

THE INFLUENCE OF CONTEXT ON THE COUPLE AND COPARENTING
RELATIONSHIPS OF FOSTER CAREGIVERS

by

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(Under the Direction of Ted Futris)

ABSTRACT

Foster caregivers provide a family environment for hundreds of thousands of children and youth in the child welfare system in the United States (Child Welfare Information Gateway, 2016). While over half of these caregivers are in a committed couple relationship, foster caregiver couples are understudied and little is known about their experiences with fostering, especially related to their couple and coparenting relationship quality. This dissertation introduces a conceptual model to examine how contextual factors influence foster caregiver couple and coparenting relationship quality as well as other outcomes related to foster caregiving. The challenges that foster caregivers experience (e.g., increased time demands, financial strain, role ambiguity) may have a negative influence on the couple and coparenting interactions and processes between foster caregiving partners (Buehler, Cox, & Cuddeback, 2003). However, other contextual factors such as previous relationship and parenting experiences, support from formal and informal networks, and positive attitudes and perceptions may serve to counteract the negative impact of these challenges. The first study examined the associations between husbands' and wives' (96 dyads) perceptions of their parenting stress and couple and coparenting relationship quality. Results indicated unique actor and partner effects

related to the influence of husbands' and wives' parenting stress on their couple and coparenting relationship outcomes. The second study examined the relationship efficacy patterns of 125 foster caregivers as well as contextual covariates (e.g., individual characteristics, family characteristics, and sources of support) using a 3-step latent profile analysis. Results indicated two unique patterns of relationship efficacy, which were associated with couple and coparenting relationship quality. Together, findings offer a better understanding of the experiences of foster caregiver couple and coparenting relationships. Findings reveal the resilience of foster caregiving couples in that they report low-to-moderate stress, moderate-to-high relationship efficacy, and high couple and coparenting relationship quality, but also suggest a need for additional resources to support foster caregiving couple and coparenting relationships.

INDEX WORDS: Foster Caregivers, Families, Child Welfare, Couple Relationships, Marriage, Coparenting, Formal Support, Informal Support, Latent Profile Analysis, Dyadic Data Analysis

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DEDICATION
To John Hoyt

My partner in love and life, my best friend, my rock, my constant, and my home.

Knowing you is amazing, but loving you is perfect.

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CHAPTER 1

INTRODUCTION

Statement of Need

On September 30, 2014, there were 415,129 children and youth in the foster care system in the United States (Child Welfare Information Gateway, 2016a). These children come into state custody for a variety of reasons including maltreatment by their caregiver (e.g., neglect, physical abuse, sexual abuse), incarceration or death of a caregiver, or because their caregiver is no longer able to care for them (Holland & Gorey, 2004). In 2014, 46% of these children and youth were placed with non-relative foster parents, 29% were placed in relative care, and the remaining children were placed in group homes or other institutional settings (Child Welfare Information Gateway, 2016a). Non-relative foster parents are not biologically related to the child while relative foster caregivers are part of the child's extended family or are fictive kin. Foster parents may be married, in an unmarried couple relationship, or single. Nationally, approximately 63% of foster children living with non-relative foster parents live in households headed by a married couple (National Data Archive on Child Abuse and Neglect, 2012). The purpose of the current set of studies is to examine the associations between the couple and coparenting relationships and parenting stress for foster parent couples and to examine how various types of support may influence these associations. Below is a brief description of foster caregivers in order to put these studies into a clear context. This chapter concludes with a theoretical and empirical overview grounding the studies presented in the subsequent chapters.

Foster Parenting

Foster parenting motivation varies across contexts. Many foster parents are motivated to foster intrinsically and may have a desire to fill an “empty nest,” to adopt, or to provide a biological child with companionship (Andersson, 2001) while others report an altruistic motive for becoming foster parents (Buehler, Cox, & Cuddeback, 2003). Other foster parents report an extrinsic motivation to foster including an involvement in a religious organization that encourages foster care and adoption (Gillis-Arnold, Crase, Stockdale, & Shelley, 1998). Relative foster parents or “kinship care providers” may have the same motivations as non-relative foster parents, but are also motivated to provide a child that they are related to with safety and care (Redding, Fried, & Britner, 2000). However, relative foster parents may only be motivated to foster because a relative child is in need.

The purpose of placing a child in a foster home is to provide the child with some normalcy by living in a healthy family environment (Khoo & Skoog, 2014). Additionally, some foster parents are trained to provide trauma-informed care, which may be therapeutic for high-risk foster children (Dore & Mullin, 2006). Foster parent lives often look similar to non-foster parents in that at least one parent may work outside the home and they are responsible for the safety and upbringing of one or more children, including supervision, taking children to medical appointments, supporting participation in extracurricular activities, supporting the child(ren)’s education, and providing socialization (Buehler, Rhodes, Orme, & Cuddeback, 2006). However, foster parents have many other day-to-day experiences that non-foster parents do not experience, such as caring for a child with a traumatic background, frequent interactions with service providers and agencies (e.g., caseworkers, therapists, court appointed child advocates), frequent court appearances, interactions with the child’s biological parents, and challenges related to their

own biological children (Buehler et al., 2006). Other challenges foster parents have reported include financial strain, increase on time demands, ambiguous loss, and a lack of permanency (Buehler et al., 2006). Although foster parents experience many day-to-day and long-term challenges, foster parents also report many joys that come along with foster parenting, including watching children grow and overcome challenges (Daniel, 2011).

Although placing a child in a relative or non-relative foster home setting is most desired, there is a severe shortage of foster homes in the United States (Kendall, 2010). While many states are focusing efforts on foster parent recruitment, both recruitment and retention are ongoing issues. Importantly, average foster care is not enough; there is a need for high-quality foster homes to meet the needs of youth in foster care (Berrick, 2008). Foster parents typically integrate the foster child into their family's day-to-day life and many foster parents view the foster children in their home as their own children, especially during a long-term placement (Biehal, 2014). Foster parents generally care for the child's physical needs, but also work to meet the child's emotional and mental needs, especially for those children who may display trauma-related behavior problems or mental health issues, which has a large impact on the well-being of foster youth (Buehler et al., 2006). Additionally, foster parents often model healthy family relationships, including healthy parenting behavior and healthy parent-child relationships, not only for the foster child, but also for the child's biological parent(s) if the permanency plan includes reunification. Foster parents of older foster youth may also model other healthy behaviors, such as financial management and healthy relationship skills, and may also provide social capital for foster youth (Gilligan, 2012).

Foster Parent Couple Relationships

The quality of couple relationships in general has a strong impact on couple, child, and overall family well-being. Lindahl, Clements, & Markman (1997) stated, “Virtually every study examining associations between marriage and parenting has found that the quality of parent-child relationships and the quality of marital relationships are linked within families” (p. 385). Figure 1.1 depicts a conceptual model based in several theoretical frameworks including family systems theory and social learning theory as well as decades of research on the associations between couple, coparenting, and parenting attitudes and behaviors. While this model is based on research from a variety of family structures and contextual factors, it can also be applied to the study of foster families. While this dissertation does not examine the entire model, specific paths are being examined. Below is a brief overview of the research informing the conceptual model.

Parent Risk and Protective Factors

Parenting is impacted by the contextual factors that surround the parent and the child, including the support they receive, family structure, the parent’s characteristics and experiences (e.g., family-of-origin experiences, educational attainment, socioeconomic status, employment status, marital status, gender, race), child-related factors (e.g., child’s age, race, and temperament), sibling relationships, and community factors (e.g., neighborhood safety, crime rate, and poverty). Parent risk and protective factors are especially relevant for foster parents. The literature suggests that both formal and informal support are influential to foster parent success, including retention. Formal support, such as foster parent training, a positive relationship with the child’s caseworker, mutual information sharing with DFCS, and financial support have been found to be associated with positive foster parent outcomes. For example, a strong positive relationship between foster parents and child welfare professionals has been

found to increase foster parent retention (Rodger, Cummings, & Leschied, 2006). Additionally, foster parents who felt that they were not receiving adequate financial support were less likely to continue fostering (Rhodes, Orme, & Buehler, 2001) while those who felt that they were receiving enough financial support were more likely to continue fostering (Chamberlain, Moreland, & Reid, 1992). Informal supports have also been found to be associated with reduced foster parent stress and increased satisfaction. In fact, benefits of informal supports and connections for foster parents have been found to include less strain, higher foster parenting satisfaction, and higher overall well-being, all of which have been found to be associated with foster parent retention (Brown, 2008; Cavazzi, Guiliflye, & Sims, 2008; MacGregor, Rodger, Cummings, & Lescheid, 2006). Informal support has been found to be especially important to foster parents because foster parents tend to report feelings of isolation from non-foster parents (Cavazzi et al., 2008).

Family structure can be a risk or protective factor for foster parents depending on the circumstances. In foster families, the presence of biological children can lead to more stress as the whole family adjusts or they can create additional support for the foster parents, depending on the quality of the sibling relationship (Kaplan, 1988; Younes & Harp, 2007). Socioeconomic status can also be a risk or protective factor. For individuals and couples who are low-income, financial strain is likely to influence their relationships and well-being while high-income individuals and families may face a different set of stressors but typically have more resources available. Most states require that foster parents are able to care for themselves financially before receiving financial assistance from child welfare to help care for foster children (Child Welfare Information Gateway, 2014). However, financial strain has been identified as a major challenge

for foster parents, while the ability to manage financial strain has been identified as a characteristic for high-quality foster parents (Buehler, Cox, & Cuddeback, 2003).

Other parent and child characteristics may also be a risk or protective factor depending on their influence on the parent's attitudes and behaviors. For example, the parent's own family-of-origin experiences may influence how they parent and deal with stressful situations (e.g., LeCuyer-Maus, 2000). Additionally, educational attainment, employment, and marital status may influence the well-being of the parent by providing additional supports (e.g., a supportive and understanding employer, a spouse who is a supportive co-parent) or by causing additional stress (e.g., struggling to find a job because of low educational attainment, a spouse who does not support fostering efforts). Child gender (e.g., Graham & Weems, 2015; Endendijk et al., 2016), age (e.g., Niehues, Bundy, Broom, & Tranter, 2015), race and ethnicity (e.g., DePouw & Matias, 2016), and temperament (e.g., Baer et al., 2015) have been found to influence parenting behaviors. This may be especially true of foster youth, since child temperament has been found to be affected by the child's traumatic experiences (Clausen, Landsverk, Ganger, Chadwick, & Litrownik, 1998; Sawyer, Carbone, Searle, & Robinson, 2007; Shin, 2005).

Vanschoonlandt and colleagues (2013) found that foster mothers whose foster child displayed externalizing problems experienced higher levels of parenting stress and lower parenting quality compared to those whose foster children did not display externalizing problems. Foster child behavior has been found to be one of the most significant factors that impact foster caregiver's decision to continue fostering (Oosterman, Schuengel, Slot, Bullens, & Doreleijers, 2007) and has also been found to be a significant moderator between some types of foster parent support and foster parent satisfaction (Cooley, Farineau, & Mullis, 2015). Finally,

community characteristics such as neighborhood safety, poverty, and educational resources have been found to impact parenting behaviors (e.g., Barajas-Gonzalez & Brooks-Gunn, 2014).

Relationship and Parenting Efficacy

Riggio and colleagues (2013) identified those with relationship efficacy as, “individuals who believe that their behaviors will effectively maintain relationship satisfaction and positivity. They intend to engage in behaviors that establish their commitment to and investment in relationships, and they see relationship satisfaction as an achievable goal” (p. 632). High relationship efficacy has been found to be associated with positive attribution to one’s partner and greater marital satisfaction (Fincham, Harold, & Gano-Phillips, 2000), positive expectations for the future and the ability to cope and be comfortable with intimacy. On the other hand, low relationship efficacy is associated with discomfort in intimate situations (Riggio et al., 2013). To date, no studies have examined the influence of relationship efficacy on foster parent couple relationship well-being.

Parenting efficacy can also have a strong impact on foster parenting success and well-being. Extensive previous research has established a strong association between parenting efficacy and parenting behaviors. In a review of literature on parenting efficacy from 1995 to 2005, Jones and Prinz (2005) found that parenting efficacy is associated with a variety of parent, child, and family predictors and outcomes, and was identified as a mediator between environmental factors and parenting competence. Finally, parenting efficacy has been conceptualized as a predictor of positive parenting behaviors at a variety of child ages (e.g., more warmth, less harsh discipline; e.g., Coleman & Karraker, 1998; Shumow & Lomax, 2002), positive marital and parent-child relationships (Bandura, 1997), and positive child outcomes (e.g., academic success, fewer externalizing and internalizing problems; Ardel & Eccles, 2001).

While relationship efficacy and parenting efficacy are important factors for all individuals involved in a romantic relationship and/or individuals who are parents, efficacy may be especially important for foster parents. As noted previously, foster parents experience a large number of challenges that come along with foster parenting. These challenges may lead the foster parent to feel defeated or feel incapable of handling these challenges (Kerker & Dore, 2006). However relationship efficacy in a foster parent population has not been studied empirically.

Couple and Coparenting Relationships

While couple and coparenting relationships are depicted together in the model for conceptual parsimony, they are distinct processes that have some overlap (McHale & Lindahl, 2011). Couple relationships have been found to impact the couple's coparenting relationship due to the "spillover" phenomenon (Fincham, Grych, & Osborne, 1994). For example, Kitmann (2000) found that higher quality couple relationships are positively associated with positive coparenting and vice versa. Parents who experience hostility or poor conflict management in their romantic relationship have been found to experience more triangulation and a poor parenting alliance in their coparenting relationship (Stroud, Durbin, Wilson, & Mendelsohn, 2011). The couple's coparenting relationship has also been found to impact their couple relationship. For example, Morrill and colleagues (2010) found that the coparenting relationship was directly associated to both the couple relationship and parenting behaviors. Another study found that parents who struggle to form a strong parenting alliance or consistently disagree on parenting practices have been found to be more likely to experience problems in their couple relationship (Merrifield & Gamble, 2012).

These associations also have implications for the parent-child relationship. Negative couple interactions (e.g., hostility and distress) have been found to spill over into the coparenting interactions, which in turn impacted children's adjustment and development in a negative way, such as increased externalizing and internalizing behavior problems (Gerard, Krishnakumar, & Buehler, 2006; Kaczynski, Lindahl, Malik, & Laurenceau, 2006). Not only do the couple and coparenting relationships impact each other, they also have been shown to have a strong impact on their child's and overall family's well-being. For example, conflict in couple relationships has been found to be associated with poor parenting practices including increases in criticism and corporal punishment and decreases in behavioral control, warmth, monitoring, and support (Conger & Elder, 1994; Krishnakumar & Buehler, 2000; Sturge-Apple et al., 2009). Children who observe interparental conflict may also display hostile conflictual behaviors toward others, which they have learned from their parents' interactions (Rhodes, 2008). On the other hand, numerous studies have established that positive couple relationships between parents have a positive impact on parenting and child outcomes (Emery, 1999; Kitzmann, 2000; Krishnakumar & Buehler, 2000; Lindahl and Malik, 1999; Orbuch, Thornton, & Cancio, 2000; White, 1999).

While all children and youth benefit from parents' healthy couple and coparenting relationships, those in foster care may especially benefit from these healthy models. Children and youth in foster care have generally experienced some type of trauma (Holland & Gorey, 2004). Therefore, individuals caring for these youth can have a strong impact on their well-being, for better or worse. Foster parents often model healthy family relationships, including healthy parenting behavior and healthy parent-child relationships, not only for the child in their care, but also for the child's biological parent(s) if the permanency plan includes reunification. Foster parents of older foster youth may also model other healthy behaviors, such as financial

management and healthy relationship skills, and may also provide social capital for foster youth (Gilligan, 2012). HMRE designed to strengthen the couple relationship of foster parents is likely to benefit the youth in their care as well.

Parenting Outcomes

Parenting outcomes (e.g., parenting stress, dedication, satisfaction, style, and behaviors) impact not only the parent's overall well-being, but impact child and family well-being. For example, parenting stress has been found to be associated with the quality of the parent-child relationship, other parenting outcomes, and family functioning (Crnic & Low, 2002; Deater-Deckard, 2004; Harmon & Perry, 2011). Parenting style has been found to be associated with children's outcomes including educational attainment (Majumder, 2016) and internalizing outcomes (e.g., self-esteem; Martinez & Garcia, 2007; Tafari, Wild, & Ho, 2010).

Additionally, parenting satisfaction (i.e., pleasure or enjoyment related to parenting), has been associated with positive parenting styles (Rogers & Matthews, 2004). However, low parenting satisfaction has been found to be associated with child behavior problems (Johnston & Mash, 1989; Ohan, Leung, & Johnston, 2000) and low parent well-being (e.g., anxiety, depression; Rogers & Matthews, 2004).

As previously discussed, parenting risk and protective factors, couple and coparenting relationship experiences, and their relationship and parenting efficacy all have been found to have an impact on parenting outcomes. While it is well-established that these associations exist and are important for parent, child, and family well-being in general, it is unknown how these associations play out within the context of foster parent families specifically.

Theoretical Frameworks

The conceptual model presented is based in two theoretical frameworks that have informed the study of parenting, couple, and coparenting experiences, including family systems theory, actor-partner dependence model, and the contextual model of family stress.

Family Systems Theory

Family systems theory is used extensively to study family relationships and the individual within the context of the family. Based on general systems theory (Von Bertalanffy, 1968), family systems theory is grounded in the belief that the family is an interconnected unit or system where everything that happens within the family (e.g., an action by an individual family member) can affect each of the members of the family (Bowen, 1968). Using family systems theory, researchers have examined the structure, complexity and organization of families, and the relationships within families. In addition to examining the family system as a whole, family systems theory also can be used to examine subsystems within the family such as dyadic relationships (e.g., parent-parent; parent-child; sibling-sibling) and triadic systems (e.g., parent-parent-child, parent-child-child). It is important to note that individuals within the family are likely to be in multiple subsystems. These subsystems not only have processes within themselves, but also affect the entire family (Minuchin, 1985; Minuchin, 1974), meaning that each subsystem impacts, and can be impacted by, other subsystems within the family (Cox & Paley, 1997; Minuchin, 1985). For example, between subsystems, there may be a compensatory association in which positive processes in one subsystem buffer against or compensate for negative processes within another subsystem (Erel & Burman, 1995).

An essential component of the family systems theory is the spillover hypothesis (Erel & Burman, 1995; Grych, 2002). Spillover is when the interactions within one subsystem impact

another subsystem. This hypothesis is most used to explain the negative impact that negative marital interactions, such as hostile marital conflict, has on the parent-child relationship, and previous research has found that the couple relationship does directly impact the parent-child relationship quality (e.g., Stroud, Durbin, Wilson, & Mendelsohn, 2011; Sturge-Apple et al., 2009).

Within foster families, it is especially important to study the complex and various subsystems within the foster family in order to better understand how they impact each other and how these associations impact the well-being of all of the individuals involved (Minuchin, Colapinto, & Minuchin, 2007). Due to the expanded family system (i.e., foster parents, biological parents, foster parents' biological children, service providers) and the increased number of subsystems, it is even more important to study these subsystems and understand the impact of the interactions between the subsystems in order to better inform policy, training for foster parents, and family life education for biological parents.

Actor Partner Interdependence Model

The actor partner interdependence model (APIM) is based in family systems theory and can be used to study dyadic relationships (e.g., Kenny, Kashy, & Cook, 2006). This model accounts for dyadic processes between an actor (i.e., the individual providing measurement) and the partner (i.e., the individual the actor is measuring; Back & Kenny, 2010). This model is especially useful in studying couple, coparenting, and parenting relations within a family. This model also could be used to examine the associations of characteristics between partners within the constructs in the conceptual model and how they influence the associations between these constructs both in general families and in foster families.

