

Resource Parent Preservice Training: An Investigation of the Training
Process and Outcomes of the PRIDE Program

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Abstract

PRIDE preservice training is a widely-used method of resource parent preparation, yet a program that has been the focus of very little research. This thesis project was carried out in two studies designed to examine the process of training, investigate selected outcomes of the training, and explore the transfer of training into practice.

The first study involved 174 prospective resource parents. Investigation of the process of preservice training determined that participant engagement and participant-perceived fidelity, the combination of which was conceptualized as participant-perceived training quality, were high. In terms of outcomes, significant large gains from pre- to posttraining were observed in knowledge of the PRIDE competencies taught by the training. However, no differences were found in resource parent attitudes (erroneous beliefs or motivation to adopt) from pre- to posttraining. Higher training quality was a significant predictor of both greater knowledge gains and higher participant satisfaction. No differences between prospective foster parents and adoptive parents emerged in terms of participant dropout, knowledge gain, participant satisfaction, or attitudes about resource parenting.

The second study was a follow-up with 11 foster, adoptive, and kinship parents from study one who had begun parenting a child in care. Interviews with these resource parents focused on the transfer of training of the PRIDE competencies and requested feedback about the training. Participants' ratings of their transfer of training were high, while the researchers' ratings fell in the mid-range. Overall, participants' comments about PRIDE were positive. Participants highlighted how useful they found personal accounts of resource parents' experiences during training and that child welfare workers played a key role in the implementation of training.

The methodological contributions of this project include the development of three measures – a knowledge of PRIDE competencies questionnaire, a measure of participant-perceived quality, and a transfer of training rating scale – that can be used both in future research and in practice. In addition, this project supplied the first evidence of meaningful links between the process, outcomes, and transfer of PRIDE training, all of which were positive. The project provided essential foundational research which future studies of PRIDE should take into account.

Keywords: preservice training, foster parent training, foster parents, adoptive parents, kinship, child welfare, parent training, evaluation

General Introduction

The objective of this thesis was to produce new and useful knowledge about the preservice resource parent training generally, and the PRIDE (Parent Resources for Information, Development, and Education; Illinois Department of Children and Family Services, 1993) preservice training program specifically. PRIDE training is mandatory for all prospective foster, adoptive, and kinship parents before licensure in Ontario. The program is widely used in 23 states and provinces (Christenson, 2006) and eight countries internationally (Herczog, van Pagee, & Pasztor, 2001) and yet has been the subject of very little empirical or evaluative research. This mixed-methods thesis was conducted through two studies. The first study examined the process of PRIDE in terms of training quality, fidelity, and participant satisfaction. In addition, the links with outcomes such as self-reported learning and attitudes about parenting children in care were investigated. The second study, a follow-up with a small subsample of participants who had completed PRIDE, sought to assess the implementation of PRIDE training competencies with children in care. Furthermore, the study explored participants' perceptions of factors that aided or hindered PRIDE implementation and outlined their suggestions for the improvement of the training.

The theoretical framework that guided this thesis can be divided into four major sections. The theory of parenting most closely related to the parenting principles espoused by the program under study, PRIDE, is that of authoritative parenting, as outlined by Baumrind (1989). The theory of training applicable to the program was that of Havelock and Havelock (1973), which described training for change agents. The model of evaluating training best suited for the project was Guskey's (2000) model of evaluating professional development. Finally, the theoretical

framework of learning employed was Bandura's (1986) social cognitive theory. These aspects of the underlying theoretical framework will be discussed where most relevant below.

Child Welfare in Canada and Ontario

In Canada, there is no national office for child welfare (Courtney, Flynn, & Beaupre, 2013) because child welfare services are the jurisdiction of provinces and territories (Mulcahy & Trocme, 2010). In Ontario, the Child and Family Services Act (CFSA; R.S.O., 1990) provides for children, under the age of 16, who are in need of protection from their birth or step parents. The reasons for determining that children are in need of protection in Canada include 25 forms of maltreatment that fall under five major categories, namely, neglect, physical abuse, sexual abuse, emotional maltreatment, and exposure to domestic violence (Trocme et al., 2005). In 2008, there were an estimated 235,315 maltreatment-related investigations conducted across Canada, or 39.16 investigations per 1,000 children. This represents nearly double the number of investigations conducted nationally 10 years ago, likely owing to changing mandates that have affected detection, reporting, and investigation practices. Of these investigations, it is estimated that 36% led to substantiation of maltreatment (Trocme et al., 2010). If such conditions are present in a child's home, the CFSA dictates that the "best interests of the child" (R.S.O. 1990, c. C.11, s. 37 (3)) must be considered and carried out, which in certain situations includes removing the child from their home to "a place of safety" (R.S.O. 1990, c. C.11, s. 37 (5)). The authors of the most recent Canadian Incidence Study of Reported Child Abuse and Neglect (conducted in 2008) estimated that 1.57 per 1,000 children were placed in formal foster or kinship out-of-home care during the course of their study into investigations of maltreatment (Trocme et al., 2010). The parallel study in Ontario similarly reported that 1.26 investigations per 1,000 children resulted in formal foster or kinship out-of-home placement (Fallon et al.,

2010). In the year 2013-2014 the Ontario Association of Children's Aid Societies reported there were 23,341 children residing in out-of-home care in the province (OACAS, 2014).

When a child is removed from their home, the agency typically devises a program of services for the birth family that will allow for the child to return home (Haugaard & Hazan, 2002), while, in the interim, family-based care for the child is the preferred option (Farris-Manning & Zandstra, 2003). Of the 18,213 children in Ontario in 2010 who were residing in out-of-home care, 66% were in family-based care (Commission to Promote Sustainable Child Welfare, 2010). Broadly, there are three family-based care options: family foster care, kinship foster care, and adoption. 'Resource parent', a term which encompasses foster parents, kinship carers, and adoptive parents, is the preferred term in Ontario, as these families are all 'resources' for children in care and their families (Illinois Department of Children and Family Services, 1993).

Foster Care Reform in Ontario

A major effort is presently being put forth in the province of Ontario to improve child welfare services. In 2005, the Ministry of Children and Youth Services began implementing its Child Welfare Transformation plan. The overarching purpose of this plan was to meet the needs of children and families being referred to child welfare agencies more effectively. The transformation agenda highlighted seven key priorities for changes to child welfare service delivery in the province. One of these seven priorities was named "expanded permanency planning options", under which fell "family foster care". In this section of the agenda, the implementation of the Parenting Resources for Information, Development and Education foster parent training program (PRIDE) was mentioned (Child Welfare Secretariat, 2005). The Ontario Practice Model (OPM) has been implemented in Ontario to meet the goals of Transformation.

The OPM is a combination of three approaches designed to increase the quality of parenting for children in care (OACAS, 2006). The three programs that make up the model include Structured Analysis Family Evaluation (SAFE; Consortium for Children, 2005; a resource parent assessment model), PRIDE (Illinois Department of Family Services, 1993; a resource parent training program), and Ontario Looking After Children (OnLAC; Flynn, Ghazal, & Legault, 2006; a service-needs assessment and outcome monitoring system for looked after children). Implementation of these programs has been mandated in Children's Aid Societies (CASs) across the province. This implementation is intended to enhance the processes used to approve and prepare foster parents in terms of consistency and continuity, as well as standardize the expectations for caring for looked after children (OACAS, 2006). The goal under this agenda was to improve outcomes for children in care. In order to ensure the accomplishment of this goal, OACAS identified two key commitments: to ensure children are provided with the opportunity to have their needs met within a committed, safe, and nurturing family and to standardize the evaluation of the willingness, readiness, and ability of families to meet these children's needs (OACAS, 2006).

Parenting Theory

The field of foster parenting, unfortunately, is not rich in theoretical foundation. The only mention of theory in the chapter on foster parenting in the Handbook of Parenting is a brief section reviewing attachment theory (Haugaard & Hazan, 2002). However, the field of parenting is plentiful in terms of theories. Therefore, because there is a dearth of theories in the area of foster parenting, our discussion of theory will necessarily borrow from the broader area of parenting.

Research with families has identified two key factors of parenting: parental responsiveness, which includes affective warmth and reciprocity, and parental demandingness, which includes close monitoring and consistent discipline. Based on these two dimensions, parents can be categorized into one of four parenting prototypes: ‘authoritative’ (high in both responsiveness and demandingness), ‘neglecting’ (low in both responsiveness and demandingness), ‘authoritarian’ (high in demandingness and low in responsiveness), and ‘permissive’ (high in responsiveness and low in demandingness) (Baumrind, 1995). Authoritative parenting, considered the optimal style of parenting, is conceptualized as a balance between meeting the child at his or her developmental stage by providing structure and control (which are qualities of demandingness), and acknowledging that the child is in the process of developing into a competent individual through the provision of warmth and respect (characteristic of responsiveness; Baumrind, 1989).

Research has consistently shown the authoritative parenting style to be associated with the best outcomes for children (Baumrind, 1995). Baumrind’s (1989) seminal longitudinal research showed that preschoolers of authoritative parents were “consistently and significantly more competent than other children” (p. 354). Furthermore, in middle childhood, over 85 percent of the children of authoritative parents were deemed to be ‘optimally competent’, and none of the remaining children of authoritative parents were categorized as ‘incompetent’. Baumrind’s research has been replicated and extended by other researchers. For instance, a study of adolescent outcomes and parenting styles found that adolescents of parents who were accepting, provided firm limits, and were democratic – all characteristics of authoritative parenting – fared better across a range of outcomes. Irrespective of ethnicity, socioeconomic status, or parental marital status, these adolescents were more likely to have higher grades,

demonstrate greater self-reliance, and less likely to report anxiety, depression, or engagement in delinquent behaviour (Steinberg, Mounts, Lamborn, & Dornbusch, 1991).

The study of authoritative parenting has also been conducted within the area of child welfare. A study by King, Kraemer, Bernard, and Vidourek (2007) of 191 foster parents in Ohio found that most participants were currently using an authoritative parenting style. In this study the use of authoritative parenting was found to be more likely with foster parents holding a college degree or higher, as well as with foster parents who had been fostering for more than five years. The majority of respondents of the study also indicated a desire for future training in authoritative parenting (King et al., 2007). The use of authoritative parenting by foster parents has been associated with positive outcomes of children in care as well. Research has shown foster parent nurturance to be inversely related to foster child emotional disorder, conduct disorder, and displays of indirect aggression, and positively related to more frequent displays of foster child pro-social behaviour (Perkins-Mangulabnan & Flynn, 2006). If parental nurturance – the display of loving, warm and accepting behaviour of parents toward their children – is seen as conceptually equivalent to the parental responsiveness of authoritative parenting, it is clear that children in care also reap the benefits of this parenting style. It is this style of parenting that is most consistent with the intention of the content of the PRIDE training program and therefore of interest to the current study.

Foster Parenting

Foster parents are individuals who accept children into their homes who are unable to remain with their families and provide them with temporary care in return for stipends.

Becoming a foster parent generally begins with interested adults contacting a local child welfare agencies, undergoing background checks, having their homes assessed, and undergoing legally

mandated training before they are licensed as foster parents (Haugarrd & Hazan, 2002). Foster parenting goes beyond taking care of the daily needs of children and other typical parenting tasks: it requires more specialized knowledge and many additional duties. For instance, it is necessary for foster parents to be in regular contact with agency staff regarding their parenting and the child in their care. In addition, because foster parents are thought of as an integral member of the child's service delivery team, they are often expected to be in contact with the child's birth parents and help them improve the parent-child relationship (Haugaard & Hazan, 2002). These tasks clearly demand extra time and effort, as well as superior communication skills, compassion, and professionalism.

Foster parents are as diverse as the population in general. However, over the years studies have identified characteristics of the 'average' foster parent. A study by Leschied, Rodger, Brown, den Dunnen, and Pickel (2014) of 941 foster parents in Canada provided a national picture. The average age of the foster parent respondents was 50 years old. The majority were married, and over sixty percent had completed college or university. All respondents reported having their own biological children, and over half had family income falling in the middle socioeconomic range. The same study by Leschied and colleagues (2014) reported on a subsample of 292 resource parents in Ontario. The foster parent respondents in this province were, on average, 51 years old. Three-quarters of the sample were married and two-thirds had completed college or university. Again, all of the respondents reported having their own biological children, and 86% reported family income falling within the middle socioeconomic range.

Research has elucidated the reasons that foster parents seek out the role: the majority of foster parents' motivation for fostering is altruistic in nature. A study by Rodger, Cummings,

and Leschied (2006) found a high percentage of foster parents endorsed 'wanting to take in children who needed loving parents' (92%) and 'wanting to save children from future harm' (89%) as their motivation for fostering. This is in contrast to the low frequency of endorsing 'wanting to increase household income' (6.7%).

Fostering is a difficult role to fulfill, particularly given the varied duties and the high expectations of foster parents who just want to help children who at times may seem unreachable. At times, many foster parents consider withdrawing from fostering. In one study, 58.3% of the sample endorsed considering withdrawing at some point (Rodger et al., 2006). There are conditions which appear to increase the likelihood of retaining the valuable services of foster parents. A study investigating foster parent satisfaction and intent to continue to foster by Denby, Rindfleisch, and Bean (1999) found that foster parent satisfaction was linked to a positive relationship with agency workers (i.e., provision of information and showing approval) and not having regrets about themselves investing in foster children. Furthermore, in this study the intent to continue to foster was related to overall foster parent satisfaction. It appears that foster parents are encouraged to continue in their role, despite hardships, if they have the support they require from agencies and feel rewarded for their efforts with the children in their care.

Kinship Care

When children are placed in a foster home with a relative, it is called kinship foster care (Farris-Manning & Zandstra, 2003). However, agencies may go beyond the traditional definition of 'kin', meaning blood relatives, and include people such as family friends or others who have a strong bond with the child as eligible for kinship care (Geen, 2003). It is thought that placing a child with kin may decrease the trauma of a child being removed from their home. For a child who is undergoing the upheaval of being removed from their parents, a relative's home is a

familiar environment and the caregivers are known, which may be of some comfort to the child. There is also the additional benefit of providing the child with the warmth of family during a stressful process. Also, in the longer term, the child's cultural continuity can be preserved, something that may not be possible for every child in traditional foster care (Shlonsky & Berrick, 2001).

Findings from recent research by Font (2014) investigating the impact of increased time in kinship placements suggested a negative impact of kin placements on reading scores, no effect on child health, and mixed results on cognitive skills and behavioural problems. Research into kinship care has, however, also shown certain benefits for children in out-of-home care. For instance, a recent systematic review conducted by the Campbell Collaboration concluded that children in kinship care (as opposed to children in traditional foster care) may have better outcomes in the areas of mental health, behavioural development, and placement stability (Winokur, Holtan, & Valentine, 2009). Given these encouraging research findings, child welfare agencies are becoming increasingly inclined to consider kin as a first placement option if it is available when a child is placed in care (Geen, 2003). Due to increasing numbers of children being placed in care and difficulty in recruiting and retaining non-related foster parents (Farris-Manning & Zandstra, 2003), kinship care has become an important resource for children in care (Shlonsky & Berrick, 2001). The past decade has seen dramatic increases in the number of children in kinship care (Cuddeback, 2004).

Studies comparing kinship and foster families have found differences between the demographic characteristics of the two groups. One study reported that kinship parents were more likely to be single parents, and tended to be older, to have fewer financial resources, and to have poorer health. Kinship parents were also less likely to own their home, to be employed, and

to have graduated from high school (Harden, Clyman, Kriebel, & Lyons, 2004). A recent review of the kinship literature confirmed these findings. The review noted the existence of significant research evidence suggesting that, compared with non-kinship carers, kinship carers are more likely to be single, older, unemployed, less educated, and of low socioeconomic status (Cuddeback, 2004).

Adoption

Adoption is defined as “a permanent, legal relationship with a kinship or non-kinship family where the parental rights of the birth parents have been terminated and permanent custody and guardianship has been granted through an order by the court to the new parents” (Christenson, 2006, p. 12). In the past, many of the children available for adoption were born to unwed mothers. However, beginning in the 1970s, the stigma for single motherhood has drastically declined, leading to a reduction in unwed mothers putting their children up for adoption. This change in social norms has led people who are seeking to adopt to turn their attention to children in foster care, which has considerably increased the number of adoptions through child welfare (Testa, 2004). In the United States, government policies focused on increasing adoption of children in out-of-home care have been successfully implemented. In 1997, the Adoption and Safe Families Act was passed to encourage the movement of the large number of children from long-term foster care. This act supported adoption as a preferred solution to achieve permanence for children in care who were unable to return to their birth families and remained in long-term foster care (Testa, 2004). In 2003, the Adoption Promotion Act was passed, providing incentives for states to grant subsidies for parents adopting older children (Lindsey & Schwartz, 2004) because data showed that children being adopted from care tended to be younger than those waiting in care (Testa, 2004).

The same need to increase adoptions of children from care has been identified in Canada by the Adoption Council of Canada (ACC). Traditionally, adoption has not been considered an option for children in care who continue to have some access to their birth family or children with special needs. In such cases, the ACC argues that alternatives such as open adoption, kinship adoption, and subsidized adoption should be considered as promising permanency options (Farris-Manning & Zandstra, 2003). These options should be viable, considering that three-quarters of children in care who are adopted are adopted by their relatives or by their former foster parents (Lindsey & Schwartz, 2004). However, as the Expert Panel on Fertility and Adoption (2009) noted, from 2003-2007 only half of all adoptions in Ontario were public (i.e., from the child welfare system). Furthermore, during the year 2007-2008 half of the children in care in the province were Crown Wards (i.e., it was possible for these children to be adopted), but only 9% of those children were adopted in that year. It seems that while adoption should be a viable option to ensure permanency for children in care, it is not often the option exercised in Canada.

Placement Stability

While removing children from harmful environments is imperative for their safety and well-being, doing so also means these children are leaving their families, a significant disruption in their lives. Children removed from their family are then placed in out-of-home care and, unfortunately, often continue to experience disruptions. Studies investigating placement stability have found that nearly half of the children in their samples have had to be moved from their first placement in care (Palmer, 1996; Staff & Fein, 1995). When children must change placements, it is often the result of a placement breakdown, which is defined as when placements are ended at the request of the foster parents and the child is removed from the foster home (Rycus & Hughes,

1998). Researchers in the area of placement stability cite several key reasons for placement breakdowns, including foster child difficulties, expectations of foster parents, and foster child-foster family mismatch (Staff & Fein, 1995). One study highlighted that the variable most strongly related to placement stability was children's behaviour (Palmer, 1996). Another study confirmed this result, finding that the exhibition of externalizing problems (i.e., exhibiting behaviours that are disruptive and aggressive) upon entrance into care was the strongest predictor of placement breakdown (Newton, Litrownik, & Landsverk, 2000). It appears that children's placement stability in care and their behaviour are inextricably linked.

Studies have found that children and youth in long-term out-of-home care have increasingly high rates of emotional and behavioural disturbance (Barber & Delfabbro, 2004). The few available studies that have assessed children who were entering care for emotional and behavioural disorders have reported that between 30% to 60% of children coming into care have a diagnosable disorder (Dore, 1999). Given that foster children increasingly are entering care with more complex problems, it is not surprising that there are high rates of placement breakdowns. The result of frequent placement disruptions is that children are constantly shifted from one home to another. Newton and colleagues (2000) found that the number of placements a child had experienced significantly predicted greater internalizing and externalizing behaviour problems. In this way, child behaviour problems exhibited by foster children were conceptualized by the researchers as both a cause and a consequence of placement breakdown. Without placement stability, children are put at further at risk for future placement breakdowns and the resultant negative emotional and behavioural consequences.

In order to avert placement breakdowns, resource parents need to be equipped to handle the difficult behaviour of the children coming into their care. Unfortunately, many resource

families do not feel able to adequately address the increasing needs of foster children. In a recent large scale study of resource parents in Canada, 64% of resource parents had considered withdrawing and 22% cited dealing with a child's difficult behaviour as their reason for this consideration (Leschied et al., 2014). Research has demonstrated that it is not uncommon for foster parents to become so stressed by the demand placed upon them that they choose to leave their fostering commitment. This, in turn, leads to a reduction in qualified caregivers to fill the fostering role (Rycus & Hughes, 1998). Fewer resource parents means fewer homes for children in care, which in turn reduces the probability of appropriate child-resource family matching; this further increases the number of placement breakdowns and increases the problem behaviours that children exhibit. When thought of in this way, the issue becomes quite cyclical in nature. In order to break this cycle, it is important that the child welfare system intervene and help resource parents in their essential and increasingly demanding role.

Resource Parenting as a Protective Factor

For children who have experienced maltreatment, forming secure attachment relationships with caregivers is challenging (Dozier, Lindheim, Lewis, Bick, Bernard, K., & Peloso, 2009). Furthermore, children who have been removed from their primary caregiver are most likely suffering from effects of this separation. Resource parents are faced with a situation where the child may not be ready or willing to form a relationship with them. However, the resource parent may, in fact, constitute an opportunity for the child to benefit from a 'corrective attachment experience' (Haugaard & Hazan, 2002), where the relationship counteracts the deleterious effects of maltreatment and being placed in care. Studies have shown that children who have dealt with significant hardship, such as experiencing maltreatment from a parent, have better outcomes, or recover from their experiences more fully, if they have a positive relationship

with an alternative, competent adult (Masten, Best, & Garmezy, 1990). There is also evidence that points toward nurturing and responsive care provided by foster parents as a mechanism for partial remediation of early developmental deficits (Dozier, Albus, Fisher, & Sepulveda, 2002). A combination of warm and structured parenting practices, as well as reasonably high parental expectations for child competency, has been found to be strongly related to resilience for children at risk (Masten & Coatsworth, 1998). The relationship between resource parents and children in care, if positive and including the elements research has identified as helpful, may supply these children with a remarkable protective factor that promotes resilience.

Foster Parent Retention and the Association with Training

Foster parents are a vitally important but dwindling resource in child welfare. Every step possible must be taken to retain foster parents in their role if there is to be any hope of meeting the high needs of the children coming into care. One of the most efficient ways of ensuring an adequate number of foster homes is to retain the services of active foster parents. Retaining the services of high quality foster carers is an ongoing need of child welfare agencies (Rodwell & Biggerstaff, 1993).

Researchers in the area of foster parent retention have identified several key elements that are critical in retaining foster carers, one of which is the prelicensure training provided by child welfare agencies. One study investigating factors related to foster parent retention asked their participants to identify factors integral to their retention in their role as foster parents. These foster carers identified training as being critical for preparation, for providing quality care to children, and for continuing to foster (Rodwell & Biggerstaff, 1993). Another important factor in foster parent retention is satisfaction, which researchers have identified as being closely related to training. In an investigation of foster parent satisfaction, Fees et al. (1998) found that

foster parents who considered their preservice training to be useful one year after training were more satisfied with the demands of being a foster parent at that time. The authors of the study concluded that their results underlined the need for high quality preservice training.

Unfortunately, in another retention study conducted by Rhodes, Orme, and Buehler (2001), foster parents reported not being given enough information before their licensure as foster parents. More specifically, foster carers reported having enough information in only nine of 23 areas of information deemed necessary to foster parent effectively. Furthermore, of the foster parents in this study who planned to quit or who had already discontinued, about one in five reported feeling not prepared to foster when they began to do so (20% and 22%, respectively). Another retention study identified feeling competent to handle foster children, competency clearly related to training and preparation, as one of the motivational factors influencing foster parents' satisfaction, which in turn was related to foster parents' intention to continue to foster (Denby et al., 1999).

Although not directly related to foster parent retention, a study of post-adoptive parents found that one of the challenges cited most frequently was that parents felt that they had a lack of knowledge of parenting and children. In addition, many parents stated that they were unprepared for the challenges that arose once a child was placed in the home (McKay & Ross, 2010). These findings echo those of the foster parent retention studies discussed above. All of these studies underline the need for comprehensive resource parent training to ensure that such parents are prepared to meet the needs of the children coming into their care, so that they may feel satisfied in their roles and continue caring for these children.

Training

Training usually involves presenters sharing ideas and expertise via a range of group-based activities (Guskey, 2000). A training program can be defined by such factors as a system with goals, a trainer-trainee division of labour, a sequence, and a specific set of training activities. Principles of good training design include attention to structure, relevance, and specificity (Havelock & Havelock, 1973). Training sessions are developed with specific objectives for the participants in mind, including awareness, knowledge, skill development, attitude change, and transfer of training (Guskey, 2000).

Havelock and Havelock (1973), in their guide to training change agents, outlined three outcomes that can be expected of a training program: (1) new or changed attitudes and values, (2) new or changed knowledge, and (3) new or changed skills. The authors pointed out through training some attitudes can be developed and reinforced, but that doing so requires a foundation upon which to build. In terms of knowledge, they highlighted that a training program should not assume that trainees have prior knowledge. Of the utmost importance to most training programs is the provision of new behavioural skills, also dependent upon the prior existence of certain skills upon which to build. The authors stated that change agents must possess core skills that seem quite relevant to the current study with resource parents, including being able to relate to other people in a system and strong communication skills.

Training is a common form of professional development, as well as being the most efficient and cost-effective form for large groups (Guskey, 2000). Guskey (2000), in an educational context, defined professional development as a process designed to improve the professional knowledge, attitudes, and skills of teachers in order, in turn, to enhance the learning of students. If we view resource parents as the ‘teachers’ and the ‘students’ as the children in

care within this model, we can then see resource parent training as a key precursor to the improvement of child well-being.

Social Cognitive Theory

Social cognitive theory (Bandura, 1986) can help us to understand the process of acquiring knowledge, which is a proximal goal of training, and the transition of said knowledge into skill, the more distal goal of training. The theory outlined two processes in the diffusion of an innovation, which defined as the learning of any practice that would be perceived by people as new and thus would apply the new learning that training intends to impart. The first process is the acquisition of knowledge about the innovation and the second is the adoption of that innovation into practice.

Of note, the theory highlighted that while the acquisition of knowledge about a practice is necessary, it is not sufficient to allow people to adopt the practice. There are a host of other factors that play a role in determining whether people will enact their learning. One of the factors of potential interest to the current study is that of incentive influences. For instance, the utility of adopting the new practice is a motivating factor. However, any benefits cannot be observed until the new behaviour is attempted, thus people have to act on the basis of what they anticipate the benefits to be (Bandura, 1986). Although, this may be especially difficult for prospective resource parents in training, particularly if they have little parenting experience or experience with children in care.

As Bandura (1986) noted, behaviour is often guided and sustained over long periods without the presence of external incentives, but rather motivated by internal cognitive structures. Social cognitive theory asserted that “behaviour is a product of both self-generated and external sources of influence. Most external influences affect behavior through intermediary cognitive

processes” (Bandura, 1986; p. 454). These cognitive processes include the storage of knowledge as abstract representations and symbolic manipulation of information. It is these cognitive representations of knowledge that are employed in the construction and selection of courses of action (Bandura, 1986). Therefore, the storage of knowledge acquired during training can be viewed as useful in decision-making about behaviour that will occur during interactions with children in care.

The concept of intention is critical within social cognitive theory in that it affects the self-regulation of behavior. The theory defines intention as the determination to execute particular actions or to create a certain state of affairs (Bandura, 1986). Of interest to the current study, one can view the intention of a resource parent to apply the knowledge of their training in order to create an optimal family environment for children in care. Social cognitive theory dictated that regulation of behaviour through intention occurs via two cognitive sources of motivation: the use of forethought and the reliance of goal-setting and self-evaluation. Both of these mechanisms employ cognitive representational mechanisms. Cognitive representations of future outcomes – in the case of resource parents this could be positive outcomes for children in care – allows people to generate motivation for courses of action that would be key in attaining those future outcomes. Cognitive comparisons of required standards – in the case of resource parents those standards that would be important would be those set out by their preservice training – with current behaviour enables people to create their own motivation to persist until they attain their set standard (Bandura, 1986). From this theory’s perspective, we can see how the internal representations of knowledge learned in training, under the influence of cognitive mechanisms which serve to influence courses of action, shape the behaviour of resource parents once they are caring for looked after children.

Foster Parent Training

A review of interventions for foster parents aimed at helping them meet the developmental needs of foster children stated that the research conducted to date has been quite limited and that only a few foster care interventions meet the standard of even weak empirical support (Dozier et al., 2002). This is unsurprising; Nash and Flynn (2009), for example, found that the most widely-used foster parent intervention method, foster parent training (both inservice and preservice of varying types), was significantly related to foster child outcomes in only 17% of the regression analyses they conducted.

While research on foster parent training is scant, it does exist, in the form of evaluations of both inservice and preservice foster parent training. *Inservice foster parent training* is provided to licensed foster parents who already have a child in their care and who have also identified a need for further knowledge in a specific area. *Preservice foster parent training* (of particular interest to the current study) is training given to applicants who wish to become foster parents, typically and ideally before they are licensed as foster parents and before they have foster children placed in their home. Preservice training is provided by child welfare agencies in order to help prepare foster parents for the challenges of foster parenting, as well as to help them understand child development (Baum, Crase, & Crase, 2001).

A review (Dorsey, Farmer, Barth, Greene, Reid, and Landsverk, 2008) of the evidence base for both inservice and preservice foster and treatment foster parent training combined found only 29 studies meeting their unrestrictive inclusion criteria. The types of trainings were varied in terms of both approach and as content; only six of the training programs were preservice in nature; the remaining were inservice training programs. The authors highlighted that a third of the studies had been conducted over 20 years previously, that most of the studies had focused on

nonrelative resource parents, and that many studies had not had rigorous research designs, had used small samples, and had assessed a limited range of outcomes. The authors concluded that there has been little attempt to continue or extend foster parent training research and improve the existing evidence base. However, they did state that most studies reported “at least preliminarily promising findings – e.g., improved foster parent knowledge/attitudes, placement stability, child behaviors” (Dorsey et al., 2008, p. 1408). A more recent review of foster parent training programs by Rork and McNeil (2011) included 17 studies. Fifteen of these were group studies, ten with control groups and five without control groups; the remaining two studies were based on case records or case studies. Only four of the reviewed articles investigated preservice training, with the other 13 focusing on inservice training. As a general conclusion about the state of the research into foster parent training programs, the authors stated that “what little research is available is fraught with methodological limitations, calling into question the reliability, validity, or generalizability of study results” (Rork & McNeil, 2011, p. 139). The most recent review of published evaluations of foster parent training programs, by Festinger and Baker (2013), identified 29 articles focusing on evaluations of inservice training and only seven articles discussing evaluations of preservice training. The authors concluded that “this literature on results of preservice evaluation is weak at best” (p. 2148) and cited concerns about the studies’ mixed results, limited replications, and shortage of objective outcomes. Overall, these reviews were not very supportive of the effectiveness of available foster parent training programs, although the authors all highlighted the scant research in the area.

