



Foster children's behavior problems and impulsivity in the family and school context[☆]



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ABSTRACT

This study analyzed foster carers' and teachers' assessments of behavior problems and impulsivity/inattention in 104 children in foster care (56 boys and 48 girls). The Child Behavior Checklist (CBCL) and the Conners' Parent Rating Scale—Revised were completed by foster parents, while the Teacher's Report Form (TRF) and the Conners' scale were completed by teachers. One of the main findings of the study was the high degree of agreement between foster carers' and teachers' views regarding externalizing problems. However, carers perceived more problems related to impulsivity/inattention than did teachers. Two further findings were that foster boys present more externalizing problems and impulsivity/inattention than do foster girls, and also that foster children with poor school performance exhibit more behavior problems and more impulsivity/inattention. Age, however, did not appear to influence the extent of behavior problems or impulsivity/inattention. These findings regarding behavioral problems and impulsivity/inattention in foster children suggest that these children, as well as their carers and teachers, should be regarded as key targets for support services.

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1. Introduction

Although there is a long tradition of non-kinship fostering in many Western countries, foster children in Spain have tended historically to be placed in residential care rather than with another family (López, Montserrat, Del Valle, & Bravo, 2010). However, Legislation in Spain, such as Law 1/96 of 15 January on the Legal Protection of Minors and its subsequent legal developments through a series of decrees (in the case of Andalusia, Decree 282/2002 of 12 November), has progressively sought to give greater priority to family fostering as opposed to other forms of child protection such as residential care. Indeed, family fostering is now considered one of the most suitable options in terms of children's emotional stability and wellbeing. So, the network of foster families is limited, and the strategy of placing children with a foster family is a relatively recent development. Non-kinship foster carers generally have an altruistic motivation (i.e., helping children in need), and very few of them act as professional foster carers. Although specialist foster care, professional foster care, emergency foster care, and some kinship foster care are remunerated, non-kinship foster carers do not generally receive payment.

Non-kinship foster care has become more common in our country, although there remains a need for further research into the problems that these children experience within the foster family and at school. This study reviews the main findings regarding behavioral

problems, impulsivity, and inattention among foster children and examines these problems in a sample of non-kinship foster children in Spain.

Several studies have analyzed foster children's behavior problems, including impulsivity, inattention, and hyperactivity (Fernandez, 2008; Shore, Sim, Le Prohn, & Keller, 2002; Tarren-Sweeney, 2008). However, few studies have analyzed behavior problems and impulsivity independently. The most widely used instruments for assessing behavior problems are the Child Behavior Checklist (CBCL; Achenbach, 1991a) and its version for teachers, the Teacher's Report Form (TRF; Achenbach, 1991b), although other instruments may also be applied (e.g., Strengths and Difficulties Questionnaire (SDQ); Goodman, 1997). Studies of behavior problems that have used the CBCL and TRF show that children in non-kinship care score high on the Externalizing and Total problem (Bernedo, Salas, García-Martín, & Fuentes, 2012; Fernandez, 2008; Lawrence, Carlson, & Egeland, 2006; Shore et al., 2002).

Some research has compared carers' and teachers' assessments of children's behavior problems. Jiménez and Palacios (2009) found significant differences between the two, with the total score for perceived problems being higher among carers than teachers. Other studies have reported a high degree of agreement between the views of foster carers (CBCL) and teachers (TRF), although foster carers generally perceive more behavior problems in foster children than do teachers (Fernandez, 2008; McCauley & Trew, 2000; Shore et al., 2002). Gil, Cerrato, Molero, and Ballester (2013), using the Behavior Assessment System for Children (BASC; Reynolds & Kamphaus, 1992), also found that carers perceived foster children as being more aggressive and as showing more behavior problems. Similarly, Tarren-Sweeney, Hazell, and Carr (2004) obtained good agreement on the Total problems and Externalizing scale, but found a low correlation between the scores of foster parents and teachers for internalizing problems.

Regarding gender differences, several studies (e.g., Tarren-Sweeney, 2008; Wicks-Nelson & Israel, 2009) report that foster boys present more externalizing problems than do foster girls. However, these findings have not been corroborated by other studies (Heflinger, Simpkins, & Combs-Orme, 2000; Jiménez & Palacios, 2009; Vanderfaeillie, Van Holen, Vanschoonlandt, Robberechts, & Stroobants, 2013).