Contextual Model of Family Stress

The contextual model of family stress can also be used to understand some of the associations within the conceptual model, especially when studying foster families. Some of the assumptions of this theory include: (1) strong families can also be stressed to the point of crisis and become non-functioning; (2) individual values and beliefs influence what each family perceives as stressful and how they derive meaning from the situation or event; (3) meaning-making of an event is likely influenced by their individual and family characteristics such as gender, race, ethnicity, and socioeconomic status; (4) psychological stress can impact physical well-being, which can impact the entire family; (5) individual family members may be more resilient than others in the family; and (6) crisis may eventually make the family stronger (Boss, 2003). Within this model, a stressful event that a family experiences is understood by the perceptions of that event, the resources available, the internal context within the family (i.e., structural, psychological, and philosophical), and the external context of the family (i.e., heredity, development, economy, history, and culture; Boss, 2003).

This model is very useful in the study of foster families, the unique stressors that they experience, and the impact of these stressors on the associations between the couple relationship, coparenting relationship, and parenting within the family. Although there are many applications of this model when examining a foster family, one example would be that if a foster child has lived in the foster home for an extended period of time and is then reunited with his biological mother, this stressful event could greatly impact all of the associations in the conceptual model due to feelings of loss that may put additional strain on the couple and coparenting relationship, parenting stress, and relationship and parenting efficacy. However, if the foster parents perceive their role as a foster family as a temporary placement until the biological parent is able to care for the child, has outside support from a support group, has a family philosophy that they will

love as long as they are in their home, and have a history of this happening previously, then the stress would be much different than if the parents were planning to adopt the child or provide long-term placement. Additionally, the family may display more resilience, and therefore family relationships may not be impacted as severely.

Overview of Studies

Building on the existing literature on couple relationships, coparenting relationship and parenting for both foster parents and non-foster parents, the current studies aim to set the stage for future research on HMRE for foster parent couples by examining foster parenting factors that may be associated with couple and coparenting relationships such as (1) parenting risk and protective factors that exist in the context of foster parenting, (2) parenting satisfaction, stress, and behaviors, and (3) parenting and relationship efficacy. While it is well-known that foster parents experience unique challenges (Buehler et al., 2006), little is known about how these challenges impact their couple and coparenting relationships and how this impacts their parenting behaviors or retention as foster parents.

The subsequent chapters present two studies with data collected from three unique samples of foster caregivers across the state of Georgia. The first study uses dyadic data from 96 married foster caregiver couples to examine the associations between foster caregivers' parenting stress and their couple and coparenting relationship quality. The second study utilizes latent class analysis to examine the relationship efficacy of 125 married foster caregivers (55.2% female) and the influence of individual and family characteristics as well as formal and informal sources of support on variations in relationship efficacy. As well, the association between different levels of relationship efficacy and both couple and coparenting relationship quality is examined.

Conclusion

Foster parent couples play an invaluable role in a society where there are situations in which children are no longer able to be cared for by their parents. Yet, little is known about how fostering impacts these couples as individuals, as couples, and as parents. With the widespread shortage of foster parents in the United States and worldwide, understanding foster parenting functioning and the associations between parenting risk and protective factors, efficacy, couple and coparenting relationship quality, and parenting outcomes may assist child welfare service providers in the recruitment and retention of high-quality foster parent couples while also informing services and training for foster parent couples.

The remainder of the document is arranged such that the following two chapters represent separate manuscripts of the previously-mentioned studies. Each chapter includes a review of the literature, methods, results, and a discussion relating to the respective study with the tables and figures located at the end of each respective chapter. The fourth and final chapter includes a summary of the two studies with implications for future research and practice. An appendix lists all measures and specific items used in the studies. Finally, formatting, numbering of tables and figures, and stylistic considerations are in accordance with guidelines established by APA (6th edition) and the Graduate School at the University of Georgia.

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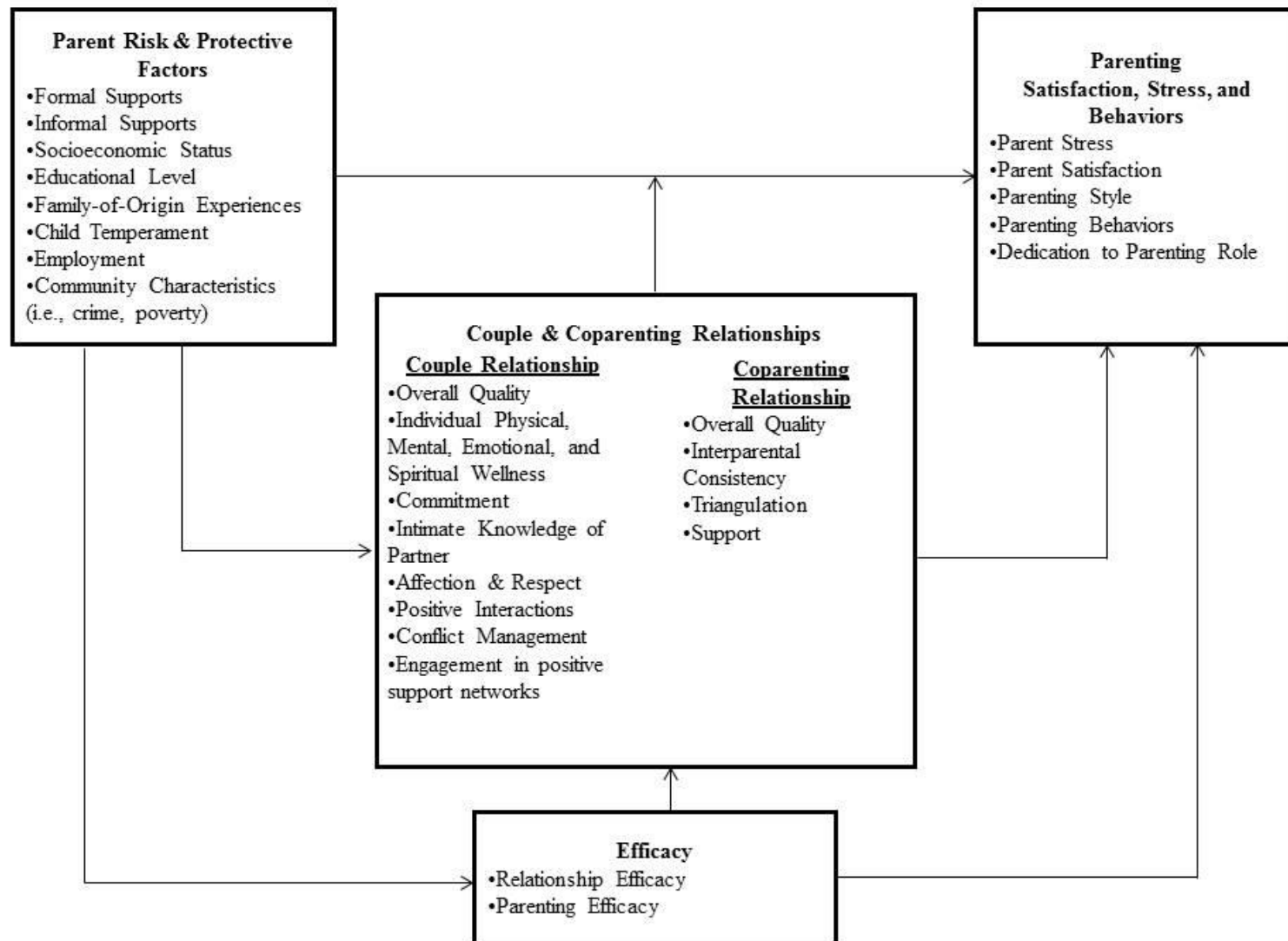


Figure 1.1. *Conceptual model of foster caregivers' contextual factors and relationship and parenting outcomes*

CHAPTER 2

FOSTER CAREGIVERS' COUPLE AND COPARENTING RELATIONSHIP

EXPERIENCES: A DYADIC PERSPECTIVE¹

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Abstract

Foster caregivers experience many challenges and joys while providing care for our nation's most vulnerable children (Buehler, Cox, & Cuddeback, 2003; Daniel, 2011), which influence their well-being, placement stability, and retention (Geiger, Hayes, & Lietz, 2013). For foster caregivers in a committed couple relationship, these experiences may influence the quality of their couple and coparenting relationships. Despite the knowledge that a healthy couple and coparenting relationship is part of a high-quality foster home, little attention has been given to examining the relationship experiences of foster caregivers. The purpose of the current study is to understand the influence of parenting stress experiences of foster caregiving couples on their couple and coparenting relationship quality. Guided by family systems theory, using the actor-partner interdependence model, we analyzed data from 96 foster caregiver couples to examine the actor and partner effects between parenting stress and couple and coparenting relationship quality. Findings suggest that husbands' and wives' parenting stress each have a unique influence on their own and their partner's perceptions of their couple and coparenting relationship. Implications for child welfare and other service providers are shared.

Introduction

Foster families are a unique and understudied population that often experience many stressors that impact the subsystems in the family and the family system as a whole. Of the 415,129 children in the foster care system, 75% are placed either in relative care (29%) or in non-relative (46%) foster care (Child Welfare Information Gateway, 2016). Although many foster parents report experiencing the joys that come along with fostering (Daniel, 2011), both relative and non-relative foster care providers experience unique stressors compared to non-foster parents, including caring for a child with a traumatic background, frequent interactions with service providers (e.g., caseworkers, therapists), increase on time demands, feelings of ambiguous loss, lack of permanency, and increased financial strain (Buehler, Cox, & Cuddeback, 2003). Due to these challenges, foster caregivers may also experience strains on their couple and coparenting relationships. However, to date, this has not been empirically studied. The current study seeks to understand foster parenting stress and its association with the couple and coparenting relationship processes of foster caregiver husbands and wives.

Children and youth in foster care can benefit from being placed in high-quality foster parent homes to meet their unique needs (Berrick, 2008). For children placed in a two-parent foster household, a high-quality home includes a healthy couple and coparenting relationship (Buehler, Rhodes, Orme, & Cuddeback, 2006). However, when interactions in the couple relationship are unhealthy, there may be a negative impact on the children in the home. For example, in the general population, negative interactions in the couple relationship (e.g. distress and hostility) are associated with poor parenting practices, such as decreases in behavioral control, warmth, monitoring, and support (Conger & Elder, 1994; Krishnakumar & Buehler, 2000; Sturge-Apple et al., 2009). These associations are possibly due to increases in parenting

stress without the support of a high-quality couple relationship. High quality foster parents provide a safe, secure, and nurturing environment that meets the needs of the child(ren) in their care while managing the demands and challenges that come along with fostering both for themselves and the family as a whole (Buehler et al., 2006). High-quality foster caregivers may also model healthy relationship behaviors for the children in their care.

Theoretical Framework: Family Systems Theory

According to family systems theory (Bowen, 1968), the family operates as a whole where an event or situation that influences one individual or one subsystem within the relationship influences other individuals in the family, family subsystems (e.g., dyadic relationships) and the family as a whole. This process is referred to as a “spillover effect” (Erel & Burman, 1995; Grych, 2002). For example, individual processes, such as parents’ perceptions of parenting stress, may spill over into dyadic interactions, such as the couple relationship which will then spill over into the coparenting relationship. Additionally, one parent’s perception of their parenting experience or their couple relationship may also influence dyadic interactions in such a way that consequently influences their partners’ perceptions of their relationship. As such, the current study employs an actor-partner interdependence model approach (Kenny, Kashy, & Cook, 2006) to examine how the perspective of each spouse is associated with not only their own outcomes (“actor effect”) but also the perspective and outcomes of their spouse (“partner effect”).

Couple and Coparenting Relationships

In two-parent families, the couple and coparenting relationships are unique subsystems in which processes that reflect the couple relationship are couple-centered in focus, whereas interactions within the coparenting relationship focus on working together to raise a child

(Feinberg, 2003; Margolin, Gordis, & John, 2001). The processes that occur in the couple relationship often spill over into the coparenting relationship and vice versa (e.g., Kitzmann, 2000). For example, marital distress and hostility have been found to influence greater negative affect and disagreement within the coparenting relationship (Stroud, Durbin, Wilson, & Mendelsohn, 2011). For couples in the transition to parenthood, high couple relationship quality prior to the birth of the couple's first child is associated with high coparenting support from both partners three years after the birth of the child (Le, McDaniel, Leavitt, & Feinberg, 2016). In a sample of African American couples with adolescents, Riina and McHale (2015) found that couple relationship satisfaction was positively associated with greater satisfaction with the coparenting relationship.

Research has established a clear connection between the influence of the couple and coparenting relationship on the parent-child relationship and child outcomes (e.g., Teubert & Pinquart, 2010). While there is evidence to suggest that the quality of the couple relationship directly influences parenting and child outcomes, especially for fathering (Cumming, Merrilees, & George, 2010), the quality of the coparenting relationship has been found to mediate these associations (Bonds & Gondoli, 2007; Pedro, Ribeiro, & Shelton, 2012). To date, no studies could be found that examined the coparenting relationship of foster caregiver couples; instead, studies examining foster coparenting have focused on the relationship between the foster parent and the biological parent of the child in their care (e.g., Linares, Montalto, Roschbrush, & Li, 2006; Montalto & Linares, 2011). Additionally, no studies to our knowledge have examined the association between foster caregivers' couple and coparenting relationship. This study seeks to fill this gap in the literature.

Parenting Stress

Parenting stress is a term used to describe the demands and difficulties associated with the parenting role, including day-to-day child care tasks, establishing rules and routines, and managing behavior (Dunning & Giallo, 2012). When the parent perceives greater difficulty, they also experience more parenting stress (Kwok & Wong, 2000). Parenting stress levels can fluctuate based on circumstances and other contextual factors, such as child age and behavioral problems. For example, while parenting stress occurs throughout the process of raising a child, it is generally higher during the early years (Crnic & Low, 2002). Family structure may also be a contextual factor that influences parenting stress. For example, stepparents experience higher levels of parenting stress than do biological parents (Shapiro, 2014).

Foster caregivers may be at even greater risk for parenting stress due to the unique challenges that they often experience. For example, foster mothers who foster a child with behavioral problems are more likely to experience parenting stress than a comparison group of non-foster mothers (Vanderfaeillie, Van Holen, Trough, & Andries, 2012; Vanschoonlandt, Vanderfaeillie, Van Holen, De Maeyer, & Robberechts, 2013). Consequently, when foster parenting stress is high, foster children are less likely to form a secure attachment to their foster caregiver and also display more behavioral problems (Gabler et al., 2014) which may negatively influence placement stability.

Parenting stress has also been found to be associated with parents' couple and coparenting relationship. For example, Fagan and Lee (2014) found that for resident fathers, high levels of couple and coparenting conflict were positively associated with higher paternal parenting stress while couple happiness was negatively associated with parenting stress. Additionally, lower levels of parenting stress have been found to be associated with high-quality

couple relationship interactions (e.g., warmth, support, positive conflict management; Mulsow, Caldera, Pursley, Reifman, & Huston, 2002; Weiland & Baker, 2010). As well, Shaprio (2014) found that stepparents with a high marital quality experienced less parenting stress, a finding that was less pronounced for biological parents. Foster parenting is similar to step-parenting in that both roles are more complex and ambiguous than biological parenting. To date, the influence of parenting stress on the couple and coparenting relationship for foster caregivers has not been empirically examined. However, based on existing literature of parenting stress in general, it can be hypothesized that higher levels of parenting stress, which may be common in the context of foster caregiving, would be associated with lower levels of couple and coparenting relationship quality.

Current Study

The current study uses the actor-partner interdependence model (Kenny, Kashy, & Cook, 2006) to better understand how foster caregiving influences family dynamics. Specifically, this study examines the association between husbands' and wives' parenting stress and their perceptions of their couple and coparenting relationship ("actor effect") as well as their spouse's perceptions of their relationship ("partner effect"). Guided by the existing literature and family systems theory, we examine three hypotheses: (H1) foster caregivers' parenting stress will be negatively associated with couple and coparenting relationship quality; (H2) foster caregivers' who report a high-quality couple relationship will also report a high-quality coparenting relationship; (H3) foster parenting stress will influence husbands' perceptions of the couple and coparenting relationship quality more significantly than for wives.

Method

Procedure

Data were collected from three unique samples of married, foster caregiving couples. There were no duplicates across the three samples. The first sample was identified from a database of all foster caregivers in the state of Georgia (N = 5931) provided by the Georgia Division of Family and Children Services (DFCS). After narrowing the sample to married couples (N = 4346), a random sample of 300 households was chosen. African American households were oversampled in order to increase response diversity (50% Caucasian, 50% African American). A survey packet was mailed to each household, and the Dillman (2000) Method was used to increase response rate using various forms of contact including a reminder postcard mailed 1 week after the original packet, phone calls approximately 3 weeks after the original packet was mailed, and a follow-up packet approximately 4 weeks after the original packet was mailed. Total recruitment lasted between four and six weeks. A total of 68 packets were non-deliverable, and 100 foster parents from 61 households returned a completed survey. Complete data from both partners was returned from 39 couples.

The second sample consisted of foster caregivers who were recruited to participate in a healthy marriage and relationship education training at a foster parent conference. Participants were recommended by DFCS from 10 regions across Georgia. Twenty-one of the invited participants attended the training and 5 couples (10 individuals) were walk-ins. Referred participants were contacted two weeks prior to the training and invited to complete the survey online. Two individuals completed the survey online but did not attend the training. Those who did not complete the survey online and walk-ins were given the option to complete a paper

version of the survey on the day of the training, prior to the beginning of the training. A total of 33 individuals completed the survey, with complete dyadic data from 15 couples.

A third sample included participants who had self-selected to register for a healthy marriage and relationship education weekend-intensive training. One month prior to the training, participants were emailed inviting them to complete an online survey. The Dillman method (2000) was used to increase response rate with a reminder email being sent out once a week for four weeks. Those who did not complete the survey online were given the option to complete it on a tablet when they arrived at the training prior to the start of the event. A total of 93 individuals completed the survey, with complete dyadic data from 43 couples.

Sample

The final sample was narrowed to 96 couples who were in a heterosexual relationship, married, and where dyadic data was available: Sample 1 ($n = 38$), 2 ($n=15$); and 3 ($n = 43$). The majority of the participants ($n = 192$) were Caucasian (69.2%) and non-Hispanic (95.7%). On average, they had completed at least some college (71.2%) and 80.3% reported an annual household income of at least \$40,000. Participants were approximately 43.46 years of age ($SD = 10.15$), had been in a committed relationship with each other, on average, for 16.34 years ($SD = 8.89$) and had been foster caregivers for approximately 4.33 years ($SD = 4.69$).

Measures

Foster parenting stress. Foster parenting stress was measured using 10 items adapted from the Parental Stress Scale (Berry & Jones, 1995). Participants rated their level of agreement (1 = *strongly disagree*; 7 = *strongly agree*) with each item (e.g., “having foster children has been a financial burden,” “caring for foster children sometimes takes more time and energy than I

have to give”). A mean score was computed so that a higher score represented higher levels of foster parenting stress ($\alpha = .860$ for males; $\alpha = .857$ for females).

Couple relationship quality. Couple relationship quality reflected participants’ level of agreement (1 = *strongly disagree*; 7 = *strongly agree*) with 3 items from the Quality of Marriage Index (Norton, 1983; e.g., “we have a good relationship”). A mean score was calculated so that a higher score indicated higher couple relationship quality ($\alpha = .966$ for males; $\alpha = .956$ for females).

Coparenting relationship quality. The quality of the coparenting relationship was measured using 12 items adapted from the Casey Foster Applicant Inventory-Applicant Coparenting Scale (CFAI-CP; Cherry & Orme, 2011) and the Coparenting Questionnaire (Margolin, Gordis, & John, 2001). Participants rated their level of agreement (1 = *strongly disagree*; 7 = *strongly agree*) with each item (e.g., “my partner strongly supports my parenting efforts,” “my partner works with me to solve problems specific to our children”). Items that represented poor coparenting behavior were reverse-coded, and a mean score was computed so that a higher score represented a higher-quality coparenting relationship ($\alpha = .908$ for males; $\alpha = .905$ for females).