Inservice training. While research into resource parent training specifically may be lacking, parent training programs, particularly those intended to address child behavior concerns, abound. A meta-analysis by Kaminski, Valle, Filene and Boyle (2008) of the components

related to parent training program effectiveness synthesized the results of 77 published evaluations of programs intended to teach parents skills to ameliorate their young children's (aged 0-7) externalizing behaviour. The overall results supported the use of parent training programs to alter parenting behaviour and improve children's externalizing behaviour. The researchers highlighted that the mean effect sizes for parenting outcomes were larger than those for child outcomes. Furthermore, the "effect size for parenting behaviours and skills were smaller than the effect sizes for parenting knowledge, attitudes, or self-efficacy" (p. 580). Similarly, a systematic review from the Campbell Collaboration (Turner, MacDonald, & Dennis, 2007) of cognitive behavioural inservice training interventions for foster parents in the management of difficult behavior noted that there has been little research concerned with the evaluation of foster parent training programs. The review found only six studies that met inclusion criteria, and the authors concluded that these interventions had very little effect on the outcomes of children in out-of-home care in terms of their psychological, behavioural, or interpersonal functioning. Furthermore, the results did not suggest that the interventions had improved foster parents' behavioural management skills, attitudes, or psychological functioning (Turner et al., 2007).

Recently, leading evidence-based parent training programs have been identified as holding promise for intervention with resource parents. Barth (2005) listed the most highly ranked parent training programs in terms of effectiveness. One of the programs listed was Parent-Child Interaction Training (Eyberg & Robinson, 1982). Parent-Child Interaction Training (PCIT) involves both didactic training and live coaching to enhance parent-child relationships and improve compliance with children who have externalizing disorders. Timmer, Urquiza, and Zebell (2006) applied the model with nonrelative foster parents and children in care. The

researchers found decreases in child behavior problems as well as decreases in caregiver distress. These decreases paralleled those of the comparison group of biological parents and children, leading to the conclusion that the effectiveness of PCIT can be generalized to foster parents and children in care. Another highly effective program listed by Barth (2005) was The Incredible Years (Webster-Stratton & Hammond, 1997), a 12-week parenting course targeting child behaviour problems. Linares, Montalto, Li, and Oza (2006) adapted the intervention for use in child welfare by adding a co-parenting component to address the unique situation of children in care being parented by both foster parents and biological parents. The results indicated higher use of positive parenting, clear expectations, and co-parenting in the intervention when compared to the care as usual group, both postintervention and at follow-up.

A review focusing specifically on evidence-based treatment for child maltreatment, under the section entitled 'evidence-based practices for children in foster care', noted just three parent training programs with promising empirical support, only one of which was adapted specifically for the unique challenges faced by foster parents (Chaffin & Friedrich, 2004). This foster parent intervention, called KEEP (Keeping Foster Parents Trained and Supported), explicitly targeted foster and kinship parents caring for children exhibiting externalizing behavior (Chamberlain, Price, Leve, Laurent, Landsverk, & Reid, 2008). The intervention was carried out as a 16-week training and support program, with supervision in behavioural management. KEEP was adapted from Multidimensional Treatment Foster Care (MTFC), an evidence-based intervention developed for use with foster parents who have adolescents referred by juvenile justice placed in their care. The results of the KEEP study showed improvements in parenting skills (specifically, positive reinforcement and discipline methods) and these improvements mediated a decrease in children's behavioural issues (Chamberlain et al., 2008).

Another extension of the MTFC model has been developed for use with preschoolers to optimize developmental progress and reduce placement breakdowns, called the Early Intervention Foster Care Program (EIFC; Fisher, Gunnar, Chamberlain, & Reid, 2000). The results of a randomized clinical trial found that the number of failed permanent placements was reduced for the children in EIFC, compared with those children in regular foster care. While these interventions were delivered through a team approach and involved individual therapy for children, parent training for biological parents, and ongoing consultation from staff for foster parents, they also involved an extensive preservice training component for foster parents (Fisher, Burraston, & Pears, 2005).

Another program, called Attachment and Biobehavioral Catch-up (ABC; Dozier, Dozier, & Manni, 2002). aimed to reduce placement disruptions for children in care by helping children develop regulatory capacities. In ABC, foster parents attend ten sessions intended to instruct them to provide nurturance even when the children in their care do not elicit it. Results from a randomized controlled trial were positive. One month post-intervention, children of foster parents in the intervention group had lower cortisol levels and fewer reported behavioral problems than children of foster parents in the educational control group (Dozier et al., 2006). The results of the randomized controlled trial also showed that children of foster parents in the ABC condition demonstrated significantly less avoidance than children of foster parents in the control group (Dozier et al., 2009). The researchers concluded that these preliminary results suggested that ABC is effective in helping children in care develop trusting relationships with their foster parents. Overall, this last group of studies of inservice training programs for foster parents offers encouraging evidence for the potential effectiveness of resource parent training.

Preservice training. Preservice training for foster parents is a common practice in child welfare, legally mandated in most provinces and states; however, few training programs have been the focus of research. An extensive review of the literature, including comprehensive reviews of resource parent training, identified three preservice training programs that have been evaluated. One program is called NOVA Foster Parent Preservice Training Curriculum, a 12-hour training program that was developed at Nova University in the mid-1970s (Baum et al., 2001). The first study, by Crase and colleagues (2000), examined foster parenting attitudes and knowledge of the foster care system, pre- and posttraining. The researchers concluded that preservice training led to a greater understanding of the foster parent role, more positive attitudes towards foster parenting, and increased knowledge of foster care and the challenges of fostering children. The second study examining NOVA by Baum et al. (2001) was concerned with the program's usefulness in helping applicants decide whether or not to commit to foster parenting (one of the goals of the NOVA program). The foster parents were given a survey one year following their training. Of those who chose to become foster parents, 72% identified reasons other than the training that helped them make their decision, while 56% who chose not to foster said that no aspect of training assisted them in their decision-making process (Baum et al., 2001). The results of this limited investigation into the effectiveness of the NOVA program thus appeared to be mixed.

Another preservice training program, identified as one of two 'gold standard', widely-used foster parent training programs, is called Model Approach to Partnerships in Parenting (MAPP). There are only two published studies investigating MAPP (Dorsey et al., 2008). MAPP is a 10-week group training program based on NOVA material (Lee & Holland, 1991). A MAPP pilot study (Lee and Holland, 1991) compared two MAPP training groups to one

comparison group, pre- and posttraining, on measures of parenting behaviours and attitudes. No significant differences emerged, either between groups or within groups. A more recent study by Puddy and Jackson (2003) compared a MAPP training group to a no-training group, pre- and posttraining. These researchers measured the attainment of program goals and improvement in parenting skills. The results showed that parents in the training group improved in only 4 of 12 program identified goals and 3 of 22 basic parenting skills. The authors concluded that the program was not sufficient to prepare foster parents to manage the challenging behaviour of foster children. The results from the MAPP studies did not provide encouraging data for its use in the preparation of foster parents.

Parent Resource Information Development Education (PRIDE). The third resource parent training program that has been the focus of research is PRIDE (Illinois Department of Children and Family Services, 1993). Dorsey et al. (2008) identified PRIDE as the other program of two ‘gold standard’, widely-used foster parent training program. Despite the widespread use of the PRIDE training in the United States and Canada (it has been implemented in 23 states and provinces; Christenson, 2009) and its growing popularity worldwide (it has been adapted in eight countries internationally; Herczog et al., 2001), very little research has been conducted on the program to date¹. An extensive search of the published and unpublished literature unearthed two unpublished reports investigating PRIDE, one published article discussing the adaptation of the program for use internationally, and two published evaluative studies of PRIDE comparing kinship and non-kinship participants. A recent review of foster parent training by Dorsey et al. (2008) confirmed this search, identifying only two peer-reviewed

¹ The primary investigator attended the first PRIDE International Roundtable in February, 2008. This meeting was attended by colleagues implementing PRIDE from across the world. At this meeting it was confirmed that, as of 2008, only one formal research paper had been published on PRIDE and very little unpublished data had been collected.

studies of PRIDE training, namely, the aforementioned international adaptation article (Herczog et al., 2001) and the evaluative study (Christenson & McMurtry, 2007).

PRIDE is a standardized program for foster parent recruitment, preparation, and selection. The PRIDE program has many components (e.g., recruitment, preservice, and inservice training), but the current study is concerned only with the foster parent *preservice* training element, as this is the component that has been recently mandated for implementation across Ontario (Child Welfare League of Canada, 2013). PRIDE is a competency-based program intended to build foster parents' knowledge and skills in the following six categories: (1) protecting and nurturing children, (2) meeting children's developmental needs, (3) supporting children's relationships with their biological families, (4) connecting children to safe, nurturing, lifelong relationships, (5) working as a member of a professional team, and (6) reinforcing children's cultural identity (OACAS, 2006; see Appendix A for a listing of the 58 Ontario PRIDE sub-competencies that fall within these categories). Recent research by Berrick and Skivenes (2012) investigated characteristics of high quality foster care in the US and Norway and suggested that there were unique aspects of foster care that required caregiving responses beyond effective typical parenting skills that parallel the PRIDE competencies. The authors summarized the additional dimensions as "1) attending to the experience of integrating into a new family; 2) considering the relationship between the child, birth family, and foster family; and 3) responding to the development and special needs of the child" (p.1958). The goal of PRIDE is not only to impart knowledge and build skills, but also to facilitate accurate assessment decisions. It is believed that better assessment during the foster parent selection process will increase the quality of foster parents, as well as the ability to match them with foster children, thereby, it is hoped, reducing the number of placement disruptions for children (OACAS, 2006).

The PRIDE preservice training is composed of nine sessions that are three hours in length, for a total of 27 training hours, ideally over a number of weeks. The sessions are co-led by a child welfare worker and an experienced resource parent, both of whom have attended a three-day PRIDE trainer workshop. The content of the sessions includes an orientation to the child welfare system, permanency planning, the impact of maltreatment, attachment, loss, maintaining children's family relationships, teamwork, optimal (authoritative) parenting, discipline, child development, placement challenges, and the impact of fostering on the family. The PRIDE training is connected to the applicant's home study through PRIDE Connection Tools, which are homework assignments based on training content that are discussed with the applicants' home study worker (OACAS, 2006).

Despite its popularity, PRIDE has been the focus of relatively little research. However, some informal research has been undertaken by child welfare agencies who deliver PRIDE training. In 2003, before the mandatory implementation of PRIDE across in Ontario, the OACAS conducted a pilot study of the PRIDE preservice training given to over 900 applicant resource parents over six months in nine agencies across the province. Participants in the program reported that the training led to increased confidence in their ability to perform the role of a foster parent. In addition, they reported that training led to a greater understanding of fostering and feeling prepared for the role. Participants were also highly satisfied with the program; they enjoyed the program and believed the content to be useful. Staff also reported their impression that the quality of foster homes selected was improved by the PRIDE training process (Osmond & Gamble, 2003). In fact, the eight participating agencies continued to deliver PRIDE training on a voluntary basis after the pilot study had concluded (P. Gamble, personal communication, July 6, 2007). Similar positive feedback was presented in an unpublished

evaluative study of PRIDE conducted in Hawaii over a two-year period. Carried out three years following the implementation of the program, the study (Hawaii Department of Human Services, 1998) presented survey results from participant foster parents after the conclusion of training. The participants reported that they felt prepared for the reality of fostering and also felt prepared to handle the special needs of foster children. The participants' responses also indicated that they were prepared to participate as team members, a major goal of the PRIDE training program. These results provide some evidence of positive participant reactions and indications that participants learned from their PRIDE training.

The only two *published* evaluative studies investigating PRIDE preservice training were based on pre/post and follow-up data collected from 14 training groups in Idaho. A measure was developed by the researchers to examine social supports, motivation for resource parenting, and movement on selected aspects of the PRIDE training competencies and used with 228 training participants, pre- and posttraining. At the conclusion of the training, the researchers found a significant improvement among nonkinship participants on items relating to the PRIDE competency categories, although similar changes were not observed in the kinship group (Christenson & McMurtry, 2007). A follow-up study (Christenson & McMurtry, 2009) was conducted with 114 participants from the original sample, a year and a half after the training. The results revealed a significant gain in participant responses relating to the competency categories, from pretraining to follow-up, indicating that knowledge gains made over the course of the training had been maintained over time.

Christenson and McMurtry (2009) noted that the limitations of their research design included lack of generalizability to other jurisdictions, given that it was restricted to one US state, and invited replication of their preservice training evaluation. Because this project only

examined differences between kinship and nonkinship parents, and found positive competency gains solely among nonkinship parents, it seemed a prudent next step, for the evolution of research of PRIDE preservice training, to investigate whether differences existed between nonkinship parents whose intention was to foster versus to adopt children in care. Also, a published article describing the transfer of PRIDE internationally remarked that no PRIDE employing organizations have sought to collect empirical evidence regarding outcomes of the program for families and organizations. The authors stated that the collection of such data would be an important next step to benefit these stakeholders of the program (Herczog, et al., 2001). This thesis responds to these calls for additional research on PRIDE preservice training. Currently, it appears as if no researcher is taking the lead in the investigation of the PRIDE program, at least in Canada. Such investigation is seriously needed, however, to determine whether the preservice training program is accomplishing its goals and, ultimately, adequately serving resource parents and their looked after children.

Evaluation

Evaluation can be operationally defined as “the systematic investigation of merit or worth” (Guskey, 2000, p.41). There are three overarching types of evaluation: planning, formative and summative. While a planning evaluation occurs before a program has begun and a summative evaluation takes place once a program is finished, a formative evaluation (of particular interest to the current study) goes on during the active operation of a program. The purpose of a formative evaluation is to provide information regarding whether the program is being implemented as planned and whether the progress expected is taking place, and, if not, to suggest improvements that can be made (Guskey, 2000).

Kirkpatrick (1979) outlined techniques for evaluating training programs in business and his evaluation model has been widely applied. He discussed four steps in training evaluation: (1) reaction, (2) learning, (3) behaviour, and (4) results. Each level must be assessed as successful in turn before proceeding to the assessment of the next level. He stated that while *reactions* – how well trainees like a training program – are important to gauge and are often measured, they do not provide any information about whether any learning has occurred. *Learning* can be measured through classroom performance, if skills are being taught, or via paper and pencil tests, if the training is fact-based. He affirmed that the next step, measuring *behavioural changes*, should occur by comparing performance before the training to performance following the training, or through the use of control groups not receiving training (Kirkpatrick, 1979). Finally, he described the measurement of the *results* of a training program as gathering evidence of the effectiveness of the training, which is dependent upon the intended product of the training (Kirkpatrick, 1977).

Guskey (2000) was influenced by the work of Kirkpatrick (Kreider & Bouffard, 2005/2006) and created a similar model for evaluating professional development, with five levels: “(1) participants’ reactions, (2) participants’ learning, (3) organization support and change, (4) participants’ use of new knowledge and skills, and (5) student learning outcomes” (p.82). It is Guskey’s model that was relied on most heavily in the development of the project’s design because it best fit the goals of the project in several ways. The first study of the current project was concerned with assessing levels one and two, immediately after the training. The second study focused on level four, which goes beyond simply ‘results’ and determines whether what participants learned from professional development makes a difference in their practice (or in the case of the current study, their parenting). Guskey’s (2000) model states that it is

important at level four to specify clear indicators so that evaluators are able to discern whether participants' learning is being used and the degree to which it is being used. In addition, the model outlines that an adequate amount of time must have gone by to allow participants to adapt their new ideas and practices to their environment, before measurement of these indicators, thus this level was evaluated after some time had passed since the training. While levels 3 and 5 were not addressed in the current project, it was thought that the focus on organizational support and change and 'student learning outcomes' (which in this case would be outcomes for children in care) would be highly relevant in future research.

The point was made by Trochim (2005) that the development of a treatment or intervention (which, in the current project, can be viewed as training) necessarily involves conducting basic research before more controlled studies are undertaken. Trochim (2005) outlines four phases of treatment development. Phase one involves exploratory research with small samples that focus on the development and implementation of the intervention. This first phase is necessary to gather reactions to the intervention and to determine whether the intervention seems to be associated with intended outcomes. If phase one outcomes are positive, then in phase two trials can proceed. The second phase typically involves larger, somewhat more controlled observational or quasi-experimental studies. Since preservice PRIDE, the program under study in this project, had already been created, and the present thesis research would be better described as 'somewhat more controlled' rather than as strictly 'exploratory', the current study falls within this second phase of the development of an intervention. This is true even though the research, based on a single-group, pretest/posttest design, lacks a comparison group (because it is a universal program in Ontario) and thus does not qualify as truly quasi-experimental in nature. If additional phase two studies are successfully accomplished, the third

phase, randomized controlled trials, could commence. This will be an essential direction for future research on preservice PRIDE in order to establish causal links with outcomes of interest, but would have been premature because of the limited research currently available on the intervention. The fourth and final phase in Trochim's program-development framework includes ongoing monitoring and evaluation.

Purpose of Thesis

There have been few studies examining the effectiveness of foster parent preservice training programs, in general, or of the PRIDE preservice training program, specifically. The implementation of this program has been mandated across the province as part of the Ontario Practice Model. Given the new and still relatively unevaluated nature of the Ontario Practice Model, our investigation into one of its components is timely. This mixed-methods thesis project was carried out through two studies. The goal of the first study was to take an in-depth look at the process of PRIDE preservice training in a number of local CASs in Ontario and to explore the ability of the program to meet its training goals with resource parents. In this first study, we carried out a detailed quantitative analysis of the PRIDE training process and selected outcomes. The purpose of the second study was to investigate the transfer of training to a small subsample of resource parents after they had welcomed a child into their homes. In this second study, we conducted mixed-methods analysis of responses from resource parents regarding their application of the five major competencies covered in their previous PRIDE training.

Study #1

Resource Parent Preservice Training: A Process and Pre-Post Outcome Investigation of the
PRIDE Program

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Abstract

The study investigated the widely-used, but under-researched, resource parent (foster, adoptive, kinship) preservice training program known as PRIDE (Parent Resources for Information, Development and Education). The sample consisted of 174 participants in Ontario, Canada. Examination of the process of training determined that participant engagement and participant-perceived fidelity were high, as was participant satisfaction with the training. In terms of outcomes, a large and statistically significant gain in total scores from pre- to posttraining was observed ($d = 1.17$) on the instrument developed to measure knowledge of the PRIDE competencies taught by the training. No differences, however, were found in attitudes from pre- to posttraining. High training quality, a construct comprised of participant engagement and participant-perceived fidelity, was a significant predictor of both self-reported knowledge gains and high participant satisfaction. Overall, there were no differences between prospective foster parents and adoptive parents on the major variables examined. The results are discussed in terms of implications for practice and future research.

Keywords: preservice training, foster parent training, foster parents, adoptive parents, child welfare, parent training, evaluation

Introduction

When children under the age of 16 are deemed in need of protection from their caregivers due to maltreatment, one of the options is to place the child in out-of-home care (CFSA; R.S.O., 1990). In the year 2013-2014, the Ontario Association of Children's Aid Societies reported there were 23,341 children in out-of-home care in the province (OACAS, 2014). Family-based out-of-home care is the preferred option for children (Farris-Manning & Zandstra, 2003). Broadly, there are three family-based care options: foster care, kinship care, and adoption. 'Resource parent', a term which encompasses foster parents, kinship carers, and adoptive parents, is the preferred term, as these families are all 'resources' for children in care and their families (Illinois Department of Children and Family Services, 1993). Foster parents are individuals who accept into their homes children who are unable to remain with their families and provide them with temporary care in return for stipends (Haugarrd & Hazan, 2002). When children are placed in a foster home with a relative, it is called kinship foster care (Farris-Manning & Zandstra, 2003). However, agencies may go beyond the traditional definition of 'kin', meaning blood relatives, and include people such as family friends or others who have a strong bond with the child as eligible for kinship care (Geen, 2003). Adoption is defined as: "a permanent, legal relationship with a kinship or non-kinship family where the parental rights of the birth parents have been terminated and permanent custody and guardianship has (sic) been granted through an order by the court to the new parents" (Christenson, 2006, p. 12).

Placement Stability and Resource Parent Retention

While removing children from harmful environments is imperative for their safety and well-being, doing so also means these children are leaving their families, a significant disruption in their lives. Children removed from their family who are placed in out-of-home care

unfortunately often continue to experience disruptions. Studies investigating placement stability have found that nearly half of the children in their samples have had to be moved from their first placement in care (Palmer, 1996; Staff & Fein, 1995). When children must change placements, it is often the result of a placement breakdown, which is defined as the termination of a placement at the request of the foster parents and the removal of the child from the foster home (Rycus & Hughes, 1998). Researchers in the area of placement stability cite several key reasons for placement breakdowns, including foster child difficulties, expectations of foster parents, and foster child-foster family mismatch (Staff & Fein, 1995). In order to avert placement breakdowns, resource parents need to be equipped to parent the children coming into their care. Unfortunately, many resource parents are unable to adequately address the complex needs of children in care. It is not uncommon for foster parents to become so stressed by the demands placed upon them that they choose to leave their fostering commitment. This, in turn, leads to a reduction in qualified caregivers to fill this fostering role (Rycus & Hughes, 1998).

One of the most efficient ways of ensuring an adequate number of substitute homes for children in care is to retain the services of active resource parents. Retaining the services of high-quality foster carers is an ongoing concern for child welfare agencies (Denby, Rindfleisch, & Bean, 1999). Researchers in the area of foster parent retention have identified several key elements that are critical in retaining foster carers, one of which is the training provided prelicensure by child welfare agencies. One study investigating factors related to foster parent retention asked their participants to identify factors integral to their retention in their role as foster parents. These foster parents identified training as being critical for preparation, for providing high-quality care to children, and for continuing to foster (Rodwell & Biggerstaff, 1993). Another important factor in foster parent retention is satisfaction: in an investigation of

foster parent satisfaction, Fees et al. (1998) found that foster parents who considered their preservice training to be useful one year after training were more satisfied with the demands of being a foster parent at that time. Conversely, a study of post-adoptive parents found that one of the most frequently cited challenges was that parents felt as if they had a lack of knowledge of parenting and children. In addition, many parents stated that they were unprepared for the challenges that arose once a child was placed in the home (McKay & Ross, 2010). These studies underline the need for comprehensive resource parent training to ensure that resource parents are prepared to meet the needs of the children coming into their care, so that they may feel satisfied in their roles and continue caring for these children.

Resource Parent Training

There has been a lack of attention to research in the area of resource parent training and a resultant debate regarding the effectiveness of the training currently being offered or required for resource parents. The four reviews that have been conducted of the research investigating the effectiveness of foster parent training have concluded that there is “limited knowledge in this area” (Lee & Holland, 1991, p.162), that there is “little empirical support for the most widely-used curricula of foster parent training” (Dorsey, Farmer, Barth, Greene, Reid, & Landsverk, 2008, p.1403), that “what little research is available is fraught with methodological limitations, calling into question the reliability, validity, or generalizability of study results” (Rork & McNeil, 2011, p. 139), and that “literature on results of pre-service evaluation is weak at best and suggests a major area for additional focus” (Festinger & Baker, 2013, p.2148).

Preservice resource parent training is training given to applicants who wish to become resource parents, as preparation for parenting children in care, typically and ideally before they have children placed in their home. Preservice training is provided by child welfare agencies in

order to help prepare prospective resource parents for the challenges of parenting children in care, as well as to help them understand child development (Baum, Crase, & Crase, 2001). Preservice training for resource parents is a common practice in child welfare, mandatory for licensure in many provinces and states; however, as is true of resource parent training in general, few preservice training programs have been the focus of research (Dorsey et al., 2008). The majority of published studies of preservice resource parent training have focused on investigating the effectiveness of the two most frequently offered foster parent preservice training programs. One program that is widely-used and has been the focus of research is called MAPP (Model Approach to Partnerships in Parenting), a 10-week group training program (Lee & Holland, 1991). A widely cited article by Lee and Holland (1991) presented results from a MAPP pilot study that compared two MAPP training groups to one comparison group pre- and posttraining on measures of parenting behaviours and attitudes. No significant differences emerged from pre- to posttraining, either between groups or within groups. A more recent study by Puddy and Jackson (2003) compared a MAPP training group to a no-training group pre- and posttraining. These researchers measured attainment of the program goals and improvement in parenting skills. The results showed that parents in the training group improved in only four of 12 program identified goals and three of 22 basic parenting skills. The authors concluded that the program was not sufficient to prepare foster parents to manage challenging behaviour of foster children. The results from the MAPP studies did not provide encouraging data for the use of the program in the preparation of foster parents.

The other widely-used foster parent preservice training program, and the one examined in the current study, is called Parent Resource Information Development Education (PRIDE, Illinois Department of Children and Family Services, 1993). PRIDE is a standardized program

for foster and adoptive parent recruitment, preparation, and selection. The program was developed by the Child Welfare League of America and adapted for use in Ontario in 2003. The PRIDE program has many components (e.g., recruitment and in-service training), but the current study is concerned only with the foster parent preservice training element, as this is the component that was mandated for implementation across the province of Ontario (Child Welfare League of Canada, 2013). The PRIDE program is delivered as nine three-hour sessions by a child welfare worker and experienced resource parent. PRIDE is a competency-based program intended to build foster parents' knowledge and skills in the following six categories: (1) protecting and nurturing children, (2) meeting children's developmental needs, (3) supporting children's relationships with their biological families, (4) connecting children to safe, nurturing, lifelong relationships, (5) working as a member of a professional team, and (6) reinforcing children's cultural identity (OACAS, 2006; see Appendix A for a listing of the 58 Ontario PRIDE sub-competencies that fall under these categories). Notably, a recent study by Berrick and Skivenes (2012) investigating characteristics of high quality foster care in the US and Norway suggested that there were unique aspects of foster care that required caregiving responses beyond effective typical parenting skills, namely, "1) attending to the experience of integrating into a new family; 2) considering the relationship between the child, birth family, and foster family; and 3) responding to the development and special needs of the child" (p.1958), all of which map onto PRIDE competency categories.

Despite the widespread use of PRIDE training in the United States, and its growing popularity worldwide, including in Canada, very little research has been conducted on the program to date². An extensive search of the published and unpublished literature unearthed two

² The primary investigator attended the first PRIDE International Roundtable in February, 2008. This meeting was attended by colleagues implementing PRIDE from across the world. At this meeting it was confirmed that, up to

unpublished reports investigating PRIDE, one published article discussing the adaptation of the program for use internationally, and two published evaluative studies of PRIDE comparing kinship and non-kinship participants (one pre/post study and one follow-up study). Three recent reviews of the foster parent training literature confirmed this search (Dorsey et al., 2008; Rork & McNeil, 2011; Festinger & Baker, 2013), identifying only three peer-reviewed studies of PRIDE training, namely, an international adaptation article and the evaluative project that was presented as a pre-post study and a follow-up study, all discussed below.

In 2003, before the mandatory implementation, OACAS conducted a pilot study of the PRIDE program given to over nine hundred applicant resource parents over six months in nine agencies across the province of the 53 Children's Aid Societies across Ontario. No impact or outcome data were collected; however, the evaluative data collected through surveys, focus groups, and interviews concluded that the results from the PRIDE training were favourable. Participants in the program reported that the training led to increased confidence in their ability to perform the role of a foster parent. In addition, they reported that training led to a greater understanding of fostering and feeling prepared for the role. Participants were also highly satisfied with the program; they enjoyed the program and believed the content to be useful. Staff also reported their impression that the quality of foster homes selected was improved by the PRIDE training process (Osmond & Gamble, 2003). Similarly, an unpublished evaluative study of PRIDE conducted in Hawaii over a two-year period, three years following the implementation of the program, presented survey results from participant foster parents after the conclusion of training. The participants reported that they felt prepared for the reality of fostering and also felt prepared to handle the special needs of foster children. The participants' responses also

that date, only one formal research paper has been published on PRIDE and very little unpublished data had been collected.

indicated that they were prepared to participate as team members, a major goal of the PRIDE training program (Hawaii Department of Human Services, 1998). These results provide some evidence of positive participant reactions and indications that participants learned from their PRIDE training.

The only *published* evaluative studies investigating PRIDE preservice training were based on pre-post data and follow-up data comparing kinship and nonkinship (foster and adoptive) resource parents in Idaho. The first study (Christenson & McMurtry, 2007) collected data from 14 training cohorts and 228 training participants. A measure was developed by the researchers to examine social supports, motivation for resource parenting, and movement on selected aspects of the PRIDE training competencies. After training, the researchers found a significant improvement of nonkinship participant responses to items relating to all five PRIDE competency categories, although these gains were not observed in the kinship group. The follow-up study (Christenson & McMurtry, 2009) was conducted with 114 participants from the original sample a year and a half after the conclusion of training. The results revealed a significant difference in participant responses relating to the competency categories from pretraining to follow-up. The researchers noted that the limitations of the design included lack of generalizability to other jurisdictions, given that it was restricted to one US state, and invited replication of this preservice training evaluation. Given that this project only examined differences between kinship and nonkinship parents, and found positive competency gains solely among nonkinship parents, it seems a prudent next step in the evolution of research on PRIDE preservice training to investigate whether differences exist between nonkinship parents who intend to foster versus adopt children in care.

The only other remaining published article on PRIDE preservice training was not evaluative, but rather described the transfer of PRIDE internationally, from the US to eight Scandinavian and European countries. The authors remarked that none of the PRIDE-employing organizations had sought to collect empirical evidence regarding outcomes of the program for families and organizations. The authors also stated that the collection of such data is an important next step to benefit these stakeholders of the program (Herczog, vanPagee, & Pasztor, 2001).

Current Study

At this time, despite the widespread use of the PRIDE preservice program, it appears as if no researcher is taking the lead in the investigation of the PRIDE program, particularly in Canada. Such investigation is seriously needed, however, to determine whether the preservice training is accomplishing its goals. Such research would be a first step toward, ultimately, determining if PRIDE it is adequately serving looked after children. The purpose of this study, broadly, was to add to the literature regarding foster parent preservice training programs. It was also important to add specifically to the knowledge base of the widely-implemented PRIDE training program. The study intended to examine PRIDE in three complementary ways: the process of PRIDE training, the outcomes of PRIDE training, and links between the training process and outcomes.

Trochim (2005) outlined four phases in the development of a treatment (which, in the current study, can be viewed as training). These phases build on one another and necessarily involve conducting basic research before more controlled studies are undertaken. Phase two, larger and somewhat more controlled studies (as opposed to phase one smaller sample, exploratory studies) would best describe the current project. The first two levels of evaluating

training programs, as defined by both by Guskey (2000) and Kirkpatrick and Kirkpatrick (2006), namely, *reactions* (specifically engagement and satisfaction) and *learning* (in terms of self-reported knowledge change), were addressed in this study.

