Emotional Intelligence: How it Impacts Depression Levels and Perception of Role Fulfillment Among Caregiver Foster Parents

Elysse Farnell

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Emotional Intelligence: How it Impacts Depression Levels and Perception of Role Fulfillment among Caregiver Foster Parents

By

Elysse Farnell

A Thesis submitted in partial satisfaction of the requirement for the degree of Masters in Social Work

August 2014
Each Person whose signature appears below certifies that this thesis in his/her opinion is adequate, in scope and quality, as a thesis for a degree of Masters in Social Work.

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Victoria Jackson, Assistant Professor of Social Work

Viola Lindsey, Assistant Professor of Social Work
ACKNOWLEDGMENTS

I would like to sincerely thank all the family and friends who have helped me through this process. I will always appreciate you helping to keep me motivated when I thought I could not do this. I want to especially thank Naomi and Steven, without you, I would not have had the confidence to begin this adventure. I also want to express my gratitude to my amazing committee members; Dr. Montgomery, Dr. Jackson, and Dr. Lindsey. You each inspire me in different ways! I am genuinely thankful to have met you all and have this opportunity to learn alongside you.
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ABSTRACT

Emotional Intelligence: How it Impacts Depression Levels and Perception of Role Fulfillment among Caregiver Foster Parents

by

Elysse Farnell

Master of Social Work, Graduate Program in Social Work and Social Ecology
Loma Linda University, June 2014
Dr. Susan Montgomery, Chairperson

The purpose of this investigator-initiated study is to identify levels of emotional intelligence (EI), depression, and role fulfillment among foster parents. It is believed that if a link between EI and the other variables is identified, programs can be developed to help build EI in foster parents, and thus aid them in becoming more effective caregivers.

A convenience sample of foster parents participated in this mixed methods study. There were 30 participants total recruited through a collaborative effort with a local Foster Family Agency (FFA). Participants were at least 25 years of age and a certified foster parent. Participants were asked to complete a brief anonymous questionnaire that includes demographic questions and three standardized measures; the Mayer-Salovey-Caruso’s Emotional Intelligence Test (MSCEIT), the Beck’s Depression Inventory, and four validated self-evaluation questions about foster parents’ self-assessment of their role.

After completing the questionnaire, participants were invited to partake in a confidential focus group discussion about their foster care experience lasting about 90 minutes on average. The study received IRB approval and active informed consent was obtained from all participation. Results found that the foster parents had an above average score of emotional intelligence, compared to the average population. In addition, they reported
high levels of role fulfillment as foster parent and, scores demonstrating average/borderline symptoms of depression.
CHAPTER 1
INTRODUCTION

The foster care system has been a focus of Social Work research for many decades. Researchers and clinicians are always looking for ways to improve the child welfare system and to better the lives of foster children. In unrelated research, emotional intelligence (EI) has been a recent focus of the mental health field in general. Many researchers have given this topic a great deal of credit towards accounting for individual achievement. One researcher has stated that it “is the unspoken rule that governs success” (Goleman, 1995, pg. 36). Our definition for Emotional Intelligence is derived from Mayer and Salovey and will be defined as “one’s ability to recognize meaning of emotions and their relationships to external factors, and to reason and problem-solve on the basis of them” (1993, pg. 433). This research aims to take two areas of interest, the study of EI and the study of foster care improvements, and combine them to fill a gap in research knowledge.

A majority of foster care research is focused on how to improve the lives and raise resiliency of foster youth. Although an important area of research, foster youth are not the focus of this study. We will work parallel by attempting to identify whether or not there is a relationship between the foster parent’s emotional intelligence, their levels of depression and how they perceive they are fulfilling their role as foster parents. If a relationship can be identified, further research may to be conducted to establish an effective intervention strategy that can raise the EI of foster parents and, thus, lowering their depression levels and raising their self-efficacy for being a foster parent.
Statement of the problem

The Center for Disease Control (CDC) reports that 1 in 10 adults meet the criteria for depression as outlined by the DSM IV (CDC, 2013). Although there are no statistics specifically on frequency of depression experienced by foster parents, generalized statistics like these make the likelihood of a foster parent displaying the same diagnostic criteria very high. Identifying depression among parents is significant because parental depression has shown to have direct negative impact on children in the home. A recent longitudinal study demonstrated that parental depression (both paternal and maternal) has an impact on predicting poor conduct behavior and emotional difficulties (Hanington, Heron, Stein, & Ramchandani, 2012). In addition, a history of studies shows that children of depressed parents (or in-home parental figures) experience significant interpersonal stress within their family and peer relationships (Jaser, Champion, Reeslund, Keller, Merchant., Benson, & Compas, 2007). This can pose a major struggle in addition to the foster child addressing the trauma of the situation that brought them to foster care. A large percentage of youth in the foster system display behavioral problems while in the system and struggle when transitioning into adulthood (Berzin, 2008).