Control variables. Foster caregiver demographics (i.e., age, race, educational attainment, length of time as a foster parent, and length of time in their relationship) were modeled as covariates of partners’ coparenting relationship. Participants reported their age in years, race (0 = *non-Caucasian*; 1 = *Caucasian*), and educational attainment (1 = *General Education Development*; 8 = *Master’s degree/Advanced degree*). Additionally, participants reported the length of time they had been with their current partner and how long they had been an active, approved foster caregiver in months.

Analytic Plan

Guided by the actor-partner interdependence model, dyadic data were analyzed using Structural Equation Modeling (SEM) which allows for a more holistic analysis by examining the association between the multiple constructs in one model (Kline, 2011). Additionally, SEM allows for the investigation of hypothesized interindividual processes by taking into account dyadic associations including the dependency between both partners' perceptions of their couple and coparenting relationships and parenting stress. Missing data were accounted for using full information maximum likelihood (FIML). Model fit was established using three goodness-of-fit model indices including the Comparative Fit Index, the root mean squared error of approximation, and the chi-squared test (Carmines & McIver, 1981).

Results

Table 2.1 provides summary descriptives and a correlation matrix for all variables. Both husbands and wives reported moderate levels of foster parenting stress ($M = 3.12$, $SD = .961$ for males; $M = 3.23$, $SD = 1.01$ for females). In fact, only, 1.1% of husbands and 4.0% of wives had a high parenting stress score ($M = 5.00$ or higher, out of 7-point scale). See Appendix 2D for a more detailed description of husbands' and wives' reports of parenting stress by indicator. As well, both husbands and wives reported high-quality couple ($M = 6.16$, $SD = .996$ for males; $M = 6.31$, $SD = .894$ for females) and coparenting ($M = 5.84$, $SD = .839$ for males; $M = 6.05$, $SD = .832$ for females) relationships. Analyses comparing husbands and wives as well as comparisons between samples are summarized in Appendix 2C. On average, wives perceived their coparenting relationship quality more positively than husbands, husbands from Sample 3 perceived their coparenting relationship quality more positively than husbands in Samples 1 and 2, and wives from Sample 3 perceived their coparenting relationship quality more positively than

wives in Sample 1. Last, examination of the correlations revealed several actor and partner effects in the expected directions.

Structural Equation Model

SEM analyses were conducted to examine the direct association between foster caregivers' perceptions of their parenting stress and their own and their partner's couple and coparenting relationship quality. Overall, the model fit the data well ($\chi^2/df = 1.12$, $p = .225$; CFI = .924; RMSEA = .039) and explained a reasonable amount of the variance ($R^2 = 0.33, 0.05, 0.45$, and 0.37 for husbands' and wives' perceptions of couple and coparenting relationship quality, respectively) with the exception of wives' perceptions of their couple relationship quality. Only one control variable, husband's employment, was significantly associated with husbands' perceptions of coparenting relationship quality ($\beta = .093$, $p = .038$). As summarized in Figure 2.1, both husbands' and wives' parenting stress were associated with husbands' perceptions of their couple relationship quality ($\beta = -.655$, $p = .000$; $\beta = .365$, $p = .000$), and husbands' parenting stress was associated with wives' perceptions of their couple relationship quality ($\beta = -.251$, $p = .042$). Additionally, foster parenting stress was negatively associated with each spouse's perceptions of their coparenting relationship quality ("actor effect"), but no "partner effects" were found. More specifically, husbands' parenting stress was negatively associated with his perceptions of their coparenting relationship quality ($\beta = -.267$, $p = .023$) but not his wives' perceptions of their coparenting ($\beta = .179$, $p = .158$). Further, wives parenting stress was negatively associated with her perceptions of their coparenting relationship quality ($\beta = -.320$, $p = .004$) but not her husband's ($\beta = .031$, $p = .773$). Finally, actor, but not partner, effects were found between husbands and wives perceptions of their couple relationship quality and their coparenting relationship quality. Specifically, husbands' couple relationship quality

was associated with his coparenting relationship quality ($\beta = .398, p = .000$) but not his wife's ($\beta = .191, p = .109$). Wives' couple relationship quality was significantly associated with her coparenting relationship quality ($\beta = .477, p = .000$), but not her husband's coparenting relationship quality ($\beta = .130, p = .152$).

Next, using the Model Indirect function in MPlus, post-hoc analyses were conducted to examine the mediating effects of couple relationship quality on the association between parenting stress and coparenting relationship quality. Findings showed that husbands' perceptions of the couple relationship did in fact mediate the association between his parenting stress and perceptions of coparenting relationship quality ($\beta = -.261, p = .001$) as well as his wife's parenting stress and *his* perceptions of their coparenting relationship quality ($\beta = .145, p = .010$). As well, wives' perceptions of the couple relationship also mediated the association between her husband's parenting stress and *her* perceptions of coparenting relationship quality, but this association was marginally significant ($\beta = -.119, p = .062$).

Discussion

While the associations between parenting stress and the quality of couple and coparenting relationships have been extensively studied in general and among specific sub-populations (e.g., Fagan & Lee, 2014; Stroud, Durbin, Wilson, & Mendelsohn, 2011), little is known about these associations among foster caregivers. However, because foster caregivers care can have a great deal of influence on the well-being of the vulnerable children they care for (Cooley, Wojciak, Farineau, & Mullis, 2015), it is important to understand how the challenges associated with fostering may influence foster caregiver well-being. Based on data from married foster caregiver couples, findings from the current study show a clear association between foster parenting stress and couple and coparenting relationship quality, with some unique actor and partner effects.

Overall, both husbands and wives, similarly, reported a low to moderate level of foster parenting stress. Albeit surprising given the challenges foster caregivers often report experiencing (Buehler et al., 2003), our findings suggest that foster caregivers may be resilient to allowing those external stressors (e.g., caring for a child with a traumatic background, frequent interactions with service providers, increase on time demands) to influence their perceptions of fostering children. However, it is also possible that foster caregivers who chose to participate in our study were unique from those who chose not to participate, possibly due to higher levels of stress. Although research provides a clear understanding of the challenges that foster caregivers experience (Buehler et al., 2003), additional research is needed to better understand how these challenges create variability in foster caregivers' levels of stress.

Still, husbands and wives perceptions of parenting stress had unique actor and partner effects on their perceptions of couple and coparenting relationship quality. Specifically, husbands' who reported higher parenting stress were more likely to report lower couple and coparenting relationship quality as well as have wives who also reported lower couple (but not coparenting) relationship quality. It is possible that husbands experiencing more parenting stress may be taking on more foster caregiving responsibilities than desired or that interfere with other responsibilities. Consequently, husbands' stress may spill over into how they interact with their wives, thus influencing not only his but also her perceptions of their couple and coparenting relationship. Interestingly, however, husbands whose wives' reported higher levels of parenting stress had a more positive perception of their couple relationship. Because foster mothers tend to take on more of the day-to-day responsibilities of caring for foster children compared to foster fathers (Wilson, Fyson, & Newstone, 2007), they may be more likely to experience greater foster parenting stress. However, this stress doesn't seem to spill over and negatively influence their

husband's perceptions of the couple relationship, but instead has a positive influence, possibly due to husbands' decreased burden or increased appreciation for his wife. Collectively, our findings suggest that parenting stress has more of an influence on husbands' perceptions of relationship quality compared to wives, which is consistent with findings in the general population (e.g., Fagan & Lee, 2014).

Another important finding to note is that while wives' parenting stress did not influence her couple relationship quality, our findings suggest that higher levels of parenting stress are associated with wives' perceptions of lower coparenting relationship quality. Foster mothers who experience higher levels of parenting stress may not allow these challenges to influence their marital relationship, but parenting stress does spill over and negatively influence the coparenting relationship. For both partners, actor effects were found between perceptions of couple and coparenting relationship quality, but no partner effects were found. Husbands and wives who viewed their couple relationship positively were likely to also view their coparenting relationship positively. Foster caregivers may experience less difficulty in their coparenting relationship when engaging in behaviors that promote more positive views of their partner and their relationship. Additionally, an indirect association between the parenting stress of both partners and husband's coparenting relationship quality revealed that husbands' perceptions of their couple relationship quality served to mediate these associations. As well, albeit marginally significant, our findings suggest that wives' perceptions of the couple relationship may also mediate the association between husbands' parenting stress and wives' perceptions of their coparenting relationship. Therefore, both partners' perceptions of couple relationship quality may serve as a buffer against the negative influence of parenting stress on the quality of the coparenting relationship.

In addition to notable strengths of the current study, there are limitations that are worth noting. First, although this study is one of the first to examine the couple and coparenting relations of foster caregivers, the lack of diversity in the sample limits the generalizability of the findings. For example, the sample was 65.6% Caucasian and consisted of foster caregivers from a single Southeastern state who self-selected into the study. Still, the sample did provide perceptions from both spouses, and our use of the actor-partner interdependence model allowed us to better understand, more specifically, how these associations differ for husbands' and wives and how partners' perceptions may influence one another. Second, the data is cross-sectional and causation cannot be interpreted from these results. Future studies examining these associations longitudinally would provide a better understanding of the impact of foster parenting stress on couple and coparenting relationship quality over time and allow for the examination of the reciprocal influence of parenting stress and couple/coparenting relations. As well, a longitudinal design that begins data collection prior to their first placement would help inform how initial levels of stress and relationship quality impact changes over time and how these associations may subsequently influence foster caregiver retention as well as placement stability and quality.

The findings of this study provide several implications for practitioners who work with foster caregivers. First, our findings highlight the potential disruption of foster parenting stress to the couple and coparenting relationship. Prior research has suggested that the challenges experienced by foster caregivers result in both individual and family-related stress that leads to placement instability and reduced foster caregiver retention (Gieger, Hayes, & Lietz, 2013). Our findings illustrate that foster parenting stress may disrupt how they feel about their relationship with their spouse, and thus calls attention to the potential need for services that support foster caregivers' couple and coparenting relationship. In fact, our finding that husbands', compared to

wives', perceptions of the couple and coparenting relationship were especially susceptible to the influence of both partners' parenting stress, suggests the need to provide men with resources and services aimed at effectively managing their own stress as well as supporting their wife in reducing her levels of stress. Because of the inequitable distribution of responsibilities foster mothers take on (Wilson, Fyson, & Newstone, 2007), it would be beneficial to work with both partners in helping them find ways to share those responsibilities while managing their own parenting stress. Teaching couples self-care strategies (e.g., mindfulness, breathing exercises) and skills to manage conflict and differences that may arise within the context of foster caregiving may help reduce parenting stress and promote their relationship. As well, resources that increase the availability of respite services would provide foster caregivers time for self-care and time with their partner. Child welfare professionals (CWPs) can also play an important role in promoting healthy couple and coparenting relationships in order to increase foster home stability and quality (e.g., Futris & Schramm, 2015; Futris, Schramm, Lee, Thurston, & Barton, 2014; Futris, Schramm, Richardson, & Lee, 2015). Sharing resources and providing (or referring to) trainings that promote healthy conflict management, intimacy, and commitment within the context of foster parenting stress may be especially helpful to these couples.

A healthy couple relationship is critical to establishing a high-quality and stable two-parent foster home (Buehler et al., 2006). The present study is the first aimed at understanding how foster parenting stress is associated with the quality of the couple and coparenting relationship. While this study provides a basic understanding of these associations, it is clear that additional research is needed to better understand the influence of the challenges associated with foster caregiving on couple and coparenting relationships, foster caregiver well-being, foster home stability, and the well-being of children placed in the home. Further research may also

influence policy to include healthy marriage and relationship education as part of the required training for foster caregivers in a couple relationship in order to increase coparenting relationship quality, and thus, foster home quality and stability. Finally, providing foster caregiving couples with the knowledge and skills to reduce parenting stress and maintain a healthy couple and coparenting relationship may not only increase the well-being of foster caregivers, but may also increase foster caregiver retention, increasing stability for youth in care.

Chapter 2 References

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Table 2.1. *Correlation Matrix for All Variables*

	1	2	3	4	5	6
1. Husband Stress	--					
2. Wife Stress	.506**	--				
3. Husband CQ	-.421**	-.021	--			
4. Wife CQ	-.209	-.069	.373**	--		
5. Husband Coparenting	-.425**	-.173	.579**	.350**	--	
6. Wife Coparenting	-.192	-.324**	.282**	.552**	.472**	--
Range	1.00 – 6.00	1.20 – 5.80	3.00 – 7.00	3.67 – 7.00	3.58 – 7.00	3.17 – 7.00
Mean	3.12	3.23	6.16	6.31	5.84	6.05
SD	.960	1.01	.996	.894	.839	.832

Notes. CQ = Couple Quality; ** $p < .05$

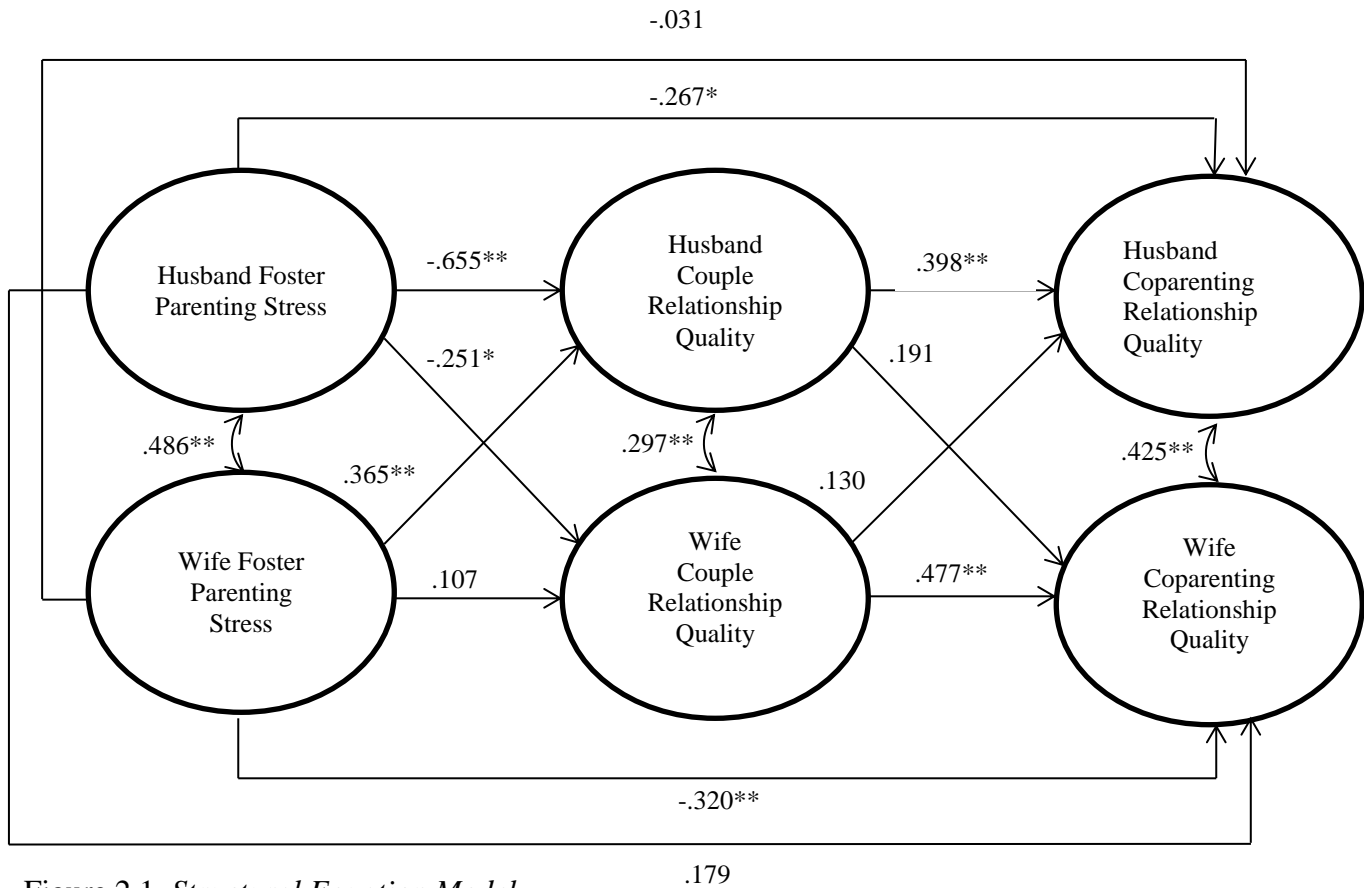


Figure 2.1. *Structural Equation Model*

Notes: * $p < .05$; ** $p < .01$; $R^2 = 0.33$ and 0.05 for husbands' and wives' couple relationship quality, respectively; $R^2 = 0.45$ and 0.37 for husbands' and wives' coparenting relationship quality, respectively

Model Fit Indices

$\chi^2/df = 1.12$, $p = .225$

CFI = .924;

RMSEA = .039

Appendix 2
Appendix 2A: Chapter 2 Sample Demographics

Demographic	Total (N = 192)	Sample 1 (n = 76)	Sample 2 (n = 30)	Sample 3 (n = 86)
Gender				
Male	96 (50.0%)	38 (50%)	15 (50.0%)	43 (50.0%)
Female	96 (50.0%)	38 (50%)	15 (50.0%)	43 (50.0%)
Race				
Caucasian	126 (65.6%)	53 (69.7%)	19 (63.3%)	54 (69.2%)
African American	46 (24.0%)	20 (26.3%)	4 (14.3%)	22 (28.2%)
American Indian/ Native Alaskan	5 (2.6%)	0 (0.0%)	5 (17.9%)	0 (0.0%)
Other	5 (2.6%)	3 (3.9%)	0 (0.0%)	2 (2.6%)
Missing	10 (5.2%)	0 (0.0%)	2 (6.7%)	8 (9.3%)
Ethnicity				
Hispanic	7 (3.6%)	1 (1.3%)	0 (0.0%)	6 (7.7%)
Non-Hispanic	176 (91.7%)	75 (98.7%)	30 (100.0%)	71 (91.0%)
Other	1 (0.5%)	0 (0.0%)	0 (0.0%)	1 (1.3%)
Missing	8 (4.2%)	0 (0.0%)	0 (0.0%)	8 (9.3%)
Education				
Attended High School	4 (2.1%)	2 (2.6%)	2 (6.7%)	0 (0.0%)
High School Diploma	35 (18.2%)	15 (19.7%)	8 (26.7%)	12 (15.4%)
Vocational/Tech Diploma	14 (7.3%)	8 (10.5%)	3 (10.0%)	3 (3.8%)
Some College	42 (21.9%)	10 (13.2%)	10 (33.3%)	22 (28.2%)
Associate's Degree	18 (9.4%)	10 (13.2%)	2 (6.7%)	6 (7.7%)
Bachelor's Degree	45 (23.4%)	19 (25.0%)	3 (10.0%)	23 (29.5%)
Master's Degree/Advanced Degree	26 (13.5%)	12 (15.8%)	2 (6.7%)	12 (15.4%)
Missing	8 (4.2%)	0 (0.0%)	0 (0.0%)	8 (9.3%)
Employment Status				
Full Time	130 (67.7%)	53 (69.7%)	17 (56.7%)	60 (76.9%)
Part Time	15 (7.8%)	5 (6.6%)	4 (13.3%)	6 (7.7%)
Temporary	1 (0.5%)	0 (0.0%)	0 (0.0%)	1 (1.3%)
Not Currently Employed	38 (19.8%)	18 (23.7%)	9 (30.0%)	11 (14.1%)
Missing	8 (4.2%)	0 (0.0%)	0 (0.0%)	8 (9.3%)
Annual Household Income				
\$7,000 - \$13,999	2 (1.0%)	2 (2.7%)	0 (0.0%)	0 (0.0%)
\$14,000 - \$24,999	6 (3.1%)	2 (2.7%)	2 (6.7%)	2 (2.6%)
\$25,000 - \$39,999	28 (14.6%)	18 (23.7%)	6 (20.0%)	4 (5.1%)
\$40,000 - \$74,999	56 (29.2%)	20 (26.3%)	8 (26.7%)	28 (35.9%)
\$75,000 - \$99,999	48 (25.0%)	10 (13.2%)	12 (40.0%)	26 (33.3%)
\$100,000 or more	42 (21.9%)	22 (28.9%)	2 (6.7%)	18 (23.1%)
Missing	10 (5.2%)	2 (2.6%)	0 (0.0%)	8 (9.3%)

Appendix 2B: Measures

Parenting Stress (1 = Very Strongly Agree; 7 = Very Strongly Disagree)

1. The behavior of my foster children is often embarrassing or stressful to me.
 2. Having foster children has been a financial burden.
 3. If I had it to do over again, I might decide not to have foster children.
 4. I sometimes worry whether I am doing enough for my foster children.
 5. Caring for foster children sometimes takes more time and energy than I have to give.
 6. Having foster children leaves little time and flexibility in my life.
-

Couple Relationship Quality (1 = Very Strongly Agree; 7 = Very Strongly Disagree)

1. We have a good relationship.
 2. Our relationship is strong.
 3. My relationship makes me happy.
-

Coparenting Relationship Quality (1 = Very Strongly Agree; 7 = Very Strongly Disagree)

1. My partner strongly supports my parenting efforts.
 2. My partner has similar beliefs about how to parent children.
 3. My partner says cruel and hurtful things about me in front of our child(ren).
 4. My partner has differing views on how to discipline children.
 5. My partner tries to get our child(ren) to take sides when we argue.
 6. My partner talks things over with me about our child(ren) every day.
 7. My partner shares parenting responsibilities with me.
 8. My partner argues with me about our child(ren).
-

Appendix 2C
Study Variable Descriptives & Mean Comparisons by Gender & Sample

Table 1. Study Variable Mean (Standard Deviations) and Mean Comparisons by Sample

	Range	Total (N = 192)	Sample 1 (n = 76)	Sample 2 (n = 30)	Sample 3 (n = 86)	<i>F</i>	<i>p</i>
H Parenting Stress	1.00 – 6.00	3.12 (.961)	3.10 (1.02)	3.07 (.789)	3.15 (.972)	.05	.956
W Parenting Stress	1.20 – 5.80	3.22 (1.02)	3.20 (.738)	3.03 (1.26)	3.32 (1.14)	.45	.641
H Couple Relationship Quality	3.00 – 7.00	6.16 (.996)	6.06 (1.17)	6.13 (.871)	6.27 (.872)	.44	.645
W Couple Relationship Quality	3.67 – 7.00	6.31 (.894)	6.13 (.997)	6.37 (.817)	6.44 (.812)	1.27	.286
H Coparenting Relationship Quality	3.58 – 7.00	5.84 (.839)	5.72 (.865)	5.47 (.821)	6.09 (.764)	3.91 ^{b,c}	.023
W Coparenting Relationship Quality	3.17 – 7.00	6.05 (.832) ¹	5.78 (.939)	5.89 (.970)	6.34 (.559)	5.44 ^b	.006

Note: H = Husband, W = Wife.