The hypotheses of this study were framed as ‘working hypotheses’, given the lack of previous research evidence on which to base more formal hypotheses. The first hypothesis was that there would be positive gains when comparing the pre and post scores addressing program completers’ acquired knowledge of the competencies taught by PRIDE training. The second hypothesis was that there would be positive gains in terms of participants’ resource parenting attitudes, when pre- and posttraining scores were compared. The third hypothesis predicted that participants’ perceptions of the quality of training would be related to their posttest scores of satisfaction.

The study also had a number of exploratory research questions that were of theoretical and practical importance, but there was insufficient previous research or logical justification to enable us to formulate them as working hypotheses. The questions focusing on the process of PRIDE training were: (1) what are the factors are related to participant dropout? (2) Do the levels of program fidelity or participant engagement vary across the nine PRIDE modules? (3) Are participants satisfied with the training at its conclusion? In addition, we asked questions related to program outcomes, which were: (4) whether there are differences between foster and adoptive parents in terms of parenting attitude changes and knowledge acquisition? Finally, regarding the relationship between process and outcome variables, we asked: (5) what factors predict participant-perceived quality, participant satisfaction, and participant knowledge gains?

Method

Participating Children's Aid Societies

The researcher sought the assistance of the PRIDE Master Trainer (an individual who trains Children's Aid Society (CAS) staff to effectively deliver PRIDE) for the Ontario region in question to identify CASs in the area that, in her opinion, were delivering PRIDE training as the model dictates, based on six criteria for model fidelity identified by her. The criteria of implementation of the PRIDE model (as identified by the Master Trainer) were as follows: 1) co-train with a resource parent and a staff person, 2) offer one module per week, 3) deliver the modules in the order in which they are intended to be presented, 4) require attendance of both individuals in a two-parent family, 5) co-prepare adoptive and foster applicants, and 6) complete and use the Connection tools (homework assignments contained within the PRIDE curriculum; Illinois Department of Children and Family Services, 1993). The Master Trainer nominated five Ontario CASs that, in her opinion, fulfilled all six of these criteria. These agencies were contacted by the principal investigator and all five consented to participate in the study. The five CASs were also asked how many training groups they planned on running in the upcoming year and an estimate of the number of applicants who would be participating. Formal agency consent to participate in the current study was then sought from and granted by the Director of Training and Executive Director at each agency. The letter of introduction and agreement with the agency can be found in Appendix B. Two CASs were located in mid-sized cities and the remaining three in smaller towns (each CAS also served surrounding rural areas). The number of groups included per agency varied widely; one agency had five groups (33% of participants), two agencies had three groups (17% and 25% of participants), one agency had two groups (17% of participants), and one agency had one group (8% of participants).

Participating Resource Parents

There were a total of 174 participants who took part in one of 14 PRIDE training groups being conducted at the five participating agencies during a 12-month period. However, because not all of the participants' data were available for every measure, different subsamples were used in the analyses. Demographic information was available only for the 152 participants who completed the demographic questionnaire at pretest (see Table 1). One hundred and fifty-four participants completed the Knowledge Competency (KNOWCOMPS) Questionnaire at pretest and 153 participants completed the Erroneous Beliefs (EB) and Motivation to Adopt (MA) scales at pretest. At posttest, 137 participants completed the KNOWCOMPS questionnaire, 138 completed the EB and MA scales, and 130 completed the participant satisfaction scale.

When data for any of the measures were missing at the item level, up to but not exceeding 50%, we used maximum likelihood imputation (EM), as recommended by Schafer and Graham (2002). Seventy-one participants completed the engagement and fidelity scales for every session, two through eight. These two scales were combined (see below for details) to form the participant-perceived training quality scale. In order to investigate the relationship between process and outcome, we needed to use this process measure with the outcome data in regression analyses, thus requiring a larger sample size. The boosted sample size for participant-perceived training quality was achieved through maximum likelihood (EM) imputation of the engagement and fidelity subscales at the session level.

Table 1 provides demographic information for participants by resource parent type, including gender, age, highest level of education completed, and estimated household income. Regarding their stated long-term intention in taking preservice PRIDE training, 56.6% of the participants intended to become foster parents, 3.9% intended to become kinship parents, and

39.5% intended to become adoptive parents. Table 2 displays participants' current and past parenting information by parent type, including intended resource co-parenting status, current parenting experience, and past parenting experience. Table 2 shows that the majority of participants intended to co-parent and had either current or previous parenting experience with birth, step, foster, kinship, or adoptive children in their home.

Measures

Five questionnaires were employed for the project and were reviewed by five researchers knowledgeable in the area of child welfare before use with resource parents.

Demographic measures. The demographic measure (see Appendix C) consisted of nine items. Participants were asked to identify whether they were participating in the training alone or with another prospective resource parent. Participants also indicated their gender, age category, highest level of education completed, and household income category. They were also asked to categorize their current living situation, excluding children (i.e., live alone, live with another relative, live with a conjugal partner). As a measure of parenting experience, participants also stated whether they had biological or step children, foster children, kinship children or adoptive children living in their home currently or in the past. A parenting experience index was created using those responses to categorize parenting experience (i.e., no children in the home either past or present, children in the home in the past or the present, children in the home both in the past and the present). Finally, participants were asked to indicate only one long-term intended role as a resource parent (foster, kinship, or adoptive parent).

Process measures.

Participants completed one short measure (named the Resource Parent Reaction Questionnaire (RPRQ)) at the conclusion of sessions two through eight. The RPRQ included items relating to both participant engagement and participant-perceived fidelity.

Participant-perceived training quality. Participant-perceived training quality was measured by adding the mean score for participant engagement with the training to the mean score for participant-perceived fidelity of training to the PRIDE model for each resource parent. The rationale for doing so is explained below.

Participant engagement. Participant engagement was a 3-item measure that was used seven times for sessions two through eight. These items asked about the *clarity* (was the information in this session clear?), *usefulness* (how useful was the information presented in this session?), and *interest* (how interesting did you find the information presented in this session?) of the session in question. For each of these items, the participant was asked to endorse one of three response categories (e.g., ‘very clear’, ‘somewhat clear’, ‘not at all clear’). For each of the seven sessions, the ratings for clarity, usefulness, and interest were summed to obtain the participant engagement score. At the end of the training, this measure yielded seven participant engagement scores. These scores were all significantly inter-correlated (the coefficients ranged from .16 to .57). Therefore, the mean of these seven session engagement scores was taken to form the overall participant engagement score.

Missing data for the participant engagement subscale across sessions ranged from 6.9% to 25.9%. The internal consistency coefficients for the mean engagement subscale scores (i.e., for clarity, usefulness, and interest), across sessions were acceptable or good, ranging from .61 to

.82. When each session's engagement was treated as an item, the reliability of the subscale was relatively high (Cronbach's alpha = .77).

Participant-perceived fidelity of training. Each PRIDE module has a number of learning objectives, related mainly to the session's content. The researcher, as someone familiar with the manual of the PRIDE model (Illinois Department of Children and Family Services, 1993) and who had also attended PRIDE training sessions, identified five key learning objectives per session, for sessions two through eight. The criteria for the selection of learning objectives were as follows: 1) consistent with the five PRIDE competencies, 2) consistent with the identified sub-competencies for the session in question, 3) receives a high amount of session time and focus, and/or 4) is a key theoretical underpinning of the PRIDE model. In order to determine the content validity of this new measure, these nominated learning objectives were presented to two of the developers of the Ontario PRIDE curriculum, as well as to one of the developers of the original PRIDE model, to assess the degree of expert agreement. These experts were asked to determine whether the nominated objectives were reasonable choices, rather than the only possible choices. They were asked to judge whether the chosen learning objectives were representative of the content of the corresponding PRIDE sessions and whether they could think of any clear improvements. The experts were in agreement regarding the content selected for all of the learning objectives, apart from one, which was replaced and approved by the experts. The final 35 learning objectives for PRIDE sessions two through eight (i.e., 5 objectives x 7 sessions) are listed in Appendix D (with one removed from session six because it was later deemed not to be a reliable item, described below).

In the final form of the fidelity measure, each session presented five different learning objectives, all of which were consistent with the PRIDE trainer manual. Participants were asked

to indicate to what degree each learning objective had been covered during the session via three response categories ('thoroughly', 'somewhat', 'not at all'). The five ratings were added together to produce a total fidelity score for each training session. The total fidelity scores for each session were all significantly intercorrelated (coefficients ranging from .25 to .60). Therefore, the mean of these seven session fidelity scores was taken to form the overall participant-perceived fidelity score.

Missing data for the participant-perceived fidelity subscale across sessions ranged from 6.9% to 25.9%. The internal consistency coefficients for the mean fidelity subscale scores across sessions were acceptable or good with Cronbach's alphas ranging from .63 to .85. One exception was session 6, mentioned above, which required removal of one very poorly correlated learning objective in order to raise Cronbach's alpha to an acceptable level. When each session's fidelity score was treated as an item, the reliability of the subscale was high (Cronbach's alpha = .87).

Staff and researcher-perceived fidelity of training. As an additional measure of program fidelity, three similar PRIDE Training Checklists (Appendices E and F and G) were developed by the researcher to be completed for each group by two staff informants, as well as the researcher. This measure was intended to ascertain whether PRIDE was being delivered in an orthodox manner, in conformity with the way PRIDE has been recommended to be structured in Ontario. For each of the 14 groups this measure was completed by the researcher, the director of training, and the staff trainer. The directors of training completed the measure before each training series began, based on what was planned to be carried out for that particular training group. The staff trainers completed the measure at the end of each training series based on what they had actually carried out for that particular group. The researcher completed the measure at

the end of each training series based on what she had actually observed. The only difference between the measures was whether the wording was prospective (for the directors of training) or retrospective (for the staff trainers and the researcher). All of the measures consisted of six yes or no items, each related to the adherence of the training series in question to the recommended procedure for delivering PRIDE training (i.e., 1) co-train with a resource parent and a staff person, 2) offer one module per week, 3) deliver the modules in order, 4) require attendance of both individuals in a two parent family, 5) co-prepare adoptive and foster applicants, and 6) complete and use the Connection tools). Significant inter-rater reliability was determined between the researcher and trainers and the trainers and directors (see below for further details).

Participant satisfaction with training. The PRIDE Participant Evaluation (Appendix H) is part of the PRIDEbook (Illinois Department of Children and Family Services, 1993) and routinely used by agencies at the end of the final PRIDE training session. This evaluation form was part of the posttest package given to participants at the end of each training series. It is a 21-item measure: five items pertain to the content of the training, four items concern the organization and atmosphere of the training, two items (with four sub-questions each) relate to the trainers, and four items address the overall training experience. Each statement was rated by the participants on a 5-point scale (ranging from ‘strongly agree’ to ‘strongly disagree’). A total satisfaction score was derived from the evaluation form.

Forty-four participants from the total sample of 174 did not complete the measure at posttest and were not retained for the satisfaction-related analyses. Table 3 gives details of the psychometric properties of the satisfaction scale. Missing value rates at the item level for the retained sample size of 130 ranged from 0 to 1.7%. Missing data at the item level was addressed by imputing the mean score for missing items. The items of the satisfaction measure were highly

correlated. The reliability of the participant satisfaction total score scale was high, Cronbach's alpha = .95. However, the satisfaction variable required transformation prior to analyses because it was highly skewed and the log reflection of the variable was used.

Participant attendance. Participant attendance was tracked, based on the participant's completion of the project measures. Completion of the KNOWCOMPS pretest and posttest indicated whether a participating resource parent was present for the first and ninth session. Completion of the RPRQ signified whether a participating resource parent was present for sessions two through eight. The sum of the number of sessions attended per participant was calculated.

Participant drop-out. Participant attendance, as measured by the completion of pretest KNOWCOMPS, the RPRQ, and the posttest KNOWCOMPS, was used to determine whether resource parents ceased attending the training series prior to its conclusion. Participant drop out was defined as not having attended any of sessions seven, eight, and nine.

Outcome measures.

Primary outcome measure: PRIDE Knowledge Competencies Questionnaire (KNOWCOMPS). To measure resource parent knowledge of PRIDE competencies, a questionnaire was devised by the researchers, based on the five main PRIDE competencies and their sub-competencies. The measure was developed by first listing each of the 58 sub-competencies contained in each module of the PRIDEbook (OACAS, 2006; also see Appendix A). Each of these competencies was then phrased so that participants could indicate, at the pretest and then at the posttest, the amount of current knowledge they possessed regarding that competency. Six competencies were deemed to have more than one component and were subdivided in order to make them easier to respond to and more accurate in their assessment of

participants' knowledge (five were divided into two and the remaining one into three items). Each of the 65 items of the questionnaire directly corresponded to a sub-competency of one of the five overall competencies of PRIDE training, namely, *protecting and nurturing children* (8 items), *meeting children's developmental needs* (18 items), *supporting relationships between children and their families* (9 items), *creating relationships intended to last a lifetime* (12 items), and *participating as a member of a professional team* (18 items).

The PRIDE Knowledge Competencies Questionnaire (PRIDE-KNOWCOMPS; Appendix I) is a 65-item measure, with each cognitive competency rated on a 5-point scale (ranging from 'little to no knowledge' to 'extensive knowledge'), yielding a total score reflecting participants' knowledge of information necessary to parent children in care. Twenty participants from the total sample of 174 did not complete the KNOWCOMPS measure at pretest and were excluded from the pretest psychometric analyses involving this scale, the details of which can be found in Table 3. Missing value rates at the item level for the retained sample size of 154 ranged from 0 to 4.5%. Each of the subscales had high internal reliability and they were highly correlated with one another. Using principal component analysis, one factor was identified with an eigenvalue of 4.0 that explained 80.2% of the variance. Each of the subscales had component weights of .8 or above. Skewness and kurtosis were acceptable for the total score on the pretest; therefore, it was justified to treat the subscales as "packets" (i.e., items) within a single factor for certain analyses using this measure.

Secondary outcome measures. An adapted version of the Foster Parent Attitudes Questionnaire (FPAQ) was developed and re-named the Resource Parents Viewpoint Questionnaire (RPVQ; see Appendix J) in order to measure change in foster parenting attitudes. The FPAQ is a 20-item measure developed by Harden, Meisch, Vick, and Pandohie-Johnson

(2008) “designed to assess foster parents attitudes towards parenting foster children” (p. 833). Internal reliability for the FPAQ was determined to be acceptable; Cronbach’s alpha was assessed as .83 (Harden et al., 2008). In addition, when Harden et al. examined test-retest reliability with half of their sample four weeks after their original administration, it was categorized as high ($r(88)=.83, p<.001$). Harden et al. also established the concurrent validity of the FPAQ by correlating it with the Parental Attitudes about Child Rearing (PACR) questionnaire, a general measure of parenting attitudes that has also been used in studies of foster parenting. The FPAQ was consistently significantly positively correlated with the Warmth/Sensitivity subscale of the PACR ($r(88)=.22, p<.05$) and significantly negatively correlated with the Strictness/Over-protectiveness subscale ($r(88)=-.26, p<.05$) and the Parent-Child Conflict subscale ($r(88)=-.35, p<.001$) of the PACR.

The adaptation of the FPAQ consisted of replacing the use of ‘foster parent’ with the term ‘resource parent’ in order to include foster, kinship, and adoptive applicants. In addition, as the FPAQ pre-supposed a child already in the home and the participants of PRIDE preservice training are unlikely to be currently parenting a child in care, the present tense of the measure was changed to the future tense. Each item was rated on a 5-point scale (ranging from ‘strongly agree’ to ‘strongly disagree’). The data from the RPVQ were analyzed using the total score (rather than the sub-scales identified by the FPAQ) of the 15 items the present researchers judged to be measuring parenting attitudes. The remaining five items, mainly relating to motivation, were retained so as to maintain the balance between positively and negatively worded items.

Twenty-one participants from the total sample of 174 did not complete the measure at the pretest and were not retained for analyses involving this scale. Missing value rates at the item

level for the retained sample size of 153 ranged from 0 to 2.6% and were addressed by imputing the individual's mean.

Exploratory factor analysis was completed for responses on the RPVQ's 20 items at the pretest. Principal component analysis was used for factor extraction and oblimin as the rotation method. The scree plot identified two strong, relatively independent factors, each with an eigenvalue higher than 2 (3.4 and 2.9). To identify subscales for the measure, the extraction was limited to two factors, which we labelled Erroneous Beliefs about Children in Care and Motivation to Adopt a Child in Care. Table 3 presents the psychometric properties of these two subscales. The remainder of the items represented items related to motivation and miscellaneous, uncorrelated items.

Erroneous beliefs about children in care. The first factor explained 13.8% of the variance, and the resulting subscale was named Erroneous Beliefs about Resource Parenting (EB scale). The five items with factor loadings above 0.5 that comprised this subscale were:

1. Children in care do not think about their biological parents after they have spent a long time in their resource parents' home.
2. When children in care have to change placements, they are able to bond with their new resource parents easily.
3. When my children in care misbehave, they will be doing so in order to bother me.
4. I will not get too attached to my children in care because they will always have to leave.
5. Visits between children in care and their biological parents require too much time and energy from resource parents.

Internal consistency for this subscale was acceptable (Cronbach's alpha = .70). Scores on this subscale had a relatively normal distribution, with little skewness or kurtosis (see Table 3).

Motivation to adopt a child in care. The second factor explained 11.3% of the variance, and the subscale was named Motivation to Adopt a Child in Care (MA scale). The four items for this subscale with factor loadings above 0.5 that comprised this subscale were:

1. My children in care will be my own children.
2. Raising my child in care will be the most important thing in my life.
3. I decided to take children in care because I want to adopt children.
4. I will adopt my child in care if s/he is free for adoption.

Internal consistency for this subscale was good (Cronbach's alpha = .79) and the distribution of scores was only minimally skewed (see Table 3).

Procedure

PRIDE training process. The PRIDE preservice training is composed of nine sessions that are three hours in length, for a total of 27 training hours, ideally over a number of weeks. The sessions are co-led by a child welfare worker and an experienced resource parent, both of whom have attended a three-day PRIDE trainer workshop. The content of the sessions includes: an orientation to the child welfare system, permanency planning, the impact of maltreatment, attachment, loss, maintaining children's family relationships, teamwork, optimal (authoritative) parenting, discipline, child development, placement challenges, and the impact of fostering on the family (OACAS, 2006). At certain participating agencies, a tenth session was held to review agency-specific policies and as a socialization opportunity for resource parents.

Data Collection. The researcher was present at the first training session of each of the 14 groups to introduce the research project. The staff trainer was not present for the introduction in order to highlight the fact that the research project was separate from the agency and the resource parent approval process conducted by the agency. Participants were verbally introduced to the study at this time (see Appendix K for the introduction script employed by the researcher), given a letter of information (Appendix L), and asked to sign the consent form (Appendix M) if they agreed to participate. Consenting participants were given a pretest package to complete as homework, to be returned at the beginning of the second session. The researcher returned at the beginning of the second session to collect the pretest packages. The

pretest package consisted of a demographic measure, the Resource Parent Viewpoint Questionnaire, and the PRIDE Knowledge Competencies Questionnaire. Participants were asked to record a code based on the day and month of their birthday and the last four digits of their phone number in a box placed on all study-related materials in order for the researcher to track their data anonymously, without participants having to provide identifying information.

The researcher was not present for data collection between the pre- and posttest. The measure containing the participant engagement and participant-perceived fidelity scales was physically administered and collected by the staff trainer at the end of sessions two through eight. In order to ensure participant confidentiality and consistently demonstrate that the research was separate from the training process, the trainers were asked to sign an agreement (Appendix N) stating they would not look at the completed measures. The trainers were given a list of instructions (Appendix O). These instructions asked the trainers to leave the RPRQ out for participants at the end of each session and then leave the room while participants completed the measure. The trainers were then asked to place the material in an envelope, which they sealed it in the presence of the participants. The trainers were requested to mail the envelope with the completed RPRQs after sessions two through five. After sessions six through eight, the trainers were asked to retain the sealed envelopes for the researcher to collect at the final session.

At session nine (or an agency-specific session 10, depending on the agency and trainer preference), the researcher returned to introduce (see Appendix P for the script) and administer the posttest package during session time. The posttest package consisted of the Resource Parent Viewpoint Questionnaire, the Resource Parent Aptitude Questionnaire, the PRIDE Participant Evaluation (given as part of the second study of the overall project), and a consent form

regarding being contacted about the second study of the project (see Appendix Q for the consent form).

Results

Process Results

Participant attendance and dropout. Attendance at the PRIDE training was good. The majority of participants (80.5% of the full sample of 174) missed between zero and two sessions: 35.6% missed no sessions, 23.6% missed only one session; and 21.3% missed two sessions.

Dropout was defined as having ceased attending the PRIDE training series (or, conceivably, stopped their participation in the study) before session seven. By this definition, 15 of the 174 participants (8.5%) dropped out of the training. In terms of timing, one of these participants dropped out at session two, five at session three, two at session five, three at session six, and four at session seven). No correlation was found between dropout and age, income, or education of participants. There was also no significant difference found between those participants that continued training and those who dropped out as a function of parenting intention (6.7% adoptive parents and 8.2% foster parents), gender (8.2% male and 7.6% female), parenting status (13.3% parenting alone and 7.2% parenting with another parent), or parenting experience (13.2% no parenting experience, 5.7% current or past parenting experience, and 7.7% current and past parenting experience).

Participant engagement findings. The ratings of clarity, utility, and interest of the information presented in each session were uniformly high; they were added together to yield participant engagement scores. Figures 1, 2, and 3 are graphical representations of the mean clarity, utility, and interest across sessions two through eight using a subsample of the

participants with complete data across all seven sessions ($n=71$). There were no significant differences found between the mean clarity, utility, or interest ratings across sessions.

Training fidelity findings.

Participant-perceived fidelity. The mean participant-perceived fidelity, as measured by the sum of the learning objectives ratings across sessions two through eight, among those participants with complete data for the learning objectives ($n = 71$) was high ($M = 8.25$, $SD = 1.33$, maximum possible score = 9). Figure 4 is a graphic representation of the mean fidelity scores per session. Pairwise comparisons indicated that there were statistically significant differences between the mean fidelity score of session three and sessions two (M difference = 1.03, $p < .001$, 95% $CI = .45, 1.61$), five (M difference = .82, $p < .05$, 95% $CI = .08, 1.55$) and seven (M difference = .89, $p < .01$, 95% $CI = .14, 1.64$). Analyses did not reveal significant differences in the mean fidelity scores between training groups, agencies, or parent type.

Staff- and researcher-perceived fidelity. The maximum possible score for the fidelity checklist for the supervisor, trainer, and researcher was six. The mean fidelity scores across groups for the supervisors ($M = 5.43$, $SD = .65$), the staff trainers ($M = 5.71$, $SD = .47$), and the researcher ($M = 5.64$, $SD = .49$) were high. The researcher and trainer ratings were strongly and significantly correlated ($r = .85$, $p < .001$) and the trainer and the supervisor ratings were moderately highly and significantly correlated ($r = .69$, $p < .01$). Ratings between the researcher and the supervisors approached significance, but were correlated at the level of a trend ($r = .51$, ns ; $p = .06$).

Participant-perceived training quality. The participant-perceived training quality variable was created by adding together the mean participant engagement score and the mean participant-perceived fidelity score because the two subscales were significantly intercorrelated

($r = .62, p < .001$). The two subscales were first converted into Z scores in order to have both engagement and fidelity as equally weighted parts of the quality variable (converting the two scales had virtually no effect on their correlation, $r = .63, p < .001$). The overall quality variable was then converted into Z scores and then the variable was converted into T scores for analyses. The participant-perceived training quality variable was skewed. No transformation applied to the variable corrected for this skewness. Participant-perceived quality was used in several regression analyses; these results are presented below.

Participant satisfaction with training findings. The mean participant satisfaction total score was high ($n = 130, M = 74.43$, maximum possible score = 84.00). The total satisfaction scores required transformation due to significant skew; analyses were conducted using the log reflected scores, therefore negative scores are actually positive scores.

Differences between various subgroups in the sample in terms of their total satisfaction scores were examined. There was no significant difference found between prospective foster ($n = 61$) and adoptive ($n = 49$) parents on the transformed satisfaction scores ($t(108) = .092, ns$). There were also no significant differences found between prospective resources parents with no parenting experience ($n = 28$), current or past parenting experience ($n = 65$), or current and past parenting experience ($n = 21$) on the transformed satisfaction scores ($F(2, 111) = 1.26, ns$). No significant differences in satisfaction scores were found between agencies ($F(4, 125) = 1.21, ns$). Significant differences were found between training groups ($F(13, 116) = 2.53, p < .005$); however, posthoc tests revealed only one significant difference between a training group pair.

Outcome Results

Prettest to posttest changes. The number of participating resource parents who completed both the pre- and posttest measures and reported their resource parenting intention

was 116. Participants were excluded from the analysis if they had not indicated their intended resource parent type, if they had indicated an intention to become a kinship parent (of whom there was a very small number), or if they had greater than 50% missing data on either the pre- or post-KNOWCOMPS.

PRIDE knowledge competencies questionnaire. Differences between intended parent types, specifically, prospective foster ($n = 66$) and adoptive ($n = 50$) parents, on the KNOWCOMPS total scores at pre- and posttest were examined. Figure 5 is a graphic representation of the total KNOWCOMPS mean gain scores from pre- to posttest for both parent types. There was no significant between-groups difference found between the intended foster or adoptive parents ($F(1, 114) = .023, ns$), nor was the parent-types-by-time interaction statistically significant ($F(1, 114) = .69, ns$). However, there were significant within-groups pre-post differences on the KNOWCOMPS total scores for both foster parents (*paired* $t(65) = 12.44, p < .001$) and adoptive parents (*paired* $t(49) = 10.56, p < .001$).

In order to examine any differences in gain scores between subscales of the KNOWCOMPS, paired t-tests were completed for the subsample of resource parents who completed both the pre and post KNOWCOMPS ($n=123$), because no significant between-group differences or groups-by-time interactions had been found between the two parent types on the five subscales. A Bonferroni correction was used to account for multiple tests (criterion used = $.05/6 = .008$). Table 4 outlines the changes in the KNOWCOMPS mean total score and subscale scores from pre- to posttest. Except for competency one, each subscale showed a significant gain ($p < .001$) in mean scores from pre- to posttest, including the total scores. Effect sizes for the subscales and total scores were calculated according to the formula for dependent groups $d = t_c \{2/[n(1 - r)]\}^{1/2}$ (Dunlap, Cortina, Vaslow, & Burke, 1996). The effect sizes for the total scale

and four of the subscales were large, well above Cohen's threshold of .80 for the categorization of large effects (Cohen, 1992).

Erroneous beliefs about resource parenting. There was no significant difference in the mean scores on the EB subscale over time; however, the paired t-test did suggest evidence of a decrease of erroneous beliefs over time at the level of a trend (*paired t*(115) = -1.80, *p* = .08). The mean at the prettest for both intended parent types combined (*n* = 116) was 3.97 (*SD* = 2.33) and for the posttest the mean was 3.63 (*SD* = 1.88) (Cohen's *d* = 0.17, *ns*; *upper CI* = -0.50, *lower CI* = 0.19).

Differences between intended parent type, specifically prospective foster (*n* = 66) and adoptive (*n* = 50) parents, on the EB subscale were examined. There were no significant differences found between intended parent type from pre- to posttest on the EB subscale (*F*(1, 114) = .02), *ns*). Figure 6 is a graphic representation of the means over time on the EB scale by parent type. The mean score for foster parents at the prettest was 4.06 (*SD* = 2.29) and 3.58 (*SD* = 1.72) at the posttest. The mean score at the prettest for prospective adoptive parents was 3.84 (*SD* = 2.40) and 3.70 (*SD* = 2.08) at the posttest.

Motivation to adopt children in care. There was no significant difference in the mean scores on the MA subscale over time (*paired t*(115) = 1.36, *ns*). The mean at the prettest for both intended parent types combined (*n* = 116) was 9.28 (*SD* = 3.53) and at the posttest 9.56 (*SD* = 3.09) (Cohen's *d* = 0.27, *ns*; *upper CI* = -0.05, *lower CI* = 0.59).

There were no significant differences found between intended parent type from pre- to posttest on the MA subscale. However, the multivariate test did suggest a trend for the interaction of intended parent type and time at the *p* = .09 level (*F*(1, 114) = 2.97, *ns*) (Please see Figure 7 for a graphic representation of the differences in means between parent types). The

mean score for foster parents at the prettest was 7.27 ($SD = 2.73$) and 7.83 ($SD = 2.58$) at the posttest. The mean score at the prettest for prospective adoptive parents was 11.94 ($SD = 2.61$) and 11.82 ($SD = 2.10$) at the posttest.

Prettest to Posttest Changes and Links to Process Variables

Attendance and dropout. Participant gain in KNOWCOMPS was not correlated with attendance (i.e., among nondropouts). Also, an exploratory logistic regression analysis determined that none of the chosen predictors at the prettest – KNOWCOMPS, erroneous beliefs, motivation to adopt, or participant-perceived training quality – explained participant dropout.

Participant-perceived training quality. A series of exploratory regressions with the dependent variable, participant-perceived quality, was conducted using demographic predictors (gender, age, education, income, taking PRIDE alone or with another parent, parent type, and parenting experience), prettest predictors (prettest EB, MA and KNOWCOMPS scales). The final model, driven by the recommendation by Stevens (1986) that there be at least 15 cases per predictor, removed nonsignificant predictors that were less correlated with quality. The final model explained a significant proportion of the variance in participant-perceived quality, $R^2 = .19$, $F(2, 146) = 4.79$, $p < .001$. Table 5 presents the unstandardized and standardized coefficients for each of the four significant predictors. Women, older participants, participants with a higher motivation to adopt score at prettest, and participants with greater parenting experience had higher participant-perceived training quality ratings.

Participant-perceived satisfaction. In the same manner described above, a series of exploratory regressions with the dependent variable, log reflected satisfaction, was conducted using demographic predictors (gender, age, education, income, taking PRIDE alone or with

another parent, parent type, and parenting experience), prettest predictors (prettest EB, MA and KNOWCOMPS scales), and participant-perceived overall quality. In the final model one predictor remained: participant-perceived quality of training was a strong predictor ($\beta = -.57, t(114) = -7.43, p < .001$; note that because the variable was transformed by reflection that the negative sign is actually a positive) of participant satisfaction, explaining 33% of the variance ($R^2 = .33, F(1, 114) = 55.19, p < .001$).

PRIDE knowledge competencies questionnaire. Exploratory regression analyses were conducted, similar to the above, to investigate the prediction of posttest KNOWCOMPS scores. Four predictors were retained in the final model, which explained a significant proportion of the variance in posttest KNOWCOMPS scores, $R^2 = .53, F(4, 116) = 32.55, p < .001$. See Table 6 for the unstandardized and standardized coefficients of the predictors retained. Higher posttest KNOWCOMPS scores were predicted by prettest KNOWCOMPS scores, participant-perceived training quality, female participants, and younger participants.