Foster parents experiencing depression has the potential to impact the child’s mental health, which in turn likely would also impact their behavior. Often foster children express need to act out because they have a feeling of rejection by being bounced from one foster home to another (Jones, 2011). In addition to hoping to identify a source of depression, this research looks at the foster parent’s self-perception of filling the caregiving role. This variable is important because recent research shows that a low perception of fulfillment, or self-efficacy, for being a foster parent can lead to the
inability of the foster parent to effectively provide for the special needs that a foster child requires, eventually leading to placement disruption (Kortenkamp & Ehrle, 2002). This lack of self-efficacy for the foster parent could impact the foster child by causing or increasing behavioral and psychosocial problems throughout their lives (Newton, Litrownik & Landsverk, 2000).

**Significance of the Study**

This being said, emotional intelligence has shown to have a negative correlation with the physiological impact of negative emotions such as depression (Saklofske et al., 2003). This means that those who have a higher EI score, will generally have lower levels of self-reported depression based on Beck’s Inventory. Research needs to explore this relationship for foster parents and whether or not emotional intelligence is a viable resource to reduce depression and raise self-efficacy to be an effective foster parent. This study attempts to identify whether or not experiencing depression has a direct impact on the foster parent’s perception of role fulfillment as a caregiver, also called self-efficacy. The idea of self-efficacy is important, because it directly impacts the parent’s ability to persevere, set and meet higher goals and to engage in more adaptive behaviors as opposed to maladaptive (Coleman & Karraker, 2000). In regards to parenting, research shows how it impacts both biological and adoptive parents. The research states that self-efficacy improves a parent’s ability to complete different tasks and maintain responsibility while providing a nurturing, responsive and stimulating environment for the child (Brody, Flor & Gibson, 1999; Coleman & Karraker, 2000; Cutrona & Troutman, 1986). Living in a more stable environment like the one described enhances developmental outcomes for the children in their care (Eanes & Fletcher, 2006).
Providing an environment like this to a foster child can aid the well-being of foster children. Finding significance through this research and similar studies, will provide additional support for creating interventions to improve EI among foster parents in order to reduce depression and increase self-efficacy.
CHAPTER 2
CONCEPTUAL FRAMEWORK

The Importance of Emotional Intelligence (EI)

Research on emotional intelligence gained attention in the mid 90’s when Mayor and Salvoy raised the concept to address individual differences of human beings (Salvory & Grewal, 2005). Although there is debate whether emotional intelligence is a unique research variable, there is plenty of research to support that it is independent to other forms of intelligence and different from personality characteristics (eg: Law, Wong & Song, 2004; Petrides & Furnham, 2000; Schutte et al, 2001). Since research on the subject first began, it has proven to correlate with many dependent variables such as social relationships, life satisfaction, mental health, and many more variable.

In regards to social relationships, there are many components that impact how successful and healthy relationships are; emotional intelligence is likely a significant factor. Skills related to emotional interpretation and expression have a great impact on how one participates with others through rational decision making based upon emotional understanding (Damasio, 1994). In 2003, a study was conducted to see how much impact emotional intelligence has on personal relationship. They accounted for other variables such as verbal intelligence and personality factors (Lopes, Salovey & Straus, 2003). After conducting a multiple regression, results showed that emotional intelligence significantly promotes positive relationships with strangers or acquaintances, a supportive relationship with family, and reduces negative interactions with friends.
In addition, research shows a relationship between life satisfaction and emotional intelligence. A study conducted with almost 300 participants found that an individual’s EI score is positively correlated with life satisfaction (Law, Wong, & Song, 2004). Participants were asked to fill out several validated questionnaires including the WLEIS emotional intelligence scale and a life satisfaction measure developed by Campbell, Converse, and Rodgers in 1976. Once the surveys were completed, a hierarchical linear regression was conducted on the participant’s answers. Results indicated a significant relationship between the two variables. In addition, the study also evaluated the life satisfaction of participant’s children. It was found that the parent’s EI ratings were a significant predictor of their child’s life satisfaction score; the higher the parent’s EI score, the higher life satisfaction was reported by the child.

Emotional intelligence also has an impact on the experience and expression of mental health. In 2009, researchers conducted an experimental study to learn how low intelligence impacts those who have depression (Batool, & Khalid). 30 diagnosed depressed participants had their results compared to a control group who are not diagnosed with any mental health disorders. An analysis of participant’s scores on the Beck’s Depression Inventory and the emotional intelligence scale revealed that emotional intelligence is a significant factor of depression. Results showed that as high as 77% of variance was accounted for by determining one’s emotional intelligence score. This breakthrough research was conducted on a small sample of participants outside of the United States in Pakistan. Unfortunately, few similar studies have been done within the United States and none have been done specifically looking at the fostering community.
EI and Depression

In regards to the dependent variables of this study, some studies have looked at how depression is impacted by emotional intelligence. One study states that depression is reduced through emotional intelligence because individuals with higher EI have the ability for emotional repair which provides resilience against depression (Ciarrochi, Chan, & Bajgar, 2001). A more recent study looked at whether there is a relationship between EI and depression among adolescents, while controlling for self-esteem and thought suppression (Fernández-Berrocal, P., Extremera, & Pizarro, 2006). Having a higher EI resulted in the adolescents having the ability to discriminate their feelings more effectively and focus on positivity.