T-tests comparing husbands versus wives within sample: ¹ $t = -2.34$ ($p = .02$)

ANOVAs comparing samples: ^a Significant difference between Sample 1 and Sample 2; ^b Significant difference between Sample 1 and Sample 3; ^c Significant difference between Sample 2 and Sample 3.

Appendix 2D
Husbands' and Wives' Report of Parenting Stress by Indicator

Table 1. Frequency of Husbands' Report of Parenting Stress by Indicator

	Very Strongly Disagree	Strongly Disagree	Disagree	Mixed	Agree	Strongly Agree	Very Strongly Agree
The behavior of my foster children is often embarrassing or stressful to me.	12 (12.9%)	13 (14.0%)	27 (29.0%)	21 (22.6%)	12 (12.9%)	6 (6.5%)	2 (2.2%)
Having foster children has been a financial burden.	27 (29.7%)	21 (23.1%)	18 (19.8%)	14 (15.4%)	8 (8.8%)	2 (2.2%)	1 (1.1%)
If I had it to do over again, I might decide not to have foster children.	48 (52.2%)	17 (18.5%)	16 (17.4%)	7 (7.6%)	0 (0.0%)	3 (3.3%)	1 (1.1%)
I sometimes worry whether I am doing enough for my foster children.	12 (12.9%)	9 (9.7%)	15 (16.1%)	16 (17.2%)	25 (26.9%)	10 (10.8%)	6 (6.5%)
Caring for foster children sometimes takes more time and energy than I have to give.	7 (7.5%)	11 (11.8%)	20 (21.5%)	26 (28.0%)	18 (19.4%)	8 (8.6%)	3 (3.2%)
Having foster children leaves little time and flexibility in my life.	5 (5.4%)	5 (5.4%)	20 (21.5%)	21 (22.6%)	28 (30.1%)	8 (8.6%)	6 (6.5%)
I feel overwhelmed by the responsibility of being a foster parent.	14 (15.1%)	16 (17.2%)	26 (28.0%)	16 (17.2%)	18 (19.4%)	3 (3.2%)	0 (0.0%)
Having foster children has meant having too few choices and too little control over my life.	23 (24.7%)	22 (23.7%)	31 (33.3%)	11 (11.8%)	4 (4.3%)	1 (1.1%)	1 (1.1%)
It is difficult to balance different responsibilities because of my foster children.	12 (12.9%)	23 (24.7%)	25 (26.9%)	15 (16.1%)	16 (17.2%)	1 (1.1%)	1 (1.1%)
The major source of stress in my life is my foster children.	26 (28.0%)	19 (20.4%)	22 (23.7%)	13 (14.0%)	9 (9.7%)	3 (3.2%)	1 (1.1%)

Note: % = Valid Percent

Table 2. Frequency of Wives' Report of Parenting Stress by Indicator

	Very Strongly Disagree	Strongly Disagree	Disagree	Mixed	Agree	Strongly Agree	Very Strongly Agree
The behavior of my foster children is often embarrassing or stressful to me.	19 (19.8%)	6 (6.3%)	22 (22.9%)	28 (29.2%)	10 (10.4%)	7 (7.3%)	4 (4.2%)
Having foster children has been a financial burden.	28 (29.2%)	18 (18.8%)	24 (25.0%)	14 (14.6%)	7 (7.3%)	3 (3.1%)	2 (2.1%)
If I had it to do over again, I might decide not to have foster children.	66 (68.8%)	9 (9.4%)	13 (13.5%)	4 (4.2%)	3 (3.1%)	1 (1.0%)	0 (0.0%)
I sometimes worry whether I am doing enough for my foster children.	10 (10.4%)	8 (8.3%)	9 (9.4%)	14 (14.6%)	32 (33.3%)	14 (14.6%)	9 (9.4%)
Caring for foster children sometimes takes more time and energy than I have to give.	11 (11.6%)	10 (10.5%)	12 (12.6%)	25 (26.3%)	23 (24.2%)	8 (8.4%)	6 (6.3%)
Having foster children leaves little time and flexibility in my life.	10 (10.4%)	8 (8.3%)	15 (15.6%)	19 (19.8%)	25 (26.0%)	12 (12.5%)	7 (7.3%)
I feel overwhelmed by the responsibility of being a foster parent.	21 (21.9%)	12 (12.5%)	27 (28.1%)	17 (17.7%)	14 (14.6%)	2 (2.1%)	3 (3.1%)
Having foster children has meant having too few choices and too little control over my life.	26 (27.1%)	14 (14.6%)	31 (32.3%)	14 (14.6%)	9 (9.4%)	1 (1.0%)	1 (1.0%)
It is difficult to balance different responsibilities because of my foster children.	23 (24.2%)	9 (9.5%)	21 (22.1%)	16 (16.8%)	18 (18.9%)	7 (7.4%)	1 (1.1%)
The major source of stress in my life is my foster children.	33 (35.1%)	14 (14.9%)	18 (19.1%)	11 (11.7%)	11 (11.7%)	6 (6.4%)	1 (1.1%)

Note: % = Valid Percent

CHAPTER 3

FOSTERING CONFIDENCE: FOSTER CAREGIVERS' RELATIONSHIP EFFICACY AND ASSOCIATIONS WITH COUPLE AND COPARENTING RELATIONSHIP QUALITY²

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Abstract

While a healthy couple/coparenting relationship is an important characteristic of a high-quality, two-parent foster home, little attention has been given to foster caregiver couples' perceptions of their couple and coparenting relationships and the contextual factors that influence these perceptions. The purpose of the current study is to better understand the relationship efficacy of foster caregivers, the individual characteristics, family characteristics, and sources of support that influence relationship efficacy, and how efficacy is associated with couple and coparenting relationship outcomes. Guided by the contextual model of family stress (Boss, 2002), the current study uses a latent profile analysis to examine patterns of foster caregivers' relationship efficacy, as well as covariates and outcomes associated with efficacy. Findings suggest that the foster caregivers in our sample were highly efficacious, revealing two groups: (1) high efficacy and (2) moderate efficacy. Additionally, findings suggest that family characteristics such as relationship and parenting experiences as well as family support are associated with these patterns of relationship efficacy and that relationship efficacy, in turn, is associated with couple and coparenting relationship outcomes. Implications for the child welfare system related to support for foster caregiver couple and coparenting relationships are shared.

Introduction

Children and youth in the foster care system require high-quality care to meet their needs following the traumatic experiences that led to their foster care placement. Approximately 75% of the 415,129 children and youth in foster care are placed with either relative (29%) or non-relative (46%) care providers (Child Welfare Information Gateway, 2016). These care providers experience unique challenges including financial strain, lack of permanency, increases on time demands, child behavioral problems, and loss (Buehler, Rhodes, Orme, & Cuddeback, 2006). For those in a couple relationship, fostering together, there may be additional strain on their couple and coparenting relationships. Consequently, foster caregivers' median length of service is between 8 and 14 months, which negatively impacts both child welfare agencies and children placed in foster care due to high turnover rates (Gibbs & Wildfire, 2007). Strong, stable relationships may create stronger, more stable foster homes for youth in care. However, the challenges associated with foster caregiving may negatively influence couples' confidence in their ability to have a healthy romantic relationship (i.e., relationship efficacy) in the midst of the stressful environment.

According to the contextual model of family stress, families experience stressors, such as the challenges associated with foster caregiving, under the influence of internal and external contextual factors (Boss, 2002). According to this model, internal context may include the family's structural, psychological, and philosophical influences while external context includes macro-level systems that are outside the family's control such as culture, history, economy, development, and heredity (Boss, 2002). Internal contextual factors that may specifically influence foster families include individual characteristics (e.g., race, age, employment status, education level) and family characteristics (e.g., having biological or adoptive children, having

children from a previous relationship, previous marriages, etc.). External factors may include caseworker's case load, the availability of resources for fostering, and the judicial system in their area who makes final decisions regarding child placement. Perceptions and resources related to the stress are also a factor in how the family experiences crises and displays resilience. Foster caregivers' resources (e.g., support from formal systems, family, and friends), perceptions of their situation (e.g., efficacy), and environmental factors may all play a role in how their unique challenges impact the quality of their couple and coparenting relationship. However, no empirical work has examined the associations between internal and external contextual factors and foster caregivers' confidence in their ability to maintain a healthy relationship (i.e., relationship efficacy) and the quality of their couple and coparenting relationship. The current study seeks to fill this gap in the literature.

Couple and Coparenting Relationships

The quality of the couple and coparenting relationships is an important factor in a high-quality foster caregiving home that is headed by a couple (Buehler et al., 2006). While couple and coparenting relationships are highly correlated, they represent two separate family subsystems with the couple relationship focusing on the dyadic, romantic interactions between the two adults and the coparenting relationship focusing on the interactions between these adults as it pertains to raising their shared child (McHale & Irace, 2011). The quality of these relationships is important for both parent well-being and the current and future well-being of the children in the household (e.g., Feinburg, Kan, & Hetherington, 2007; Richardson, Simons, & Futris, 2017). In foster homes, these relationships may be especially important for children in foster care placed in the home, increasing placement stability and modeling healthy relationships.

Couple Relationship Quality

There has been some debate over the past few decades on what aspect of couple relationships should be studied as indicators of relationship quality. Relationship success, satisfaction, happiness, and adjustment, have commonly been used interchangeably to conceptualize relationship quality (Fincham & Rogge, 2010). However, recently, two major approaches have emerged to study couple relationships: (1) interpersonal processes that focus on the processes and patterns of interactions between partners (e.g., communication, conflict management) and (2) intrapersonal processes in which the individual partner places judgmental evaluation of the relationship (e.g., relationship satisfaction; Fincham & Rogge, 2010; Funk & Rogge, 2007). In line with this approach, the current study examines multiple indicators of an individual's attitudes and behaviors related to relationship quality.

Specifically, couples' intentionality and commitment, friendship, intimate knowledge of their partner, affection and respect, and conflict management are five attitudes and behaviors that have been empirically examined across several decades and show to contribute to the health of a relationship (Futris & Adler-Baeder, 2013). When these attitudes and behaviors are positive, couples enjoy a stronger relationship quality. For example, couples who are intentional and make a commitment to making the relationship work experience increased satisfaction in their relationship (Givertz & Segrin, 2005; Stanley & Markman, 1992). As well, those who continue to share information about themselves throughout the relationship with their partner in order to build intimate knowledge of each other enjoy increased relationship stability and support (Neff & Karney, 2005). Similarly, couples who develop a friendship and a strong couple identity, such as sharing goals and values, also enjoy a stronger relationship (Shapiro, Gottman, & Carrere, 2000), and those who create a culture of positivity, affection, and respect in their relationship

experience increased marital satisfaction (Gottman, 2011). Finally, couples who manage their conflict and negative emotions toward their partner in a healthy way are less likely to experience relationship dissatisfaction or break-up (Gottman, Coan, Carrere, & Swanson, 1998).

While the impact of these attitudes and behaviors on relationship quality and satisfaction have been studied across a variety of couple relationships and family structures (e.g., married, engaged, unmarried, stepfamilies), couple relationships in foster caregiving families are less understood. However, foster caregiver couple relationship quality may be especially important for the well-being of the foster caregivers and the child(ren) placed in their home (Buehler et al., 2006). Children and youth in foster care have generally experienced some type of trauma, whether it be physical or sexual abuse, neglect, or the incarceration or death of a parent (Holland & Gorey, 2004), and guiding these children through the consequences of these experiences can be especially challenging, taking a toll on the health of the couple relationship. However, a healthy couple relationship may serve as a buffer for these parents and may allow them to create a more stable, loving environment for the children placed in their home.

Coparenting Relationship Quality

McHale and Irace (2011) stated, “coparenting, stripped to its essence, is a shared activity undertaken by those adults responsible for the care and upbringing of children” (p.16). Under this conceptualization, two or more people raising a child will have a coparenting relationship, which is considered to be triadic in nature (i.e., parent-parent-child; Feinberg, 2003). Feinberg (2003) describes four related components of coparenting, including agreement or disagreement on childrearing issues, division of child-related tasks, support or undermining of the coparental role, and the joint management of family interactions, which have been widely studied in a variety of family structures. Numerous studies have reinforced these important components of

coparenting across a variety of family structures including married couples (e.g., Belsky, Crnic, & Gable, 1995; Riina & McHale, 2013), single-parent families (Gonzalez, Jones, & Parent, 2014), and stepfamilies (e.g., Favez, Widmer, Doan, & Tissot, 2015). A strong body of literature has linked coparenting to parent adjustment, child adjustment, and parenting behaviors. For example, unsupportive or uncooperative coparenting processes have been found to be associated with internalizing and externalizing problems for children and adolescents (Margolin et al., 2001; McHale, 1995). Additionally, childrearing disagreement has been found to be associated with difficulty in managing childrearing strategies as well as criticism and undermining between parents (Mahoney, Jouriles, & Scavone, 1997; Van Egeren, 2003).

However, limited research has been conducted specifically examining the coparenting relationship of foster caregivers. Linares, Rhodes, and Montalto (2010) examined coparenting relationships within foster families and found that kinship care providers had a stronger coparenting relationship in some aspects (i.e., stronger support, shared communication) compared to non-kin foster parents but also displayed higher levels of conflict and triangulation. They also found that the strength of the coparenting relationship influenced child outcomes similarly to coparenting relationships in non-foster families in that positive coparenting relationships (i.e., supportive, healthy communication) had a positive influence on parenting and the parent-child relationship, while negative coparenting processes (i.e., hostile conflict, triangulation) had a negative impact on parenting, the parent-child relationship, and child outcomes (Linares et al., 2010). Another study examining foster caregiver couples prior to the placement of a child in their home found that the foster mothers in their sample had greater potential to coparent compared to foster fathers and that foster caregiver couples that had both high marital relationship quality and good mental health had the potential to have a stronger

coparenting relationship (Orme & Combs-Orme, 2014). Linares et al. (2006) found that after controlling for contextual factors, foster caregiver couples' poorer cooperative coparenting was associated with harsh discipline and poorer child outcomes.

Although there are few studies examining coparenting relationships within the foster care context, it seems that, overall, foster parent coparenting relationships operate similarly to non-foster coparenting relationships. Specifically, cooperative coparenting is also beneficial for positive foster parenting, foster parent-child relationships, and positive foster child outcomes. Still, less is known about the factors that may influence the quality of foster caregivers' coparenting relationship. In the present study, we examine how foster caregivers' confidence in their ability to maintain a healthy couple and coparenting relationship is associated with both couple and coparenting relationship quality.

Relationship Efficacy

Self-efficacy is defined as "beliefs in one's capabilities to organize and execute the courses of action required to produce given attainments" (Bandura, 1997, p. 3). In other words, those who are self-efficacious believe that they have the ability and skills to produce a desired outcome by their actions (Bandura, 1997). However, those with high self-efficacy in general are not necessarily efficacious in all areas of their life, including their romantic relationships or parenting abilities (Riggio et al., 2013). Riggio et al. (2013) identified those with relationship efficacy as, "individuals who believe that their behaviors will effectively maintain relationship satisfaction and positivity. They intend to engage in behaviors that establish their commitment to and investment in relationships, and they see relationship satisfaction as an achievable goal" (Riggio, 2012, p. 632). Relationship efficacy represents the individual's perceptions about their abilities which influence their relationship behaviors (Lopez, Morúa, & Rice, 2007).

Relationship efficacy is associated with positive attribution to one's partner and greater marital satisfaction (Fincham, Harold, & Gano-Phillips, 2000), positive expectations for the future, and the ability to cope and be comfortable with intimacy (Riggo et al., 2012). Additionally, higher relationship confidence, a concept similar in nature to relationship efficacy, is associated with fewer negative couple interactions (Stanley, Markman, & Whitton, 2002; Whitton et al., 2007). In a longitudinal study, Johnson and Anderson (2013) found that couples who reported higher relationship confidence at the first time point were more likely to report higher marital satisfaction and more time together at the second time point. They also found that those who reported more time together at the second time point were more likely to report higher marital satisfaction at the third time point.

While relationship efficacy has been found to be associated with indicators of higher relationship quality, no empirical work to our knowledge has been conducted examining the associations between relationship efficacy and coparenting relationship quality. There has been some evidence to suggest an association between parenting efficacy and coparenting relationship quality (May, Fletcher, Dempsey, Newman, 2015; Merrifield & Gamble, 2013), but the direction of this relationship is yet to be empirically determined. It could be hypothesized, guided by the contextual model of family stress, that those who have more positive perceptions of their relationship, such as a higher confidence in their relationship skills, would also be more likely to have confidence in their ability to work with their partner to coparent, increasing the likelihood of positive relationship outcomes. In the context of foster families, foster caregivers' confidence in their ability to maintain healthy relationships (i.e., relationship efficacy) may serve as a buffer for foster caregivers' couple and coparenting relationships for those facing unique challenges related to fostering.