Erroneous beliefs about resource parenting. The posttest erroneous beliefs about resource parenting score was significantly predicted only by prettest erroneous beliefs about resource parenting, $\beta = .32, t(121) = 5.59, p < .001$; $R^2 = .57, F(1, 121) = 57.59, p < .001$). None of the demographic variables (age, gender, income, education, taking PRIDE alone or with another parent, parent type, or parenting experience) or participant-perceived training quality significantly predicted posttest erroneous beliefs about resource parenting scores.

Motivation to adopt children in care. In seeking to predict posttest motivation to adopt children in care scores, exploratory regressions analyses were conducted, as above. Five predictors were retained in the final model, which explained a significant proportion of the variance in posttest MA scores, $R^2 = .73, F(5, 106) = 56.52, p < .001$. See Table 7 for the

unstandardized and standardized coefficients of the predictors retained. Higher change in posttest motivation to adopt scores were predicted by higher prettest motivation to adopt scores, adoptive parent intention, higher participant-perceived training quality, higher income, and taking PRIDE alone. None of the other demographic variables (age, gender, education, or parenting experience) significantly predicted motivation to adopt children in care scores.

Discussion

In light of our results, two of our three working hypotheses were supported. Firstly, there were increases in participants' self-reported knowledge of the PRIDE competencies from pre to posttraining, confirming our first working hypothesis. Secondly, participant perceived quality was a significant predictor of participants' satisfaction scores at posttest, supporting our third working hypothesis. However, our second working hypothesis, that there would be positive gains in terms of participants' foster parenting attitudes, was not supported by the data which found no change in attitudes from pre to posttest.

Training Process

Investigation into the prediction of which participants dropped out of training did not point to any significant factors among those studied. It is possible that because the rate of dropout in the current study was quite low (8.6%), there were simply not enough participants to produce a pattern. It is also possible that our measure of attendance and dropout – completion of the per-session measures distributed at the end of sessions two through eight – was flawed: participants may have simply ceased study participation, while we assume that cessation of training occurred. However, there still remains the possibility that the variable or variables associated with dropout were simply not among those measured. One hypothesis mentioned often among PRIDE trainers is a belief that prospective resource parents choose not to continue

training following the session dealing with loss. While this occurred with two of the 15 participants who discontinued training, the remaining participants ceased their participation after other sessions (introduction, permanence, connecting with biological families, and discipline). Future research with larger sample sizes could examine timing in the prediction of dropout, as well as investigating variables measured and especially unmeasured in the current study.

Participants rated the clarity, utility, and interest of the training highly across sessions, indicating a high level of engagement throughout the training process. Furthermore, participants, trainers, directors of training, and the researcher all rated training fidelity highly, meaning that the current study did evaluate the program in its intended format. It was important to incorporate an investigation of fidelity to the training model into the design to ensure that the training was being delivered as it was intended. In addition, doing so responded to Rork and McNeil's (2011) recommendation for foster parent training research that "future studies should include treatment integrity checks to ensure that training is being carried out in a systematic manner" (p.162). They highlighted this issue because only one of the 17 studies they reviewed included such a fidelity check. The finding that participant-perceived fidelity did not differ by training group, agency or by parent type speaks to the generalizability of PRIDE training, in addition to supporting the generalizability of the results of the current study.

Participant satisfaction with PRIDE training was also high, replicating results from the PRIDE pilot study in Ontario (Osmond & Gamble, 2003). While it is possible that those participants who were dissatisfied with PRIDE chose not to submit reports of their low satisfaction or selected out of the training, 75% of the total sample did complete the satisfaction measure. One result to highlight in terms of satisfaction is that there was no significant difference between adoptive and foster parents in terms of their satisfaction ratings. Also, there

was no difference in satisfaction between participants who had had differing amounts of parenting experience. This suggests that PRIDE training succeeds at meeting the needs of both new and seasoned parents. It appears that the program is not overwhelming prospective resource parents who are entirely new to parenting, while at the same time it is providing sufficient new or specialized knowledge to satisfy the needs of experienced parent applicants. It would be beneficial for future research to examine whether this high level of satisfaction is maintained once resource parents have had a child placed in their home.

Training Outcomes

The working hypothesis that the training would be associated with positive gains in knowledge of competencies was supported. This finding replicated the only other pre-post evaluation of PRIDE preservice training by Christenson and McMurtry (2007), who also observed significant differences in knowledge of PRIDE competencies from pre- to posttraining in nonkinship (foster and adoptive) parents. There was no difference, however, between prospective foster and adoptive parents in terms of knowledge competency acquisition. Conversely, the working hypothesis of the study predicting positive changes in resource parenting attitudes posttraining was not supported. Neither erroneous beliefs nor motivation to adopt were found to significantly change from pre- to posttest. The only variable predicting the posttest scores on these attitudinal scales was prettest scores on those same scales. The lack of change may be attributable to a lack of sensitivity of these brief measures, or perhaps to the training, which aimed at imparting knowledge rather than changing attitudes. There was, however, a statistical trend toward a positive change in erroneous beliefs over time, suggest that replication with a larger sample could produce differing results.

When examining relationships between motivation to adopt and other study variables, several interesting relationships emerged. Firstly, the lack of movement in motivation to adopt from pre- to posttraining suggested that participants come to PRIDE training with a preexisting motivation level that is high, such that training does not enhance this motivation. This is not surprising, considering that previous research with foster parents has identified internal and altruistic motivations for resource parenting (Rodger, Cummings, & Leschied, 2006), which are unlikely to be affected by training. What also became clear in this study was that such motivation, or commitment to caring for children in care, was not restricted solely to those intending to become adoptive parents; no significant differences emerged between groups on motivation to adopt. Again, this could be due to issues with the measurement of the construct itself. However, it may suggest that commitment to care for a child is not dependent on the type of resource parent, which would be consistent with findings using the original scale, which found no differences in responses between kinship and foster parents (Harden et al., 2008).

Overall, the results from pre- to posttest training suggest that the impact of training is restricted to knowledge gains. The large pre-post gains did not differ by type of resource parent intention. This finding is at variance with the conclusion of Gillis-Arnold, Crase, Stockdale, and Shelley (1998), who identified differences between foster and adoptive in their parenting attitudes, foster parenting attitudes, and motivations and concluded that “these two groups may require different training curricula” (p. 730). Given we found no significant differences between foster and adoptive parents in terms of knowledge gains or their satisfaction with training, our results seem to suggest that PRIDE training is meeting the needs of prospective foster and adoptive parents equally. Christenson (2007) reported a significant difference between kinship and nonkinship parents (who included both foster and adoptive parents) in terms of gains in

PRIDE competency knowledge, concluding that the curriculum “may not meet all needs of kinship care providers” (p. 138). Our sample did not contain enough kinship parents to include them as a group in the analyses, a significant limitation in that the study sought to collect data on all three types of resource parents. It is possible that the lack of participation of kinship parents in the research was itself indicative of dissatisfaction with the requirement that they attend training from the outset. As research on PRIDE moves forward, however, determining whether the content of PRIDE is addressing the needs of kinship parents, in addition to foster and adoptive parents, will be important as all three types of resource parent are required to attend PRIDE preservice training in Ontario.

Links Between Training Process and Outcomes

The finding that attendance was not associated with knowledge gain (excluding dropouts), meaning that we did not find a dose response relationship, was interesting. This lack of association could have been because differences in attendance were minor, thus restricting the range with this current sample and making differences more difficult to detect. It is possible, however, that because those who missed sessions were instructed to read and do the homework from the PRIDEbook in order to catch up, they gained knowledge of the missing content as they fulfilled that requirement. It is also important to consider that there could be a testing effect or social desirability to responses that is inherent in the repeated measurement of the knowledge competencies.

It is important to note that participants at all levels of parenting experience made gains on the KNOWCOMPS, which points to the curriculum meeting the needs of both new and experienced parents and indicates that the training content contains specialized knowledge. Interestingly, however, higher changes in KNOWCOMPS scores were predicted by female

participants and younger participants. This suggests, perhaps, that those who have the highest enthusiasm to learn may benefit the most, in terms of learning gain, from the training.

There were several relationships found between the training process and the training outcomes. Training quality, a process measure composed of the level of fidelity to the training model and the level of engagement by participants in the training, was associated with greater participant learning, participant satisfaction, and motivation to adopt. The level of fidelity to the training model and the level of engagement by participants thus matters in terms of participant knowledge gain. This finding should highlight for CASs that it is important to follow the PRIDE training model and attend to participant engagement, to enhance participant learning. We also found higher training quality to be associated with greater participant satisfaction, supporting our working hypothesis. This is an important association when considered in light of the finding by Fees et al. (1998) that foster parents who rated preservice training as useful (one of the three dimensions of engagement in the current study, which itself was one of the two variables that made up participant-perceived training quality) had greater role satisfaction one year after training. This becomes very important, given that previous research into foster parent retention has cited foster parent satisfaction as a key determinant in intention to continuing to foster (Denby et al., 1999).

Training quality was also related to greater motivation to adopt, together with prettest motivation to adopt and intention to become an adoptive parent. While results from the study using the original scale with foster parents found that participants who had more education and were married reported more positive parenting attitudes (Harden et al., 2008), the current study found higher income and taking PRIDE alone were significant predictors of higher posttest motivation to adopt scores. While these factors will require further investigation in future

research to more completely assess their role in motivation to adopt children in care, previous research in child welfare has documented that resource parents with greater resources tend to report more positive parenting attitudes (Orme, Cuddeback, Buehler, Cox, & LeProhn, 2007).

Key Contributions

The key contributions of the present study are both methodological and substantive. Methodologically, this research provides a foundation upon which to build future research on PRIDE training. This single-group, pretest/posttest study provides the first evidence of meaningful links between the PRIDE training process and selected outcomes of the training. Thus, the second phase of Trochim's (2005) model of program development has been addressed and argues that additional phase two studies should be undertaken. Also, in terms of measurement, this study provides two measures that could be useful both in future research and in child welfare practice. First, our knowledge of PRIDE competencies questionnaire appears to be a valid and reliable measure of the learning that PRIDE intends to teach. Second, our engagement and fidelity scales, when combined, provide a useful measure of participant-perceived training quality. These measures could be used by CASs to track resource parents' preparation for, progress in, and outcomes of PRIDE training, as well as in future research.

Substantively, this study found significant and large gains in self-reported knowledge of PRIDE competencies from pre- to posttraining. In addition, training quality, a process measure comprised of a combination of participant engagement and fidelity to the training model, emerged as a central variable in the prediction of three outcome measures: participant knowledge gain, satisfaction with training, and motivation to adopt.

Limitations

Limitations of the present study include the relatively small sample size and the low number of kinship participants, as discussed above. In addition, the attitudinal measure did not function to discern differences in attitudes between groups or changes in attitudes over time when it came to the assessment of erroneous beliefs or motivation to adopt. This measure would benefit from improvement in future research.

The largest limitation of the current study is related to the preexperimental design. As a result of PRIDE training being mandated for all prospective resource parents, there was no opportunity to employ a no-training comparison group. With no possibility of comparing PRIDE-trained resource parents to resource parents undergoing other training or no training at all, we were left with only the ability to observe statistical associations between training and posttraining outcomes. We cannot, therefore, rule out other potential factors influencing participants' self-reported learning beyond the training, such as testing effects, socialization with other resource parents and child welfare workers, or other uncontrolled factors. Furthermore, the measure of learning was self-reported knowledge, as opposed to a mastery test. As the research on PRIDE develops through the phases outlined by Trochim (2005), quasi-experimental and randomized trials with comparison or control groups, respectively, as well as the use of mastery tests will enable the field to more rigorously evaluate the effectiveness of the training.

Future Directions

The results of the current study related to participant satisfaction were consistent with the observation of Grimm (2003), who stated that studies often highlight that foster parents manifest a high degree of satisfaction with their foster parent training. However, as Grimm notes, this satisfaction is often measured before resource parents are parenting a child in care, as was the

case in the current study. Grimm (2003) concluded that examining resource parent satisfaction with preservice training once they have had some experience with a child in care “might produce a more informed evaluation of certain aspects of the training” (p. 25). It is possible that resource parents who have not yet begun parenting a child in care are not able to accurately assess the utility of preservice training, making it essential to follow-up with resource parents posttraining and postplacement in order to obtain a more informed perspective on PRIDE training. In addition, ultimately the aim of providing preservice training is to produce high quality resource parents who help to improve the outcomes of looked after children. As Christenson (2007) affirmed, it is important to evaluate whether resource parent preservice training positively affects child welfare outcomes. Christenson (2009) carried out a follow-up evaluation in the US as a first step to address this need, which found knowledge gains by participants were maintained over time. In order to investigate participants’ perception of and use of their PRIDE training postplacement, a follow-up study was conducted in Ontario by the current researchers. This follow-up research sought to extend the development of the research on PRIDE preservice training to include the fourth level of evaluating professional development (as defined by Guskey, 2000), namely, participant use of new knowledge and skills. Furthermore, the follow-up study examined satisfaction with training from the perspective of practicing resource parents, as well as identified factors perceived as enhancing or impeding the implementation of the learning they gained through PRIDE training. This extension is a necessary step in the evolution of research on PRIDE preservice training in order to inform the ultimate goal of training, improved outcomes for children in care. Studying such outcomes will require more rigorous research designs in the investigation of the impact of preservice training, as discussed above.

Studies have found that children and youth in long-term out-of-home care have increasingly high rates of emotional and behavioural disturbance (Barber & Delfabbro, 2004). Experts in the area seem to question the ability of preservice PRIDE training to directly impact resource parent skill and increasing effectiveness in managing the increasingly complex needs of children in care. For instance, Rork and McNeil (2011) pointed out that the goals of the PRIDE program focus on provision of knowledge of the child welfare system and resource parenting but not on the skills needed to effectively manage children's behaviour. Similarly, Dorsey et al. (2008) noted that while the messages contained within PRIDE are necessary to orient resource parents to their role, they represent a first step only and are unlikely to fully address the ultimate goal of effectively caring for a looked after child in their home. Both of these reviews of foster parent training called for greater attention to be paid to empirically-supported treatments that focus more specifically on skill-based training for resource parents. Research that seeks to directly impact resource parent skill and how it affects outcomes for children in out-of-home care is likely to focus more on inservice than on preservice training and clearly represents a much-needed future direction of research in the general area of resource parent training.

Table 1

Demographic Information (Percentages) by Type of Resource Parent

Variable	Foster (n = 86)	Kinship (n = 6)	Adoptive (n = 60)	Total (N = 152)
Gender				
Female	60.5	66.7	61.0	60.0
Male	39.5	33.3	39.0	40.0
Age				
18-24	2.4	0	3.3	2.6
25-29	6.0	40.0	5.0	7.2
30-34	15.5	20.0	30.0	21.1
35-39	17.9	20.0	28.3	21.7
40-44	10.7	0	18.3	13.2
45-49	27.4	0	11.7	19.7
50-59	13.1	0	3.3	8.6
60 and up	7.1	20.0	0	5.9
Education				
Elementary	5.8	16.7	0	3.9
High school	29.1	33.3	16.7	25.8
Trade school	9.3	16.7	11.7	10.3
College degree	38.4	16.7	36.7	36.1
Undergraduate degree	10.5	0	30.0	17.4
Graduate degree	7.0	16.7	5.0	6.5
Income				
20,000 or less	6.1	0	5.0	5.3
20,000 to 39,999	17.1	60.0	5.0	15.3
40,000 to 59,999	18.3	40.0	16.7	18.0
60,000 to 79,999	32.9	0	23.3	27.3
80,000 or more	25.6	0	50.0	34.0

Note. Demographic data (N=152) was missing for 22 of the total sample (N=174) because they did not complete the demographic measure at pretest.

Table 2

Parenting Information (Percentages) by Type of Resource Parent

Variable	Foster (n = 86)	Kinship (n = 6)	Adoptive (n = 60)	Total (n = 152)
Intended parenting status				
Parenting alone	10.6	33.3	6.7	9.7
Co-parenting	89.4	66.7	93.3	90.3
Current parenting experience				
Yes	73.3	83.3	48.3	64.1
No	26.7	16.7	51.7	35.9
Past parenting experience				
Yes	37.2	16.7	16.7	28.1
No	62.8	83.3	83.3	71.9

Note. Demographic data (N=152) was missing for 22 of the total sample (N=174) because they did not complete the demographic measure at pretest.

Table 3

Psychometric Properties of the Outcome Variables at Pretest and Posttest

Variable	<i>n</i>	<i>M</i>	<i>SD</i>	α	Range		Skew
					Potential	Actual	
Pretest							
KNOWCOMPS							
Protecting and nurturing	154	19.62	6.55	.78	0-28	2-28	-0.22
Developmental needs	154	33.83	15.25	.96	0-72	2-72	0.40
Supporting families	154	16.01	8.38	.95	0-36	0-36	0.30
Lifetime relationships	154	14.48	11.40	.97	0-48	0-48	0.83
Member of team	154	26.35	15.88	.96	0-72	2-72	0.79
Total	154	110.29	52.07	.91	0-256	11-256	0.63
EB scale	153	4.07	2.45	.70	0-20	0-11	0.38
MA scale	153	9.03	3.54	.79	0-16	2-16	0.17
Posttest							
KNOWCOMPS							
Protecting and nurturing	137	19.30	4.90	.93	0-28	6-28	-0.11
Developmental needs	137	48.92	12.71	.97	0-72	8-72	-0.50
Supporting families	137	25.35	7.04	.96	0-36	0-36	-0.79
Lifetime relationships	137	31.08	9.69	.97	0-48	0-48	-0.72
Member of team	137	48.47	14.04	.94	0-72	4-72	-0.50
Total	137	173.12	44.89	.91	0-260	27-255	-0.67
EB scale	138	3.63	1.99	.59	0-20	0-8	0.39
MA scale	138	9.36	3.18	.72	0-16	1-16	0.13
Participant satisfaction	130	74.43	10.50	.95	0-84	38-84	-1.30

Note. KNOWCOMPS=Knowledge Competency; EB=Erroneous Beliefs; MA=Motivation to Adopt
KNOWCOMPS pretest was completed by 154 participants. EB and MA scales were completed by 153 participants at pretest. KNOWCOMPS posttest was completed by 137 participants. EB and MA scales were completed by 137 participants at posttest. The participant satisfaction measure was completed by 130 participants at posttest.

Table 4

Contrast of Pre- and Posttest for KNOWCOMPS Total Score and Subscale Scores (n=123)

Scale	Pretest		Posttest		<i>t</i> (122)	<i>p</i>	95% CI		Cohen's <i>d</i>
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>			<i>LL</i>	<i>UL</i>	
Protecting and nurturing	19.62	6.63	19.18	4.99	-0.98	.332	-1.32	0.45	-0.09
Developmental needs	33.69	15.91	48.45	13.12	12.96	.001	12.51	17.02	1.00
Supporting families	16.16	8.52	25.20	7.28	14.21	.001	7.77	10.29	1.13
Lifetime relationships	14.87	11.71	30.75	10.00	16.77	.001	14.01	17.76	1.45
Member of team	27.32	16.69	48.31	14.34	16.84	.001	18.51	23.45	1.34
Total score	111.66	54.75	171.89	46.26	16.11	.001	52.82	67.63	1.17

Note. 123 participants completed the KNOWCOMPS (Knowledge Competency) scale at both pretest and posttest.

Table 5

Prediction of Parent-Perceived Training Quality

Variable	B	SE	β	t(146)
Gender (1=F,0=M)	3.89	1.63	0.19*	2.39
Parenting Experience	3.19	1.29	0.21*	2.48
Age	1.07	0.50	0.18*	2.16
Pretest Motivation to Adopt	0.57	0.25	0.20*	2.33

Note. $n = 147$, which included those participants who completed both the demographic measure and the MA (Motivation to Adopt) measure at pretest. $R^2 = .19$ * $p < .05$

Table 6

Prediction of Posttest KNOWCOMPS Scores

Variable	B	SE	β	t(120)
Prettest KNOWCOMPS	0.52	0.06	0.61***	9.39
Training Quality	0.94	0.29	0.22**	3.23
Gender (1=F,0=M)	13.44	6.10	0.15*	2.20
Age	-3.73	1.77	-0.14*	-2.10

Note. $n = 121$, which included participants who had completed the demographic measure and KNOWCOMPS (Knowledge Competency) scale at pretest, as well as the KNOWCOMPS scale at posttest. $R^2 = .53$ * $p < .05$. ** $p < .01$. *** $p < .001$.

Table 7

Prediction of Posttest Motivation to Adopt Scores

Variable	B	SE	β	t(111)
Prettest MA	0.53	0.06	0.61***	8.97
Training Quality	0.05	0.02	0.15**	2.93
Income	0.32	0.14	0.12*	2.23
Parent Type (0=adoptive,1=foster)	-1.41	0.43	-0.23**	-3.28
Training as Pair (0=alone,1=pair)	-1.24	0.62	-0.11*	-2.00

Note. $n = 112$, which included participants who had completed the demographic measure and the MA (Motivation to Adopt) scale at pretest, as well as the MA scale at posttest. $R^2 = .73$ * $p < .05$. ** $p < .01$. *** $p < .001$.

Figure 1

Mean Clarity Ratings Across Training Sessions (n=71)

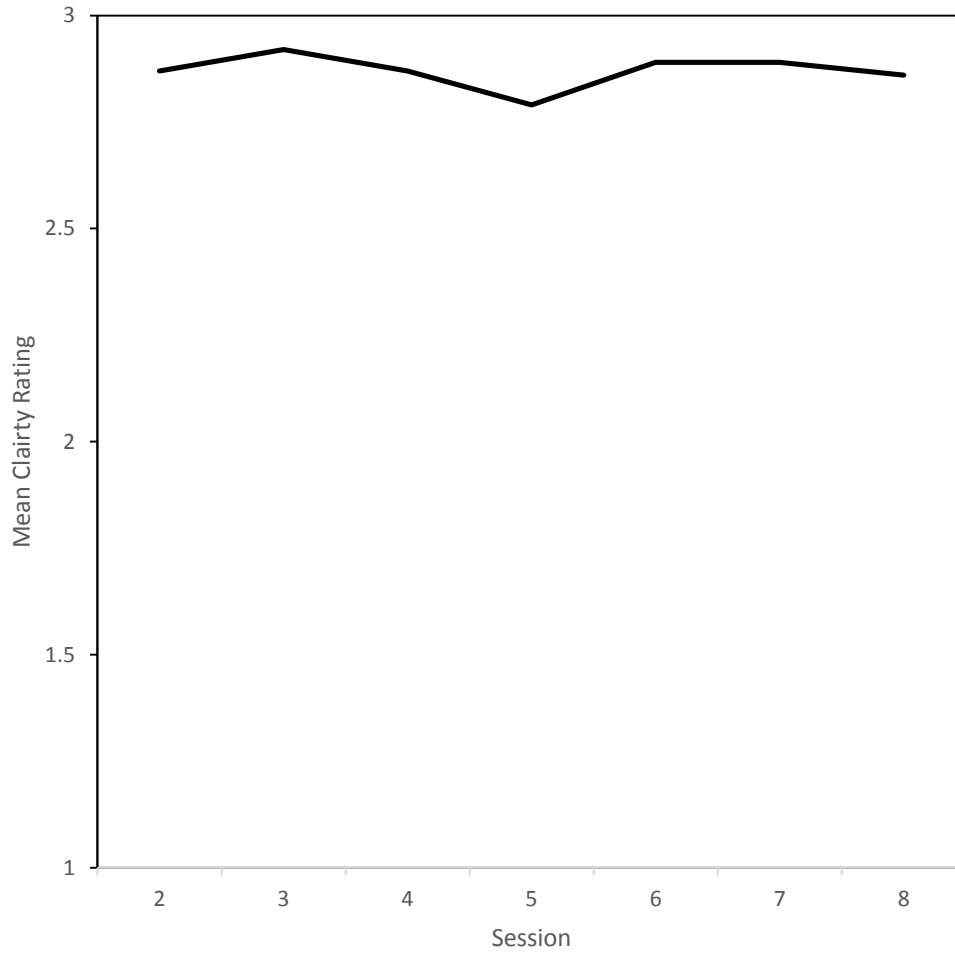


Figure 2

Mean Utility Ratings Across Sessions (n=71)

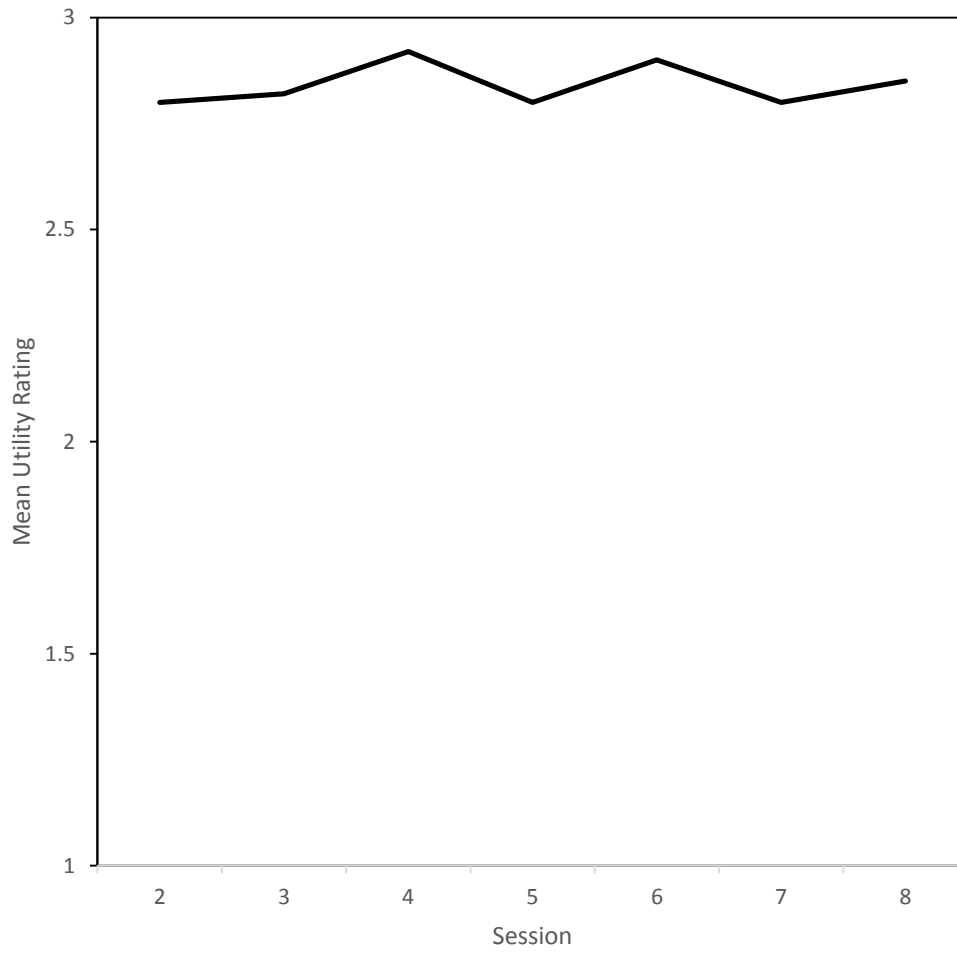


Figure 3

Mean Interest Ratings Across Sessions (n=71)

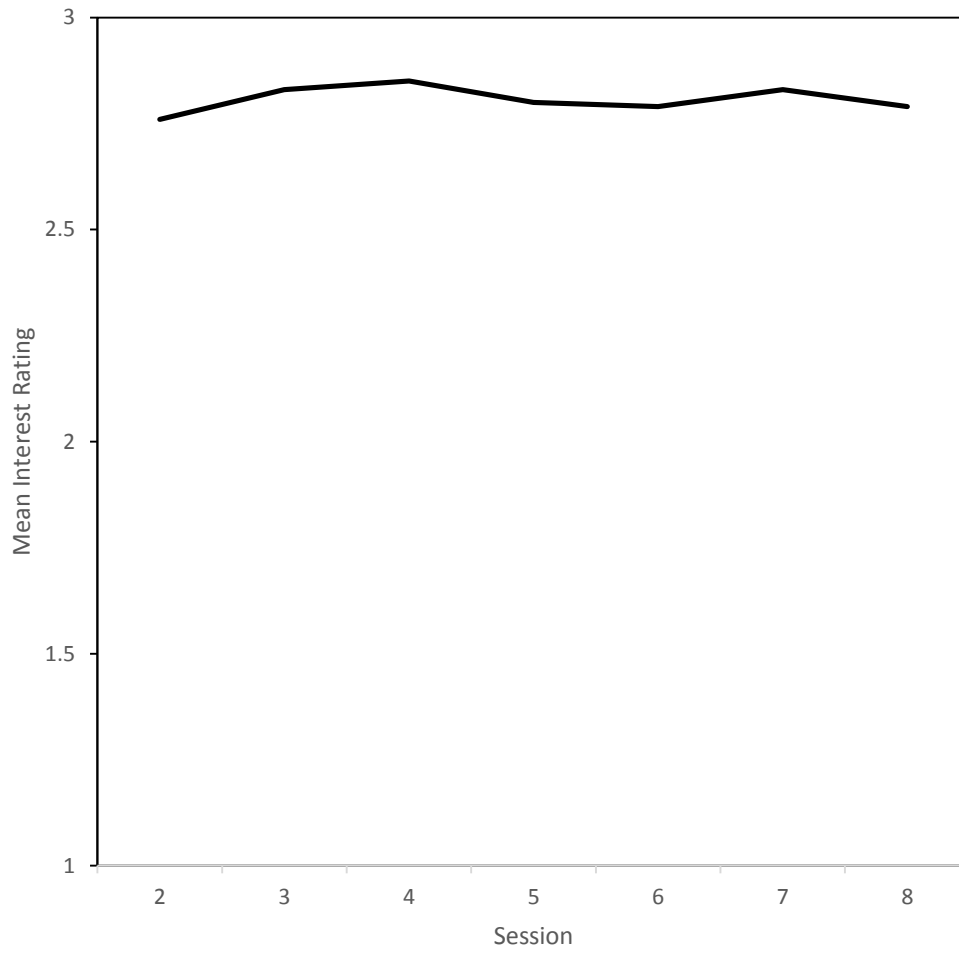


Figure 4

Mean Participant-Perceived Fidelity Ratings Across Sessions (n=71)