Due to the past research conducted on EI, this study predict the results in foster parents will show a correlation between having a high EI score and a lower depression score. In addition, it is believed that a positive correlation will be found between EI and the foster parent’s foster caring self-efficacy. In a 2007 study, researchers found that a history of emotional abuse as well as emotional neglect was related to the caregiver’s perception of role fulfillment (Cole & Eamon). Although not showing a direct link to emotional intelligence, data indicate that the emotional history of a person can impact their self-efficacy. The study also found that over half (58%) of the participants reported experiencing depressive symptoms. However, approximately 75% of participants reported falling within the two highest levels of self-efficacy. No significance was found between these two variables.
**EI and Self-Efficacy**

EI also has been linked to self-efficacy and role fulfillment through research. A study conducted in 2012 used the Pearson Correlations to identify a significant relationship between self-efficacy and EI among senior college students (Saiani). Another study took this finding one step further, and concluded that EI had a more significant impact among female participants than males. This is significant to the foster parent population because, historically, a majority (77%) of foster parents have been female (Kapp & Vela, 2004).

Research looking at occupational self-efficacy shows similar support. Over 120 participants were recruited to participate in a study looking at how EI impacts one’s self-efficacy within their occupation (Rathi & Rastogi, 2009). It was concluded that there was a positive correlation between EI and occupational self-efficacy. These results were highly significant (.01). Notably, participants with high EI scores also had high commitment to the organization they work for.

A study in Nigeria looked at several factors that impact the psychological well-being of college students (Adeyemo & Adeleye, 2008). The researchers looked at emotional intelligence, self-efficacy, and religiosity in 292 college-aged participants. Participants filled out three separate surveys relating to each variable and significant results were discovered. In addition to correlating these variables with psychological well-being, researchers also cross-correlated the variables with one another. EI not only
had a positive correlation with one’s psychological well-being, but also showed a significant correlation with self-efficacy.

**Depression and Self-Efficacy in Foster Care**

Although little research has been done on examining foster caregivers experience with depression, a small study was recently conducted looking at depression in grandparent foster caregivers (Adnopoz, 2000). The study reported that familial caregivers, specifically grandparents who took in children began to experience depressive symptoms, due to the fact that they acquired parental responsibility when they thought they were free of such burdens. Taking on the responsibility prohibited them from enjoying or going into retirement. Feelings of resentment and depression lead to an impact on their ability to parent the children effectively. Seven years later, the same researcher expanded his research to include nonrelated foster parents. The difference between non-kinship care and kinship care in regards to depression is that caregivers who are not related to the child are self-motivated to take the caregiver position and, therefore, experience less depression (Adnopoz, 2007).

Additional research shows the stresses and pressures that accompany rearing a grandchild through foster care placement. The grandparents can no longer indulge in spending time with their spouse, further their education or career, or spend time with extra-curricular activities (Haglund, 2000). The age of grandparents contributes to their physical and psychological stress (Whitley & Slipes, 2001). These factors contribute to a decline of mental health for the caregiver. A study in 2000 found that 30% of grandparent
Caregivers experienced a decline in mental health, including a rise in depression (Kelly, Whitley, Sipe & Yorker).

In regards to general kinship caregiving, a 1998 study found that this population experienced a higher level of depression when compared to non-caregivers of the same generation (Petras, 1998). Researchers were also able to identify a relationship between depression levels and the caregiver’s preparation and sense of control. This shows a need in our system to properly prepare and provide adequate support for kinship caregivers. Additional support for caregiver assistance is provided when researchers also found a link between caregiver’s depression and the child’s behavior. They report that the higher levels of depression by the caregiver, the more frequent the child displayed negative behavior. However, contradictory findings were discovered in 2007, when researchers compared formal grandparent kinship care versus informal (Bunch, Eastman & Griffin). The grandchildren who were placed in formal kinship care were supported by social workers and other child welfare professionals. The results of a t-test showed that the rates of Geriatric Depression Scale were significantly different among the two groups. Those in formal placements reported lower depression scores with a mean depression score equaling 6.67 compared to an average score of 8.17 among informal kinship care.