Contextual Factors

The contextual model of family stress (Boss, 2002) and empirical evidence suggest that both internal context (i.e., individual and family characteristics) and resources (i.e., support from formal systems, families, and friends) influence parents' perceptions of their relationship (e.g., relationship efficacy). However, no studies could be found that examined the influence of these contextual factors on foster caregivers, in general, and specific to relationship efficacy and quality. Based on the literature, in general, there are several individual characteristics (e.g., sex, race, income) as well as family characteristics reflecting relationship (e.g. previous marriages, relationship length), parenting (e.g., presence of biological, adopted, and stepchildren), and fostering (e.g., presence of foster children, length of time as a foster caregiver) experiences that may also influence a foster caregiver's relationship efficacy. As well, the parents' access to resources from formal and informal (i.e., family and friend) support networks may also influence relationship efficacy.

Internal Context: Individual Characteristics

There is some evidence to suggest that demographic characteristics may be associated with efficacy. While less is understood about individual characteristics that may influence relationship efficacy, there is some research on the influence of individual characteristics on other types of efficacy. For example, there is evidence to suggest that socioeconomic status influences parents' feelings of efficacy in their parenting role (Ardelt & Eccles, 2001). Additionally, while studies suggest no differences between African American and Caucasian parents on parenting efficacy (Elder et al, 1995), parenting efficacy has been found to impact parenting behaviors more for African American mothers than for Caucasian mothers (Ardelt & Eccles, 2001). As well, mothers have been found to report higher levels of parenting efficacy

than fathers (Lynch, 2002). The present study expands this literature by exploring the association between relationship efficacy and parents' sex, race, age, employment status, income, and education level.

Internal Context: Family Characteristics

Various family characteristics, such as relationship, parenting, and fostering experiences, may also be associated with foster caregivers' relationship self-efficacy. In general, relationship experiences such as marital status and duration have been found to influence relationship quality and stability. For example, while rates of divorce for remarriages are higher than first marriages (e.g., Kreider & Fields, 2002), the quality of these relationships, as opposed to marital status, may be more influential to relationship stability (Jensen, Shafer, Guo, & Larson, 2017). Thus, remarried individuals may not feel as efficacious in their current relationship after the dissolution of their previous marriage, which may consequently influence relationship behaviors that lead to divorce. Additionally, relationship efficacy may fluctuate over the duration of a relationship (Whitton, Rhodes, & Whisman, 2014).

Parenting and fostering experience may also influence relationship efficacy. For example, parents who have multiple children report higher levels of parenting efficacy compared to those who have only one child, since they may already have experience in parenting a child going through a particular developmental phase (e.g., adolescence; Leahy-Warren & McCarthy, 2011; Ulfsdotter, Enebrink, & Lindberg, 2014). Similarly, couples with more children may also have more experience parenting with their partner, thus building their relationship efficacy. Additionally, because of the positive association between marital instability and the presence of children from a previous relationship (Coleman, Ganong, & Fine, 2000), it is plausible that the challenges couples experience in step-parenting may influence relationship efficacy and thus

strain relationship quality. While the association between relationship efficacy and foster parenting experiences has not been studied to date, based on research described above it can be hypothesized that foster caregivers who have been fostering for a longer period of time, and who have fostered more children in the home may report greater relationship efficacy as a result of their ability to make their relationship work through the stresses of fostering.

Resources

Empirical studies have found that a stronger support system is associated with higher levels of self-efficacy, in general (e.g., Antonucci, Akiyama, & Lansford, 1998; Maddy, Cannon, & Lichtenberger, 2015). In fact, self-efficacy has been found to mediate the influence of support on well-being (e.g., Krause, 2003). Support from formal sources, family, and friends may influence individuals and families differently.

Formal support. Formal systems are associated with organizations and agencies, and typically have some obligation to the individual or family (Mancini & Bowen, 2009). For foster caregivers, formal support from the child welfare or child placement agency and caseworkers, as well as clergy, school faculty and staff, health care providers, therapists, or a foster parent association is especially important to fostering stability and retention (Rodger, Cummings, & Leschied, 2006). However, studies have shown that there is not enough support for foster caregivers specifically related to financial aspects of fostering and training (Brown, 2007; Murray, Tarren-Sweeney, & France, 2011). Some have argued that the main role of formal support systems is to enhance informal support networks (Mancini, Bowen, & Martin, 2005).

Informal support. Family and friends can provide emotional, instrumental, informational, companionate, and validation support for individuals (Cohen, Underwood, & Gottlieb, 2000) and couples. For example, relationship quality has been found to be greater for

couples who share more friends (Amato et al., 2007) and who report greater social integration (Barton, Futris, & Neilsen, 2014). For foster caregivers, support from family (e.g., parents, siblings, extended family) and friends (e.g., neighbors, members and leaders at a place of worship, other foster parents) may include helping provide care for the children, providing a listening ear, providing resources when needed, and sharing information. Foster parents report that receiving support from family and friends increases the likelihood of successful fostering (Brown & Calder, 2000; Brown, Sigvaldason, & Bednar, 2005; Buehler, Cox, & Cuddeback, 2003). For example, social support for relative care providers decreases parenting stress and caregiving burden for those raising children with (Kropf & Kolomer, 2004) and without (Strozier, McGrew, Kirsman, & Smith, 2005) disabilities. It may be that receiving support from family and friends increases the foster caregiver's confidence in their ability to manage the health of their relationship through challenging experiences.

While social support has been examined as a covariant of self-efficacy in general and foster caregiver outcomes, these studies have not differentiated between support from family and friends. It may be hypothesized that family support may influence relationship efficacy differently from friend support, especially related to fostering. For example, in many states, foster caregivers are limited in who can provide alternative care for the children placed in their home. Some states allow family members, such as the foster caregivers' parents to care for the children when the foster caregiver is not there (e.g., babysit), making support from family more important than other sources of support. However, to our knowledge, no studies have examined how support from formal sources, family, and friends may influence foster caregivers' relationship efficacy, which may, in turn, influence couple and coparenting relationship quality.

The Current Study

Guided by the contextual model of family stress, the current study examines contextual covariates of relationship efficacy for foster caregivers and how different levels of relationship efficacy are associated with couple and coparenting relationship quality. As depicted in Figure 3.1, the current study has three primary aims. First, we explore different subgroups (latent classes) of foster caregivers' relationship efficacy. While relationship efficacy has only been studied as a continuous variable, other types of efficacy (e.g., parenting efficacy) have been analyzed to determine patterns using latent profile analysis. For example, Junttila and Vauras (2014) found three distinct patterns of parenting efficacy (i.e., low, mediocre, strong) for parents of young children. We take a similar approach in exploring the relationship efficacy of foster caregivers.

Second, we aim to understand individual and family characteristics that may covary with the subgroups of relationship efficacy. With regards to individual characteristics, we hypothesize that foster mothers, older caregivers, and those with higher socioeconomic status will report higher relationship efficacy, and differences by race will not be found. Additionally, relationship experience will be associated with relationship efficacy in that, caregivers who are in their first marriage and those who have been in their relationship for a longer period of time will report higher levels of relationship efficacy. We also hypothesize that parenting experience, based on the presence of biological or adopted children shared with their partner as well as fewer children from a previous relationship, will be associated with greater relationship efficacy. Foster caregiving experience is also expected to covary with relationship efficacy such that caregivers who have been fostering for a longer period of time and who have fostered more children in the home may report greater relationship efficacy. Our third and final aim is to determine if

membership in a certain relationship efficacy group impacts couple and coparenting relationship outcomes. We hypothesize that those in the higher relationship efficacy group will report higher couple and coparenting relationship quality.

Method

Procedure

Data were collected from two unique samples of participants who were (1) active and approved foster parents and (2) in a committed couple relationship fostering together. The first sample was identified from a database of all foster parents in the state of Georgia and those who cared for children from Georgia ($N = 5931$), which was provided by the Georgia Division of Family and Children Services (DFCS). After narrowing the sample to those who met our research criteria ($N = 4346$), we selected a random sample of 300 foster parent households. African American households were oversampled in order to increase response diversity (50% Caucasian, 50% African American). A survey packet was mailed to each randomly-selected household, and the Dillman (2000) Method was used to increase response rate using various forms of contact including a reminder postcard, phone calls, and a follow-up packet. A total of 68 packets were non-deliverable. Completed surveys were returned by 100 foster parents (69% Caucasian; 59% female) from 61 households.

The second sample consisted of foster caregivers recruited to participate in a healthy marriage and relationship education training at a foster parent conference. Fourteen foster caregiver couples (28 individuals) were recommended by DFCS from 10 regions across Georgia. Of these, 21 individuals attended the training and 5 couples (10 individuals) were walk-ins. The 28 referred participants were contacted two weeks prior to the training and invited to complete an online survey. The additional 5 walk-in couples and the invited participants who did not

complete the survey online completed a paper survey on the day of the training prior to the beginning of the training. Two individuals who did not attend the training completed the survey online. The final sample consisted of 32 individuals (65.5% Caucasian; 50% female), 18 who completed the survey online and 14 who completed the paper version. There were no duplicates across the first and second samples.

Sample

Of the 133 respondents, the final sample was reduced to 125 individuals ($n = 56$ males; 69 females) who provided data on the variables of interest and who were currently married. The majority of the participants were Caucasian (68.8%) and non-Hispanic (97.6%). On average, they had completed at least a high school diploma (96.8%) and 76.2% reported an annual household income of at least \$40,000. Participants ranged in age from 23 to 70 ($M = 43.88$; $SD = 9.71$). See Appendix 3A for more information on the final sample.

Measures

Individual characteristics. Participants were asked to report some demographic characteristics such as sex (0 = *male*; 1 = *female*), race (0 = *Caucasian*; 1 = *non-Caucasian*), age, employment status (0 = *not currently employed*; 1 = *currently employed*), income (1 = \$7,000 - \$13,999; 6 = \$100,000+), and highest level of education completed (1 = *less than high school*; 7 = *post-college degree*).

Family characteristics. Participants were asked to report several relationship, parenting, and foster parenting characteristics such as whether or not their current marriage was their first marriage (0 = *no*; 1 = *yes*), whether or not their current marriage was their partner's first marriage (0 = *no*; 1 = *yes*), the length of their relationship (in months), whether or not they shared biological or adopted children with their partner (0 = *no*; 1 = *yes*), number of children

they had from a previous relationship, number of children their partner had from a previous relationship, the number of children in foster care they had cared for in the past 12 months, their foster parent status (0 = *no*; 1 = *yes*), and the length of time that they had been a foster caregiver (in months).

Formal and informal support. Foster parent support was measured using the 17-item Help with Fostering Inventory (Orme, Cherry, & Rhodes, 2006). One source of support (i.e., “our children”) was dropped because it did not load with the other items. This is possibly due to the fact that many participants reported not having children of their own (i.e., biological, adopted, or stepchildren). Participants were asked to report the level of helpfulness (0 = *not applicable*; 4 = *very helpful*) from formal support systems ($n = 7$; e.g., social service agency, family/child doctor), family support systems ($n = 4$; e.g., parents, in-laws, siblings), and friend support systems ($n = 5$; e.g., friends, neighbors, other foster parents). Items were summed so that higher values indicated higher levels of formal ($\alpha = .624$), family ($\alpha = .642$), and friend ($\alpha = .715$) support.

Relationship efficacy. Relationship efficacy was measured using the Self-Efficacy in Romantic Relationships Scale (SERR; Riggio et al., 2011). Participants rated their level of agreement (1 = *strongly disagree*; 7 = *strongly agree*) for 9 items (e.g., “When I make plans in my romantic relationship, I am certain I can make them work” and “I often feel helpless in dealing with the problems that come up in my romantic relationship”). Items that indicated lower relationship efficacy were reverse-coded. For preliminary analyses, a mean score was calculated so that a higher score indicated higher levels of relationship efficacy ($\alpha = .866$).

Couple relationship quality. Couple relationship quality was measured using five indicators, including commitment, friendship, intimate knowledge of one’s partner, showing

affection and respect, and managing conflict. First, relationship intentionality reflected level of agreement (1 = *strongly disagree*; 7 = *strongly agree*) to 6 items (e.g., “I commit effort every day to making my relationship work”) adapted from the Commitment Inventory (Stanley & Markman, 1992); one item was reverse coded and a mean score was calculated so that a higher score represented a higher level of commitment ($\alpha = .826$). Friendship in the couple relationship was measured using a 5-item scale adapted from the revised Dyadic Adjustment Scale (Busby, Christensen, Crane, & Larson, 1995). Participants rated the frequency (1 = *never*; 7 = *more often than once a day*) of each event with their partner in the last month (e.g., “talk with each other about our day”). A mean score was calculated so that a higher score represented a stronger friendship ($\alpha = .859$). Intimate knowledge was represented with 8 items adapted from the Love Maps Questionnaire (Gottman & Silver, 1999). Participants rated their level of agreement (1 = *strongly disagree*; 7 = *strongly agree*) with 4 items regarding their intimate knowledge of their partner (e.g., “I know my partners current major worries”) and 4 identical items regarding their partner’s intimate knowledge of them. A mean score was calculated so that a higher score represented a higher level of intimate knowledge ($\alpha = .943$).

Affection and respect was measured using 10 items adapted from the Socioemotional Behavior Scale (Huston & Vangelisti, 1991) and the Interpersonal Competence Questionnaire (ICQ; Buhrmester, Furman, Wittenberg & Reis, 1988). Participants reported the frequency in the past month (1 = *never*; 7 = *more often than once a day*) of their affectionate behaviors toward their partner (5 items; e.g., “say ‘I love you’ to your partner”) and their partner’s affection toward them (5 items). A mean score was calculated so that a higher score represented a higher frequency of affectionate behaviors ($\alpha = .927$). Finally, conflict management was measured using a 16-item scale adapted from the Interpersonal Competence Questionnaire (Buhrmester et

al., 1988), the Negative Interaction Scale (Stanley, Markman & Whitton, 2002), and the Communication Patterns Questionnaire (Christensen & Sullaway, 1984). Participants rated their level of agreement (1 = *strongly disagree*; 7 = *strongly agree*) with their use of conflict management behaviors toward their partner (8 items) and their partner's conflict management behaviors toward them (8 items; e.g., "I blame, accuse, or criticize my partner"). Items that indicated poor conflict management were reverse-coded and a mean score was calculated so that a higher score represented more positive conflict management behaviors ($\alpha = .834$). Appendix 3B includes all of the items from each of the scales that indicate couple relationship quality.

Coparenting relationship quality. Coparenting relationship quality was measured using items adapted from the Casey Foster Applicant Inventory-Applicant Co-Parenting Scale (CFAI-CP; Cherry & Orme, 2011) and the Coparenting Questionnaire (Margolin, Gordis, & John, 2001). Participants were asked to rate their level of agreement (1 = *strongly disagree*; 7 = *strongly agree*) with 12 items such as "my partner strongly supports my fostering efforts," "my partner works with me to solve problems specific to our foster children," and "my partner says cruel and hurtful things about me in front of our foster children." Items that represented poor coparenting behavior were reverse-coded. A mean score was computed so that a higher score represented a higher-quality coparenting relationship ($\alpha = .890$).

Analytic Plan

Using Mplus Version 7.31 (Muthén & Muthén, 1998-2015), a 3-step latent profile analysis (LPA; Asparouhov & Muthén, 2013) was conducted to determine if different patterns of relationship efficacy exist for foster caregivers, and if so, what family characteristics and sources of support impacted these groups. Additionally, these patterns were examined to see how they were associated with couple and coparenting relationship quality. The three steps include: (1)

identifying typologies in the relationship efficacy patterns among our sample (i.e., “patterns” or “profiles” of foster caregivers based on relationship efficacy), (2) examining potential covariates (i.e., family characteristics and systems of support) that are associated with the identified typologies, and (3) examining between-group differences in couple and coparenting relationship quality. First, we identified the number of typologies from the nine indicators of relationship efficacy. We compared fit criteria across three alternative models from two to five possible patterns of support, balancing conceptual and statistical considerations (Nylund, Asparouhov, & Muthén, 2007). Next, the patterns of relationship efficacy were compared to potentially associated covariates using the most likely group as reference. In the third step, the Wald test was used to examine equalities of means for the couple and coparenting relationship quality across latent profiles (Asparouhov & Muthén, 2007).

Results

Descriptive statistics of each variable examined are presented in Appendix 3C, and a brief overview is summarized below. The majority of participants reported that they were currently in their first marriage (70%) and that their current marriage was their partner’s first marriage (73%). They reported their current relationship ranging from 2.5 to 44.75 years ($M = 196.76$ months; $SD = 190.57$). In regards to parenting characteristics, the majority shared at least one biological or adopted child with their partner (80.0%), had 0 to 5 children from a previous relationship ($M = .49$; $SD = 1.03$), and their partner had between 0 and 5 children from a previous relationship ($M = .49$; $SD = 1.05$). Participants reported having 0 to 32 children in foster care in the past 12 months ($M = 5.10$; $SD = 5.26$) and the majority (83.0%) had at least one foster child currently in their care. Finally, participants reported their length of time as a foster caregiver ranging from 2 months to 18 years ($M = 48.58$ months; $SD = 49.03$). It is important to

note that there were a few differences between each of the samples (see Appendix 3C).

Respondents in sample 1 were more likely to be previously married ($F = 5.59, p = .020$) or have a spouse who was previously married ($F = 4.14, p = .044$) while respondents in sample 2 were more likely to currently have a foster child placed in their home ($F = 13.50, p = .000$) and have a biological or adopted child with their partner ($F = 7.32, p = .008$). As well, a comparison between males and females revealed a significant difference on employment status, with males were more likely to be employed ($F = 28.04, p = .000$; see Appendix 3C). Correlations between individual characteristics, family characteristics, and relationship efficacy can be found in Appendix 3E.

Next, we examined levels of support from formal and informal networks. Participants also reported moderate levels of support from formal networks ($M = 15.99$; $SD = 4.28$) as well as family ($M = 8.03$; $SD = 5.49$) and friends ($M = 12.24$; $SD = 4.28$). More specifically, with regards to the seven sources of formal support, 75.4% of the participants reported receiving some type of support from at least 5-7 sources, 22.8% from 3-4 sources, and only 1.8% reported receiving support from 1-2 sources. On average, they perceived formal support to be between a little and somewhat helpful ($M = 2.86$; $SD = .708$) and identified their family/child's doctor as the most helpful source of support. With regards to family support, most participants (43.0%) reported receiving at least some support from all 4 sources, followed by 3 sources (30.8%) and 1-2 sources (26.2%); only 6.1% reported no family support. On average, they perceived family support as a little or somewhat helpful ($M = 2.79$; $SD = .884$), and identified parents as the most helpful support. Finally, the majority of participants who reported receiving friend support reported receiving support from all 5 sources of friend support (54.0%), followed by 3-4 sources (32.7%) and 1-2 sources (13.3%); only 0.9% reported receiving no support from friends. On

average, friend support was perceived as somewhat helpful ($M = 2.95$; $SD = .756$) and friends were perceived as most helpful compared to neighbors, other foster parents, and members and leaders at their place of worship. Analyses comparing both samples as well as males versus females revealed no statistically significant differences on participants' reports of support. Correlations between formal and informal support and relationship efficacy can be found in Appendix 3E.

As well, relationship efficacy was high among participants overall ($M = 5.29$; $SD = .94$) and slightly higher for females ($M = 5.35$; $SD = .93$) compared to males ($M = 5.23$; $SD = .97$), albeit not significantly different ($F = .081$; $p = .481$). No significant differences were detected between samples (see Appendix 3C). For additional information about relationship efficacy outcomes, see Appendix 3D. Finally, participants also reported high levels of couple relationship quality as reflected in their reports of intentionality ($M = 6.04$; $SD = 0.82$), friendship ($M = 5.19$; $SD = 1.20$), intimate knowledge ($M = 5.80$; $SD = 0.99$), conflict management ($M = 5.28$; $SD = 0.75$), and affection and respect ($M = 5.52$; $SD = 1.13$), as well as high levels of coparenting relationship quality ($M = 6.25$; $SD = 0.70$). Analyses comparing both samples as well as males versus females revealed no statistically significant differences (see Appendix 3C).