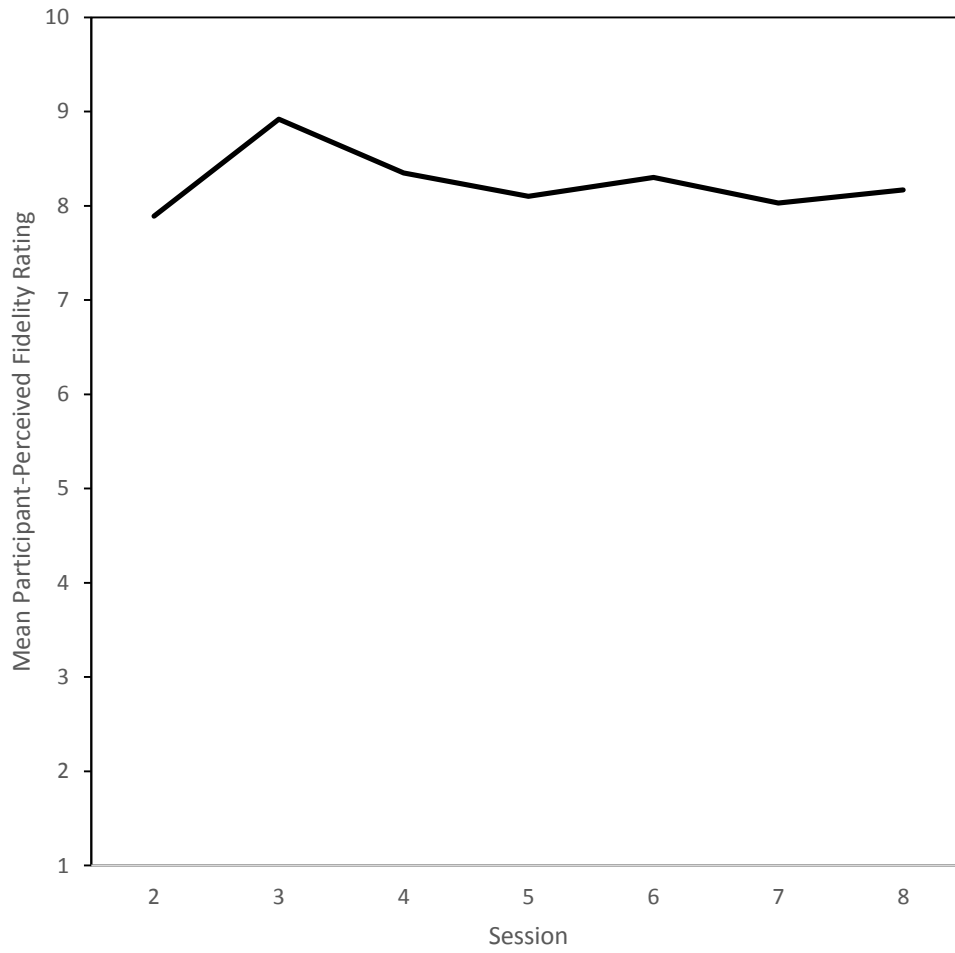


Figure 5

Mean Total KNOWCOMPS Scores Pre- and Posttest (n=116)

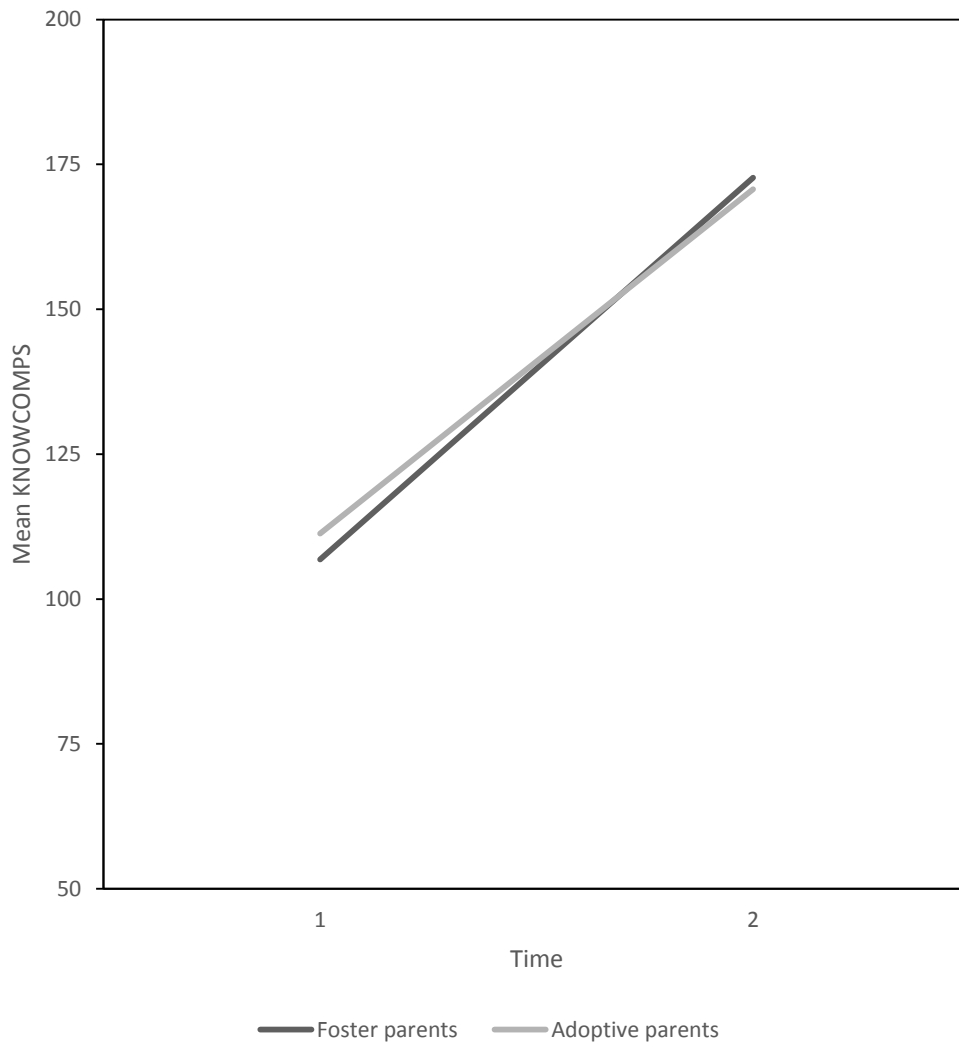


Figure 6

Mean Score for Erroneous Beliefs Subscale Pre- and Posttest (n=116)

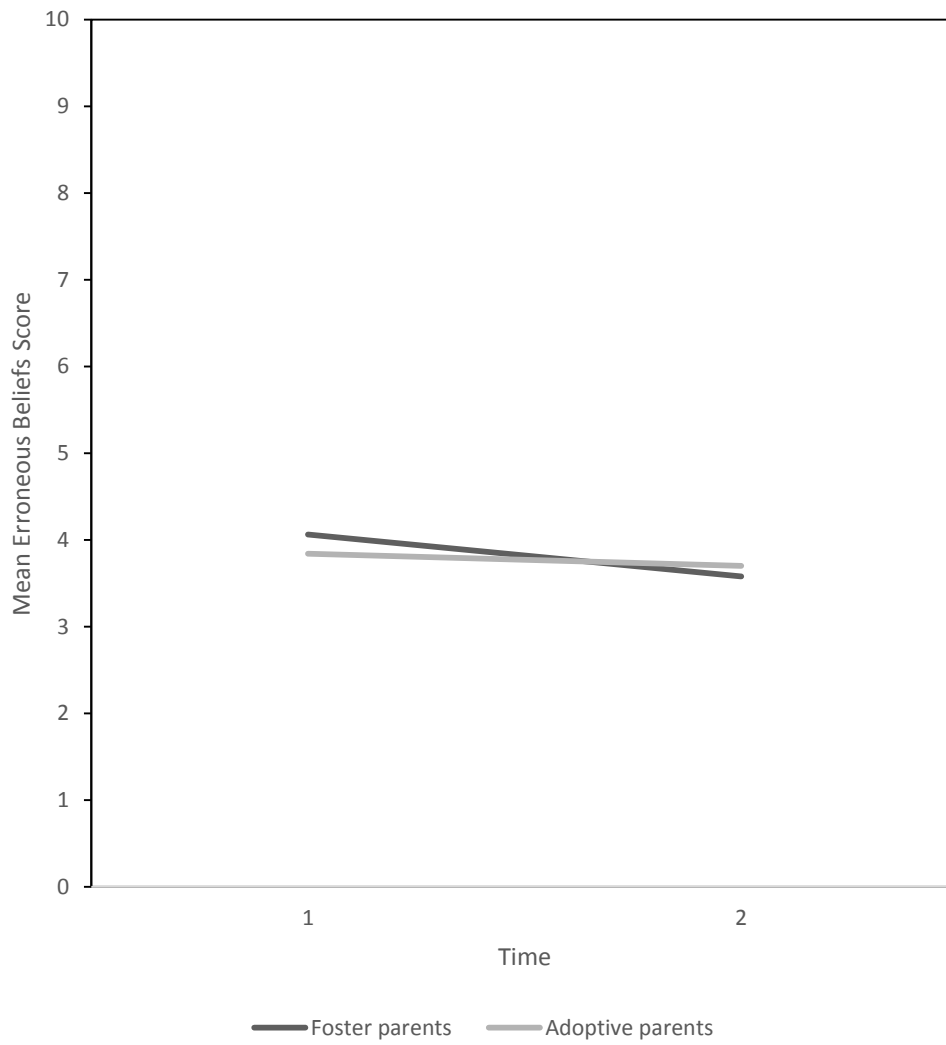
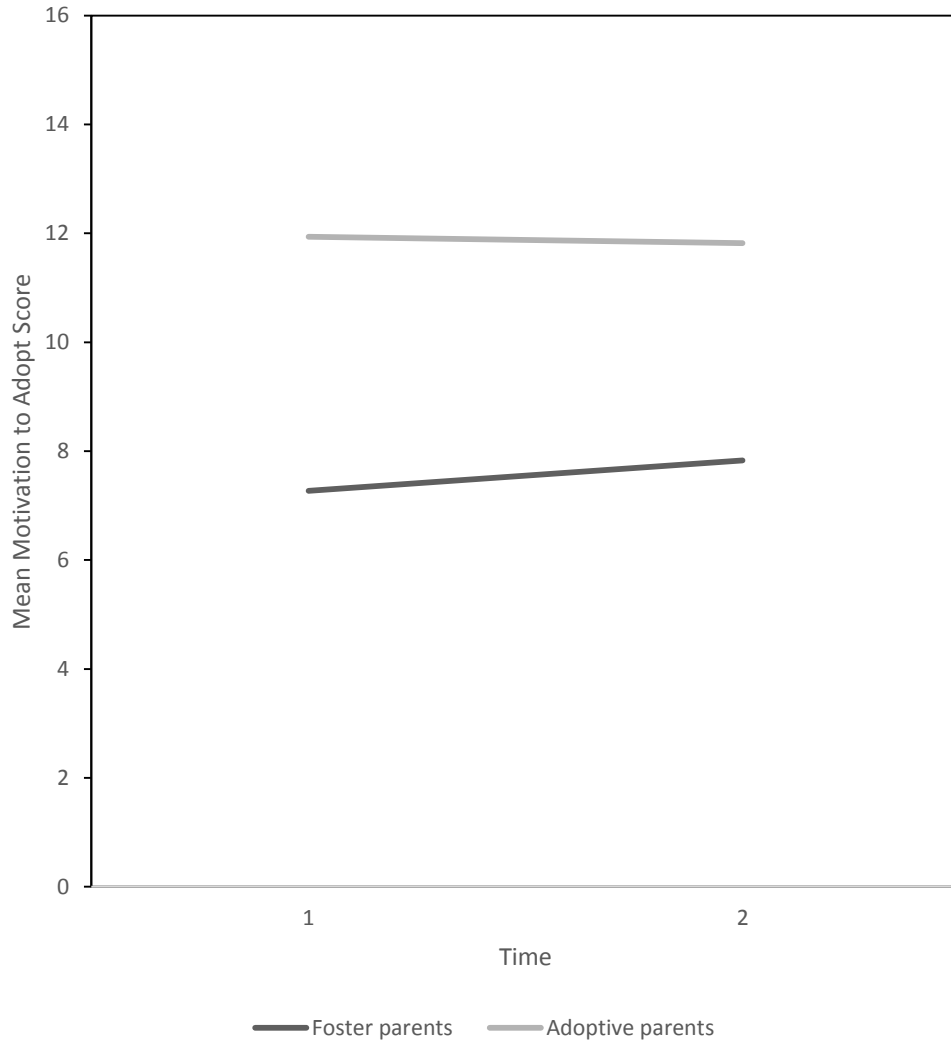


Figure 7

Mean Score for Motivation to Adopt Subscale Pre- and Posttest (n=116)



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Study #2

Transfer of Training Among Resource Parents of the Competencies Taught in their Preservice

PRIDE Training: A Mixed-Methods Follow-Up Study

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Abstract

This study is a mixed-methods follow-up study of the quantitative process and outcome study by Nash (2015a) and is intended to investigate the transfer of PRIDE training. A small sample of resource parents (foster, adoptive, kinship) who had previously taken PRIDE preservice training were interviewed once they had begun parenting a child in care. An instrument was developed for the researchers to rate participants' transfer of training (i.e., their implementation of the PRIDE competencies) and those ratings fell in the mid-range. Participants' ratings of their implementation of the PRIDE competencies were high; participants' ratings of how helpful PRIDE training was in this implementation fell in the high mid-range. Factors cited as making implementation easier and more challenging most frequently involved child welfare workers. Participants generally had positive comments about the training process. There was some suggestion that the training was more applicable to foster parents than to adoptive or kinship parents. Implications for practice and future research are discussed.

Keywords: preservice training, foster parent training, foster parents, adoptive parents, kinship, child welfare, parent training, evaluation

Introduction

The current study represents the second part of a research project investigating PRIDE preservice training in Ontario. The first part of the project was a process and pre-post study of PRIDE training, the results of which are discussed in Nash (2015a). The major findings of the first study from pre- to posttraining included significant large gains in knowledge and no observed changes in attitudes related to erroneous beliefs or motivation to adopt. In addition, training quality, a process measure comprised of participant engagement and participant-perceived fidelity to the training model, was significantly related to knowledge acquisition, satisfaction, and motivation to adopt. This first study linked the process of PRIDE training to selected outcomes of the training; this second study examined the extent to which participants were able to apply the training once they had welcomed a child into their homes.

The most recent Canadian Incidence Study of Reported Child Abuse and Neglect estimated that 1.57 per 1,000 children were placed in formal foster or kinship out-of-home care as a result of substantiated maltreatment (Trocme et al., 2010). Children who have been removed from their primary caregiver because of maltreatment are most likely suffering from the effects of both their experience of maltreatment and of this separation. Resource parents (foster, kinship, or adoptive parents) may then be faced with a situation where the child may not be ready to form a relationship with them. The resource parent may, however, provide an opportunity for the child to benefit from a 'corrective attachment experience' (Haugaard & Hazan, 2002), where the relationship reduces the deleterious effects of maltreatment. Studies have shown that children who have dealt with significant hardship, such as experiencing maltreatment from a caregiver, have better outcomes if they have a positive relationship with an alternative, competent adult (Masten, Best, & Garmezy, 1990). A combination of warm and structured

parenting practices, as well as reasonably high parental expectations for child competency, have been found to be strongly related to resilience for children at risk (Masten & Coatsworth, 1998). The relationship between resource parents and children in care, if it is positive and contains the elements research has identified as helpful, may supply these children with protection that, in turn, promotes resilience.

The field of resource parenting, unfortunately, is not rich in theoretical foundations, unlike the field of parenting in the general population. Authoritative parenting is considered the optimal style of parenting. Authoritative parenting is conceptualized as a balance between meeting the child at his or her developmental stage, by providing structure and control which are qualities of demandingness, and acknowledging that the child is in the process of developing into a competent individual, through the provision of warmth and respect that are characteristic of responsiveness (Baumrind, 1989). Research has consistently shown the authoritative parenting style to be associated with the best outcomes for children (Baumrind, 1995). The use of authoritative parenting by foster parents has been associated with positive outcomes for children in care as well. Research has shown foster parent nurturance to be inversely related to foster child emotional disorder, conduct disorder, and displays of indirect aggression, and positively related to more frequent displays of foster child pro-social behaviour (Perkins-Mangulabnan & Flynn, 2006). If parental nurturance – the display of loving, warm and accepting behaviour of parents toward their children – is seen as conceptually equivalent to the parental responsiveness of authoritative parenting, it is clear that children in care also reap the benefits of this parenting style. It is this style of parenting that is espoused by the foster parent training program of interest in the current study.

The Parent Resources for Information, Development, and Education (PRIDE) is a standardized program for resource parent recruitment, preparation, selection, and training. The PRIDE preservice training for prospective resource parents is composed of nine sessions that are three hours in length, for a total of 27 training hours, ideally over a number of weeks. The sessions are co-led by a child welfare worker and an experienced foster parent. PRIDE is a competency-based program intended to build foster parents' knowledge and skills in the following five categories: (1) protecting and nurturing children, (2) meeting children's developmental needs, (3) supporting children's relationships with their biological families, (4) connecting children to safe, nurturing, lifelong relationships, (5) working as a member of a professional team (OACAS, 2006). The content of the sessions includes: an orientation to the child welfare system, permanency planning, the impact of maltreatment, attachment, loss, maintaining children's family relationships, teamwork, optimal (authoritative) parenting, discipline, child development, placement challenges, and the impact of fostering on the family (OACAS, 2006).

PRIDE preservice has been implemented in 23 states and provinces (Christenson, 2009) and adapted for international use in several Scandinavian and European countries (Herczog, van Pagee, & Pasztor, 2001). A review of the evidence base for foster parent training (Dorsey, Farmer, Barth, Greene, Reid, & Landsverk, 2008) identified PRIDE as one of the two foster parent training programs viewed as the "gold standard" for the field" (p.1405). However, the authors noted that despite the widespread use of PRIDE training with resource parents, it has been the focus of very little research. Only two peer-reviewed empirical studies exist investigating PRIDE. Christenson and McMurtry completed a pre and posttest study (2007) and follow-up study (2009) with a sample of resource parents in one US state. These two studies

found increases in resource parent self-reported knowledge of the competencies that PRIDE is intended to impart. However, as Dorsey et al. (2008) highlighted in their review, these studies did not employ comparison groups, examine resource parent behaviours, or investigate outcomes for children in care. The authors of that review emphasized that while foster parent training research in general seems to point to increases in self-reported knowledge posttraining, which is promising in terms of impact on foster parent behaviour, follow-up studies are needed to specifically assess these longer term outcomes. Rork and McNeil (2011), in their review of foster parent training programs, arrived at similar conclusions: “the current body of research literature investigating the effectiveness of foster parent training programs is fraught with methodological limitations” (p.162), and future research should incorporate “follow-up components to determine long-term efficacy of training programs” (p.162). It appears that researchers in the area of child welfare have not sought to build the evidence base for resource parent training; even within the practice of child welfare, this trend has endured. The only other published article on PRIDE preservice training described the transfer of PRIDE internationally (Herczog et al., 2001), and those authors remarked that none of the PRIDE-employing organizations had sought to collect empirical evidence regarding outcomes of the program for families and organizations. The authors recommended the collection of such data as an important next step to benefit these stakeholders of the program.

Guskey (2000) created a five-step model for evaluating professional development for educators that is also applicable to resource parent training. The levels of professional development evaluation are as follows: “(1) participant reactions, (2) participant learning, (3) organization support and change, (4) participant use of new knowledge and skills, and (5) student learning outcomes” (p.82). The first study of the present research project (Nash, 2015a) focused

on participant reaction and learning, levels one and two, immediately posttraining. The current study presents the follow-up investigation, which focused on participants' use of new knowledge and skill (level four) after time had passed since the conclusion of training and once they had a child in care placed in their home for a period of time. This fourth level determines whether what participants' learned from professional development makes a difference in their practice (or in the case of the current study, specifically, their parenting). Guskey's (2000) model of evaluating training states that it is important at this level to specify clear indicators so that evaluators are able to discern whether participant learning is being used and the degree to which it is being used. As such, part of the aim of this study was to produce an instrument that can be used to assess resource parent application of their learning from PRIDE in future research: the level-of-use profiles, adapted from Guskey (2000, p.186).

The general purpose of this research project as a whole was to continue to add to the literature regarding foster parent preservice training programs, a highly under-researched area, in addition to accumulating greater knowledge of the PRIDE training program, specifically. This follow-up study responds to calls from the reviewers of foster parent training research (e.g., Dorsey et al., 2008; Rork & McNeil, 2011) to provide follow-up of outcomes of training by focusing specifically on the transfer of training after PRIDE preservice training. Furthermore, it addresses a recommendation from the most recent review of foster parent training research by Festinger and Baker (2013), which called for the inclusion of qualitative approaches that may provide information to improve training. This study sought to provide follow-up of PRIDE trainees once they were practicing resource parents via interviews and using, in part, qualitative analysis. Firstly, the researchers wanted to develop a way in which to measure participants' use of new knowledge and skills that they learned from PRIDE training, as mentioned above. As

such, the researchers constructed a measure, the level-of-use template (described in detail in the method section below), that was designed to assess and quantify how well participants were able to apply the five competencies learned in PRIDE training to parenting their child in care. This instrument sought to measure the degree of implementation of the PRIDE competencies, relatively independently from participants' own self-report, in order to ascertain whether participants, in fact, understood and applied the competencies in the manner in which PRIDE training intended them to do so. Secondly, this study pursued exploratory research questions, given the lack of research on PRIDE to inform the development of formal hypotheses, to provide a more in-depth perspective on PRIDE training, including (1) what was the participants' perception of their application of the PRIDE training competencies?, (2) how useful did they deem PRIDE training in said application?, (3) were there factors which made the implementation of the competencies easier?, and (4) were there factors which made the implementation of the competencies more challenging? Finally, participants were asked to recommend suggestions for the improvement of PRIDE training after having had experience with parenting a child in care.

Method

Participants

As noted earlier, the participants for the follow-up interviews were drawn from the original participants of the quantitative study (Nash, 2015a). Those eligible to be interviewed had given permission to be contacted following the conclusion of the training and, at the time of contact had also (1) been approved as a resource parent, (2) had had a child placed in their care for a minimum of six weeks, and (3) had self-identified as the resource parent who knew the child best. Eleven resource parents who fit the inclusion criteria agreed to participate in the interviews. Six of these participants completed the interview approximately six months after

training completion (range from five to seven months) and five participants completed the interview approximately 20 months after training completion (range from 20 to 23 months).

Table 1 provides descriptive information about the participants and placements. The length of time for child placements ranged from two months to 17 months, with several special circumstance placements that were pre-existing prior to PRIDE training and licensing in the form of informal kinship care arrangements that had often lasted years. The sample included resource parents from all five agencies. All three resource parenting groups were represented: 45% (n=5) were adoptive parents, 36% (n=4) were foster parents, and 18% (n=2) were kinship parents. Only one participant was male.

Measures

Interviews. The interviews conducted with participants were semi-structured and organized around the application of the five competencies of PRIDE preservice training (see Appendix R for the interview questions). The interview questions began by asking for details about the child placement. The bulk of the interview was made up of five larger questions pertaining to each of the five PRIDE competency categories. Each of these questions contained six sub-queries; four questions asked for examples from their experience, one question asked them to rate their implementation of the PRIDE competency (from 0 ‘not at all’, to 10 ‘extremely well’) and one question asked them to rate the helpfulness of PRIDE in that implementation (from 0 ‘not at all helpful’, to 10 ‘extremely helpful’). The final two questions were open-ended and asked for suggestions regarding improvement of PRIDE training and for any additional comments.

Level-of-use template. The analysis of the five questions that related to the five PRIDE competency categories were used to create a template of level-of-use (found in Appendix S),

adapted from Guskey (2000, p.186). In his discussion of the fourth level of evaluating professional development, Guskey (2000) spoke of analyzing level-of-use, stating that when an individual has undergone training, their involvement in the process of change progresses through several levels. With this in mind, the template was created in order to assess and quantify participants' ability to apply the PRIDE competencies taught in their PRIDE training once they were practicing resource parents. This quantification was viewed by the researchers as a way in which to assess the implementation of the PRIDE competencies by resource parents somewhat independently from their own assessment, thus providing a more objective perspective about whether participants did, in fact, understand and implement the PRIDE competencies. Furthermore, use of the template by researchers was a first step in the validation of this new measure that has a potential for utility in the field of child welfare.

The levels-of-use, as suggested by Guskey (2000), ranged from 1 to 5; however, only the highest (5), lowest (1) and intermediate (3) levels were defined, as the development of the template was also in part guided by the procedure followed by Cousins, Aubry, Fowler, and Smith (2004) in their development of key component profiles to assess program implementation. Levels 2 and 4 were left for those responses which did not fall squarely into the other three levels. The drafting of the instrument required the researchers to assign behavioural indicators that were related to the use of new knowledge acquired during training. Due to the lack of past research in the area to inform the definition of the levels and the identification of behavioural indicators, specific indicators were developed using the interview data collected. The authors of the current study collaborated to define each of the level-of-use and agreed on the assignment of specific examples from the data as indicators for each level. When the instrument was complete, it was reviewed and the definitions were discussed and ambiguities were clarified. One

interview was used to pilot the ratings procedure for using the template by each of the two authors; required adjustments for clarity and ease of use were then incorporated into the instrument. Appendix S contains the final iteration of the template, outlining the level-of-use instrument employed for the analysis of responses of the participants, including the instructions for raters regarding the use of the rating scale.

Procedure

Recruitment. At the conclusion of each training series, participants were given a form to fill out and sign if they consented to be contacted for this follow-up study (see Appendix Q). After a minimum of six weeks had elapsed since the end of training, participants were contacted via phone or email (as per the participants' preferred method of contact) to determine whether they were still interested in participating and if they fit the inclusion criteria (stated above) (please see Appendix T for the content of the screening call/email).

Recruitment was challenging for several reasons. Some participants could not be reached to determine eligibility and interest in participation. Successful contact was made with fifty-one resource families (both partners in a couple were contacted when possible). At the earliest time point, at approximately six months posttraining, a large number of potential interviewees were not eligible because they had not yet been approved, they had not yet had a placement, or their placement had not yet reached the minimum duration dictated by the eligibility criteria. This first time point yielded six interviews. At approximately 20 months posttraining a second round of recruitment produced an additional five interviews. The reasons for non-inclusion overall were varied. Two families declined to be interviewed. The researcher was unable to contact 17 families. Eight families had not continued the approval process as resource parents; the most often cited reason for discontinuing was a move. Two families had not yet completed the

approval process. Nine families had not yet had a child placed in their care. Two families had not had a child in their care for the minimum of six weeks.

Interviews. If participants agreed to participate, they were sent the interview questions prior to the scheduled interviews. Interviews were conducted over the phone by the researcher and ranged from 30 to 60 minutes in duration. At the beginning of the call, participants were asked whether they consented to proceed with the interview. The interviews were digitally recorded and later transcribed verbatim.

Level-of-use template application. Using the interview transcriptions, individual participants' responses were scored as high, medium or low implementation on the template developed and described above by two raters, the two authors of this study. The raters were instructed to keep in mind that the purpose of the grid was to assess the degree of implementation of each PRIDE competency category. The raters were also instructed to score a response at the higher level-of-use if they had difficulty deciding between two ratings. For each of the five competencies, the raters used the portions of the interview that asked for examples from resource parent experiences that illustrated the competency, how PRIDE training was useful or not in putting the competency into practice, and whether there was anything about their situation that made putting the competency into practice easier or more difficult. Evidence for the ratings was recorded on the scoring template. Discrepancies between raters were discussed and any disagreements were conciliated and arrived at by consensus. High ratings reflected an understanding of the competency, flexible implementation of the competency, and appropriate use of consultation and support as it related to the competency. These ratings were quantitatively summarized by calculating means and standard deviations.

Participant ratings and data analysis. In addition to the use of the rating scale, the interview data collection also included ratings from participants regarding their perceived implementation of each competency category and how helpful PRIDE training was in that implementation. These ratings were quantitatively summarized by calculating means and standard deviations across participants, and Spearman correlation coefficients were computed to examine the relationship between participant ratings of competency application and their ratings of the degree to which PRIDE training helped them in that competency application.

Thematic data analysis. The remaining responses to the three questions relating to each competency (examples of how PRIDE was helpful or not helpful, factors making implementation easier, and factors making implementation challenging) and the final questions relating to improving PRIDE training and general comments were also analyzed qualitatively, using thematic analysis (as outlined in Braun & Clark, 2006). The interviews were read and coded by each researcher independently. Initial themes were identified by each researcher and then compared; those themes which were identified by both researchers were retained. An index of inter-rater agreement was not calculated, given the large number of themes and the exploratory nature of this exercise of distilling the themes down to a relatively small number by retaining only those which both raters had identified. A final consolidation and organization of the surviving themes was conducted to present a complete and coherent picture of the interview data. It became clear that the data from the question asking for an example of how PRIDE was helpful (or not helpful) in putting each competency into practice was different from the remaining questions. For this question, which sought examples, the examples given were quite specific to each competency and often to each individual respondent. Therefore, it was decided that for this question, a listing of the themes, along with a frequency count of the number of participants who

spoke about each theme, would best represent the data collected. For the remaining questions, thematic networks were created (as described in Attride-Sterling, 2001) as a final step in the summary and presentation of the rich interview data.

Results

Transfer of Training Ratings

Table 2 presents the means and standard deviations of the conciliated ratings by the researchers for the level-of-use for each competency. The possible range for the conciliated ratings was from 1 (low level-of-use) to 5 (high level-of-use). The actual mean conciliated ratings fell within the categories of medium and medium-high levels-of-use. Exploratory correlational analyses did not find the ratings of the researchers regarding participant level-of-use of the competencies to be significantly related to the ratings of participants regarding their own ability to put the competencies into practice.

Table 2 also presents the means and standard deviations for participant ratings (of both application of the PRIDE competencies and helpfulness of PRIDE in that application) for each competency. Mean participant ratings were based on 10 of the 11 interviewees. The one excluded participant thought that many of the questions did not apply to their situation. Thus, this participant did not provide all of the ratings requested. The potential range for the ratings was from 0 ('not at all' or 'not at all helpful') to 10 ('extremely well' or 'extremely helpful'). Overall, participants' ratings of the extent to which they had been able to put PRIDE competencies into practice were high. In contrast, their ratings of how helpful PRIDE had been to them in putting the competencies into practice was generally closer to the high mid-range, with the exception of the competency related to supporting family biological relationships. The mean ratings of the degree to which the participants rated themselves as able to put each PRIDE

competency into practice were higher, in four of the five competencies, than the mean ratings of how helpful the participants felt PRIDE training was to them in implementing the competencies. Spearman correlation coefficients were calculated to examine the relationship between participant ratings of competency application and their ratings of the degree to which PRIDE training helped them in competency application. No significant relationships were found for competencies two, three, or four. However, a significant negative relationship was found for competency one ($r = -.73, p < .01$), protecting and nurturing children, meaning that the more participants were able to put this competency into practice, the less it seemed that PRIDE training helped them to do so. There was also a significant positive relationship found for competency five ($r = .69, p < .05$), working as a member of a professional team, indicating that the more participants were able to apply this competency, the more PRIDE training was viewed as helpful in that application.