There is also a significant research looking at self-efficacy among foster caregivers. In 2007, a study revealed that having depressive symptoms significantly impacted levels of self-efficacy (Cole & Eamon). Depressive symptoms were heightened by caregiver’s personal experience with childhood emotional abuse or neglect. Caregivers without depressive symptoms had a 73% chance of having a feeling of role
fulfillment. The number of children in the home also impacted the caregiver’s self-efficacy. This study emphasizes the need for protection provided by welfare services.

A recent study examined parental self-efficacy and its impact on children who were exposed to Buprenorphine. The level of self-efficacy displayed by caregiver had a significant impact on the child’s responsive levels (Salo, Kivisto, Korja, Biringen, Tupola, Kahila & Kivistie-Kallio, 2009). The study initially compared levels of self-efficacy between biological parents and non-biological caregivers. They found that non-biological caregivers had higher self-efficacy and provided a healthier environment for the child to prosper and recover from the Buprenorphine exposure according to the Bayley Cognitive Scale.

Ironically a majority of research supporting the relationship between EI and self-efficacy has been conducted outside the United States (US). In the US, research on the subject is limited, especially in regards to the foster parent community. A majority of caregiver analysis is related to those who care for individuals with physical handicaps. Recent research has shown that one can strengthen a person’s ability to improve EI and maintain the acquired skills (Nelis et al., 2009). Notably, programs as short as four sessions have shown to have great improvement in EI. Nelis and colleagues evaluated their intervention method 6 months after intervention was concluded. They found that participants were able to maintain their improvement in emotional intelligence. While beyond the scope of this proposed research, it is important that the development of an intervention program is fully supported by past and present research. Our literature review suggests an exciting potential role of EI as something that can be strengthened by intervention. This study hopes to contribute to the research by supporting the importance
of improving EI. Successful intervention programs have involved a clear focus on theory and involve thorough reflection between sessions and activities (Gohm, Corser, & Dalsky, 2005). If a low EI is shown to correlate with depression and self-efficacy among foster parents, it has the potential to become an evidence-based practice for strengthening the foster parents in their role and thus improving the lives of foster families as a whole including foster youth themselves although further research would need to be done to determine if there truly is a significant impact on the foster youth that are being raised by these EI-trained foster parents.
CHAPTER 3
METHODOLOGY

Hypotheses

There are three hypotheses for this study.

- Hypothesis 1 states that those foster parents will have a higher level of emotional intelligence than the average population.

- Hypothesis 2 predicts that foster parents with high levels of emotional intelligence will have lower depression scores.

- Hypothesis 3 says that foster parents with higher levels of emotional intelligence will have higher perceived self-efficacy as foster parents.

Measures

These hypotheses will be tested by using two validated measures; Mayer-Salovey-Caruso’s Emotional Intelligence Test (MSCEIT) and Beck’s Depression Inventory. The MSCEIT scale will be accessed through Multi-Health System and will include a personal summary report. The MSCEIT measures one’s ability in the four difference dimensions of emotional intelligence: perceiving, understanding, and managing emotions, along with facilitating thought (Mayer, Caruso, Salovey, & Sitarenios, 2003). This measure is 141 questions that yield a total score as well as individual dimension scores. Questions in the MSCEIT come in various forms and responses are compared and scored against the best set of answers as defined by a large comparison database. Beck’s Depression Inventory II. This measure is frequently used in research as a self-reported screening test for depression (Osman et al., 2004). This is a 21 question survey that asks participants to
determine where they stand among a Likert scale. If results show a score of 17 or below, there is no concern for treatment. A score of 17-20 is borderline clinical depression, and anything above is a cause for some concern; 21-30 is moderate depression, 31-40 is severe depression, and over 40 is extreme depression (Beck, Ward, & Mendelson, 1961).

A foster parent’s level of self-efficacy will be determined by asking them to respond to four questions to evaluate their self-perception. They will be asked to rate the extent to which they (1) have the time needed to accomplish their caregiver tasks, (2) have proper patience needed to care for the children, (3) providing for the needs of the child, (4) foster caregiving is a pleasure. These questions will be asked during the focus group for open response and will be asked again during the survey portion. The survey will provide the questions along with a five-point likert scale ranging from 1 = almost always to 5 = never. This measure has been validated as a self-efficacy measure in birth mothers (Teti & Gelfand, 1991). Additionally, we will use a measure of foster caregiving self-efficacy and satisfaction (Cole & Eamon, 2007). Standard demographics (race/ethnicity, age, education, profession, income, kinship care status, gender, number of other foster children in household) will also be assessed as they often act as control variables.