Step 1: Patterns in Relationship Efficacy

To identify patterns in relationship efficacy for foster caregivers, we first evaluated competing models using multiple model fit indices (see Table 3.1). Models with lower AIC and BIC values and entropy close to 1.00 are considered to best fit the data, and results from the Lo Mendell Rubin adjustment likelihood ratio test (LMR) should also be considered. While the 3-, 4-, and 5-profile models had lower AIC and BIC values and the 4- and 5-profile models had entropy closer to 1 compared to the 2-profile model, the differences in these were minimal. We

chose to reject the 3-, 4-, and 5-profile models because the LMR did not produce statistically significant results for these three models. Additionally, the 4- and 5-profile models each had groups containing less than 4% of the sample. Thus, we selected the 2-profile model as the best fit to the data, and each class size was adequate for analysis with approximately 47.2% in the smallest class. The resulting average latent class profile probabilities suggested that in any of the two generated profiles, 94% of the profile members were reliably and accurately classified. A visual description of the 2-profile model can be found in Figure 3.2. Profile one was termed *moderate efficacy* ($n = 66$; 52.8%) and profile two was termed *high efficacy* ($n = 59$; 47.2%).

Step 2: Family Characteristic and Support Covariates

Next, we examined which foster caregiver family and support characteristics were associated with relationship efficacy patterns using the *high efficacy* group as the reference group. The results for this examination can be found in Table 3.2. Results indicated that individual characteristics did not influence relationship efficacy groupings. Those whose partner had been previously married and those who had been in a relationship with their partner longer were more likely to fall into the *high efficacy* group. Those who did not share a biological or adopted child with their partner and those who had or whose partner had fewer children from a previous relationship were more likely to fall into the *high efficacy* group. On the other hand, foster parenting characteristics did not influence which relationship efficacy grouping. In regards to support, formal support and support from friends were not significant covariates of relationship efficacy, but those who had more helpful support from family were more likely to fall into the *high efficacy* group. It is also important to note that the association between participants' first marriage and relationship efficacy was marginally significant, such that those who had been married before were more likely to fall into the *high efficacy* group.

Step 3: Group Differences in Couple and Coparenting Relationships

Finally, we examined how foster caregivers' relationship efficacy was associated with their couple and coparenting relationship quality by exploring between-profile differences in mean scores of the profile covariate variables, the five indicators of couple relationship quality, and coparenting relationship quality. Findings are summarized in Table 3.3. Overall, foster caregivers' who fell into the *high efficacy* group had more positive couple and coparenting relationship outcomes.

Discussion

Placing children in foster care in high-quality homes is important for placement stability and child well-being (Buehler et al., 2006), but the unique challenges of foster caregiving may negatively impact caregivers' confidence in developing and maintaining healthy couple and coparenting relationships indicative of high-quality home environments. Guided by the contextual model of family stress (Boss, 2002), the current study examined variations in foster caregivers' relationship efficacy and whether these patterns were associated with individual and family characteristics, support for their fostering role, and their couple and coparenting relationship quality.

Although the current sample of foster caregivers tended to report relatively high relationship efficacy, the use of latent profile analysis revealed two distinct patterns of relationship efficacy. The majority of respondents (52.8%) were classified as having moderate relationship efficacy while 47.2% were classified as having high relationship efficacy. Unlike previous research on parenting efficacy (Junttila & Vauras, 2014), no "low relationship efficacy" group emerged from the analyses. Also, while both groups were similar across some of the indicators of relationship efficacy (e.g., persistence in being successful in their relationship; see

E4 in Figure 3.2), clear differences were still identified between the two groups that shed light on potential challenges these couples may be experiencing in their relationships. For example, as illustrated in Figure 3.2, those categorized in the *moderate efficacy* group were, on average, more likely than those in the *high efficacy* group to perceive relationship success as more difficult in general (E9) and reported greater difficulty in attending to their relationship's needs (E3) as well as devoting effort (E6) and energy (E8) to maintaining their relationship. These perceived challenges in maintaining a successful relationship with their partner can be especially detrimental to their capacity to provide a high-quality and stable home for foster children, especially when compounded with the challenges that foster caregivers typically face (Buehler et al., 2003) as well as their competing relationship and parenting demands.

In fact, our findings suggested that relationship and parenting experiences were associated with perceived relationship efficacy, although in some cases not as expected. For example, those who had been previously married or whose partner had been previously married were more likely to fall into the high efficacy group. It may be that those in a remarriage for one or both partners are more determined to make their relationship a success after experiencing a marital dissolution, may feel that they learned the necessary skills to maintain a healthy relationship, and/or may be more willing to put additional effort into the relationship. Additionally, remarried couples who choose and are approved to be foster caregivers may perceive and exhibit a greater capacity to manage stressors which may consequently be associated with higher relationship efficacy. As well, consistent with research showing a positive association between marital duration and relationship efficacy (Whitton, Rhodes, & Whisman, 2014), foster caregivers who had been in their relationship longer were more likely to be grouped as reporting higher relationship efficacy. Experience in managing challenges with their partner

over time may give foster caregivers additional confidence that they can manage other stressors in their relationship.

In regards to parenting experience, findings showed that caregivers who share a biological/adopted child with their partner were more likely to be categorized as moderately efficacious in their relationship. Although this finding contrasts with what we expected, previous research has suggested that relationship satisfaction decreases with the presence of children (Cowen & Cowen, 2000). It is possible that the competing demands of caring for their own children as well as foster children in their care may result in foster caregivers feeling emotionally and physically incapable of putting forth additional effort to attend to the needs of their partner and relationship. On the other hand, as hypothesized and consistent with prior research on the relationship instability of couples with children from a previous relationship (Coleman et al., 2000), caregivers who reported that either they or their partner had more children from a prior relationship were more likely to fall in the moderate efficacy group. Stepparents are likely to experience greater difficulty parenting their partner's child(ren), resulting in greater couple and coparenting conflict (Coleman et al., 2000), which may impact how efficacious a foster caregiver feels in maintaining a healthy relationship with their partner. Although data on the ages of their biological/adopted as well as stepchildren is unknown, the competing demands of (step) parenting, fostering, and attending to their relationship may vary based on the developmental needs of their children.

Based on the association between the competing demands and challenges of foster caregivers' internal context and their perceived relationship efficacy, external resources may provide these couples with much needed support. Our findings suggest that, compared to other sources of support, support from family, and especially from their parents, may be particularly

influential to promoting higher relationship efficacy. Because foster caregivers are limited in who they can allow to care for children in foster care in their absence, and often foster grandparents are legally allowed to provide care, support from parents may serve as an essential resource that affords foster caregiver couples the time they need to not only rest but to also spend time together without the children (e.g., date night), hence boosting their relationship efficacy. Additionally, receiving support from family may indicate experience in observing and maintaining positive relationships, which may lead foster caregivers to feel more efficacious. Further, while most participants indicated receiving support from all friend sources, the type of support foster caregivers may need but cannot receive from friends due to legal limitations (e.g., respite care) may explain the weak association with perceived relationship efficacy. As well, formal sources of support were not associated with relationship efficacy. While formal networks (e.g., case workers, social service agencies) are expected and typically considered to provide beneficial support to foster caregivers, our findings suggest that the nature of this support may not provide what foster caregivers need. In fact, most of this support was reported as being *a little to somewhat helpful*, with family/child doctor support being the most helpful source of support and social worker support being the second most helpful. Given the unique differences detected between our two efficacy groups across the various indicators of relationship efficacy, resources and services provided by these formal networks that are aimed at helping foster caregiver couples balance competing demands and devote more time and energy to their relationship may prove to be more beneficial. However, formal support does not typically address the couple/coparenting relationship needs of foster caregivers. Recent efforts to train child welfare professionals to integrate healthy relationship education into their work with families (e.g., Futris, Schramm, Lee, Thurston, & Barton, 2014) may serve to fill this gap in

services and promote relationship efficacy and couple/coparenting quality among foster caregivers. Further research is needed that examines how various formal networks and services can provide more relationship-focused support to foster caregivers that enhances relationship efficacy and couple/coparenting quality.

Finally, those in the *high efficacy* group reported higher couple relationship quality as indicated by their intentionality, friendship, intimate knowledge, affection and respect, and conflict management. Those with higher relationship efficacy were also more likely to have a higher-quality coparenting relationship, as expected. Consistent with previous research on couples in general (e.g., Riggo et al., 2013), foster caregivers who feel more efficacious, even in the midst of competing demands and stressors unique to foster caregiving (Buehler et al., 2003), may be more likely to exhibit positive behaviors toward their partner and intentionally put effort into making time for the relationship. Foster caregivers who feel efficacious may also be more likely to exhibit positive behaviors toward their partner when it pertains to parenting (e.g., cooperative coparenting, and positive conflict management related to parenting). While the couple and coparenting relationship are two different subsystems within the family system (Grych, 2002), feelings of efficacy about their couple relationship may spill over into how they parent together.

There are several strengths of the current study. First, foster caregivers are a unique albeit understudied population, and very little research has examined their couple and coparenting experiences. This is the first study, to our knowledge, to examine foster caregiver relationship efficacy and its association with couple and coparenting relationship quality. Second, foster caregivers may be more likely to feel efficacious, in general, because of the rigorous selection process by their local child welfare agency and the training that they undergo

to become foster caregivers. Despite the limited variability in relationship efficacy, our study employed latent profile analysis which led to a better understanding of patterns of relationship efficacy for foster caregivers, demonstrating that even a slight increase in relationship efficacy is associated with increases in healthy relationship outcomes. Finally, the current study examined multiple indicators of relationship quality, allowing us to better understand how relationship efficacy influences specific attitudes and behaviors related to healthy relationships.

Some limitations to the study should also be noted. First, the generalizability of our findings is limited by the nature of our sample, which consists of married, heterosexual couples from a single, southern state who are predominately Caucasian. Future research is needed that examines the couple and coparenting experiences of unmarried as well as same-sex foster caregiver couples. As well, while males and females were almost equally represented and much of the data were dyadic in nature (i.e., 81.6% of the data were available from both partners), the low sample size limited our ability to conduct dyadic data analyses. Future research should explore the unique and shared influences of contextual factors on relationship efficacy and relationship outcomes of both partners in the couple relationship. Third, the data is cross-sectional, taken at one time-point, increasing the possibility of reverse causation and does not allow for causal interpretations. Previous research has suggested that the association between healthy relationships and relationship efficacy is reciprocal in that relationship efficacy may predict relationship outcomes, but positive relationship attitudes and behaviors may also boost relationship efficacy (Johnson & Anderson, 2015). Future studies using longitudinal data would allow for interpretations related to the causal order of relationship efficacy and couple and coparenting relationship outcomes.

Despite these limitations, the current study provides a basic understanding of the associations between relationship efficacy and couple and coparenting relationship quality for foster caregivers and what foster-family specific factors and resources may be associated with efficacy. Foster caregivers experience stressors that can create tension in their family, in general, and their couple relationship specifically, that can decrease retention and impact quality of care as well as placement stability (Gieger, Hayes, & Lietz, 2013). This is especially concerning, given the rising demand across states, and especially in Georgia, for more healthy and stable homes for foster children. Our findings offer several implications to help inform services aimed at supporting foster caregivers.

For example, while healthy marriage and relationship education (HMRE) programs and resources (e.g., tip sheets, online guides) have been shown to enhance relationship efficacy and quality, in general (Hawkins, Blanchard, Baldwin, & Fawcett, 2008), adapting HMRE materials to be more specific to foster caregiver challenges may be necessary in order to similarly enhance foster caregivers' relationship efficacy in the midst of their unique stressors. For instance, these resources could provide tips and recommendations that help foster caregivers identify strategies to balance the competing demands of (step)parenting, caring for a foster child, and making time for their partner and relationship, in addition to the relationship enhancing skills (e.g., communication and conflict management) typically addressed in HMRE resources. As well, the child welfare system can facilitate the engagement of formal as well as informal networks to expand the nature of support provided to foster caregivers that attends to their relationship needs. In fact, training child welfare professionals to integrate relationship education into their work with clients has been demonstrated to increase accessibility and utilization of HMRE resources with child welfare clients (Futris et al., 2014). Sharing these resources with foster caregivers may

be an important expansion of these recent initiatives. As well, the child welfare system can also facilitate additional support from their immediate and extended family. For example, because child safety is a priority, investing resources that expand child welfare agencies' capacity to efficiently screen and approve individuals (e.g., extended family, friends, and neighbors) identified by foster caregivers as potential sources of support can provide foster caregivers the much needed respite and time for their relationship.

Since a high-quality foster caregiver home in a two-parent household includes a high-quality couple and coparenting relationship (Buehler et al., 2003), resources that enhance relationship efficacy may benefit foster caregivers' capacity to maintain such a relationship and provide a safe and stable home for the children placed in their care. Additional research is needed to further expand our understanding of the unique experiences and challenges faced by foster caregiver couples in general, and the factors that influence their couple and coparenting relationship specifically. Our findings offer some direction in suggesting the importance of examining the intersection between internal contexts, external resources, and perceptions of relationship efficacy. Further examination of the influence of foster caregivers' perceptions of relationship efficacy on their couple and coparenting relationship quality is warranted.

Chapter 3 References

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Table 3.1. *Model Fit Statistics for the Latent Profile Solutions*

Solution	LMR	p-value	AIC	Adj.-BIC	Entropy	SmallestProfile ¹ (%)
Two Profiles	337.59	.012	3421.93	3501.12	.94	59 (47.2%)
Three Profiles	49.07	.840	3391.85	3499.33	.91	11 (8.8%)
Four Profiles	63.60	.633	3335.93	3471.69	.95	5 (4.0%)
Five Profiles	70.96	.448	3282.65	3446.69	.96	3 (2.4%)

Note. LMR = Lo-Mendell-Rubin Adjusted Likelihood Ratio Test; AIC = Akaike Information Criterion; Adj.-BIC = Sample Size Adjusted Bayesian Information Criterion. ¹Number of foster caregivers in the smallest profile solution.

Table 3.2. *Covariate Predictor Data for the Comparison Relationship Efficacy*

	<i>B</i>	<i>SE</i>	<i>p-value</i>
Individual Characteristics			
Sex	-0.484	0.615	.431
Race	0.902	0.885	.308
Age of Parents	-0.053	0.058	.355
Employment Status	-0.314	0.895	.726
Income	-0.237	0.303	.434
Education	0.089	0.222	.689
Relationship Experiences			
First Marriage	-2.183	1.154	.059
Partner's First Marriage	-2.931	1.372	.033
Length of Relationship	0.011	0.005	.035
Parenting Experiences			
Biological or Adopted Children with Partner	-2.466	1.018	.015
Number of Children from Previous Relationship	-0.569	0.561	.310
Number of Children from Partner's Previous Relationship	-1.102	0.559	.049
Foster Parenting Experiences			
Number of Foster Children in Past 12 months	0.038	0.049	.435
Currently Fostering	-1.493	0.886	.092
Length of Time as a Foster Parent	-0.008	0.008	.298
Support			
Formal Support	-0.065	0.065	.318
Family Support	0.215	0.092	.020
Friend Support	0.116	0.074	.115

Note. Comparisons are made for demographic covariates using the high efficacy profile group as a reference.

Table 3.3. *Covariate and Outcome Mean Group Differences for Each Relationship Efficacy Profile*

	Mod. Efficacy (<i>n</i> = 66)	High Efficacy (<i>n</i> = 59)	<i>p</i>-value
	<i>M</i> (<i>SE</i>)	<i>M</i> (<i>SE</i>)	
Covariates			
Sex	.514 (.062)	.594 (.066)	.379
Race	.334 (.058)	.287 (.061)	.586
Age of Parents	46.09 (1.18)	41.35 (1.26)	.007
Employment Status	.788 (.052)	.762 (.055)	.736
Income	5.35 (.170)	5.43 (.176)	.758
Education	4.13 (.228)	4.57 (.242)	.197
First Marriage	.697 (.057)	.695 (.061)	.980
Partner's First Marriage	.707 (.056)	.746 (.059)	.635
Length of Relationship	197.11 (15.24)	196.37 (15.92)	.974
Biological or Adopted Children with Partner	.864 (.050)	.762 (.053)	.322
Number of Children from Previous Relationship	.547 (.128)	.429 (.137)	.536
Number of Children from Partner's Previous Relationship	.609 (.129)	.358 (.138)	.192
Number of Foster Children in Past 12 months	4.87 (.661)	5.36 (.703)	.617
Currently Fostering	.874 (.047)	.792 (.049)	.234
Length of Time as a Foster Parent	51.76 (6.16)	45.06 (6.49)	.460
Formal Support	16.51 (.751)	15.48 (.740)	.335
Family Support	6.56 (.538)	9.501 (.540)	.000
Friend Support	11.54 (.650)	12.92 (.635)	.134
Outcomes			
Intentionality	5.68 (.090)	6.45 (.095)	.000
Friendship	4.59 (.127)	5.86 (.135)	.000
Intimate Knowledge	5.41 (.112)	6.25 (.119)	.000
Conflict Management	4.98 (.085)	5.61 (.090)	.000
Affection & Respect	5.06 (.127)	6.04 (.134)	.000
Coparenting Relationship Quality	5.91 (.074)	6.64 (.078)	.000

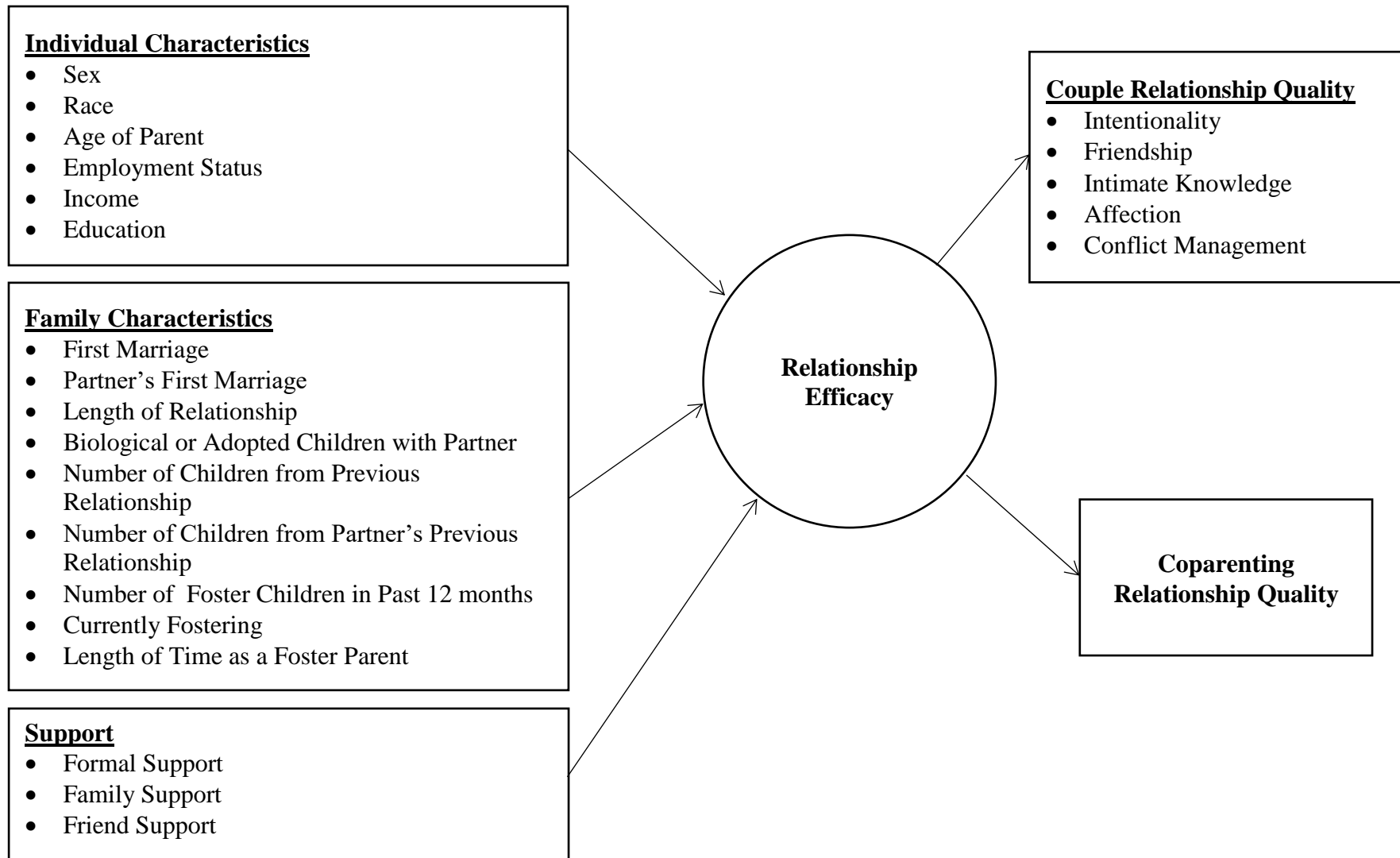


Figure 3.1. *Conceptual Model of Relationship Efficacy, Covariates, and Couple and Coparenting Relationship Outcomes*