The age of foster children has also been related to their behavior problems. Heflinger et al. (2000) found that foster children had more behavior problems during mid-adolescence (12–15 years) than during early or late adolescence.

[☆] Ethical approval: The research was approved by the Research Committee of the Faculty of Psychology (University of Malaga). In addition, all those involved (Child and Family Protection Services, teachers, foster carers, and social workers) expressed their acceptance of the study.

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However, several other studies (Sinclair, Baker, Lee, & Gibbs, 2007; Sinclair, Wilson, & Gibbs, 2005; Tarren-Sweeney, 2008; Wicks-Nelson & Israel, 2009) have reported that the severity of behavior problems increases with age. In contrast to the above, other research (Sawyer, Carbone, Searle, & Robinson, 2007; Vanderfaellie et al., 2013) has found no significant difference in the prevalence of behavior problems between children and adolescents.

Regarding maltreatment, several studies (Tarren-Sweeney, 2008; Tarren-Sweeney & Hazell, 2005) have found that some types of maltreatment are significantly related to behavior problems. More specifically, the experience of physical abuse has been shown to predict increased behavior problems (Rosenthal & Curiel, 2006). Similarly, Fuentes-Peláez (2010) observed that foster children who had been abused experience greater difficulty in adapting to a new school. Starting at a new school due to entering foster care, in addition to the adversity experienced by these children prior to foster care, can lead to a lack of motivation, attention problems, difficulties in accepting limits, and disruptive behavior.

Studies indicate that foster children have significantly more behavior problems and perform significantly worse at school than do children from the general population (Fernandez, 2008; Lawrence et al., 2006; Shore et al., 2002; Sinclair et al., 2007; Tarren-Sweeney, 2008; Zetlin, Weinberg, & Kimm, 2005). Fernandez (2008) found that only 20% of foster children were in the school year that corresponded to their age. Also with regard to school performance, Del Valle, López, Montserrat, and Bravo (2008) reported that around 57% of children in care showed "serious problems" or "some problems" in adapting to school life. Similarly, Sinclair, Baker, Wilson, and Gibbs (2005) found that those children with more behavior problems on the social level had greater difficulties relating to others, more problems with their peers, and poorer academic performance.

Several studies have found a significant prevalence of impulsivity and inattention problems in foster children (Garland et al., 2001; McMillen et al., 2005; Oswald, Heil, & Goldbeck, 2010; Pecora, Le Prohn, & Nasuti, 2009). However, the results regarding the percentage of foster children with inattention/hyperactivity disorders are far from consistent. For example, Steele and Buchi (2008) found that 10% of foster children had problems of hyperactivity/inattention, whereas other authors have reported much higher rates, ranging between 20% and 45% (Burge, 2007; McMillen et al., 2005; Minnis, Everett, Pelosi, Dunn, & Knapp, 2006).

Few studies have analyzed hyperactivity problems in foster children from a teacher's point of view. Nonetheless, research has found that low levels of inhibitory control in childhood can make it difficult to regulate behavior in social contexts, such that children with difficulties of this kind often present more externalizing problems at school, as well as poorer academic performance and greater difficulties interacting with peers (Berlin & Bohlin, 2002; Biederman et al., 2004; Zima et al., 2000). Shore et al. (2002) reported more attention problems among foster children than in the general population. In terms of foster carers' and teachers' perceptions, Gil et al. (2013) note that foster carers perceive more attention disorder in foster children than do teachers.

Another variable that has been linked to problems of impulsivity/inattention is the child's age when first fostered. The study by Tarren-Sweeney (2008) found that the older the children were when entering foster care, the more problems of impulsivity/inattention they presented. However, subsequent regression analyses revealed that this variable was not a predictor of these problems, whereas other variables such as male gender and academic difficulties were.