**Research Design**

This mixed methods pilot study used a convenience sampling approach, recruiting participants who were recruited from a local Southern California Foster Family Agency (FFA). We recruited 30 total participants. Focus was placed on recruiting its participants from FFAs rather than county foster homes for several reasons. A primary reason was that FFA homes are more centrally located. County foster homes are spread all over the county, causing more difficulty for arranging meeting times to conduct the study.
Although FFA’s might have some outlier homes distant from all others, a majority of them remain within a smaller radius. Another reason for choosing to collaborate with an FFA was to avoid conflict of interest. The primary researcher and supporting organization have close professional ties with San Bernardino County Department of Children and Family Services. While those professional ties remain strong with the county, researchers did not want to have foster parents feel forced into participating or withhold information for fear of it impacting their county foster home licensing. Further research may spread to see if similar implications of this study also apply to county licensed foster homes.

Foster parents were invited to meetings with their coordinating/oversight agency. They were asked if they are willing to participate in a brief survey followed by a focus group, about their fostering experiences. Before each focus groups began its informative discussions, the researcher asked participants if they were willing to complete a brief self-report paper and pencil survey. The survey took participants approximately 30-40 minutes to complete. All surveys were anonymous and participants were assured that data would not be shared with the foster parent agency or CFA unless in aggregate to report on study outcomes. Data resulting from the survey was entered and analyzed using SPSS 9.0. Analyses were conducted according to the stated research questions and began with determining the foster parent’s levels of depression, EI scores, and levels of self-efficacy as a foster parent.

Two separate dates scheduled to accommodate the foster parent’s busy schedules. On each appointment, we first collected the survey questions and then asked participants to stay for the focus group if they could. At the day of the research, prospective
participants were given a consent form that was reviewed with them by the research and ethics trained, student researcher. The researcher explained the purpose and procedures of the study, the risks, and the benefits. The collaborating FFA agreed to provide financial incentive for participating, and a representative was present to discuss that opportunity with the participants. Of the 30 total participants, 27 participated in the follow-up feedback focus group (FG). The remaining three parents did not participate in the focus group process due to schedule conflicts. Both focus groups were audio recorded and transcribed verbatim. The transcriptions were analyzed using applying grounded theory methods of coding and theming. The focus groups were facilitated by the student researcher and each lasted about 45 minutes.

During each focus group, the foster parents were asked to discuss seven “journey” questions covering the topics of EI, depression, and role fulfillment. Briefly, while the questions were designed for further probing they were as follows: 1) do you feel you have time to accomplish tasks? 2) Do you feel you have the proper patience needed for childcare? 3) Do you feel you provide for the needs of the children? 4) Do you feel foster caregiving is a pleasure? 5) Do you believe you have symptoms of depression? 6) What are the easiest emotions to identify in other, and what are the signs? 7) What are the easiest emotions to identify in yourself, and how do they present? Additionally, the foster parents offered information regarding their relationship with their social workers in dealing with their own emotions and the emotions of the foster children.

As mentioned earlier, the study was submitted to the Loma Linda University internal review board (IRB) for approval. Active written consent was obtained as the findings are confidential in nature and deal with potentially sensitive issues. Surveys are
anonymous. Each participant was given a survey with a 3 digit code written in the top left hand corner. They were asked to not write their name on the survey. Some participants expressed concern of putting their signature on the consent form, and the research informed them to scribble illegibly in order to disguise their identity. In addition, a representative from the foster family agency passed around a sign in sheet in order for the participants to obtain financial compensation. This list was seen only by the FFA staff and kept in a locked drawer.

Also to assure confidentiality, once the surveys were completed, and the focus groups were conducted, all forms (and later transcripts) were de-identified put in a lockbox and kept in a locked room only to be accessed under the supervision of the student researcher. Upon the completion of data collection, the surveys and transcriptions will remain in a locked box with the faculty principal investigator for a minimum of three years at which time, they will be shredded. As an incentive and sign of appreciation, the first 20 participants received $15 for completing the survey and the first 15 focus group participants will receive $20. All later participants were given a chance (raffle ticket) to win one of two $25 gift certificates.
CHAPTER 4

RESULTS

Quantitative Data

Demographics are outlined in Table 1. It identifies the descriptive statistics for the age of the participants, the number of children living in the participant’s home, and their years of experience as a foster parent.

Table 1
Descriptive Statistics

<table>
<thead>
<tr>
<th></th>
<th>N</th>
<th>Range</th>
<th>Mean</th>
<th>Mode</th>
<th>Std. Deviation</th>
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<tbody>
<tr>
<td>Age</td>
<td>19</td>
<td>28-62</td>
<td>44</td>
<td>42</td>
<td>13.2</td>
</tr>
<tr>
<td># of children in home</td>
<td>19</td>
<td>1-6</td>
<td>3</td>
<td>2</td>
<td>1.389</td>
</tr>
<tr>
<td>Years of experience</td>
<td>19</td>
<td>2-20</td>
<td>11</td>
<td>6</td>
<td>2.642</td>
</tr>
</tbody>
</table>