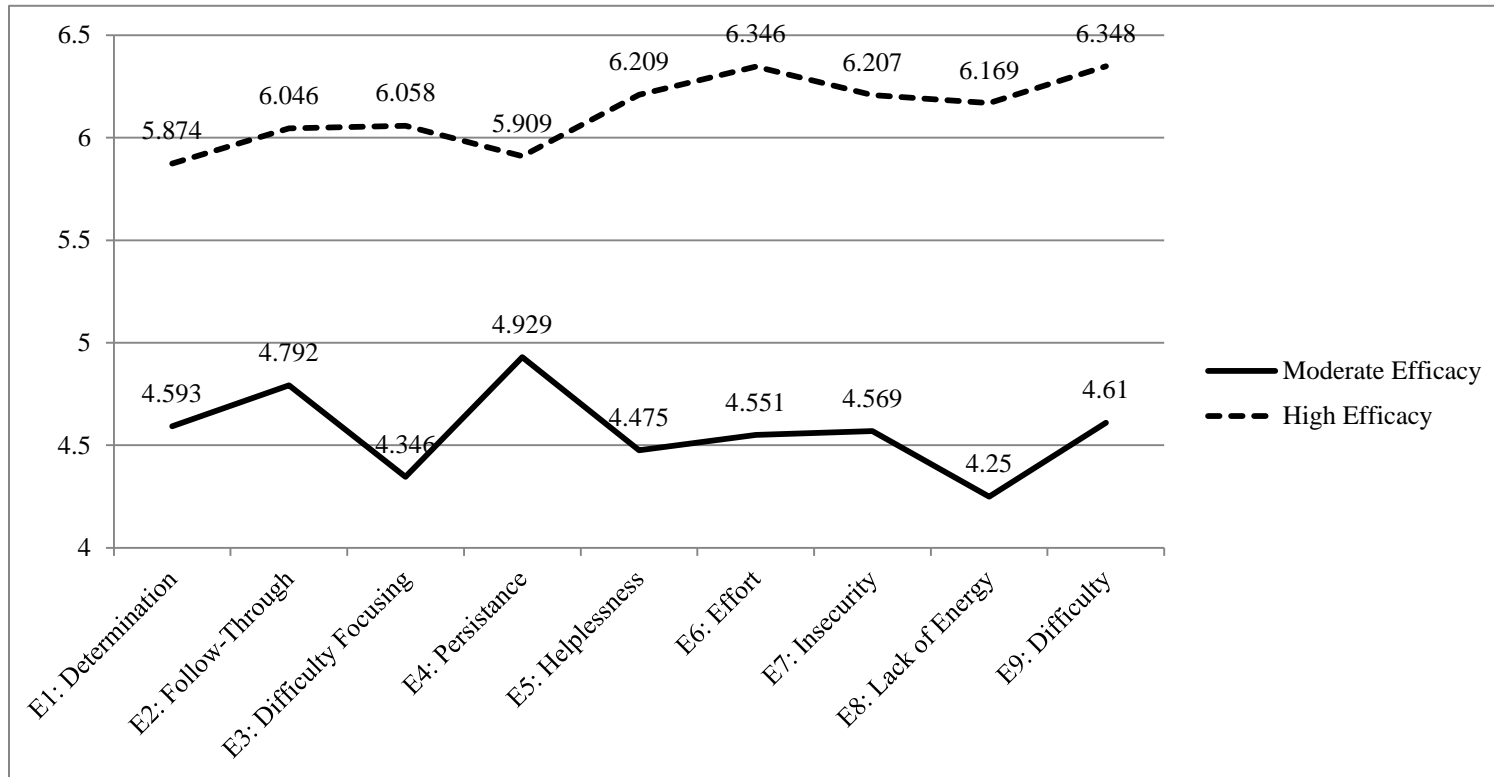


Figure 3.2. Two latent classes based on 9 measures of relationship efficacy

Note: (E1) Failure in my romantic relationship only makes me want to try harder; (E2) When I make plans in my romantic relationship, I am certain I can make them work; (E3) I have difficulty focusing on important issues in my romantic relationship^a; (E4) If I can't do something successfully in my romantic relationship the first time, I keep trying until I can; (E5) I often feel helpless in dealing with the problems that come up in my romantic relationship^a; (E6) I find it difficult to put effort into maintaining success in my romantic relationship^a; (E7) I feel insecure about my ability to be a good romantic partner^a; (E8) One of my problems is that I cannot come up with the energy to make my romantic relationship more successful^a; (E9) Having a successful romantic relationship is very difficult for me.

^a Item reverse coded

Appendix 3

Appendix 3A: Chapter 3 Sample Demographics

Demographic	Total (N = 125)	Sample 1 (n = 93)	Sample 2 (n = 32)
Gender			
Male	56 (44.8%)	40 (43.0%)	16 (50.0%)
Female	69 (55.2%)	53 (57.0%)	16 (50.0%)
Race			
Caucasian	86 (69.9%)	65 (69.9%)	21 (70.0%)
African American	28 (23.6%)	25 (26.9%)	4 (13.3%)
Hispanic/Latino	1 (0.8%)	1 (1.1%)	0 (0.0%)
Native American	5 (4.1%)	0 (0.0%)	5 (16.7%)
Biracial	1 (0.8%)	1 (1.1%)	0 (0.0%)
Other	1 (0.8%)	1 (1.1%)	0 (0.0%)
Missing	2 (1.6%)	0 (0.0%)	2 (6.3%)
Ethnicity			
Hispanic	122 (97.6%)	3 (96.8%)	0 (0.0%)
Non-Hispanic	3 (2.4%)	90 (3.2%)	32 (100.0%)
Education			
Less than High School	4 (3.2%)	2 (2.2%)	2 (6.3%)
Completed High School	22 (17.6%)	14 (15.1%)	8 (25.0%)
Some College	26 (20.8%)	15 (16.1%)	11 (34.4%)
Technical/Vocational Degree	13 (10.4%)	10 (10.8%)	3 (9.4%)
Associate's Degree	14 (11.2%)	12 (12.9%)	2 (6.3%)
Graduated with 4-Year Degree	28 (22.4%)	25 (26.9%)	3 (9.4%)
Post-College Degree	18 (14.4%)	15 (16.1%)	3 (9.4%)
Employment Status			
Full Time	76 (60.8%)	58 (62.4%)	18 (56.3%)
Part Time	16 (12.8%)	12 (12.9%)	4 (12.5%)
More than one paying job	5 (4.0%)	4 (4.3%)	1 (3.1%)
Disabled	8 (6.4%)	4 (4.3%)	4 (12.5%)
Not Currently Employed	20 (16.0%)	15 (16.1%)	5 (15.6%)
Annual Household Income			
\$7,000 - \$13,999	5 (4.1%)	5 (5.6%)	0 (0.0%)
\$14,000 - \$24,999	3 (2.5%)	1 (1.1%)	2 (6.3%)
\$25,000 - \$39,999	21 (17.2%)	17 (18.9%)	4 (12.5%)
\$40,000 - \$74,999	38 (31.1%)	28 (31.1%)	10 (31.3%)
\$75,000 - \$99,999	21 (17.2%)	12 (13.3%)	9 (28.1%)
\$100,000 or more	34 (27.9%)	27 (30.0%)	7 (21.9%)
Missing	3 (2.4%)	3 (3.2%)	0 (0.0%)

Appendix 3B: Couple Relationship Quality Scales by Indicator

<p>Commitment (1 = Very Strongly Agree; 7 = Very Strongly Disagree)</p> <ol style="list-style-type: none"> 1. My relationship with my partner is more important to me than almost anything else in my life. 2. I may not want to be with my partner a few years from now. (reverse-coded) 3. I want this relationship to stay strong no matter what rough times we may encounter. 4. I commit effort every day to making my relationship work. 5. I always think about how my choices could affect my relationship. 6. I always make an effort to focus on my partner's strengths. 	<p>Affection and Respect (1 = Never; 7 = More often than once a day)</p> <ol style="list-style-type: none"> 1. Say "I love you" to your partner 2. Do something nice for your partner 3. Initiate physical affection with your partner (e.g., kiss, hug) 4. Share emotions, feelings, or problems with your partner 5. Tell my partner things I appreciate about him/her and how much I care for him/her. 6. Say "I love you" to you 7. Do something nice for you 8. Initiate physical affection with you (e.g., kiss, hug) 9. Share emotions, feelings, or problems with you 10. Tell you things they appreciate about you and how much they care for you.
<p>Intimate Knowledge (1 = Very Strongly Agree; 7 = Very Strongly Disagree)</p> <ol style="list-style-type: none"> 1. I know my partners current life stresses 2. I know some of my partners major aspirations and hopes in life 3. I know my partners current major worries 4. I know my partner pretty well 5. My partner knows my current life stresses 6. My partner knows my own hopes and aspirations 7. My partner knows my current major worries 8. My partner knows me pretty well 	<p>Friendship (1 = Never; 7 = More often than once a day)</p> <ol style="list-style-type: none"> 1. Have a stimulating exchange of ideas 2. Engage in outside interests together 3. Make time to touch base with each other 4. Talk with each other about our day 9. Participate in one another's hobbies
<p>Conflict Management (1 = Very Strongly Agree; 7 = Very Strongly Disagree)</p> <ol style="list-style-type: none"> 1. I am able to see my partner's point of view and really understand it, even if I don't agree. 2. When things "get heated" I suggest we take a break to calm down. 3. I can easily forgive my partner. 4. I shout or yell at my partner. 5. I hit, grab, or push my partner. 6. I express my feelings to my partner. 7. I blame, accuse, or criticize my partner. 8. I avoid discussing the problem. 9. My partner is able to see my point of view and really understand it, even if they don't agree. 10. When things "get heated" my partner suggests we take a break to calm down. 11. My partner can easily forgive me. 12. My partner shouts or yells at me. 13. My partner hits, grabs, or pushes me. 14. My partner expresses his/her feelings to me. 15. My partner blames, accuses, or criticizes me. 16. My partner avoids discussing the problem. 	

Appendix 3C:
Study Variable Descriptives & Mean Comparisons by Gender & Sample

	Range	Total <i>M (SD)</i>	Male <i>M (SD)</i>	Female <i>M (SD)</i>	<i>F (p)</i>	Sample 1 <i>M (SD)</i>	Sample 2 <i>M (SD)</i>	<i>F (p)</i>
Sex (1 = Female)	0 – 1	.55 (.499)	.00 (.000)	1.00 (.000)	--	0.57 (.498)	0.50 (.508)	.628 (.430)
Race (1 = Caucasian)	0 – 1	.312 (.465)	.30 (.464)	.32 (.469)	.133 (.716)	.301 (.461)	.344 (.483)	.708 (.402)
Age of Parents	23 - 70	43.88 (9.71)	44.94 (9.89)	43.03 (9.55)	.000 (.988)	43.07 (9.38)	46.16 (10.41)	.609 (.437)
Employment Status (1 = Employed)	0 – 1	.776 (.419)	.88 (.334)	.70 (.464)	28.04 (.000)	1.47 (.855)	1.31 (.896)	2.81 (.096)
Income	2 – 7	5.39 (1.34)	5.31 (1.30)	5.45 (1.37)	.213 (.646)	5.36 (1.40)	5.47 (1.16)	1.55 (.215)
Education	1 – 7	4.34 (1.85)	3.80 (1.83)	4.77 (1.76)	.025 (.875)	4.62 (1.81)	3.50 (1.74)	1.25 (.266)
First Marriage (1 = Yes)	0 – 1	.70 (.462)	.71 (.456)	.68 (.469)	.642 (.425)	0.73 (.446)	0.59 (.499)	5.59 (.020)
Partner's First Marriage (1 = Yes)	0 – 1	.73 (.448)	.70 (.464)	.75 (.436)	1.71 (.194)	0.75 (.434)	0.65 (.486)	4.14 (.044)
Length of Relationship (months)	30 – 537	196.76 (120.32)	190.57 (116.00)	201.93 (124.46)	.116 (.734)	192.69 (117.77)	208.31 (128.55)	.734 (.393)
Biological or Adopted Children with Partner (1 = Yes)	0 – 1	.80 (.402)	.79 (.414)	.81 (.394)	.506 (.478)	.774 (.420)	.875 (.336)	7.32 (.008)
Number of Children from Previous Relationship	0 – 5	.49 (1.03)	.46 (.990)	.51 (1.07)	.342 (.560)	0.43 (1.03)	0.68 (1.05)	2.58 (.111)
Number of Children from Partner's Previous Relationship	0 – 5	.49 (1.05)	.55 (1.11)	.44 (.998)	.862 (.355)	0.43 (1.06)	0.68 (1.01)	1.34 (.217)

	Range	Total <i>M (SD)</i>	Male <i>M (SD)</i>	Female <i>M (SD)</i>	<i>F (p)</i>	Sample 1 <i>M (SD)</i>	Sample 2 <i>M (SD)</i>	<i>F (p)</i>
Number of Foster Children in Past 12 months	0 – 32	5.1 (5.26)	5.34 (5.51)	4.91 (5.09)	.001 (.973)	4.65 (4.08)	6.52 (7.86)	4.24 (.042)
Currently Fostering (1 = Yes)	0 – 1	.83 (.373)	.85 (.359)	.82 (.386)	.831 (.364)	0.80 (.399)	0.93 (.258)	13.50 (.000)
Length of Time as a Foster Parent	2 – 216	48.58 (49.03)	45.59 (47.35)	50.96 (50.54)	.538 (.465)	46.98 (49.13)	53.50 (49.21)	1.72 (.192)
Formal Support	6 – 28	15.99 (4.28)	15.40 (5.68)	16.45 (5.35)	.150 (.699)	15.89 (5.24)	16.30 (6.31)	2.25 (.137)
Family Support	0 – 16	8.03 (5.49)	11.37 (4.94)	7.98 (4.64)	.448 (.504)	8.14 (4.33)	7.68 (4.21)	.055 (.814)
Friend Support	0 – 20	12.24 (4.28)	8.08 (3.82)	12.94 (4.57)	3.72 (.056)	12.27 (5.05)	12.18 (3.95)	3.49 (.065)
Intentionality	2.50 – 7.00	6.04 (.818)	6.04 (.762)	6.04 (.865)	.022 (.822)	6.11 (.785)	5.85 (.889)	.000 (.996)
Friendship	1.60 – 7.00	5.19 (1.20)	5.02 (1.29)	5.34 (1.10)	.813 (.369)	5.29 (1.17)	4.91 (1.24)	.084 (.772)
Intimate Knowledge	2.38 – 7.00	5.80 (.986)	5.70 (.967)	5.89 (1.00)	.297 (.587)	5.88 (.969)	5.59 (1.02)	.469 (.495)
Conflict Management	2.81 – 7.00	5.28 (.748)	5.22 (.771)	5.33 (.732)	.175 (.676)	5.26 (.742)	5.33 (.775)	.809 (.370)
Affection & Respect	2.10 – 7.00	5.52 (1.13)	5.55 (1.10)	5.50 (1.16)	.436 (.540)	5.55 (1.15)	5.43 (1.06)	.002 (.967)
Coparenting Relationship Quality	4.00 – 7.00	6.25 (.689)	6.20 (.747)	6.30 (.640)	3.49 (.064)	6.27 (.678)	6.20 (.733)	1.75 (.189)

Appendix 3D:
Relationship Efficacy by Gender & Sample

	Total <i>M (SD)</i>	Male <i>M (SD)</i>	Female <i>M (SD)</i>	<i>F</i>	<i>p</i>
Failure in my romantic relationship only makes me want to try harder.	5.20 (1.20)	5.12 (1.18)	5.26 (1.23)	.890	.347
When I make plans in my romantic relationship, I am certain I can make them work.	5.39 (.899)	5.23 (.991)	5.51 (.801)	1.50	.223
I have difficulty focusing on important issues in my romantic relationship. ^a	5.17 (1.37)	5.06 (1.35)	5.26 (1.38)	.371	.544
If I can't do something successfully in my romantic relationship the first time, I keep trying until I can.	.540 (.964)	5.35 (.966)	5.44 (.968)	.424	.516
I often feel helpless in dealing with the problems that come up in my romantic relationship. ^a	5.30 (1.37)	5.05 (1.35)	5.50 (1.36)	.842	.361
I find it difficult to put effort into maintaining success in my romantic relationship. ^a	5.40 (1.39)	5.23 (1.45)	5.54 (1.33)	.149	.700
I feel insecure about my ability to be a good romantic partner. ^a	5.35 (1.46)	5.30 (1.42)	5.38 (1.50)	.140	.709
One of my problems is that I cannot come up with the energy to make my romantic relationship more successful. ^a	5.16 (1.60)	5.50 (1.14)	4.88 (1.85)	15.336	.000
Having a successful romantic relationship is very difficult for me. ^a	5.44 (1.53)	5.23 (1.53)	5.60 (1.53)	.013	.908
	Total <i>M (SD)</i>	Sample 1 <i>M (SD)</i>	Sample 2 <i>M (SD)</i>	<i>F</i>	<i>p</i>
Failure in my romantic relationship only makes me want to try harder.	5.20 (1.20)	5.12 (1.20)	5.44 (1.19)	.095	.759
When I make plans in my romantic relationship, I am certain I can make them work.	5.39 (.899)	5.41 (.904)	5.31 (.896)	.192	.662
I have difficulty focusing on important issues in my romantic relationship. ^a	5.17 (1.37)	5.13 (1.36)	5.28 (1.40)	.349	.556
If I can't do something successfully in my romantic relationship the first time, I keep trying until I can.	.540 (.964)	5.36 (.949)	5.50 (1.02)	.753	.387
I often feel helpless in dealing with the problems that come up in my	5.30 (1.37)	5.32 (1.30)	5.25 (1.57)	.896	.346

romantic relationship. ^a

I find it difficult to put effort into maintaining success in my romantic relationship. ^a	5.40 (1.39)	5.38 (1.44)	5.47 (1.27)	.159	.691
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I feel insecure about my ability to be a good romantic partner. ^a	5.35 (1.46)	5.47 (1.39)	5.00 (1.63)	.601	.440
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One of my problems is that I cannot come up with the energy to make my romantic relationship more successful. ^a	5.16 (1.60)	5.28 (1.54)	4.81 (1.73)	.929	.337
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Having a successful romantic relationship is very difficult for me. ^a	5.44 (1.53)	5.41 (1.60)	5.50 (1.34)	.220	.640
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Note: ^a Item reverse-coded for latent class analyses

Appendix 3E: Correlations Between Study Variables and Relationship Efficacy

Appendix 3E, Table 1. *Correlations between Individual Characteristics and Relationship Efficacy*