Some studies have demonstrated an association between behavior problems and impulsivity/inattention. Most foster children lacked adequate care prior to joining their foster family, and this can lead to problems of self-regulation and, consequently, more disturbed behavior. As Kreppner, O'Connor, and Rutter (2001) point out, early deprivation and lack of care produce increased levels of impulsivity/inattention, which in turn are associated with emotional and behavior problems as the child grows up. In this context, Kim and Cicchetti (2010) showed that the lowest rates of internalizing behavior problems corresponded to those children with the greatest capacity for emotional regulation, whereas poor emotional regulation was associated with higher rates of externalizing problems.

The present study considers the views of both foster carers and teachers in order to examine how well children in non-kinship care adapt to family and school life. Few studies to date have examined teacher feedback on the behavior problems and impulsivity/inattention of foster children, and very little research has analyzed behavior problems and impulsivity/inattention independently. The general aim of this study was therefore to provide a more comprehensive account of these issues.

Specifically, the goals of the study were as follows: 1) to analyze the severity of behavior problems and impulsivity/inattention among foster children; 2) to compare the perceptions of their foster carers and their teachers; and 3) to determine whether age, gender, maltreatment and poor performance at school are associated with behavior problems and impulsivity/inattention.

2. Method

2.1. Sample

2.1.1. Foster children

The study considered all foster placements that were registered in three Spanish provinces (Malaga, Granada, and Jaen), and which met the following criteria: a) the foster child was over 5 years old, and b)

the child did not suffer from any severe physical, psychological, or sensory disability. These criteria were adopted to ensure that the children would be able to complete the questionnaires administered.

The sample comprised 104 non-kinship foster children in long-term foster care (56 boys and 48 girls), whose mean age at the time of data collection was 11 years ($SD = 3.2$, range 5–17.8). The mean age of these foster children when taken into care was 7.29 years ($SD = 3.39$, range 0.5–14.8). In our study all foster parents were White. Foster children were White, Gypsy, or Black African. Seventy of the children were of the same ethnicity as their foster parents (White), while the remaining 34 were either Gypsy or Black African. Most of the children had experienced at least one form of abuse and/or maltreatment prior to entering care. Specifically, 53.8% had experienced neglect, 32.7% had experienced physical and/or emotional abuse, and 11.5% had experienced sexual abuse. Almost all the children (92.3%) had been in residential care before starting the current foster placement, and 16.3% had previous experience of fostering.

In terms of academic performance, 45.2% of children were doing well at school (i.e., they were in the age-appropriate grade and did not require learning support), 23.1% required learning support but were in the grade that corresponded to their age, and 31.7% were performing below the norm (i.e., they were in a grade below that expected for their age).

2.1.2. Foster families

These children were being fostered in 86 families, corresponding to 71 foster fathers and 86 foster mothers. The mean ages of the foster fathers and mothers were, respectively, 47.9 years ($SD = 6.8$, range 29.9–66.3) and 46.6 years ($SD = 6.5$, range 31.4–65.1). Of the 86 foster families in the sample, 80.2% were heterosexual couples, 4.7% were homosexual couples, and 15.1% were single parents. All the single parent caregivers were female. Many of the foster families (40.7%) had no biological children. Of those families who did have biological children, 68.6% had one foster child, 27.9% had two foster children, and 3.5% had three foster children. Twenty-four foster fathers and 28 foster mothers had a higher educational degree, 20 foster fathers and 27 foster mothers had completed secondary education, and 24 foster fathers and 26 foster mothers had only primary education. The remaining foster parents (3 foster fathers and 5 foster mothers) had not received formal schooling.

2.1.3. Teachers

The teachers who assessed the behavior problems of the 104 foster children all taught at the public or private schools where the foster children were enrolled.

2.2. Procedure

The research was approved by the Ethics and Research Committee of the Faculty of Psychology (University of Malaga). Prior to conducting the study, written informed consent was obtained from the child protection agencies and the foster carers. Consent was not sought from the children themselves as they were all minors. However, the purpose of the study was explained to them and none of them objected to being involved. The child protection agency in each of the three provinces (Malaga, Granada, and Jaen) authorized access to foster families and provided information about the foster placements. Data confidentiality was ensured by assigning a code to each case. Foster carers were contacted by telephone so as to inform them about the aims of the study and to request their participation. All the foster families agreed to participate in the study.

The first step involved completing the [Data collection sheet](#), which was done in collaboration with the child protection agencies. The families were then visited at home so that foster parents could respond to the respective questionnaires.

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