Quantitative data on 19 participants are reported here. The from Beck’s Depression Inventory were identified persons who have experienced depressive symptoms on an average scale (Beck, Ward, & Mendelson, 1961). Although there were some outliers, the average fell within the 17-29 range of Beck’s Inventory (N=19, Mean=20.26). Of the 19 participants, only one fell above the average score range, into major or severe forms of depressive symptoms. Additionally, five of the participant’s score were below the 17-19 range, and fell into minor symptomology. Table 2 outlines the scores for the Beck’s Depression Inventory based on how many fell within each category of symptomology.
Table 2
Scores for the Beck's Depression Inventory

<table>
<thead>
<tr>
<th>Beck score</th>
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<tr>
<td>0-9 (minimum symptoms)</td>
<td>0</td>
</tr>
<tr>
<td>10-16 (minor symptoms)</td>
<td>5</td>
</tr>
<tr>
<td>17-29 (average/borderline symptoms)</td>
<td>13</td>
</tr>
<tr>
<td>30-63 (major/severe symptoms)</td>
<td>1</td>
</tr>
</tbody>
</table>

In regards to self-efficacy, the foster parents scored themselves very high. When asked questions regarding their role-fulfillment, most ranked themselves as “all the time” or “frequently”. These responses demonstrate a level of role-fulfillment as perceived by the foster parents. They believe that they are fulfilling the needs of the children, they have the proper patience required to care for them, and they feel that foster caregiving is a pleasure.

Table 3 shows the statistics for the self-report survey questions regarding role-fulfillment. A score of 1 represented almost always on the likert scale, and a 5 represented a almost never with the statement provided in the survey. The data shows that the participants primarily agreed with the statements regarding self-efficacy of foster parenting variable. The mean response (1.5) in regards to whether foster care is a pleasure, showed that the group primarily agreed with the statement. They strongly believed that foster caregiving is a pleasure. When asked if they provide for the needs of the children, the mean response was 1.5. Again, showing a strong agreement and a confidence in providing for the children’s needs. When asked if they have the patience needed for childcare, the parent responded with a mean score of 2.38. This score
indicates an agreement with the statement, but not necessarily a strong one. Lastly, when asked if they have enough time available to accomplish tasks, the mean response score was 3.38, indicating neither an agreement or disagreement. This score was explained through the focus group, where participants expressed that there is never enough time in the day. They said that regardless of serving as foster parents or being biological parents, there is never enough time to complete what needs to be done in a day.

Table 3
Statistics: Self-Efficacy

<table>
<thead>
<tr>
<th></th>
<th>Foster Caregiving is a pleasure</th>
<th>Provide for needs of children</th>
<th>Patience needed for childcare</th>
<th>Time available to accomplish tasks</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>Valid 19</td>
<td>19</td>
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<tr>
<td></td>
<td>Missing 0</td>
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<td>0</td>
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</tr>
<tr>
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<td>3.38</td>
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<tr>
<td>Std. Deviation</td>
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<td>.535</td>
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<td>.518</td>
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The EI scores were placed into an online database provided by Mental Health Services inc. who own the instrument. Once the data was recorded, personal reports were run on each individual participant and a group report was also provided. The scores are divided into six section:

1) Experiential area

2) Strategic area

3) Perceiving emotions

4) Using emotions

5) Understanding emotions

6) Managing emotions.
Figure 1 shows that the average score for the foster parents total EI, fell within the skilled range. This range, is the second to highest of EI. Within four of the areas, there are sub-categories describing the specific sections of the survey; faces, pictures, facilitation, sensation, changes, blends, emotion management, and emotional relations. Figure 1 demonstrates the parent’s scores, and that they ranked between competent and skilled in all evaluated areas.

The experiential score demonstrates the participant’s ability to identify emotions and their ability to use it in thought. Their score evaluates their capacity to feel emotion and whether they do so in a productive manner. This is the basic level of processing emotions. As demonstrated by Figure 1, the foster parents scored in the expert range for this variable. Having an expert score in this variable demonstrates that the parents are highly developed in this skill. They are able to identify emotions and process through them to understand emotions that are being presented. The strategic area score involves higher-level cognitive processing. This requires reasoning about emotions, how they develop and how to manage them. This area of EI is more relevant when interacting with groups or when functioning in social situations. The participants score as skilled in this area, meaning the area is still a source of strength for them. The four remaining categories look at separate components to emotional intelligence; perceiving, using, understanding, and managing. The perceiving skill evaluates the individual’s ability to identify emotions of other people. This was a high scoring area for the participants in this study, they scored in the expert range. Using emotions evaluates one’s ability to generate an emotion and problem-solve using that emotion. This study found that the foster parents were competent in this skill. Being competent in this skill means that the
individual has sufficient skills and experience some degree of success when they use their skills. The third category that was evaluated was the foster parent’s ability to understand emotions. This means specifically looking at what is causing the emotion that is being expressed. The foster parent participants were skilled in this variable. The last area of evaluation is management. This is the ability to stay aware of emotions and incorporate them into one’s thinking process. The parents scored in the competent range for this skill.