Thematic Analysis

The interview question posed requesting examples of how PRIDE was helpful or not helpful in the implementation of each competency in which the participants had been trained was challenging to summarize because nearly every participant provided a different example. As such, Figure 1 presents a list of the themes for each competency (with each theme preceded by a number indicating the number of participants who spoke of that particular theme). When speaking about what made PRIDE helpful or unhelpful, resource parents mainly spoke of content covered that was helpful. However, for three of the five competencies (protecting and nurturing children, connecting children to relationships intended to last a lifetime, and being a member of a professional team), participants spoke of the content being more applicable for foster parents than for kinship or adoptive parents. For instance, while discussing the first competency,

protecting and nurturing children, one kinship parent remarked: “It would have been very helpful if I was a newbie coming off the street, but as for already having had him in my care and knowing all that, I thought it was really useless”. An adoptive parent made a similar observation about the intended audience of the content, but with a differing perception of its utility while discussing working as a member of a professional team:

I found that a lot of the roles were more, for us, to be more for the foster parents... Even though it seemed to us that a lot of it was more directed for foster resource parents, that was still helpful because we had a better idea of what the foster family that we were working with had been through or was going through.

Resource parents did comment on the helpfulness of PRIDE as well. For example, during a discussion of the competency related to remaining connected with biological families one foster parent stated:

I would say PRIDE was very helpful in this area. I was actually quite shocked to learn that foster parents would have anything to do with the biological families going into this... And I think it can be very, very easy to be bitter or angry towards people who treat their children badly... especially when you grow to love the child and you see their issues because of their parents’ choices. But definitely during PRIDE we learned about the importance of having compassion and feeling respect... And also, we learned about the importance of helping, especially the mom I guess, who’s had her children taken away. To help her feel like she still has some control. And that’s been really important, just little things.

Similarly, an adoptive parent commented on their learning from PRIDE as it related to meeting children’s developmental needs:

Just sort of understanding that so if these children are going to develop at different rates then that’s okay and sort of just assisting them along the way. I think that was helpful for us because we’d had two healthy pregnancies and two healthy boys... it was good for us to realize that even though she seems great right now in the future there may be some learning difficulties and things like that that come up.

Resource parents even spoke of applying PRIDE competencies when it did not seem as if agencies were promoting them, as one adoptive parent noted when speaking about connecting children to relationships intended to last a lifetime:

I would say the theory in PRIDE was good. They gave examples of having open [relationships between resource parents] it's just that in our adoption it wasn't considered open with the foster parents so we just sort of did that on our own.

Figure 2 presents the thematic network for the data regarding factors that made implementation of PRIDE competencies easier for resource parents. In speaking about what made implementation of PRIDE competencies easier, resource parents identified a range of factors relating to their individual situations, resource family characteristics and background, as well as factors related to biological families. The most often cited factors that made putting PRIDE competencies into practice easier were those related to the agencies, most specifically the workers. For instance, one resource parent commented:

Yes, I've had a lot of support with the children's worker. She's fantastic! Now with text messaging, if I [have] an issue I can text her, she can get it done...My resource worker has bent over backwards to make sure that this placement [works] because they worried the placement would break down.

Interestingly, when asked about factors that made the implementation of PRIDE competencies harder, resource parents also spoke about difficulties with workers with some frequency. One adopted parent reported:

Having different workers and having workers changing in the middle of things. And even different...because of different workers, being told different things. It led to believing different things and it was because of differences in opinion...one worker might have another opinion and she might get switched up with a worker who has a different opinion. Things change. And that made it difficult to be a cohesive team.

There were also many other factors mentioned by resource parents that contributed to difficulties in applying the PRIDE competencies, these factors are presented via the thematic network in Figure 3. Factors spoken of by resource parents that were hindering implementation included factors related to the child in care and biological family factors, as well as factors relating to the worker and the child welfare system.

Figure 4 contains the thematic network for the two open-ended questions from the interview asking for suggestions for improvement of PRIDE training and general comments about PRIDE, which included both identification of positive aspects of the program and additional suggestions for desired changes. Changes included those related to the process of training, as well as additions to the content and increased social components. A theme mentioned relatively often was that of separating all or some the training by type of resource parent, particularly separate foster and adoptive parent groups or sessions. One adoptive parent, who had also recently begun to foster, stated: “I believe that PRIDE should be separated between fostering and adoption...Cause I think the adoption side could be geared much more toward the nurturing as a real family unit, as a forever family, as opposed to foster family”.

The specific negative comments about PRIDE mentioned dated material and repetition of content, as well as identifying disliked training activities, such as games or group work, to updating the materials. However, the overwhelming majority of comments were positive reviews of PRIDE training. Resource parents made general comments about PRIDE, such as “I thought the PRIDE training was a good time” and “I thought they did a good job and it’s more just ‘doing it’, you know, you kind of learn as you go” and “it was very important learning all the PRIDE aspects”.

Resource parents also made specific comments about positive aspects of PRIDE training, for instance one resource parent with previous experience with children in care spoke of the attention to preparing resource parents for the role, noting: “they really were open and honest and gave you a lot of examples of how that it may not be fun to deal with”. Resource parents identified the PRIDEbook as a useful resource once they began parenting children in care as a reference. They also spoke about the training as a useful tool in their decision-making process as

to whether resource parenting was a good fit for their family. Social interaction and events among trainees were also named as strengths of the PRIDE training process.

When identifying positive aspects of the training, parents spoke most about the usefulness of personal narratives about resource parenting from presenters and guest speakers and requested more of such information. One adoptive parent remarked: “firsthand experience stories I think helped break it up and more of those would be helpful”. Another adoptive parent spoke about the guest speakers on the panel: “I felt like, personally, I got more out of that day than I got out of the entire class. And I enjoyed it more...It was really, really beneficial and helpful, I thought”.

Discussion

In examining the results of this follow-up study as a whole, the data seem to suggest a favourable view of PRIDE training. Participants had many positive comments about the training and rated their transfer of PRIDE training (i.e., their implementation of the competencies espoused by PRIDE) as high. Participant ratings of the helpfulness of PRIDE in this implementation and the researchers’ ratings of implementation were average or slightly above. As a general comment, PRIDE appears to be accomplishing what it sets out to do: imparting knowledge relevant to resource parenting. That is, the training is reportedly being transferred into practice by resource parents.

However, we must be cautious when interpreting the results of this study, not only because of the small sample size, but because of the limitations inherent in the self-report data of parenting behaviours. A recent meta-analysis by Kaminski, Valle, Filene and Boyle (2008) of the components related to parent training program effectiveness synthesized the results of 77 published evaluations of programs intended to teach parents skills to ameliorate children’s

externalizing behaviour. The researchers highlighted that the mean effect sizes for parenting outcomes were larger than those for child outcomes. However, the “effect size for parenting behaviours and skills were smaller than the effect sizes for parenting knowledge, attitudes, or self-efficacy” (p.580). Due to the self-report nature of the current study, it is likely more reflective of parenting knowledge and self-efficacy than parenting behaviours per se, despite the fact that resource parents were reporting on their behaviours. Furthermore, while participants rated their implementation of the PRIDE competencies as high, it is important to take into account the potential effect of social desirability. This may explain the discrepancy of participants’ ratings of implementation, which were high, and the researchers’ ratings of level-of-use, which were average or slightly above. This incongruity may be similar to that found by Cooley and Petren (2011) that foster parents reported high levels of confidence in different domains of foster parenting, but analysis of their responses to open-ended questions seemed to indicate a lack of competence in the same domains. Or, perhaps the lack of relationship in the implementation ratings is better explained by the researchers’ small sample of behaviour on which to base their ratings, given that they had only the interview transcripts and no additional knowledge of the resource parents or families. Cousins et al. (2004) noted variable ratings in their key component profiles by case managers and supervisors and suggested that perhaps the knowledge that supervisors had about clients was less than that held by case managers and this difference accounted for the variability. The parallel in this study would be that the resource parents themselves held greater knowledge about the child in their care and their parenting behaviour than the researchers could glean from the interviews. This points to a possible useful practical application of the level-of-use instrument: the child welfare workers assigned to the resource families, who would no doubt hold superior knowledge of the families in their caseload.

Results showed significant correlations between participants' ratings of competency application and PRIDE helpfulness in that application for competencies one and five. Competency one, however, protecting and nurturing children, involved a negative relationship. As this competency includes both general safety knowledge and knowledge more specifically about child maltreatment, it is somewhat difficult to interpret this relationship. In terms of general safety, it could be that PRIDE did not help because this information falls under the category of 'common sense' or simply general parenting knowledge. When thinking of the information related to the indicators of maltreatment, it is possible that resource parents ended up determining more from experience with the specific child in their care than what it was possible to cover, in necessarily more general terms, in the training. The positive relationships between competency implementation and PRIDE assistance in implementation is more clear for competency five, participating as a member of a professional team. This competency lies further from the realm of typical parenting knowledge and behaviours, and is also potentially less likely to need experience to elucidate the concepts. Interestingly, the only other published follow-up study of PRIDE training (Christenson & McMurtry, 2009) identified a significant difference for both competency category one and competency category five, when comparing trainees reported knowledge in those areas at training completion and at the 18 month follow-up. The authors of that study questioned whether resource parents retain knowledge from PRIDE training while also being affected by intervening variables that occur posttraining.

The current study sought to explore the potential intervening variables that occurred posttraining and postplacement that impacted resource parent implementation of the PRIDE competencies. Some of the factors identified by participants as helping or hindering the application of PRIDE competencies seem inherent to the nature of the resource parenting

situation, such as difficulties with the child or the child's biological family. These factors may be either aided or exacerbated depending on the response from the agency and workers. Factors related to the agency and workers were the most frequently cited by participants as those making the implementation of PRIDE competencies either easier or more difficult, depending on their presence or absence. Factors such as communication, teamwork, support, accessibility and resource provision were named by participants as being integral to their work as resource parents. This finding is in line with previous research into foster parent satisfaction and retention. For instance, Denby, Rindfleisch, and Bean (1999) found that foster parents were more likely to report role satisfaction when they felt as if their workers communicated well, in terms of information but also in terms of communicating their approval for good work. Furthermore, dissatisfaction was related to the perception of agency red tape. Similarly, Rodger, Cummings, and Leschied (2006) identified communication and teamwork with the agency and workers to be highly related to foster parent satisfaction. The current study once again highlights the importance of the agency and workers prioritizing frequent, consistent, helpful communication and support of resource parents in order to retain their services, keep them satisfied, and facilitate their work with children in care.

There were several themes that emerged from the qualitative analysis of the interviews that have important implications for the delivery of PRIDE training. According to participants, by far the main strength of PRIDE training was the personal narratives about the practice of resource parenting. PRIDE delivery could be enhanced by taking advantage of the engaging nature of first and second-hand accounts of resource parents' experiences to illustrate important concepts for trainees. Secondly, those delivering PRIDE should take into consideration the utility of the information presented to all three types of resource parents. Those resource parents

who did not feel the information presented was entirely applicable to their role often spoke more negatively about the training, which in effect may set the tone for their relationship with the agency and their sense of their role as a resource parent.

One interesting point that emerged from the theme of specific positive comments was that PRIDE was named as a useful tool in the decision-making process about whether or not to become a resource parent by those trainees who went on to become resource parents. This is relevant because assistance with decision-making is one of the stated goals of the PRIDE program (Herczog et al., 2001). Interestingly, of those potential participants who were not interviewed because they had chosen not to become resource parents, none of them mentioned the training as part of their decision-making process; those parents cited moves, job changes, and difficulties with biological children or their child in care as reasons that they chose not to continue or discontinued resource parenting. This is consistent with findings from Baum, Crase and Crase (2001), that many trainees stated that their decision to become or not to become a foster parent was not based on the training.

The development of the level-of-use instrument was an important contribution of this study. However, this study represents the first use of the template, and we hope that other researchers will use and improve upon it. The interviews in the current study were shorter than would be considered ideal, perhaps because interviews were conducted over the phone or perhaps simply as a function of interviewing busy parents. In addition, the researchers reflected that the interview questions could be improved upon, particularly in the way of asking about and prompting for more behavioural examples from interviewees in order to produce more in-depth responses. Longer, more detailed responses made application of the instrument easier, while shorter, more general interview responses made scoring using the template more difficult. The

idea that a greater amount of information would have made using the instrument easier suggests that its use in practice, with the child welfare workers who are in frequent contact with resource families, may be a valuable secondary contribution of this study.

Future research in this area would benefit from employing a larger sample size; the small sample size in this study made it difficult to generalize the findings to the population of resource parents as a whole and also was too small to detect differences using quantitative methodology. A larger sample size may also better reach both genders of resource parent. As Rork & McNeil (2011) noted, research on foster parent training suffers from a lack of attention to foster fathers, and this study was no different, with only one male participant. This was perhaps reflective of the nature of family composition and roles in this sample because participant families were asked to nominate the parent who knew the child in care best, but without the benefit of a large sample size that probability is impossible to determine.

This study does, in part, address criticism of previous research into foster parent training that most studies investigate short-term outcomes but lack any follow-up component (Dorsey et al., 2008). This study also provides qualitative data about the training, as recommended (Festinger & Baker, 2013). This study represents a first step toward following up on PRIDE preservice training to examine the transfer of training. However, this study was restricted to self-report, which is limited by factors such as social desirability. While self-report it is a common method in which to investigate Guskey's (2000) fourth evaluation level (participants' use of new knowledge and skill) the addition of observational data in future research would serve to support the initial conclusions of this study. Furthermore, what is most important in the area of child welfare is the outcomes of children in care. Without investigating that fifth level of evaluation in Guskey's (2000) model, which in this context would be outcomes for looked after children,

research into resource parent training cannot demonstrate its ultimate effectiveness. As research into resource parent training continues to evolve, the examination of the impact on children in care will become an imperative direction in future research.

Table 1

Descriptive Information for Resource Parent Interviewees and their Placements

Participant	Resource Parent		Months from Training to Interview	Duration of Placement in Months	Placement Information	
	Gender	Parent Type			Age and Gender	Special Needs
1	F	Foster	5	2	M 12 years	Acquired brain injury
2	F	Adoptive	6	5	F 4 years F 7 years	None identified
3	F	Adoptive	6	2	M 20 months	None identified
4	F	Kinship*	6	2	M 14 years	None identified
5	F	Foster*	6	9	F 7 years F 9 years F 11 years	Attachment disorder
6	F	Kinship *	7	7	F 16 years F 17 years	Physical health issue
7	F	Foster	20	7	F 7 months M 7 months	Fine motor issue
8	M	Adoptive**	23	16	M 2 years	None identified
9	F	Adoptive	20	4	F 1 year	None identified
10	F	Foster*	20	13	F 13 years	Behaviour issue
11	F	Adoptive**	21	17	M 3 years M 4 years	None identified

* Before licensing the child was not formally in care, these placements had previously been in informal kinship care (some of which were recurring placements or placements lasting several years).

** These resource parents had been approved as adoptive parents but later also began to foster other children (only the adoptive children were the focus of the interviews).

Table 2

Mean Transfer of Training Ratings by Researchers and Participants per PRIDE Competency Category (N = 10)

PRIDE Competency	Researcher Conciliated Transfer of Training Ratings (1=low, 5=high)		Participant Transfer of Training Ratings (0=low, 10=high)		Participant PRIDE Helpfulness Ratings (0=low, 10=high)	
	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>
Competency 1: Protect and Nurture	3.64	1.03	9.00	1.33	6.50	2.95
Competency 2: Developmental Needs	3.55	1.04	7.70	1.89	6.00	3.02
Competency 3: Supporting Relationships	3.73	1.19	8.50	1.58	8.50	1.72
Competency 4: Lifetime Connections	4.18	0.75	8.90	1.10	7.30	1.42
Competency 5: Professional Team Member	3.55	1.21	8.00	1.16	7.10	2.13

Figure 1

Themes, by competency, based on the question: Can you give me an example of how PRIDE was helpful (or not helpful) in putting this into practice?

COMPETENCY 1: Knowing how to protect and nurture children.

- 2 – It applied more to fostering than to adoptive or kinship parents
- 1 – As a previous foster parent, I found it just confirmed and reinforced what I was already doing
- 1 – It stressed that when you discipline resource parents need to repair the relationship
- 1 – It reviewed some of the things to do around the home to make it safe for children
- 1 – As parent with adult children, I learned that things had changed since my children were young
- 1 – It was especially helpful for signs of maltreatment
- 1 – It prepared me for what I might see with children coming into my home

COMPETENCY 2: Knowing how to meet children's key developmental needs.

- 3 – It discussed how certain factors (e.g., placement transitions, prenatal drug exposure) impact development
- 1 – It was helpful, but it did not add anything
- 1 – It outlined the different areas of development to consider
- 1 – It prepared me be more sensitive, empathic, and understanding with the children
- 1 – It gave me the opportunity to talk with other resource parents in the group
- 1 – I thought the PRIDEbook was useful
- 1 – It outlined how to use the resources (e.g., specialists) the agency has to offer

COMPETENCY 3: Knowing how to support relationships between children and their biological families.

- 3 – It discussed working with the family, respecting them, communicating with them, and withholding judgment
- 3 – It emphasized the importance of the children staying connected with their biological family
- 2 – It was upfront with how it works in terms of contact with biological family
- 1 – It gave personal accounts of situations with biological families
- 1 – It highlighted the importance of advocating for the child if visits do not seem to be good for the child's well-being
- 1 – It suggested trying to take the lead from the child in terms of biological family visits

COMPETENCY 4: Knowing how to connect children to safe, nurturing relationships, many of which are intended to last a lifetime.

- 2 – It introduced the concept of maintaining the relationship with the previous foster family
- 1 – It illuminated avenues the agency can explore for placements
- 1 – It stressed the need for permanency and discussed how to talk with the children about plans
- 1 – It gave examples of how family and friends can react to fostering/adopting
- 1 – It emphasized the need for placement stability and how to maintain that (e.g., not taking on placements that don't fit your family dynamic, asking for help when you feel a placement might be breaking down)
- 1 – It was not helpful for adoptive or kinship parents

COMPETENCY 5: Knowing how to participate as a member of a professional team.

- 2 – It introduced that there would be different workers on the team involved with the child and family
- 2 – It encouraged open communication with the agency
- 1 – It introduced the agency's forms required for resource parents' paperwork
- 1 – It provided information about laws and agency policies
- 1 – It clarified roles of resource parent, particularly as the child's advocate
- 1 – It outlined the roles of foster parents well, but gave less information for adoptive parents
- 1 – It was not helpful in that it did not prepare me for the home study and what that might be like

Figure 2

Thematic Network: Factors that Made Implementation of PRIDE Competencies Easier

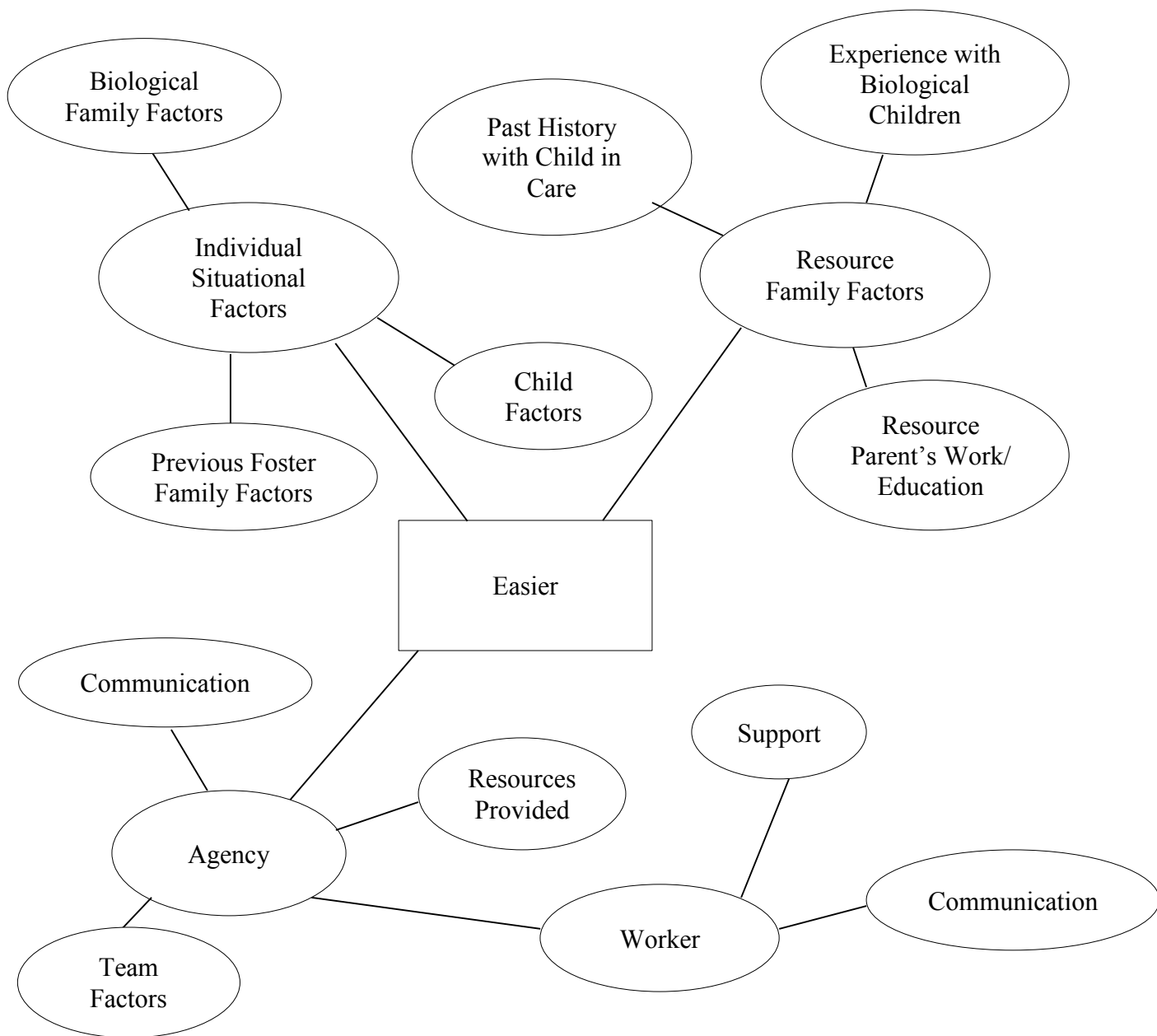


Figure 3

Thematic Network: Factors that Made Implementation of PRIDE Competencies Harder

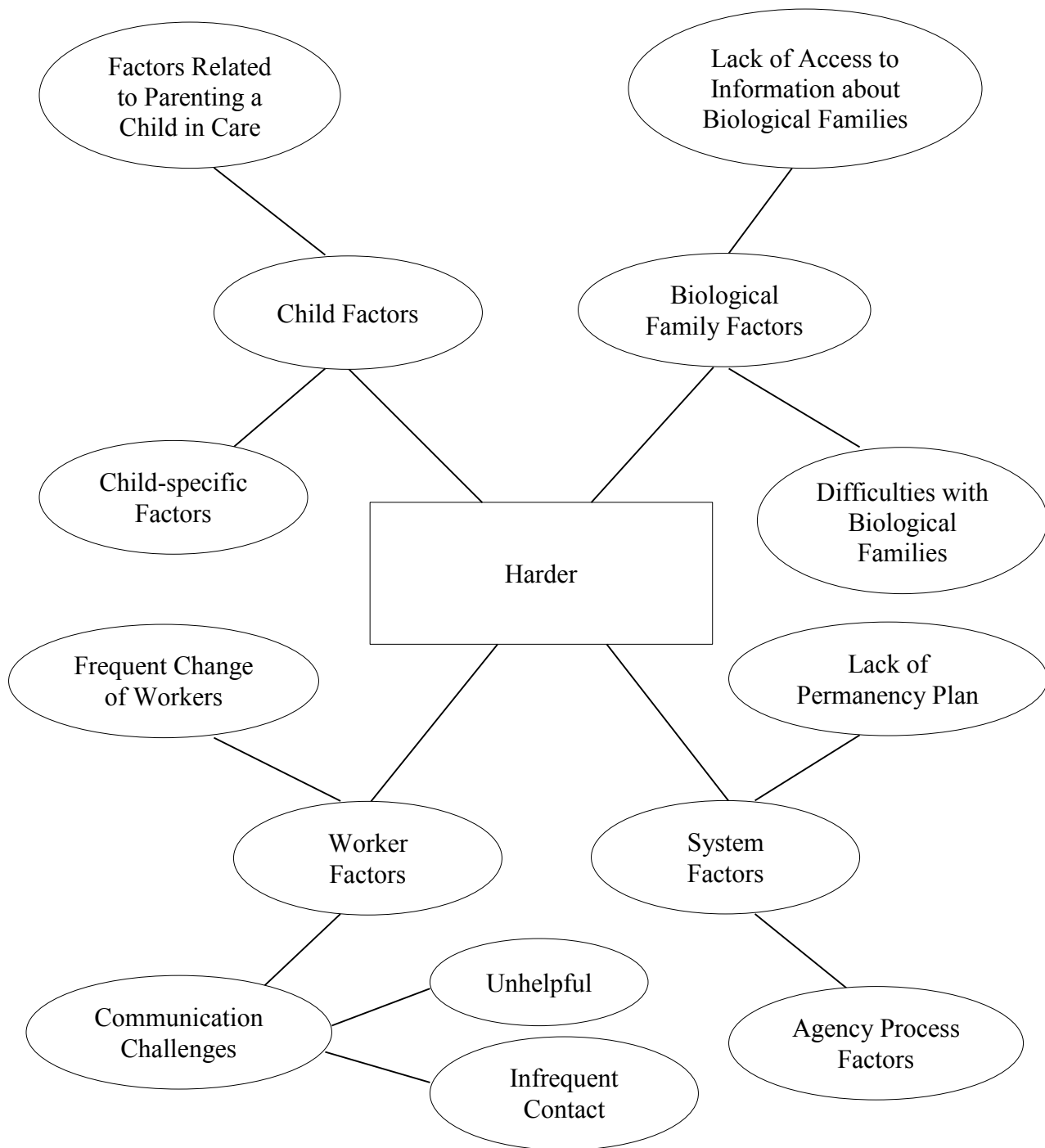


Figure 4

Thematic Network: Responses to Open-Ended Inquiries about PRIDE in General



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General Discussion

This mixed-methods thesis project investigating the preservice PRIDE resource parent training program was completed in two studies. The first study examined the process of training and selected outcomes, addressing the first two levels of the evaluation of training outlined by Kirkpatrick (1979) and Guskey (2000), participants' reactions and learning. The second study investigated the transfer of training, addressing Guskey's fourth level of evaluation, participants' use of new knowledge and skills.

Overall, the process, outcome, and transfer of training results were positive. The first study found that participants reported high levels of engagement in the PRIDE training process, measured by a combination of clarity, utility, and interest ratings for each session. Furthermore, trainers', directors' of training, researcher's, and participants' perceptions of fidelity to the PRIDE training model were high. This was important because it meant that the program under study was being delivered as it was intended. It also responds to Rork and McNeil's (2011) recommendation for foster parent training research that "future studies should include treatment integrity checks to ensure that training is being carried out in a systematic manner" (p.162), which they highlighted because only one of the 17 studies they reviewed included such a check.

Overall satisfaction with the training at posttest was also high and, in addition, at follow-up in the second study the subsample of participants often expressed satisfaction and discussed positive aspects of the training. This finding replicates the unpublished previous evaluations of PRIDE training (Osmond & Gamble, 2003; Hawaii Department of Human Services, 1998). It also lends additional support to the research of foster parent training more generally that often cites high satisfaction at posttraining (Grimm, 2003), but never includes a follow-up component that presents the more informed and experienced perspective of a practicing resource parent.

One result to highlight in terms of satisfaction is that there was no significant difference between adoptive and foster parents in terms of their satisfaction ratings in the first study. However, in broad strokes, there did appear to be differences in tone toward the training between types of resource parents in the second study, with adoptive and especially kinship parents making more negative comments related to applicability of the content to their roles. This is consistent with the Christenson and McMurtry (2007) study of PRIDE training that concluded that their results indicated that the training may not meet the needs of kinship parents. The first study of this project did not have a large enough sample of kinship participants to include that group in the comparative analyses, if we had had a greater number of kinship participants perhaps we may have observed a difference in their level of satisfaction, relative to foster and adoptive parents. It was observed by the researcher that there were many kinship parents in attendance at the training groups, but all but six chose not to participate in the research. Some of these kinship parents seemed, in the researcher's opinion, to be displeased with being obliged to be in attendance, perhaps because it was preservice training and it was likely that these parents were already parenting children in care. It is also possible that once resource parents had children placed in their home their experiences functioned to clarify the differences in the roles of the types of resource parents and their perception of whether their PRIDE training covered their role shifted, particularly for kinship and adoptive parents.

Study one also found higher training quality to be associated with greater participant satisfaction, supporting our working hypothesis. This is an important association with implications for resource parent retention. A study by Fees et al. (1998) found that foster parents who rated preservice training as useful (one of the three dimensions of engagement, which was one of the two variables that made up training quality) had greater role satisfaction one year after

training. Furthermore, previous research by Denby et al. (1999) into foster parent retention cited foster parent satisfaction as a key determinant in intention to continuing to foster. That research also found a link between foster parent satisfaction and a positive relationship with agency workers. This is relevant to a major theme that emerged from study two: the factors mentioned most often as enhancing resource parents' ability to implement PRIDE training were positive aspects of agency workers. Remarkably, the factors that impeded application of PRIDE training that were spoken of most often were also those related to agency workers. The importance of workers' roles in helping to maintain resource parent satisfaction (and, in turn, potentially impacting resource parent retention) and assisting in the implementation of training is evident.

Consistent with our working hypothesis, significant knowledge gains were demonstrated from pre- to posttest, and these changes had very large effect sizes. This finding replicated the only other pre-post evaluation of PRIDE preservice training by Christenson and McMurtry (2007), who also observed significant differences in knowledge of PRIDE competencies from pre- to posttraining in nonkinship (foster and adoptive) parents. Notably, there was no difference between foster and adoptive parents when examining knowledge competency acquisition. This may be a valuable observation because a number of the resource parents in study two who reported being or having been a second type of resource parent. Study one also found a significant relationship between high training quality and large change in knowledge of competencies. This finding has an implication for practice, highlighting that PRIDE-delivering CASs should seek to follow the PRIDE model and be aware of participant engagement (as those two factors comprised the measure of training quality) if they wish to maximize participant learning.