	Relationship Efficacy	Intentionality	Friendship	Intimate Knowledge	Conflict Management	Affection & Respect	Coparenting Relationship Quality
Sex	.064	.000	.132	.097	.073	-.024	.072
Race	-.005	-.232**	-.092	-.224*	-.012	-.276**	-.032
Age of Parents	-.180*	-.322**	-.310**	-.450**	-.087	-.270**	-.188*
Employment Status	-.024	-.015	-.167	-.061	-.195*	-.077	-.046
Income	-.024	-.068	.034	.098	.011	.007	-.044
Education	.071	.059	.269**	.255**	.088	.099	.042
First Marriage	.008	.165	.063	.198*	.072	.116	.010
Partner's First Marriage	.083	.202*	.233**	.274**	.161	.130	.039
Length of Relationship (months)	.061	-.060	-.041	-.195*	.080	-.040	-.151
Biological or Adopted Children with Partner	-.158	-.054	-.157	-.077	-.053	-.133	-.185*
Number of Children from Previous Relationship	-.035	-.154	.015	-.113	.009	-.152	.070
Number of Children from Partner's Previous Relationship	-.034	-.077	-.107	-.071	.033	-.117	.024
Number of Foster Children in Past 12 months	.051	-.073	-.032	-.043	-.050	-.043	.000
Currently Fostering	-.056	-.051	-.102	-.079	-.142	.014	.002
Length of Time as a Foster Parent	.015	-.075	-.082	-.101	-.040	.025	.001
Family Support	.331**	.110	.238*	.168	.148	.128	.138
Friend Support	.122	-.005	-.015	.130	.086	.004	.225*
Formal Support	-.001	-.076	-.148	.006	.117	-.017	.038

Note: * $p < .05$, ** $p < .01$

Appendix 3E, Table 2. *Correlations between Support Networks*

	1	2	3
1. Formal Support	--		
2. Family Support	.176	--	
3. Friend Support	.178	.338**	--

Note: * $p < .05$, ** $p < .01$

Appendix 3E, Table 3. *Correlations between Couple/Coparenting Relationship Outcomes and Relationship Efficacy*

	1	2	3	4	5	6	7
1.Intentionality	--						
2.Friendship	.464**	--					
3.Intimate Knowledge	.479**	.642**	--				
4.Conflict Management	.400**	.544**	.471**	--			
5.Affection & Respect	.455**	.607**	.514**	.385**	--		
6.Coparenting Relationship Quality	.434**	.496**	.474**	.429**	.433**	--	
7.Relationship Efficacy	.393**	.527**	.443**	.488**	.519**	.454**	--

Note: * $p < .05$, ** $p < .01$

CHAPTER 4

DISCUSSION & CONCLUSION

General Discussion

Foster caregivers play a unique and vital role, caring for approximately 450,000 of the nation's most vulnerable children (Child Welfare Information Gateway, 2016). However, there is a severe shortage of foster caregiving homes across the United States (Kendall, 2010). Due to this shortage, child welfare professionals and researchers have been called to better understand what strategies, support systems, and resources are needed in order to increase the recruitment and retention of high-quality foster caregivers who can provide a safe, secure, nurturing environment and meet the foster child's physical, mental, emotional, and developmental needs. Essential to a high-quality, two-parent foster caregiving home is the presence of a healthy couple and coparenting relationship (Buehler, Rhodes, Orme, and Cuddeback, 2006). To date, little research has examined the impact that fostering may have on the couple and coparenting relationships of foster caregiving couples and the spillover of this influence on the family system, including the well-being of children in foster care. Guided by the family systems framework (Bowen, 1968) and the contextual model of family stress (Boss, 2002), the current studies were aimed at beginning to fill this gap in the literature by examining the contextual influences of foster caregiving, including parenting stress, formal and informal support, and relationship and parenting experiences on couple and coparenting relationship outcomes.

The first study, henceforth Study 1, used dyadic data, guided by the actor-partner interdependence model, from foster caregiver couples to examine the associations between

husbands' and wives' perceptions of their parenting stress and their couple and coparenting relationship quality. Findings suggest that husbands' and wives' parenting stress each has a unique influence on their perceptions of their couple and coparenting relationships. More specifically, husbands' parenting stress was negatively associated with his perceptions of both couple and coparenting relationship quality and his wives' perceptions of their couple relationship quality. On the other hand, wives' parenting stress was negatively associated with her perceptions of their coparenting relationship quality, but positively associated with her husband's perceptions of their couple relationship, meaning that the higher her parenting stress, the more positively her husband viewed their couple relationship. Husbands' perceptions of their couple relationship mediated the association between both husbands' and wives' parenting stress and husbands' perceptions of their coparenting relationship quality while wives' perceptions of their couple relationship mediated the association between husbands' parenting stress and wives' perceptions of their coparenting relationship quality.

Guided by the contextual model of family stress (Boss, 2002), the second study used a latent profile analysis to examine patterns of relationship efficacy of foster caregivers, the contextual factors (e.g., relationship experience, parenting experience, fostering experience, formal and informal support) that are associated with foster caregivers' relationship efficacy, and the associations between relationship efficacy and couple and coparenting relationship quality. The latent profile analysis revealed two groups of foster caregivers, (1) a high efficacy group and (2) a moderate efficacy group, which suggests that the foster caregivers in our sample were fairly efficacious. In an examination of covariates, foster caregivers who had more relationship experience (i.e., had been previously married, had a partner who had been previously married, had been with their partner for a longer period of time) were more likely to fall into the high

efficacy group. Foster caregivers with less parenting experience (i.e., fewer children from a previous relationship, fewer children from their partner's previous relationship, and they did not share a biological or adopted child with their partner) were more likely to be highly efficacious, but foster caregiving experience was not associated with their relationship efficacy. Finally, an examination of formal, family, and friend support revealed that only family support was associated with relationship efficacy. In an examination of the associations between patterns of relationship efficacy and couple and coparenting relationship outcomes, those in the high efficacy group were more likely to have higher-quality couple and coparenting relationships while those in the moderate efficacy group reported significantly lower couple and coparenting relationship quality.

A central finding of these studies is the resilience displayed by foster caregivers related to their couple and coparenting relationships through the challenges of fostering. While previous research has identified various challenges associated with foster caregiving (e.g., time constraints, financial strain, legal processes, role ambiguity, strained family relationships; Buehler, Cox, and Cuddeback, 2003), the current studies reveal that the foster caregivers in our sample experience only low-to-moderate parenting stress, are highly efficacious in their couple and coparenting relationships, and maintain healthy relationships with their partner. These findings are not to say that these caregivers do not experience challenges associated with foster caregiving, but they are resilient in that they manage their stressors, they still feel confident in their ability to maintain a healthy relationship, and they do not allow these challenges to negatively influence their relationship with their partner, overall. This may be a testament to the character of foster caregivers, especially those who remain caregivers for a longer period of time, as they are individuals who choose to take on this challenging role.

While foster caregivers in these studies displayed resilience related to their couple and coparenting relationships, these studies also revealed how variations in relationship outcomes exist based on contextual factors. Study 1 illustrates how internal context (i.e., a partner's perceptions of parenting stress) may spill over into the relationship experiences of the other adult in the dyad. Husbands' and wives' perceptions of their parenting stress each played a unique role in their couple and coparenting relationship outcomes, revealing how attitudes within the family system create an environment that influences how both partners perceive and behave in their relationship. Study 2 also examined internal context, but was aimed at understanding how a family's structural context (i.e., relationship, parenting, and fostering experience) is associated with relationship efficacy. While both studies revealed that contextual factors influence relationship outcomes of foster caregivers, Study 2 especially revealed how a combination of contextual factors in the midst of foster caregiving challenges can influence caregivers' perceptions of their relationship efficacy. Additionally, these studies examined how support from formal and informal networks influence foster caregivers and their relationship, revealing that sources of support within the immediate and extended family have a strong influence on couple and coparenting relationship outcomes. While Study 1 did not specifically examine the support that spouses provide for one another, the findings reinforce how spouses' perceptions of their parenting stress may influence their couple and coparenting relationship. More specifically, in line with findings from previous research (Wilson, Fyson, & Newstone, 2007), there is evidence to suggest that wives in Study 1 took on more fostering responsibility than husbands, indicated by the finding that husbands' perceptions of the couple relationship were more positive when wives' parenting stress was higher. Wives may provide support to their husbands by taking on more of the fostering responsibilities, thus reducing the foster caregiving burden for him.

Additionally, Study 2 revealed that family support is of particular influence on relationship efficacy, which was strongly associated with relationship outcomes. While foster caregivers' closest relationships may be the most influential to their couple and coparenting relationships, friends and formal networks can offer support that will allow foster caregivers more time for themselves and their relationship (e.g., respite care). Overall, even with a lack of variability in perceptions of relationship efficacy and parenting stress, both studies still found significant variations in how efficacy and stress influence the couple and coparenting relationship.

Implications for Future Research and Practice

The findings from the current studies provide insight on the experiences of foster caregiver couples as it relates to their couple and coparenting relationship. What follows is a call for further research to better understand these experiences and outcomes for foster caregivers, the children in their care, and the foster family as a whole as well as implications for practitioners and service providers (e.g., CWPs, family life educators) who serve foster caregiver couples.

Implications for Research

These studies were, to my knowledge, among the first to examine the couple and coparenting relationship experiences of foster caregiver couples and the contextual factors that may influence these relationship outcomes. Still, more research on this population is needed in order to more fully understand how foster caregiving influences the couple and coparenting relationship quality and how the quality of these relationships may spill over into other family subsystems (e.g., parent-foster child). For example, while Study 2 examined foster caregivers' relationship efficacy, the sample size limited the type of analyses that could be conducted to a non-dyadic data analysis. On the other hand, the sample size in Study 1 allowed for the use of dyadic data analysis to examine the existence of actor and partner effects related to both

partners' perceptions of their parenting stress and couple/coparenting relationship quality, but did not examine contextual factors (e.g., relationship and parenting experiences) that may influence these perceptions. Future studies could examine how both partners' contextual factors influence relationship efficacy and could use dyadic data to further examine actor and partner effects.

Future research may also study other mechanisms that may influence the associations examined in the current studies. For example, while Study 2 examined the influence of support networks on foster caregiver relationship efficacy, support systems and their influence are complex and could be studied more closely to better understand, specifically, what supportive behaviors (e.g., providing respite care or emotional support) are most influential for foster caregivers. Additionally, while Study 1 examined the influence of parenting stress on couple/coparenting relationships, in general, there may be additional contextual factors that influence parenting stress such as children's behavioral problems, feelings of loss after placement change or reunification, or more complex legal challenges. These fostering-specific challenges may increase parenting stress, which, in turn, may influence couple/coparenting relationship quality. Studying these and other mechanisms that influence foster caregivers' couple and coparenting relationships would provide a better understanding of their experiences, informing other research and practice.

While not a focus of the current studies, evaluating interventions such as healthy marriage and relationship education (HMRE) to strengthen foster caregiver couple and coparenting relationships has been a topic of interest in recent years (e.g., Loew et al., 2012). However, while one study has examined the benefits of HMRE for foster caregiver couples (Loew et al., 2012), further research is warranted to provide deeper insight on specific educational strategies that may be most beneficial to this unique population. In the current piece,

Study 2 examined the influence of formal and informal support networks on foster caregiver relationship efficacy but did not examine how relationship-specific support (e.g., HMRE) may be influential in foster caregivers' perceptions of their relationship efficacy and subsequent relationship quality. Similarly, several studies have evaluated programs that train child welfare professionals (CWPs) to integrate HMRE into their work with clients, which include foster caregivers (e.g., Futris & Schramm, 2015; Futris, Schramm, Lee, Thurston, & Barton, 2014; Futris, Schramm, Richardson, & Lee, 2015). Future research could examine how CWPs are providing this information specifically to foster caregivers and the impact of this information on the quality of their couple and coparenting relationships.

While the current studies begin to provide insight into the experiences of foster caregiver couples, further research is needed to understand how the transition to foster parenthood can influence foster caregivers' couple and coparenting relationships and subsequent retention. More specifically, longitudinal data collection that begins prior to receiving the first placement and continues throughout the foster caregiving experience would allow us to understand how couple and coparenting relationships change across the transition to foster parenthood and how these changes influence foster caregiver, foster child, and family well-being and foster caregiver retention. The foster caregivers in our studies had been fostering, on average, for 4.33 years (Study 1) and 4.05 years (Study 2), ranging from 2 months to 20 years (Study 1) and 2 months to 18 years (Study 2). Foster caregivers who close their home soon after their first or second placement due to stress or other contextual factors may not be as resilient as the participants in the current studies. A longitudinal study would reveal these differences.

Finally, the current studies focus on the dyadic relationships between foster caregiver couples. While Study 2 takes family contextual factors into account (e.g., the presence of

children), these studies do not shed light on how the couple and coparenting relationships impact foster youth. It has been hypothesized and concluded that high-quality couple and coparenting relationships are part of a healthy foster caregiving environment for foster youth (Buehler et al., 2006), but to our knowledge, no studies have specifically examined the direct and indirect associations between foster caregiver couple relationship quality and foster youth outcomes such as overall well-being, placement stability, and relationship skills. The child welfare system could greatly benefit from a better understanding of factors that influence foster caregivers' couple and coparenting relationship quality and subsequent consequences for the vulnerable children in their care.

Implications for Practice

Child welfare professionals can have a unique impact on the well-being of foster caregiver couples due to their decision-making power related to placement, respite, distribution of resources, and other types of support. While foster caregivers work alongside CWPs in order to create a healthy, safe environment for the children in foster care, CWPs are also responsible for providing support and resources to foster caregivers in order to help them establish a high-quality home environment. In fact, CWPs have several central goals related to foster care, including the maintenance of high-quality homes, placement stability, recruitment, retention, and the well-being of children and youth in foster care (Rock, Michelson, Thomson, & Day, 2015). The findings of the current studies provide CWPs with information that may help guide decision-making related to best practices to support foster caregivers' couple and coparenting relationship in order to meet the goals of child welfare related to foster caregiving.

First, the current studies offer some insight into the specific needs of foster caregivers related to their relationship. For example, CWPs may take into consideration both individual

(e.g., gender) and family characteristics (e.g., relationship experiences, parent status, foster caregiving experiences) when deciding on strategies to best serve foster caregivers. Findings from Study 1 revealed the unique influence of both husbands' and wives' parenting stress on husbands' perceptions of their couple and coparenting relationship, highlighting the need to make additional efforts to work with foster caregivers to share the burden of fostering and manage parenting stress. Study 2 discussed other contextual factors, such as relationship length and the presence of children that inform which groups may need additional relationship support. One challenge that CWP have in meeting the needs of clients is limited resources in the context of a heavy caseload (Yamatani, Engel, & Spjeldnes, 2009). The findings of the current studies may help CWPs designate where to best focus their efforts. However, while individual CWPs may be trained to provide helpful information and resources to foster caregiver couples, on a larger scale, the child welfare system may also make policy-level changes, informed by the current studies, in order to better support foster caregiver couple and coparenting relationships.

The current studies reveal the resilience of foster caregiver couples, but also highlight the need for formal support to increase couple and coparenting relationship quality in order to create the best home environment for the children in foster care. While forty-four states require some type of training in order to receive a foster caregiving license, these trainings typically include information on topics such as child development, roles and responsibilities of foster parents, behavior management, and home and child safety, but give very little to no information on how to manage the stress on their couple and coparenting relationships (Child Welfare Information Gateway, 2014). Providing or referring couples to HMRE may fill this gap in services. Over the past two decades, research has shown that HMRE has a positive impact on relationship attitudes and behaviors and can improve relationship quality for those who participate (e.g., Blanchard,

Hawkins, Baldwin, Scott, & Fawcett, 2009; Hawkins, Blanchard, Baldwin, & Fawcett, 2008; Higginbotham, Miller, & Niehuis, 2009; Lucier-Greer & Adler-Baeder, 2012). While CWP's are typically trained to provide resources aimed at benefitting the child directly (e.g., child safety, attachment), they are not traditionally trained to work with foster caregivers to enhance their couple relationship knowledge and skills (e.g., positive communication, conflict management). As mentioned previously, recent efforts have been made in several states to train CWP's to integrate HMRE into their work with clients, in order to create a more positive home environment or increase foster caregiver retention, such as sharing tip sheets or other printed materials, discussing the quality of the couple relationship with clients, and referring clients to additional relationship-focused resources (e.g., Futris & Schramm, 2015; Rodger, Cummings, & Leschied, 2006). Expanding these efforts by providing similar trainings as part of CWP's professional development nationwide may arm CWP's with the resources needed to provide relationship-specific support. The child welfare system may take the findings from the current studies into account and choose to include information about maintaining healthy couple and coparenting relationships through the challenges of fostering for two-parent families in the required training, or provide additional opportunities for these couples to participate in HMRE programs specifically for foster caregivers.

While it is important for the child welfare system to acknowledge the need for supporting the couple relationships of foster caregivers, child welfare agencies may choose to consult or refer foster caregivers to other service providers who specialize in providing HMRE (e.g., family life educators). CWP's and other service providers who focus on HMRE may use research-based curricula that are typically used for couples in general. However, there is evidence to suggest that HMRE programs that are tailored to the needs of the specific population make more of an impact

than more general information (Bradbury & Lavner, 2012). Service providers may take into account findings from the current studies, as well as other literature on the experiences of foster caregivers, to adapt programming to meet the specific needs of foster caregivers. Based on the current studies, these service providers may choose to adapt their curricula to discuss contextual factors that may influence the well-being of the couple and coparenting relationship. For example, HMRE for foster caregivers may highlight specific foster caregiver stressors, how they influence both husbands and wives in a unique way, and how to manage these stressors in the midst of foster caregiving challenges in order to maintain or increase relationship quality. HMRE facilitators may also highlight the need for time for self-care and for time alone with their partner, and provide strategies for securing this time even amidst the limited availability of respite. Some of these strategies may include planning a date night at home after children are in bed, swapping child care with another foster caregiver couple once a month for date night, running errands together while children are participating in activities, or sharing the responsibility of foster caregiving to allow each partner time for self-care on a regular basis. Overall, service providers could examine and take into consideration the unique needs of foster caregiving couples, especially related to their couple relationship, in order to best meet their needs.

Finally, the current studies highlight the need for an increase in available respite care either through changes in policy or devotion of resources. Maintaining a healthy relationship takes self-care, time, effort, and energy (Futris & Adler-Baeder, 2013). Previous studies have shown that one of the most difficult challenges associated with foster caregiving is the amount of time high-quality foster caregiving takes, with doctor and therapist appointments, court appearances, caseworker visits, and visitation with biological parents (Buehler et al., 2006). In

fact, findings from Study 2 revealed that foster caregivers who fell into the moderate efficacy group, as opposed to the high efficacy group, reported difficulty in maintaining a healthy relationship due to a lack of energy to devote to the relationship. Providing more opportunities for respite may reduce the strain on foster caregivers' time, allowing time for self- and relationship-care. However, many states have laws in place that limit who can provide care for children in foster care in the absence of the foster caregiver, reducing the opportunities for time alone or with a partner. While in a non-foster family, a relative, friend, neighbor, or babysitter may provide child care to allow a parent or couple some quality alone time, foster caregivers must go through formal channels in order for friends and family to be approved to provide care. Additionally, while many counties have systems in place to provide respite, these resources are limited and may be difficult to utilize. While child safety is a priority, the child welfare system may consider different options to increase respite resources available to foster caregivers such as making special efforts to recruit respite homes or expediting the process for family, friends, and neighbors of foster caregivers to obtain approval to provide care.

Conclusions

Foster caregiver couples are an understudied population that has unique needs, challenges, and experiences that are worth examining in order to support their efforts to create and maintain a high-quality environment for children in foster care. The current studies are among the first to take a close look at the contextual factors that influence foster caregiver couple and coparenting relationships. While findings suggest that these couples are resilient, which may be an overall characteristic of individuals and couples who choose to embark on a fostering journey, even small variations in context and perceptions have a significant influence on the quality of their couple and coparenting relationships. These studies provide valuable insight into

the world of foster caregiver couple relationships, but much work is still needed to better understand foster caregiver experiences and how service providers can best support these individuals and couples who provide day-to-day care and a home for some of our society's most at-risk children.

Chapter 4 References

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