Table 2 breaks down the average scores for the last four areas of evaluation; perceiving, using, understanding, and managing emotions. Each section is divided into the two sections of evaluation in the MSCEIT measure. The faces section provided the participants with several pictures of faces and asked them to rank the emotions being represented through the picture. Each picture had five different emotions that needed to be ranks from 1, not shown, and 5, primary emotion shown. The pictures section had the participants do the same evaluation of emotions, but instead of faces, the photos were of objects and shapes. The facilitation section provided the participant with three emotions and asked how helpful it would be regarding a presented situation. The sensation questions proved to be difficult for the participants. The questions were comprised of presenting a situation, with an emotion. Then the participant was supposed to identify how much that emotion made them feel in regards to a color, or a taste.

The scores found in this study are above the average population who primarily score in the competent range. Hypothesis number one is supported by these numbers. The questions related to change posed questions where a scenario shows a person who changes moods. The participant is then asked to choose an option of what act would cause a change in mood. The section of blending, simply gave an emotion and asked
what feeling that emotion was a combination of. The last two sections were regarding managing emotions where both the management and relation section sections asked the participant to rank the effectiveness of actions based on a scenario.

![Figure 1. MSCEIT Competency Results](image)

![Figure 2. Detailed MSCEIT Test Results](image)

Table 4 shows the correlation between EI scores and Beck’s scores. As shown in the table, the significance was shown to be .152. Although not significant, it is believed that the limited number of participants is the cause. The correlation identified is at -.342.
showing a moderate negative correlation. Meaning that the higher the participant’s EI scores were, the lower they scored on the depression scale. This supports this study’s second hypothesis.

Table 4
Correlations

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<tr>
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<th>MSCEIT SCORE</th>
<th>Depression SCORE</th>
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<td></td>
<td>Sig. (2-tailed)</td>
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</tr>
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<td>19</td>
</tr>
<tr>
<td>Depression SCORE</td>
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</tr>
<tr>
<td></td>
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</table>

<table>
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<tr>
<th>MSCEIT SCORE</th>
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<th>Provide for needs of children</th>
<th>Patience needed for childcare</th>
<th>Time available to accomplish tasks</th>
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<td>.314</td>
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Table 5
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<th>0.813</th>
<th>0.449</th>
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<tr>
<td></td>
<td>Sig. (2-tailed)</td>
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<td>1.000</td>
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<td>Sig. (2-tailed)</td>
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<td>.168</td>
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**. Correlation is significant at the 0.01 level (2-tailed).**

**Correlations**

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**Qualitative Data**

The results of the focus group support the statistical findings from the survey. Two focus groups were held with a total of 28 participants. All participants were asked the same questions. In regards to the foster parent’s level of emotional intelligence, all parents felt confident in their ability to identify emotions within themselves and the children they look after. When asked what emotion is easiest to identify within the children they care for, a majority said sadness, happiness or anger. They stated that they use the child’s facial expression, the look in their eyes, their body language, and the tone of their voice to identify these feelings. One foster parent stated that she can identify a child’s self-confidence and whether or not there are insecure. This foster parent said that she can tell in an instant, when she introduces herself like “Hi my name is such and such, and there is automatic tension... you can just feel the tension.” When reviewing their own emotions.
the parents identified several common emotions; confidence, caring, and happiness. One foster mother stated that she “wakes up every morning knowing [she] is making a difference in at least one person’s life and that makes [her] happy”. Another mother stated that the negativity that some foster children bring into the home does not affect her because she knows her worth. She said “if you have confidence, you’re not really worried about what others are putting on you, you know your worth. I know my worth, and I know what I do every day”. The parents reported experiencing mostly common emotions, but also admitted that they do not often take of time to themselves and rarely inventory their own feelings.

Although the statistical data did not show levels of depression, when the parents were asked if they “believe [they] have any symptoms of depression” most of them responded by saying “yes”. One parent explained her answer by stating “as women, we are sometimes on our period, and we experience depression for that reason”. Other reasons for feeling depressive symptoms were “having the responsibility of helping others, and they don’t always show appreciation” and “the children’s attitude makes a major difference” and “the situation that the children are coming from can make [one] feel depressed and sad”. Common scenarios that led to feelings of depression were when they have to pick up a child from a visit with their parents. “If the visit goes well, you feel sad that they have to be separated, but if it goes bad, you feel sad for the child”. In addition, many of the foster parents reflected on how they would feel if their children had been removed and empathized for the parents.

