	---	.47**	.55**	.67**	.50**
(2) Loss of Future	---	---	.29*	.34*	.27
(3) Loss of Family	---	---	---	.65**	.64**
(4) Loss of Relationships	---	---	---	---	.65**
(5) Loss of Physical Place	---	---	---	---	---

** Correlation is significant at the 0.01 level (2-tailed)

* Correlation is significant at the 0.05 level (2-tailed)

Table 5. Participants grouped by total length of time in care

Total Length of Time in Care	Number of Participants	Percentage
(1) Less than 12 mos.	14	28
(2) 12 to 23 mos.	13	26
(3) 24 to 35 mos.	12	24
(4) 36 mos. and up	11	22

Table 6. Family visitation schedules for the sample

	Number of Participants	Percentage
Being Visited	46	87
Not Being Visited	7	13
Type of Visits		
Court Ordered	16	36
Supervised	27	60
Frequency of Visitation		
Regular & Frequent	19	45
Regular but Infrequent	17	40
Infrequent	6	14
Visitor Type		
Biological Mom	29	55
Biological Dad	7	13
Stepparent/Significant Other	8	8
Siblings	19	36
Other Relative	20	38
Unspecified	2	4

Table 7. Correlations between setting factors, optimism and feelings of personal loss

	Time in Care	Time in Current	# Placements
<u>Explanatory Style¹</u>			
CASQ Overall	.045	.026	-.186
CASQ Total Good	.036	-.127	-.158
CASQ Total Bad	-.027	-.170	.099
<u>Type of Personal Loss²</u>			
FCPLS- Personal Control	-.020	-.287*	.054
FCPLS- Future	-.292*	-.239	-.183
FCPLS- Family	-.082	-.352*	.111
FCPLS- Relationships	-.025	-.320*	.059
FCPLS- Physical Place	-.121	-.405**	.156
FCPLS- Overall Loss	-.135	-.409**	.053

** Correlation is significant at the 0.01 level (2-tailed)

* Correlation is significant at the 0.05 level (2-tailed)

¹ Higher scores indicate explanatory styles that are more optimistic

² Higher scores indicate more feelings of personal loss experienced

Table 8. Correlations between 3 CASQ scales and 6 FCPLS scales

	CASQ Overall	CASQ Total Good	CASQ Total Bad
FCPLS- Loss of Personal Control	-.03	.19	.24
FCPLS- Loss of Future	-.14	-.04	.15
FCPLS- Loss of Family	-.08	.13	.25
FCPLS- Loss of Relationships	.02	.23	.22
FCPLS- Loss of Physical Place	-.10	.05	.19
FCPLS- Overall Loss	-.09	.15	.27