Study two provided a new perspective of PRIDE training from experienced resource parents. Resource parents rated their own ability to implement the PRIDE competencies as high, and the helpfulness of PRIDE training in that implementation as moderate. Participants had many positive comments about the training, particularly about the usefulness of personal accounts of resource parents. In terms of suggestions for the improvement of PRIDE training, some participants were of the opinion that the content was geared more toward foster parents than adoptive and kinship parents. Given that it is the intention of CASs to co-prepare all three types of resource parents, this particular critique should be addressed in the practice of PRIDE training in the province. The content should be sure to provide equal coverage of issues relevant to the experiences of foster, adoptive, and kinship parents. Given that participants highlighted the utility of personal accounts of resource parents, perhaps the addition of examples of adoptive and kinship parenting experiences would be particularly useful. In terms of factors that aided or hampered the implementation of PRIDE competencies with children in care, participants most often spoke of communication. Based on the responses of participants, child welfare workers working with resource families should ensure that they are available when resource parents contact them for support, that they check in with resource families frequently, and that they provide consistent messages among one another (particularly if workers are changed). Open and supportive communication with workers seemed to lead to greater positivity in participants' comments, whereas its absence appeared to be associated with greater negativity in participant responses.

This research project offers several methodological contributions for this field of research. In the first study the researchers developed and validated a measure that assesses the learning of the competencies taught by PRIDE. Furthermore, that study provided a reliable

measurement tool of participant engagement and fidelity to the PRIDE model, which also translated into the measurement of the quality of PRIDE training. These two measures could be used in future research into resource parent training, as well as by child welfare agencies to evaluate their own delivery of the PRIDE training program. In the second study, the researchers developed the level-of-use template that enabled assessment of resource parents' implementation of the PRIDE competencies with the children in their care. Again, this tool could be used in future research of PRIDE training and may also be a useful way for child welfare workers to assess transfer of PRIDE training. The fact that this project linked process with outcomes, and included a follow-up component, is an important contribution to the preservice training literature in general, and the research on the PRIDE training program, specifically, particularly since it has not been the focus of a great deal of research, despite its widespread use (Rork & McNeil, 2011).

Limitations

The two major limitations of the research project were unfortunately not in the control of the researchers. Firstly, the mandatory implementation of the PRIDE training program with all new resource parent applicants across the province of Ontario had already occurred when the project began. As such, it was impossible to design a research study that would involve a comparison of PRIDE training to a no-training or alternative-training group and, thus, to have a quasi-experimental design. However, because the evolution of research into preservice resource parent training is still in its early stages, this project does still contribute to the state of the knowledge in the area, providing an additional step upon which to base future research. The current project, which employed a relatively large sample with a single-group pretest/posttest design, met the criteria of the second phase of Trochim's (2005) model of treatment development. Having identified associations between the training process and outcomes of

interest in this research project, research can now justifiably proceed to the next phase, more controlled, quasi-experimental studies.

The second limitation was the inability to make comparisons between all three types of resource parents in both studies, as intended. While there were prospective kinship parents in the training groups involved with the research project, only a small number consented to participate in the study, not enough to enable comparisons in the first study. Given the relatively negative comments that the kinship participants involved in the second study made, it is possible that the kinship parents arrived at the training with less desire to be in attendance and, therefore, were less inclined to participate. It, thus, remains unclear what impact that may have in terms of the impact on their perceptions of the training, their learning, and their satisfaction, given that we were unable to make quantitative comparisons.

Future Directions

Study one addressed levels one and two of the evaluation of training, as outlined by Kirkpatrick (1979) and Guskey (2000), reactions and learning. Kirkpatrick's (1979) model would suggest the next steps would be to evaluate behavioural changes and learning. Study two addressed Guskey's (2000) level four, participants' use of new knowledge and skills, thus his model dictates that next steps would involve the evaluation of organizational support and change (which could be useful if we consider the results of the second study, which often cited the child welfare workers as enhancers or impediments to PRIDE training implication, as discussed above), and student learning outcomes, which in the child welfare context would mean outcomes for children in care. As per Trochim's (2005) model of treatment development, this project represents an introduction of phase two. With this beginning of phase two having shown

encouraging links between the training and the intended outcome (i.e., knowledge gain), more rigorous phase two research can proceed, which would entail quasi-experimental research.

There are many directions for future research arising from this project, given that it represents only the second evaluative study of PRIDE preservice training and is one of very few studies examining resource parenting in general. Not much is known about the effectiveness of preservice resource parent training and, therefore, research in this area requires further attention in order to build evidence supporting this common practice in child welfare. The ultimate desired outcome of resource parent training is positive outcomes for children in care. As Chaffin and Friedrich (2004) outlined, several evidence based inservice training programs for resource parents have demonstrated positive outcomes for children in care. Many of these programs target children's difficult behaviour (e.g., KEEP, as described by Chamberlain et al., 2008; PCIT, as described by Timmer et al., 2006). We know that research has demonstrated a strong link between placement stability and children's behaviour (Palmer, 1996) and an association between externalizing behaviour and placement breakdown (Newton et al., 2000). Research has also documented that dealing with children's difficult behaviour is a frequently cited reason to consider withdrawing as a resource parent (Leschied et al., 2014). Thus, the continued research into the development, implementation, and effectiveness of these inservice training programs with resource parents appears to address critical concerns in the field of child welfare, and the importance of such research is evident.

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APPENDIX A

Preservice Subcompetencies Identified by Major Competencies

Adapted from the Ontario PRIDE Mutual Family Assessment Practice Handbook (Ontario Association of Children's Aid Societies, 2004)

1. Protect and nurture children

- I-1 Can maintain a home environment which prevents and reduces injuries (Session 6, 8)
- I-2 Knows health, hygiene, and nutrition practices which prevent or reduce the likelihood of illness (Session 8)
- I-3 Is familiar with community hazards that place children at risk (Session 8)
- I-4 Understands the factors which contribute to neglect, emotional maltreatment, physical abuse, and sexual abuse (Session 1, 3)
- I-5 Knows the physical, medical, emotional, and behavioral indicators of neglect (Session 3)
- I-6 Knows the physical, medical, emotional, and behavioral indicators of physical abuse (Session 3)
- I-7 Knows the physical, medical, emotional, and behavioral indicators of sexual abuse (Session 3)
- I-8 Knows the indicators of emotional maltreatment (Session 3)

2. Meet children's developmental needs

- II-1 Knows the stages of normal human growth and development (Session 3)
- II-2 Knows the impact of multiple placements on a child's development (Session 3)
- II-3 Knows how physical abuse, sexual abuse, neglect, and emotional maltreatment affect child growth and development (Session 3)
- II-4 Knows the conditions and experiences that may cause developmental delays and affect attachment (Session 1, 3)
- II-5 Can recognize developmental delays and respond appropriately (Session 3)
- II-6 Knows the categories and types of loss, the stages of grieving, and the factors that influence the experience of separation, loss, and placement (Session 4)
- II-7 Knows the effects of separation and loss on children's feelings and behaviors (Session 4)

- II-8 Knows how to help children cope with feelings resulting from separation and loss, and how to minimize the trauma of placement (Session 4, 8)
- II-9 Knows the importance of creating a supportive and accepting family environment (Session 6, 8)
- II-10 Knows the importance of providing unconditional positive support (Session 6)
- II-11 Understands the relationship between meeting needs and behavior (Session 6)
- II-12 Knows the goals of effective discipline and how these goals relate to the agency's policy on discipline (Session 6)
- II-13 Knows developmentally appropriate, non-physical disciplinary methods used to meet the goals of effective discipline (Session 6)
- II-14 Understands the importance of helping children learn grooming and hygiene to develop positive self-esteem (Session 6)
- II-15 Knows the importance of promoting a child's positive sense of identity, history, culture, and values to help develop self-esteem (Session 2, 5)
- II-16 Knows the value of Lifebooks (Session 2, 5)

3. Support relationships between children and their families

- III-1 Understands the importance of respecting children's connections to their birth families and previous foster families and/or adoptive families (Session 5, 7)
- III-2 Knows that regular visits and other types of contact can strengthen relationships between children and their birth families (Session 5, 7)
- III-3 Knows the importance of respecting and supporting children's connections to their siblings appropriate to each sibling situation (Session 5, 7)
- III-4 Understands how visits with their family may affect children's feelings and behaviors (Session 5)
- III-5 Is able to prepare children for visits with their families, and knows how to help them manage their feelings in response to family contacts (Session 5)
- III-6 Knows the agency's policy regarding the child's practice of the religion of his or her primary family (Session 2, 5)

III-7 Understands cultural, spiritual, social, and economic similarities and differences between a child's primary family and foster family or adoptive family (Session 2)

4. Connect children to safe, nurturing relationships intended to last a lifetime

IV-1 Understands the concept of permanence for children and why children in family foster care are at risk for being connected to lifetime relationships (Session 1, 2, 7)

IV-2 Understands that reunification is a primary child welfare goal, and know the circumstances that would contribute to the selection of each permanency goal (Session 7)

IV-3 Understands the reunification process and how children, their parents, and foster families may experience a child's transition from a foster family to the birth family (Session 7)

IV-4 Knows how the professional team can support the reunification process (Session 7)

IV-5 Understands the process and impact of a child's transition from a foster family to an adoptive family (Session 7)

IV-6 Knows how the professional team can support a positive transition for children and adoptive families (Session 7)

IV-7 Understands the rationale for planned long term family foster care, and knows the supports and services the agency can provide throughout the placement (Session 7)

IV-8 Understands the reasons why children and youth in family foster care may be at risk for learning and practicing skills for young adult life Knows the resources available to support a youth's transition from family foster care to independent living (Session 7)

IV-9 Understands why children and youth leave family foster care without a plan or advanced planning; knows how the child welfare team can work together to prevent unplanned changes and placement disruptions; and knows the importance of supporting children and all members of the foster family when disruptions occur (Session 7)

5. Participate as a member of a professional team

V-1 Knows the relationship between child welfare law, the agency mandate, and how the agency carries out its mandate (Session 2)

V-2 Understands the laws which define the forms of child maltreatment and child protection and the legal processes related to child placement and permanency planning (Session 2)

V-3 Knows the roles, rights, and responsibilities of foster parents and adoptive parents (Session 1, 2, 9)

- V-4 Knows the purpose of service planning and administrative case review process, and the foster parent's role in service planning (Session 2)
- V-5 Knows the agency's service appeal policy (Session 2)
- V-6 Knows their shared responsibility for open communication with other members of the child welfare team (Session 2)
- V-7 Knows the importance of being non-judgmental in caring for children, working with their families, and collaborating with other members of the team (Session 2, 5)
- V-8 Knows the value of maintaining records regarding a child's history (Session 2, 5)
- V-9 Understands the agency's policy regarding foster parent abuse and neglect allegations (Session 8)
- V-10 Knows the impact of placement disruption on all members of the foster family (Session 8)
- V-11 Knows how fostering or adopting can affect family relationships and lifestyle (Session 8)
- V-12 Knows the agency's policy regarding confidentiality for children and families (Session 9)
- V-13 Knows the value of affiliating with other foster parents and adoptive parents, and with foster parent and adoptive parent associations (Session 9)
- V-14 Knows the importance of being informed of changes in child welfare policies and practices (Session 9)
- V-15 Knows the importance of advocating for children to obtain needed services (Session 9)
- V-16 Knows own strengths and needs in fulfilling the foster parent or adoptive parent role (Session 9)
- V-17 Knows the foster parent's responsibility to collaborate with agency staff in assessing one's own learning needs, and to implement a Family Development Plan to meet the identified needs (Session 9)
- V-18 Knows the rewards of fostering and adopting (Session 9)

APPENDIX B

Letter of Introduction to Executive Director and Agency Agreement

Dear Executive Director,

We, Ms. Jordanna Nash and Professor Bob Flynn, are writing to you to introduce an opportunity for applied research and clinical learning for your agency. Ms. Nash, a doctoral candidate at the University of Ottawa, will be conducting her dissertation research on the PRIDE training program in 2010. We have been informed that your agency delivers PRIDE particularly well. We have recently been in contact with your Director of Training, XXX, in order to gather information about PRIDE training plans at your agency for the coming year. XXX indicated an interest in participating in the project.

The purpose of this project is to add to the literature regarding foster parent preservice training programs, as well as adding specifically to the knowledge base of the PRIDE training program. PRIDE training, while popular in the field around the world, has had little formal research conducted on it to date. This project is preceded by only one known study worldwide about PRIDE and thus presents a unique opportunity to contribute to research and practice in child welfare. Also, in looking at PRIDE as it is implemented in Ontario, the study will provide practical information on the training occurring in the province.

This project will focus on the process of PRIDE training. The data would be gathered from all participants in your PRIDE training sessions run this year. It will involve pre- and post-training measurement, as well as brief in-session measures during the intervening sessions. A small sub-sample of resource parents (maximum three from your agency) may be invited to participate in interviews which will form a basis of the follow-up study, which will focus on the extent to which the pre-service PRIDE training is actually used in practice by the resource parents.

The research has been approved by an academic committee at the University of Ottawa and is currently undergoing ethical review. We hope that you will agree to participate in this research. The attached agreement specifies what we will be asking of your agency (Responsibilities of the Local CAS) as well as what we will be providing your agency (Responsibilities of the PRIDE Training Project Research Team). As the agreement outlines, we are minimizing the burden on your staff. Also of note is that the financial cost to your agency will be nil.

If you agree to participate in the project, please read and sign the attached agreement. Please retain one copy of the agreement for your records and return the second copy to the researchers using the self-addressed envelope provided.

Sincerely,

Jordanna Nash, M.Ed.

Robert Flynn, Ph.D., C.Psych.



uOttawa

The PRIDE Training Project: Letter of Agreement

This letter of agreement describes the terms of research collaboration (i.e., the mutual rights and responsibilities) between Renfrew Family & Children's Services and the research team members (whose names are listed at the end of this letter) of the PRIDE Training Project: An Investigation of Resource Parent Preservice Training.

Project Objective

The PRIDE training project is a study being conducted by the Centre for Research on Educational and Community Services at the University of Ottawa. The project will also serve as the basis of the Ph.D. thesis of Jordanna Nash. The purpose of the project is to investigate the process of PRIDE preservice training by selected local Children's Aid Societies (CASs) in Ontario. All prospective resource parents participating in the selected CASs PRIDE preservice training during the year 2010 will be asked to participate in the project. The project is based on more than one study. The first study will occur during the PRIDE preservice training. This first study will include completion of questionnaires assessing parenting attitudes and cognitive competencies at the first and final PRIDE training modules. Furthermore, participants will be asked to complete short measures related to their perceptions of the training at the end of modules two through eight. The second study will consist of interviews with three resource parents (foster, kinship, adoptive) per agency, following the completion of PRIDE training, once they have had a child placed in their care. This interview will ask participants to comment on how the content of the training has influenced their parenting of children in out-of-home care.

The project will begin on March 15, 2010. Data collection for the first study will begin on March 15, 2010, and will continue until December 31, 2010. Data collection for the second study will begin on June 1, 2010, and will continue until December 31, 2010.

On the following pages, we have formulated what we will be asking of your agency (Responsibilities of the Local CAS) as well as what we will be providing your agency (Responsibilities of the PRIDE Training Project Research Team).

**Mutual Responsibilities of the Local Children's Aid Society (CAS)
and of the PRIDE Training Project Research Team**

Responsibilities of the Local CAS

In agreeing to collaborate in this research project, the local CAS agrees to the following:

- ✓ To collaborate with the research team in its efforts to address the project objective mentioned above.
- ✓ To have the director of training, or equivalent, complete the brief PRIDE Training Checklist before data collection begins at the agency.
- ✓ To allow a research team member ten minutes at the end of the first session to introduce the study and collect consent from participants, as well as to distribute a pretest package for homework. To allow a research team member to collect the pretest packages at the beginning of session two. To allow a research team member twenty minutes to distribute and collect posttest data at the end of the ninth session.
- ✓ To designate a staff trainer from each PRIDE training session run by the agency during 2010 to be responsible for physically collecting the data from sessions two through eight, for mailing the data to the research team after session five, and for completing the PRIDE Training Checklist.
- ✓ To make available meeting rooms in the CAS to conduct interviews, if required.
- ✓ To consent to the use for publication and educational purposes of *aggregated* (i.e., anonymous) data related to individual participants in the research, in conformity with the guarantees of anonymity and confidentiality required by the Research Ethics Board of the University of Ottawa.

Responsibilities of the PRIDE Training Project Research Team

For its part, the research team agrees to provide the following to the local CAS:

- ✓ Ethics approval of the project from the Research Ethics Board at the University of Ottawa before any resource parents are recruited to participate.
- ✓ Assessment instruments to be administered at the beginning and end of PRIDE training, as well as a brief measure to be completed at intervening sessions. These instruments will be scored by the project research team.
- ✓ Self-addressed, stamped envelopes for returning data to the research team.
- ✓ Management and analysis of data.
- ✓ Data entry, data analysis, and a summary of the results of the PRIDE Participant Evaluation tool routinely used at the end of every PRIDE training.
- ✓ Confidential feedback to the trainer of their groups' aggregated results, if desired and requested.
- ✓ A presentation to agency staff regarding the aggregated results across all participating agencies as a whole.
- ✓ Assurance that only *aggregated* (i.e., anonymous) data related to individual participants in the research will be reported, in conformity with the guarantees of anonymity and confidentiality required for approval of the project by the Research Ethics Board of the University of Ottawa.
- ✓ Assurance that CASs that participate will not be named in publications unless they request to be identified.

We, the research team, wish to thank the local CAS for agreeing to participate in what we hope is a groundbreaking project. We look forward to working with you to make a very significant contribution to the field of child welfare in Ontario and elsewhere.

Signatures, on behalf of the local Children’s Aid Society:

As the representative of the local Children’s Aid Society, I agree to the terms outlined above and agree to participate in the PRIDE Training Project, contingent upon ethics approval from the University of Ottawa.

Executive Director

Date

Signatures, on behalf of the PRIDE Training project:

As members of the research team, we agree to the terms outlined above.

Jordanna Nash, Ph. D. Candidate
University of Ottawa
Center for Research on Educational
and Community Services

Date

Robert J. Flynn, PhD, C.Psych.
University of Ottawa
Director of the Centre for Research on
Educational and Community Services

Date

APPENDIX C

Demographic Measure

We'd like to start by gathering some basic information about you and the people in your household. Please check the *one* answer that applies best to you for each question, unless otherwise indicated.

1. Are you taking PRIDE training... alone
 with another resource parent from your home

2. Gender Female Male

3. Age 18-24 35-39 50-59
 25-29 40-44 60 and up
 30-34 45-49

4. What is the highest grade or level of education you have completed?
 Elementary school (1 to 8 years)
 Graduated from high school
 Trade, technical or vocational school
 Community college (or CEGEP)
 Bachelor's or undergraduate degree
 Master's, doctoral, or professional (e.g., medical, dental, law) degree

5. Can you estimate in which of the following groups your household income falls?
 20,000 or less 60,000 to less than 80,000
 20,000 to less than 40,000 80,000 or more
 40,000 to less than 60,000

6. Which best describes your living situation (children excluded)?
 live alone live with conjugal partner
 live with another adult relative

7. Which of the following best describes your experience of parenting? Please check as many as apply.
 I *currently* have a birth child or step-child living in my home
 I *currently* have a foster child living in my home
 I *currently* have a child in kinship care living in my home
 I *currently* have an adopted child living in my home

 I have had a birth child or step-child living in my home *in the past*
 I have had a foster child living in my home *in the past*
 I have had a child in kinship care living in my home *in the past*
 I have had an adopted child living in my home *in the past*

8. Which of the following best describes your long-term intention as you begin your training?
Please check ONLY ONE.

I am taking PRIDE training because I want to be...

- a foster parent
 a kinship parent
 an adoptive parent

APPENDIX D

List of Nominated PRIDE Learning Objectives**Session 2**

- a) How child protective and adoption services are provided to families and children
- b) The needs that families meet for children including: physical, emotional, social, cultural, and learning needs
- c) The definitions of permanence, permanency planning and concurrent planning
- d) The benefits of an authoritative/optimal parenting style
- e) The importance of teamwork in protecting and nurturing children, and promoting permanence for children

Session 3

- a) The role of attachment in the child's overall growth and development
- b) The impact of child maltreatment on the child's development
- c) How different types of child maltreatment may impact the child's behaviour
- d) How child maltreatment impacts attachment
- e) The conditions that contribute to delayed development

Session 4

- a) Why dealing with loss and separation is very challenging
- b) The "Pathway through the grieving process"
- c) Examples of how children behave and react as they respond to grief
- d) Ways to deal with the reactions of children who are responding to grief
- e) Factors that influence how someone experiences a loss

Session 5

- a) The impact of placement on the child's self esteem, personal identity and cultural identity
- b) The importance of visits to maintaining the child's connections with his/her family, community and culture
- c) The connection between the child's feelings and behaviours before and after visits
- d) Ways to help the child handle feelings immediately after a visit
- e) Reasons why family continuity is such a challenge for children in foster care or receiving adoption services

Session 6

- a) The goals of effective discipline
- b) The power of positive expectancies
- c) The three categories in the range of discipline techniques

- d) Specific guidelines for using disciplinary techniques with children who may have been abused and neglected

Session 7

- a) Concurrent planning practice and the range of options in family based permanency planning in Ontario
- b) Ways in which foster parents can support a positive transition for children when they are moving to an adoptive family
- c) The continuum of contact options in openness in adoption
- d) The needs of youth leaving foster family care for independent living
- e) Strategies to help children in cross cultural placements develop a positive cultural identity

Session 8

- a) Types of questions to ask about the possible placement of a child, youth, or sibling group
- b) How foster care and adoption impact family relationships
- c) How foster care and adoption impacts the family's lifestyle and relationships outside the family
- d) Ways that a healing, nurturing home can provide private space, boundaries and respectful nurturing
- e) The importance of working as a team to prevent and manage abuse allegations

APPENDIX E

Director of Training Fidelity Checklist

Please answer the following questions referring to how PRIDE training is typically delivered at your agency.

Agency name: _____

1. Do you co-train with one staff person and one resource parent?
 Yes No
2. Do you offer one training module per week?
 Yes No
3. Do you deliver the training modules in order (1-9)?
 Yes No
4. Do you require attendance of both individuals in a two parent applicant family?
 Yes No
5. Do you co-prepare adoptive, foster, and kinship applicants?
 Yes No
6. Do you complete and use the Connection tools?
 Yes No

APPENDIX F

PRIDE Trainer Fidelity Checklist

Please answer the following questions referring to how you delivered this session of PRIDE training.

Agency name: _____

Training session dates: Began _____ Ended _____

1. Did you co-train with one staff person and one resource parent?
____ Yes ____ No
2. Did you offer one training module per week?
____ Yes ____ No
3. Did you deliver the training modules in order (1-9)?
____ Yes ____ No
4. Did you require attendance of both individuals in a two parent applicant family?
____ Yes ____ No
5. Did you co-prepare adoptive, foster, and kinship applicants?
____ Yes ____ No
6. Did you complete and use the Connection tools?
____ Yes ____ No

APPENDIX G

Researcher Fidelity Checklist

Please answer the following questions referring to how this training group was delivered this session of PRIDE training.

Agency name: _____

Training session dates: Began _____ Ended _____

1. Did they co-train with one staff person and one resource parent?
_____ Yes _____ No
2. Did they offer one training module per week?
_____ Yes _____ No
3. Did they deliver the training modules in order (1-9)?
_____ Yes _____ No
4. Did they require attendance of both individuals in a two parent applicant family?
_____ Yes _____ No
5. Did they co-prepare adoptive, foster, and kinship applicants?
_____ Yes _____ No
6. Did they complete and use the Connection tools?
_____ Yes _____ No

APPENDIX H

Participant Evaluation

Date _____ Trainers _____

Your comments can help us improve our training program. Please read each of the following statements and circle the number that matches your opinion. We hope you will add some comments in the spaces provided and at the end of this form.

The following statements are about the content of the training:	Strongly Disagree				Strongly Agree
1. The goals of the training program were clear to me.	1	2	3	4	5
2. The topics presented in each of the sessions were important.	1	2	3	4	5
3. The information discussed was easy to understand.	1	2	3	4	5
4. The information discussed was useful to me.	1	2	3	4	5
5. The materials (PRIDEbook, flipcharts, videos) helped me learn	1	2	3	4	5
Comments on training content: _____					

The following statements are about the organization and “atmosphere” of the training	Strongly Disagree				Strongly Agree
6. There was enough opportunity to get involved in large and small group discussions.	1	2	3	4	5
7. Participants’ questions were answered.	1	2	3	4	5
8. It was easy to share ideas, opinions and feelings.	1	2	3	4	5
9. The training facility (location, room, seating) was comfortable for learning.	1	2	3	4	5
Comments on training atmosphere: _____					

The following questions are about the trainers.	Strongly Disagree				Strongly Agree
10. _____ (please fill in the name of one trainer)					
a. Was knowledgeable about the subjects.	1	2	3	4	5
b. Treated all participants with respect	1	2	3	4	5
c. Managed the training well (starting and ending on time, handling disruptions, etc.)	1	2	3	4	5
d. Was pleasant to have as a trainer.	1	2	3	4	5
Comments on trainer: _____					

The following questions are about the trainers.	Strongly Disagree				Strongly Agree
11. _____ (please fill in the name of one trainer)					
e. Was knowledgeable about the subjects.	1	2	3	4	5
f. Treated all participants with respect	1	2	3	4	5
g. Managed the training well (starting and ending on time, handling disruptions, etc.)	1	2	3	4	5
h. Was pleasant to have as a trainer.	1	2	3	4	5
Comments on trainer: _____					

The following questions are about your overall training experience.	Strongly Disagree				Strongly Agree
12. This training program has helped me strengthen my knowledge and skills.	1	2	3	4	5
13. This training program met my expectations.	1	2	3	4	5
14. This training program helped me feel proud about my role with the agency as an essential and effective member of a professional team.	1	2	3	4	5
15. Overall, this training program was excellent.	1	2	3	4	5

APPENDIX I

PRIDE Knowledge Competency Questionnaire

You are just beginning the process of PRIDE training, a process designed to prepare you for your role as a resource parent. This role requires more than simply common knowledge – it requires specialized knowledge, which is what PRIDE will be providing over the coming weeks.

Keeping in mind that it is not expected that you will be experts before the training has begun, **please rate your present knowledge of the following items as accurately and frankly as possible (Please note: The term “foster parent” here includes “kinship carer”)**

	Little or no knowledge	Some knowledge	Moderate knowledge	Quite a bit of knowledge	Extensive knowledge
1. Maintaining a home environment which prevents and reduces injuries	1	2	3	4	5
2. Health, hygiene, and nutrition practices which prevent or reduce the likelihood of illness	1	2	3	4	5
3. Community hazards that place children at risk	1	2	3	4	5
4. The factors which contribute to neglect, emotional maltreatment, physical abuse, and sexual abuse	1	2	3	4	5
5. The physical, medical, emotional, and behavioral indicators of neglect	1	2	3	4	5
6. The physical, medical, emotional, and behavioral indicators of physical abuse	1	2	3	4	5
7. The physical, medical, emotional, and behavioral indicators of sexual abuse	1	2	3	4	5
8. The indicators of emotional maltreatment	1	2	3	4	5
9. The stages of normal human growth and development	1	2	3	4	5
10. The impact of multiple placements on a child's development	1	2	3	4	5
11. How physical abuse, sexual abuse, neglect, and emotional maltreatment affect child growth and development	1	2	3	4	5

12. The conditions and experiences that may cause developmental delays and affect attachment	1	2	3	4	5
13. Recognizing developmental delays and responding appropriately	1	2	3	4	5
14. The categories and types of loss and the stages of grieving	1	2	3	4	5
15. The factors that influence the experience of separation, loss, and placement	1	2	3	4	5
16. The effects of separation and loss on children's feelings and behaviors	1	2	3	4	5
17. How to help children cope with feelings resulting from separation and loss	1	2	3	4	5
18. How to minimize the trauma of placement	1	2	3	4	5
19. How to create a supportive and accepting family environment	1	2	3	4	5
20. How to provide unconditional positive support	1	2	3	4	5
21. The relationship between meeting needs and behavior	1	2	3	4	5
22. The goals of effective discipline and how these goals relate to the agency's policy on discipline	1	2	3	4	5
23. Developmentally appropriate, non-physical disciplinary methods used to meet the goals of effective discipline	1	2	3	4	5
24. How to help children learn grooming and hygiene to develop positive self-esteem	1	2	3	4	5
25. How to promote a child's positive sense of identity, history, culture, and values to help develop self-esteem	1	2	3	4	5
26. The value of Lifebooks	1	2	3	4	5
27. The importance of respecting	1	2	3	4	5

children's connections to their birth families					
28. The importance of respecting children's connections to their previous foster families and/or adoptive families	1	2	3	4	5
29. That regular visits and other types of contact can strengthen relationships between children and their birth families	1	2	3	4	5
30. The importance of respecting and supporting children's connections to their siblings appropriate to each sibling situation	1	2	3	4	5
31. How visits with their family may affect children's feelings and behaviors	1	2	3	4	5
32. How to prepare children for visits with their families	1	2	3	4	5
33. How to help children manage their feelings in response to family contacts	1	2	3	4	5
34. The agency's policy regarding the child's practice of the religion of his or her primary family	1	2	3	4	5
35. Cultural, spiritual, social, and economic similarities and differences between a child's biological family and foster or adoptive family	1	2	3	4	5
36. The concept of permanence for children and why children in family foster care are at risk of not being connected to lifetime relationships	1	2	3	4	5
37. That reunification is a primary child welfare goal, and the circumstances that would contribute to the selection of each permanency goal	1	2	3	4	5
38. The reunification process and how children, their parents,	1	2	3	4	5

and foster families may experience a child's transition from being in care to the birth family					
39. How the professional team can support the reunification process	1	2	3	4	5
40. The process and impact of a child's transition from a foster family to an adoptive family	1	2	3	4	5
41. How the professional team can support a positive transition for children and adoptive families	1	2	3	4	5
42. The rationale for planned long term family foster care, and knowledge of supports and services the agency can provide throughout the placement	1	2	3	4	5
43. The reasons why children and youth in family foster care may be at risk of not learning and practicing skills for young adult life	1	2	3	4	5
44. The resources available to support a youth's transition from family foster care to independent living	1	2	3	4	5
45. Why children and youth leave family foster care without a plan or advanced planning	1	2	3	4	5
46. How the child welfare team can work together to prevent unplanned changes and placement disruptions	1	2	3	4	5
47. How to support children and all members of the foster family when disruptions occur	1	2	3	4	5
48. The relationship between child welfare law, the agency mandate, and how the agency carries out its mandate	1	2	3	4	5

49. The laws which define the forms of child maltreatment and child protection and the legal processes related to child placement and permanency planning	1	2	3	4	5
50. The roles, rights, and responsibilities of foster parents and adoptive parents	1	2	3	4	5
51. The purpose of service planning and administrative case review process, and the foster parent's role in service planning	1	2	3	4	5
52. The agency's service appeal policy	1	2	3	4	5
53. The shared responsibility for open communication with other members of the child welfare team	1	2	3	4	5
54. Being non-judgmental in caring for children, working with their families, and collaborating with other members of the team	1	2	3	4	5
55. Maintaining records regarding a child's history	1	2	3	4	5
56. The agency's policy regarding allegations of abuse and neglect made against foster parents	1	2	3	4	5
57. The impact of placement disruption on all members of the foster family	1	2	3	4	5
58. How fostering or adopting can affect family relationships and lifestyle	1	2	3	4	5
59. The agency's policy regarding confidentiality for children and biological families	1	2	3	4	5
60. The value of affiliating with other foster parents and adoptive parents, and with foster parent and adoptive parent associations	1	2	3	4	5

61. The importance of being informed of changes in child welfare policies and practices	1	2	3	4	5
62. How to advocate for children to obtain needed services	1	2	3	4	5
63. Your own strengths and needs in fulfilling the foster parent or adoptive parent role	1	2	3	4	5
64. Your responsibility to collaborate with agency staff in assessing one's own learning needs, and to implement a Family Development Plan to meet the identified needs	1	2	3	4	5
65. The rewards of fostering and adopting	1	2	3	4	5

APPENDIX J

Resource Parent Viewpoint Questionnaire

Please indicate the extent to which you agree with the following statements by circling the corresponding letter beside each statement.