In regards to the participant’s ability to fulfill their role as a foster parent, all believed they were meeting the needs of all the children in their home. Most of the
parents included the needs of their biological children as well. They acknowledged that
the foster children have very different needs than their biological children, but that they
identify them as soon as possible and address them. A specific unique need for foster
children, is constantly addressing their emotional needs. One woman cited a two year old
she has had since the baby was 5 months of age. She says “the baby had attachment
issues and still does. She is starting to verbalize her needs, but usually just wants
attention and to be taken care of”. Another woman stated that she feels a sense of unique
gratification when she fulfills a need for her foster child, because she is helping them
overcome something, something that her own kids will never be able to understand due to
different life circumstances.

No matter the struggles faced, every foster parent reported that foster caregiving
is a pleasure. One stated that “it doesn’t matter how long you have them because even in
a short amount of time, you’re going to do everything you can to help and try to teach
them”.

CHAPTER 5
DISCUSSION

Discussion of Results

This study high levels of EI in our participants as well as high levels of foster parenting self-efficacy. Overall, we also found relatively low levels of depression with only 6/19 (32%) showing either borderline (26%) or severe depression (5%). The results indicate that the foster parents of this particular FFA, have an expert set of skills that allow them to effectively fulfill their roles as foster parents. During the first focus group, the foster parents indicated that they do not believe that the social workers employ them as a tool to help the foster children, but the results of this study show that foster parents have the skills and the desire to help. Although depression levels among adults run high, very few foster parents in this study displayed a level of depressive symptoms that would cause concern and/or require immediate treatment. The reason behind such low evidence among this population is unknown, but could be associated with the levels of emotional intelligence they utilize, based upon the negative correlation found.

Having now identified that this group of foster parents is high levels of self-efficacy, low depression, and above average EI scores, the agency social workers can work more collaboratively without fear of overwhelming or burdening them. The parents expressed a desire to work more closely with their agency workers, and this study shows support for this change in relationship. The researcher will be presenting these findings to the FFA and will recommend a more collaborative relationship between the workers and the foster parents. The researcher will notify the agency that they have an exceptional
population of foster parents that they should utilize. This particular agency has a skilled population of foster parents, but might want to consider incorporating EI scores into their recruitment process. When a parent is recruited, their EI scores can be identified and if the scores fall below a certain range, trainings may be provided in order to increase them. This might ensure that the agency maintains high quality service through their foster parents. If this proves to be successful, more FFAs and county foster homes might adopt a similar training program.

**Strengths and Limitations**

This study is unique compared to other studies looking at the qualities of foster parents. The three variables examined have been applied to other scenarios, but not to foster parenting. This study serves as a launching point for future research.

The primary limitation for this study is the amount of participants. Due to hectic schedules for the researcher and the foster parents, recruiting participants was a challenge. Ideally, more participants would have been recruited, but time limitations also contributed to the low number of participants.

**Recommendations**

This study opens the door for future studies to examine the impact of these individual variables with a new population; foster parents. Foster children are vulnerable to a myriad of struggles, and researching what makes a successful foster parent could improve the lives of millions of foster children. They can even expand the research by developing programs based upon increasing levels of EI in order to reduce depression and improve self-efficacy. In addition, the impact on the children should also be
evaluated to determine if training programs are worth the investment. Any future research considerations should be long-term and may be either qualitative or quantitative.

**Concluding Remarks**

This study identifies a need for further exploration as to why these scores occurred and whether they have an impact on the children being fostered.

As mentioned previously, EI has been seen as a factor that contributes to one’s ability to develop successful relationships. This ability is significant to raising children in the foster care setting, because most foster children often face struggles with attachment, especially with new caregivers (Dozier, Lindhiem, Lewis, Bick, Bernard, & Peloso, 2009). Dozier’s research found that the interaction between foster parents and their foster children has a direct impact on the child’s attachment development and, thus, their mental health. Facilitating emotional intelligence development within foster parents could aid in the healthy attachment development in foster children.

Emotional Intelligence could also be a significant contributor to the foster parent’s level of self-efficacy. A previous study found that a parent’s self-efficacy, and stress levels have a direct and an indirect impact on the child’s behavioral stability among children as young as 3-5 years old (Jackson, 2000). In addition, programs that included self-efficacy training, indicated an impact on the child (Chislett & Kennett, 2007). The results of the training exposed that they had better parent-child interactions as well as more effective skills for managing children in their care. There is little research done evaluating the impact of parental self-efficacy and its impact on the children, but current evidence shows that there is potential for having an impact on the child’s wellbeing.
The system of foster care aims to aid children who are struggling. The children who find themselves in the foster system face many struggles, and research is constantly trying to find ways to build resiliency. A majority of research focuses on the child themselves, but what if research changed its focus to the foster parent? The whole system could change and provide more long-term benefits. A skilled foster parent can have a significant positive impact on several children. Maybe researchers and social workers alike need to change their focus to improve the skills of the foster parent in order to help the child live a happy, healthy, and resilient life.
References