SA = Strongly Agree

A = Agree

N = Neither Agree nor Disagree

D = Disagree

SD = Strongly Disagree

Resource parent = foster/kinship/adoptive parent *Child in care* = foster, kinship, eligible for adoption

1. Love is enough to cure the problems that children in care have.	SA	A	N	D	SD
2. I will adopt my child in care if s/he is free for adoption.	SA	A	N	D	SD
3. Visits with biological parents generally cause pain for children in care.	SA	A	N	D	SD
4. Becoming a resource parent is important because it will help me financially.	SA	A	N	D	SD
5. I will not get too attached to my children in care because they will always have to leave.	SA	A	N	D	SD
6. Raising my child in care will be the most important thing in my life.	SA	A	N	D	SD
7. Because of my own experiences as a child, I can identify with what children in care are going through.	SA	A	N	D	SD
8. Children in care do not think about their biological parents after they have spent a long time in their resource parents' home.	SA	A	N	D	SD
9. I decided to take children in care because I want to adopt children.	SA	A	N	D	SD
10. Children in care grow out of any problems they may have.	SA	A	N	D	SD
11. Biological parents usually do not cause emotional harm to their children who are in care.	SA	A	N	D	SD
12. Children in care usually need professional help for the problems they have.	SA	A	N	D	SD
13. The other things in my life will take a backseat to the things I do as a resource parent.	SA	A	N	D	SD
14. Visits between children in care and their biological parents require too much time and energy from resource parents.	SA	A	N	D	SD
15. It is best for children in care if resource parents learn to let them go if and when they have to leave.	SA	A	N	D	SD

16. My children in care will be my own children.	SA	A	N	D	SD
17. When I need help with my child in care, I will be able to find it on my own.	SA	A	N	D	SD
18. When my children in care misbehave, they will be doing so in order to bother me.	SA	A	N	D	SD
19. I decided to take children in care to fill a space in my life.	SA	A	N	D	SD
20. When children in care have to change placements, they are able to bond with their new resource parents easily.	SA	A	N	D	SD

APPENDIX K

Script for Introduction of Project and Informed Consent for Participation

At session one (at a time to be determined beforehand by the trainer) please ask the trainers to leave the room, distribute the consent forms and say the following:

- I'm handing out a letter of information and two copies of a consent form right now.
- This agency is participating in a research project with the University of Ottawa on PRIDE. It's my research for my (or my colleague's) doctoral dissertation.
- This research is important because we want to be sure the training that is being given is helping lead to quality resource parenting for children in care.
- The focus of the research is on the PRIDE program, not the agency, the trainer, or yourselves – the focus is on the curriculum.
- We would like you to participate in this research project; but, your participation is voluntary.
- If you do choose to participate, you may choose to withdraw from the study at any time without penalty.
- Whether you choose to participate or not, it won't affect your training or approval process.
- Participating will take under two hours of your time all together and most of that will be during training time.
- I will be distributing packages today for you to complete at home this week for homework – this will be the only time I'm asking that you spend outside of your training sessions and should take about half an hour.
- I will come back to pick those packages up at the beginning of next session.
- Then for sessions two to eight your trainer will be physically collecting short questionnaires from you at the end of each session.
- Your trainer has agreed not to look at your responses and to immediately seal them in an envelope in front of you and send them off to me.
- Then at the last session I will come back and have you complete another package similar to the this first one during the training time.
- Only myself and other researchers will have access to your responses and no one at the agency will see your responses.
- Your name should not go on anything except the consent form I just handed out.
- Every other piece of paper related to the study will have a space at the top for you to use a consistent code so that your answers stay anonymous.
- The code number is the day of your birthdate and the month of your birthdate and the last four digits of your phone number.
- Please read the letter of information and if you want to participate sign both of the consent forms (one for you and one for me) and I'll give you the package to complete for next week.
- Thank you very much for your time and I hope you enjoy your training.

Script for Last Session

At the end of session nine (or ten; once PRIDE content has been covered and at a time determined beforehand by the trainer) please ask the trainers to leave the room, distribute the posttest package and say the following:

- This package is the last step in the research study, we'll take a bit of your session today to complete the package.
- The other sheet that I am handing out is a form agreeing to be contacted for a follow-up study of this project.
- A sub-group of PRIDE trainees will be interviewed as a follow-up study.
- If you are willing to be contacted about potentially participating in the follow-up, please sign the form and return it to me.
- Today you are only agreeing to be contacted and will be able to choose whether you want to be interviewed when we contact you.
- Whether you choose to be contacted or not, it will not affect the services you receive from the agency.

Once the participants have all completed the posttest and the consent forms please say the following:

- Thank you for very much for participating in the study, I really appreciate your time.

APPENDIX L

Resource Parent Letter of Information

Dear Resource Parent,

We are researchers at the University of Ottawa who are working in collaboration with your local Children's Aid Society (CAS) on a study, the *PRIDE Training Project*. The project is intended to investigate the process of PRIDE preservice training by selected local Children's Aid Societies (CASs) in Ontario. All prospective resource parents participating in the selected CASs PRIDE preservice training from summer 2010 through spring 2011 will be asked to participate in the project. The project is based on more than one study. The first study will occur during the PRIDE preservice training. This first study will include completion of three questionnaires after the first and final PRIDE training modules. Participants will also be asked to complete short measures at the end of modules two through eight. The second study will consist of interviews with a sub-sample of participants from the first study and will occur following the completion of PRIDE training, once they have had a child placed in their care.

Your responses on the questionnaires given at sessions two through eight will be physically collected by your trainer. However, please know that if you agree to participate your responses will only be seen by the researchers and will not be seen by your trainer or local CAS staff members. You will not be asked to provide your name on your responses (your responses will be tracked by a code) so that they will be anonymous and they will also be kept strictly confidential. As such, your responses will in no way affect your approval as a resource parent.

We would appreciate your consenting to participate in our study. If you agree to take part, please sign both copies of the enclosed consent form. There are two copies of the consent form, one for you to keep and one for the researchers.

Your participation is strictly voluntary and you are free to refuse to participate or withdraw from the study at any moment. Your refusal to participate will in no way affect the training you will receive or your approval as a resource parent.

Thank you for reading this material. We really appreciate your help.

If you have any questions about this study, you may contact the principal investigator, Ms. Jordanna Nash, Tel. (613) 562-5800, ext.XXXX; email XXXX@uottawa.ca. If you have questions about the ethical aspects of the research or you wish to make a complaint about how it is being conducted, you may contact the Protocol Officer for Ethics in Research, University of Ottawa, 550 Cumberland St, Room 160. Tel. (613) 562-5387; Fax. (613) 562-5318; e-mail ethics@uottawa.ca

Yours sincerely,

Jordanna Nash, Ph.D. Candidate
Principal Investigator

Robert J. Flynn, PhD, CPsych
Co-Investigator

APPENDIX M

Resource Parent Consent to Participate in Process Study

I, (name of resource parent) _____, wish to participate in the *PRIDE Training Project* that is being carried out in collaboration with my local CAS. This research is conducted by Ms. Jordanna Nash at the University of Ottawa. The study is intended to investigate the process of PRIDE preservice training by selected local Children's Aid Societies (CASs) in Ontario. The project is based on more than one study. The first study will occur during the PRIDE preservice training and the second study will consist of interviews with a sub-sample of participants following the completion of PRIDE training. By signing this form I am consenting to participation in the first study only.

I understand that I will be required to answer questionnaires as a part of this study. I understand that after the first and last session I will be asked to answer three questionnaires that will take approximately half an hour to complete. I also understand that I will be asked to complete short questionnaires after sessions two through eight which will take approximately five minutes each to complete. I understand that my responses on the questionnaires will be confidential. I understand that my name will not appear on any material beyond this form. I understand that the questionnaires given from session two through eight will be physically collected by my trainer, but that the trainer will immediately seal all responses (without reading them) in an envelope to be sent to the researchers. I understand that only the researchers will have access to my responses and that my responses will remain anonymous and confidential.

I understand that there is a small risk that I may experience some emotional discomfort (i.e., anxiety, regret for disclosing personal information) during or after participation. I also understand that I may experience some inconvenience due to the time required to answer the questionnaires. However, I am also aware that there is some benefit of my participation in this research, as I will be assisting in the investigation and improvement of a training program which is intended to benefit others in the role of resource parent, as well as the children in their care.

My participation is strictly voluntary. I am free to refuse to participate or to withdraw from the study at any moment, without penalty. If I choose not to participate, this decision will in no way affect my training, the approval process, or any of the services I receive from my local Children's Aid Society.

If I have any questions about this study, I may contact the principal investigator, Ms. Jordanna Nash, Tel. (613) 562-5800, ext.XXXX; email XXXX@uottawa.ca. I may also contact the project's supervisor, Dr. Robert Flynn at (613) 562-5800, ext.XXXX. If I have questions about the ethical aspects of the research or I wish to make a complaint about how it is being conducted, I may contact the Protocol Officer for Ethics in Research, University of Ottawa, 550 Cumberland St, Room 160. Tel. (613) 562-5387; Fax. (613) 562-5318; e-mail ethics@uottawa.ca

There are two copies of this consent form. Please sign and return one copy and retain the second copy for your records.

Participant's signature: _____ DATE: _____

Jordanna J. Nash _____
Ph.D. Candidate, Principal Investigator

Robert J. Flynn _____
PhD, CPsych, Co-investigator

APPENDIX N

PRIDE Trainer Agreement

Dear Trainer,

We are researchers at the University of Ottawa who are working in collaboration with your local Children's Aid Society (CAS) on a study, the *PRIDE Training Project*. The study is intended to investigate the process of PRIDE preservice training by selected local Children's Aid Societies (CASs) in Ontario. All prospective resource parents participating in the selected CASs PRIDE preservice training from summer 2010 through spring 2011 will be asked to participate in the project. The project is based on more than one study. The first study will occur during the PRIDE preservice training. This first study will include completion of three questionnaires assessing after the first and final PRIDE training modules. Participants will also be asked to complete short measures at the end of modules two through eight. The second study will consist of interviews with a sub-sample of participants from the first study and will occur following the completion of PRIDE training, once they have had a child placed in their care.

A member of the research team will be there to introduce the study at the end of the first session and collect consent from participants. At that time they will also distribute pretest packages. A member of the research team will be present to collect these packages at the beginning of the session the following week. A member of the research team will also be present to distribute and collect the posttest data at the end of the ninth session.

We are asking for your assistance with this project. In order to reduce taking precious training time away from yourself and your trainees, we are asking you to function as the physical data collector for part of the project. We will provide you with instructions and packages to distribute to your trainees at the end of each module from two through eight. We are asking that you physically collect this data from participants, without reviewing it, and seal it together in an envelope in the presence of trainees and after session five mail the data to the research team. It is essential that the trainees know and see that you are not reviewing the data in order to achieve open responding and reduce any anxiety that their responses will affect their approval as a resource parent. We would also like you to complete a checklist at the end of the training.

In return for your assistance, we will collect, analyze, and summarize the data from the PRIDE Participant Evaluation tool. Upon your request, we will provide you confidential feedback on your trainees' aggregated results. In addition, we will make ourselves available for a presentation for yourself and other agency staff of the project's results from all participating agencies.

There are two copies of this agreement, one for you to keep and one to return to the researchers. If you have any questions about this study, you may contact the principal investigator, Ms. Jordanna Nash, Tel. (613) 562-5800, ext.XXXX; email XXXX@uottawa.ca. If you have questions about the ethical aspects of the research or you wish to make a complaint about how it is being conducted, you may contact the Protocol Officer for Ethics in Research, University of Ottawa, 550 Cumberland St, Room 160. Tel. (613) 562-5387; Fax. (613) 562-5318; e-mail ethics@uottawa.ca

Thank you for reading this material. We really appreciate your help.

Trainer's signature: _____ DATE: _____

Jordanna J. Nash _____
Ph.D. Candidate, Principal Investigator

APPENDIX O

Trainer Instructions

The researcher will attend sessions one, two, and nine (or ten). Session one will require ten minutes of session time to introduce the project. Please leave ten minutes at the end of modules one through eight for data collection. Session nine will likely require thirty minutes of session time to complete the posttest. We would ask that please you leave the room while the participants complete their questionnaires to avoid any uncomfortable feelings on the part of participants and to increase the likelihood that participants feel free to answer honestly. Please complete the following steps; checking them off as you go may help to reduce oversights.

- At session one** whenever you have decided to give the researcher 10 minutes to introduce the research project, introduce the researcher and please leave the room. The researcher will introduce the study, collect the consent forms, and distribute the pretest packages which will be completed for homework.
- After session one** please give your manager the PRIDE Training Checklist: Director of Training and either return the completed form to the researcher at session two or mail it with the per-session measures.
- At the beginning of session two** the researcher will return to collect the pretest packages at the beginning of the session upon the arrival of participants. This should not require session time.
- At the end of session two** please give the one-page measure marked “Session 2 – Resource Parent Reaction Questionnaire” to participants from the envelope provided. Please remind participants that this is a part of the research study, that you will not look at their responses and will seal their responses immediately to send to the researchers. Remind participants to return the completed measures to the envelope and please leave the room while participants are completing the measure. Once all participants have completed the measure, please ensure they are all in the envelope and seal the envelope in front of the participants.
- Please mail the stamped, addressed envelope containing Session 2 measures to the researcher.*
- At the end of session three** please give the one-page measure marked “Session 3 – Resource Parent Reaction Questionnaire” to participants from the envelope provided. Please remind participants that this is a part of the research study, that you will not look at their responses and will seal their responses immediately to send to the researchers. Remind participants to return the completed measures to the envelope and please leave the room while participants are completing the measure. Once all participants have completed the measure, please ensure they are all in the envelope and seal the envelope in front of the participants.
- Please mail the stamped, addressed envelope containing Session 3 measures to the researcher.*
- At the end of session four** please give the one-page measure marked “Session 4 – Resource Parent Reaction Questionnaire” to participants from the envelope provided. Please remind participants that this is a part of the research study, that you will not look at their responses and will seal their

responses immediately to send to the researchers. Remind participants to return the completed measures to the envelope and please leave the room while participants are completing the measure. Once all participants have completed the measure, please ensure they are all in the envelope and seal the envelope in front of the participants.

- Please mail the stamped, addressed envelope containing Session 4 measures to the researcher.*

- At the end of session five** please give the one-page measure marked “Session 5 – Resource Parent Reaction Questionnaire” to participants from the envelope provided. Please remind participants that this is a part of the research study, that you will not look at their responses and will seal their responses immediately to send to the researchers. Remind participants to return the completed measures to the envelope and please leave the room while participants are completing the measure. Once all participants have completed the measure, please ensure they are all in the envelope and seal the envelope in front of the participants.

- Please mail the stamped, addressed envelope containing Session 5 measures to the researcher.*

- At the end of session six** please give the one-page measure marked “Session 6 – Resource Parent Reaction Questionnaire” to participants from the envelope provided. Please remind participants that this is a part of the research study, that you will not look at their responses and will seal their responses immediately to send to the researchers. Remind participants to return the completed measures to the envelope and please leave the room while participants are completing the measure. Once all participants have completed the measure, please ensure they are all in the envelope and seal the envelope in front of the participants.

- Please keep the non-addressed envelope containing Session 6 measures in a safe place for the researcher.*

- At the end of session seven** please give the one-page measure marked “Session 7 – Resource Parent Reaction Questionnaire” to participants from the envelope provided. Please remind participants that this is a part of the research study, that you will not look at their responses and will seal their responses immediately to send to the researchers. Remind participants to return the completed measures to the envelope and please leave the room while participants are completing the measure. Once all participants have completed the measure, please ensure they are all in the envelope and seal the envelope in front of the participants.

- Please keep the non-addressed envelope containing Session 7 measures in a safe place for the researcher.*

- At the end of session eight** please give the one-page measure marked “Session 8 – Resource Parent Reaction Questionnaire” to participants from the envelope provided. Please remind participants that this is a part of the research study, that you will not look at their responses and will seal their responses immediately to send to the researchers. Remind participants to return the completed measures to the envelope and please leave the room while participants are completing the measure. Once all participants have completed the measure, please ensure they are all in the envelope and seal the envelope in front of the participants.

- Please keep the non-addressed envelope containing Session 8 measures in a safe place for the researcher.*
- At session nine** please give the researcher at thirty minutes after the PRIDE content has been completed and please leave the room while the participants complete the questionnaire package.
- At session nine** please complete the PRIDE Training Checklist: Staff Trainer.
- At session nine** please return the completed Resource Parent Reaction Questionnaires from sessions 6 through 8, and the completed PRIDE Training Checklist: Staff Trainer to the researcher.

Thank you so much for your help! We really appreciate it.

APPENDIX P

Researcher Script for Last Session

At the end of session nine (or ten; once PRIDE content has been covered and at a time determined beforehand by the trainer) please ask the trainers to leave the room, distribute the posttest package and say the following:

- This package is the last step in the research study, we'll take a bit of your session today to complete the package.
- The other sheet that I am handing out is a form agreeing to be contacted for a follow-up study of this project.
- A sub-group of PRIDE trainees will be interviewed as a follow-up study.
- If you are willing to be contacted about potentially participating in the follow-up, please sign the form and return it to me.
- Today you are only agreeing to be contacted and will be able to choose whether you want to be interviewed when we contact you.
- Whether you choose to be contacted or not, it will not affect the services you receive from the agency.

Once the participants have all completed the posttest and the consent forms please say the following:

- Thank you for very much for participating in the study, I really appreciate your time.

APPENDIX Q

Resource Parent Consent to be Contacted for Follow-Up Study

Dear Resource Parent,

We are researchers at the University of Ottawa who are working in collaboration with your local Children's Aid Society (CAS) on a study, the *PRIDE Training Project*. You participated in the first study, which occurred during the PRIDE preservice training. The project will also have one follow-up study, conducted with participants from the first study after the training is completed and there is a child in the home. The purpose of the follow-up study is to explore how what was learned during the training is being applied to resource parenting.

At this time we are asking only for your consent to contact you when we begin our follow-up study. Agreeing to be contacted in no way commits you to participating in the study. The contact information you provide, which we are seeking so that your participation remains anonymous to your local CAS, will be kept strictly confidential.

Your agreement to be contacted is strictly voluntary. You are free to refuse to be contacted, without penalty. If you choose not to be contacted, this decision will in no way affect the services you receive from your local Children's Aid Society.

If you have any questions about this study, you may contact the principal investigator, Ms. Jordanna Nash, Tel. (613) 562-5800, ext.XXXX; email XXXX@uottawa.ca. If you have questions about the ethical aspects of the research or you wish to make a complaint about how it is being conducted, you may contact the Protocol Officer for Ethics in Research, University of Ottawa, 550 Cumberland St, Room 160. Tel. (613) 562-5387; Fax. (613) 562-5318; e-mail ethics@uottawa.ca

Thank you for reading this material. We really appreciate your help.

Participant's name (please print): _____

Participant's phone number : () _____.

Participant's email address : _____

Participant's preferred method of communication : _____email _____phone

Participant's signature: _____ DATE: _____

Jordanna J. Nash _____ Robert J. Flynn _____
Ph.D. Candidate, Principal Investigator PhD, CPsych, Co-investigator

d) Overall, on a scale of 0 to 10 how much would you say your PRIDE training helped you in putting this theme into practice?

5 10 0
 Not at all helpful Extremely helpful

e) Is there anything about your situation that’s made putting this theme into practice easier?

f) Is there anything about your situation that’s made putting this theme into practice harder?

8. A fourth theme of PRIDE is **knowing how to connect children to safe, nurturing relationships, many of which are intended to last a lifetime.** This means understanding why permanence is important for children in care. It also means understanding how placement changes affect children in care.

a) From your own experience with this child, can you give me an example of this theme?

b) Overall, on a scale of 0 to 10 how well do you think you’ve been able to put this theme into practice with this child?

5 10 0
 Not at all Extremely well

c) Can you give me an example of how PRIDE was helpful (or not helpful) in putting this into practice?

d) Overall, on a scale of 0 to 10 how much would you say your PRIDE training helped you in putting this theme into practice?

5 10 0
 Not at all helpful Extremely helpful

e) Is there anything about your situation that’s made putting this theme into practice easier?

f) Is there anything about your situation that’s made putting this theme into practice harder?

9. The fifth and last theme of PRIDE is **knowing how to participate as a member of a professional team.** This means understanding key child welfare laws and the agency’s policies. It also means understanding your role as a resource parent who is a part of the child’s team.

a) From your own experience with this child, can you give me an example of this theme?

APPENDIX S

Scale for Rating Resource Parent's Level-of-use of PRIDE Competencies**Notes on how to use the *Scale for Rating Resource Parent's Level-of-use of PRIDE Competencies*:**

- Identify the competency being addressed in the interview and use the grid to assess the implementation of said competency. You are to evaluate the resource parent's level-of-use of the competency, which may reflect the extent of transfer of pre-service PRIDE training as well as other individual or agency factors.

- The answers to sections (a) "From your own experience with this child, can you give me an example of this theme?", (c) "Can you give me an example of how PRIDE was helpful (or not helpful) in putting this into practice?", (e) "Is there anything about your situation that's made putting this theme into practice easier?", and (f) "Is there anything about your situation that's made putting this theme into practice harder?" of each question can inform your rating of the level-of-use.

- If you cannot decide whether it should be rated a high level-of-use or a medium level-of-use then rate it a medium-high level-of-use. Similarly, if you cannot decide whether it should be rated a medium level-of-use or a low level-of-use then rate it a medium-low level-of-use.

- The notes provided in parentheses as "i.e.," are the same as those given to the resource parents as part of the interview questions as reminders and represent the essence of each competency.

- Remember when assigning a rating to rely primarily on the principle behind the rating. The behavioural examples are provided simply as examples of possible responses for that rating.

COMPETENCY 1: Knowing how to protect and nurture children.

(i.e., keeping your home safe for children and being familiar with the signs of child maltreatment)

RATING	LEVEL-OF-USE OF THIS PRIDE COMPETENCY	PRINCIPLE	BEHAVIOURAL EXAMPLE	EVIDENCE FOR RATING
5	HIGH level-of-use	The resource parent demonstrates keen understanding of the competency; demonstrates flexible implementation of the competency; and, when indicated, seeks consultation or support	“We’ve had to work to find a way to make consequences work with her, but without scaring her. We were trying time-out chairs, but she’d just freak out. I think that was because of all of the abuse she’s been through. We realized we had to change our parenting style to fit this child. We went back to our PRIDEbook and remembered they talked about time-ins, so we’re trying those now. It seems to help and I think it’s our way of nurturing her, to give her structure but not do anything that seems threatening to her”	
4	MEDIUM-HIGH			
3	MEDIUM level-of-use	The resource parent demonstrates adequate implementation of the competency	“When she knows that she’s done something she shouldn’t have, she starts to bang her head on the wall. This shows me that she was abused in her life before us whenever she did something wrong”	
2	MEDIUM-LOW			
1	LOW level-of-use	The resource parent demonstrates limited or inadequate use of the competency	“We made sure that all the medicine was locked up before the kids came into our home”	

COMPETENCY 2: Knowing how to meet children’s key developmental needs.

(i.e., knowing what can have an impact on the way a child develops and how to be a parent who helps children grow in a healthy way)

RATING	LEVEL-OF-USE OF THIS PRIDE COMPETENCY	PRINCIPLE	BEHAVIOURAL EXAMPLE	EVIDENCE FOR RATING
5	HIGH level-of-use	The resource parent demonstrates keen understanding of the competency; demonstrates flexible implementation of the competency; and, when indicated, seeks consultation or support	“We feel like we’re ‘regrowing’ her. She may be 7 years old but she has some very toddler-like behavior. Like sometimes she just wants to sit with me and rock and read a book, so that’s what we do because that’s what she needs. When we see that there’s a need that she had when she was younger that didn’t get met, we try to meet it now. It’s like what dots have not been connected in her development, we’re trying to connect them”	
4	MEDIUM-HIGH			
3	MEDIUM level-of-use	The resource parent demonstrates adequate implementation of the competency	“We started out just wanting to make sure that he felt secure. So for the first month or so, we pretty much just stayed home and let him get used to us. We just wanted him to have a chance to settle in and make the transition into our home smoothly. Then we gradually went out with him, letting him meet other people in our lives. And now we’re exposing him to lots of different things at home and in the community. ”	
2	MEDIUM-LOW			
1	LOW level-of-use	The resource parent demonstrates limited or inadequate use of the competency	“We had some concerns with his development in terms of his fine motor skills”	

COMPETENCY 3: Knowing how to support relationships between children and their biological families.

(i.e., understanding the importance of children visiting their biological families and knowing how to support children if these visits are challenging)

RATING	LEVEL-OF-USE OF THIS PRIDE COMPETENCY	PRINCIPLE	BEHAVIOURAL EXAMPLE	EVIDENCE FOR RATING
5	HIGH level-of-use	The resource parent demonstrates keen understanding of the competency; demonstrates flexible implementation of the competency; and, when indicated, seeks consultation or support	“My heart broke for this woman, just thinking of her going home from the hospital without her babies. And knowing that I wouldn’t be able to meet her, I wanted to keep a journal going back and forth with her and our workers said that was okay. So I introduced myself through the journal and would fill her in with the little things of the babies’ day-to-day lives. You know, little milestones they would reach and keep her up-to-date on doctor appointments. And she’d always write back after a visit. When we did get to meet her and that was a really good experience. And I think the journaling helped make that as smooth a meeting as possible”	
4	MEDIUM-HIGH			
3	MEDIUM level-of-use	The resource parent demonstrates adequate implementation of the competency	“He opts out quite a bit not to have any contact with his grandparents because of his past history when he lived with them. But I keep trying to encourage it. I think it’s an important relationship and one I want him to keep. So I try to get him to understand they did things differently because they’re from a different generation. I keep trying get him to understand that they can just be his grandparents now instead of like parents and things between them can be different”	
2	MEDIUM-LOW			
1	LOW level-of-use	The resource parent demonstrates limited or inadequate use of the competency	“We’re not opposed to him having biological family that in his life, but we’re very picky about who it is since he’s only 9. With certain people, if he wants them in his life then that’s up to him later when he’s 18, he can do whatever he likes “	

COMPETENCY 4: Knowing how to connect children to safe, nurturing relationships, many of which are intended to last a lifetime.
 (i.e., understanding why permanence is important for children in care and understanding how placement changes affect children in care)

RATING	LEVEL-OF-USE OF THIS PRIDE COMPETENCY	PRINCIPLE	BEHAVIOURAL EXAMPLE	EVIDENCE FOR RATING
5	HIGH level-of-use	The resource parent demonstrates keen understanding of the competency; demonstrates flexible implementation of the competency; and, when indicated, seeks consultation or support	“We’ve maintained contact with their previous foster mother and foster father the whole way through. We talk openly about who they are and what they did. I think that’s really important for them as they get older, for them to know what a huge positive role those people played in their lives, in getting them to where they are”	
4	MEDIUM-HIGH			
3	MEDIUM level-of-use	The resource parent demonstrates adequate implementation of the competency	“They need permanency, it’s important – but these girls aren’t really getting that. It’s really hard for them knowing that the judge is going to make the decision down the road about where they’ll live for good. And then mom telling them she’s going to build a big house for them to be together. So I have to talk to them all the time and say mom loves them and we love them. That the judge will decide but that may not be for a long time and they are here with us until then.”	
2	MEDIUM-LOW			
1	LOW level-of-use	The resource parent demonstrates limited or inadequate use of the competency	“We try to include them in our family life while they’re with us”	

COMPETENCY 5: Knowing how to participate as a member of a professional team.

(i.e., knowing the child welfare laws and agency policies and understanding your role as a resource parent)

RATING	LEVEL-OF-USE OF THIS PRIDE COMPETENCY	PRINCIPLE	BEHAVIOURAL EXAMPLE	EVIDENCE FOR RATING
5	HIGH level-of-use	The resource parent demonstrates keen understanding of the competency; demonstrates flexible implementation of the competency; and, when indicated, seeks consultation or support	“The biggest example was just the way we set up the transition schedule for the adoption. That was the time that we felt most part of the team up to that point. I worked with the foster mom and our worker to set up all these visits in a gradual way. We had shorter visits, then longer ones, and then we’d take him to our house for longer and longer periods of time. We planned it all out together so that he would be able to get to know us and feel comfortable before he came to stay, but also could stay connected with his foster family”	
4	MEDIUM-HIGH			
3	MEDIUM level-of-use	The resource parent demonstrates adequate implementation of the competency	“We try to have open communication about everything concerning him, school, health, visits, all of that. We try to be in contact often so that everyone is aware of what’s going on for him. And also so that we’re all on the same page and no one is giving him mixed messages”	
2	MEDIUM-LOW			
1	LOW level-of-use	The resource parent demonstrates limited or inadequate use of the competency	“I guess having contact with our worker every once and a while, through emails or phone”	

APPENDIX T

Screening Call for Follow-Up Study

Hello, I am Jordanna Nash from the University of Ottawa. I was the researcher who was at your PRIDE training. You gave me permission to contact you about the follow-up study. I'm just calling today to ask a few short questions to see if you fit our criteria for the study - do you have a few minutes?

1. When did your PRIDE pre-service training end?
2. Were you approved as a foster, kinship, or adoptive family?
3. Do you have a child placed in your home?
4. When was this child placed in your home?
5. Would you say you are the parent who knows the child best (or that you know them equally as well as your partner)?

Would you be willing to speak with me for about an hour on the phone at some time that is convenient for you? The interview would be recorded, but the recordings will be kept confidential and you will remain anonymous. I can either email the questions mail them to you before the interview so that you can look them over and have them in front of you when we speak.