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FUNCTIONING AND THEIR PERCEIVED PARENTING**

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Effects of Rational-Emotive Behavior Therapy on Romanian Foster Parents' Psychological Functioning and their Perceived Parenting

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Abstract

The primary aim of this study was to explore the effects of Rational-Emotive Behavior Therapy (REBT) intervention on Romanian foster parents' psychological functioning (emotional distress) and how this intervention affects their perceived parenting behavior within their family. The participants included 80 Romanian foster parents (78 female and 2 male) ranging in age from 28 to 59 years ($M = 45.73$ years, $SD = 6.38$) in one county. Participants in the present study were randomly assigned to one of two conditions: REBT group (or the experimental group) and Control group. REBT group received Rational-Emotive Behavior Therapy (REBT) and the Control group was given the standard training program on abuse and neglect that was taught within the Romanian child protection system. A pre-post design was used that included the Profile of Mood States (POMS) and Alabama Parenting Questionnaire (APQ) as outcome measures. The results of the present study supported our hypothesis that professional foster parents receiving REBT would show lower levels of emotional distress (anxiety, depression, and anger) and an increased use of improved parenting behaviors (involvement, positive parenting, poor monitoring/supervision, inconsistent discipline, corporal punishments, and other behaviors) compared with foster parents who received the standard training program, as showed by parents self-reported change scores. The results of the present study highlight the usefulness of understanding the importance of professional foster parents receiving REBT.

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Keywords: Rational-Emotive Behavior Therapy, foster parents, emotional distress, parenting, Romania.

Introduction

Since the early 1990's, the Romanian child welfare system has undergone a series of reform periods (for a more complete review of reform periods, see Rus, Parris, Cross, Purvis, & Drăghici, 2011) that have directly impacted the quality of children's care, affecting both health and psychological outcomes (Groza, Conley, & Bercea, 2003; Marshall, Reeb, Fox, Nelson, & Zeanah, 2008; Rus, Ito-Jäger, Parris, Cross, Purvis, Ciff, 2014; Zeanah *et al.*, 2009). These significantly beneficial improvements were due to an important trend that emerged from the Romanian child welfare reforms, namely the movement of institutionalized children from placement center institutions to family-type care (Cojocaru, 2009; Rus *et al.*, 2011). These services were established to care for children who were temporarily or permanently separated from their parents. Such services are provided at the home of a person or a family, such as foster parents, extended family, or other family/person.

Children in foster families have significantly better life conditions than institutionalized children in five important ways. They have (a) direct access to health services, food, & clothing; (b) a personal room and other belongings, and do not struggle with overcrowded beds and other living spaces; (c) more physical, emotional, & cognitive stimulation within their foster families and schools; (d) more social stimulation within their foster families, schools, clubs, and neighborhoods; and (e) less physical, emotional, and/or sexual abuse because they are cared for by more affectionate and competent caregivers (Cojocaru, 2008; Rus, Butterfield, Cross, Purvis, Parris, & Cliff, 2014). Although there are improvements in foster children's environment and their outcomes compared to institutionalized children, studies in many countries reveal that foster children commonly manifest a high incidence of behavioral problems, health risk behaviors, and/or are more likely to utilize outpatient and inpatient mental health services compared with children from the general population (Gramkowski, Kools, Paul, Boyer, Monasterio, & Robbins, 2009; Halfon, Berkowitz, & Klee, 1992; McIntyre, & Kesler, 1992; Rus, Ito-Jäger, Parris, Cross, Purvis, Drăghici, 2014; Tarren-Sweeney & Hazell, 2006). In addition, there is a high incidence of developmental delays in infants and young children in foster care (Klee, Kronstat, & Zlotnick, 1997). Key predictors of foster children's mental health outcomes include age at entry into care, developmental difficulties, maltreatment, recent adverse events, and placement insecurity or lack of permanence (Tarren-Sweeney, 2008).

Despite the common finding that rearing emotionally and behaviorally troubled foster children can be a demanding task, there have been few studies about foster

parent satisfaction (Denby, Rindfleisch, & Bean, 1999; Heller, Smyke & Boris, 2002; Hudson & Lévasséur 2002; Jones & Morrissette, 1999). However, in one New Zealand study (Murray, Tarren-Sweeney, & France, 2011), foster parents reported to have significant unmet needs for support and training, high parenting stress, and responsibility for a wide range of children's mental health issues, creating an extremely burdensome context in caring for these children. Foster parents reported that their greatest need was for training and support to manage and respond to children's mental health issues.

Foster care in Romania

Information about Romanian professional foster parent needs and job satisfaction is more scarce (asistent maternal profesionist; for a review regarding the terminology see Cojocaru, 2009), but some information about their profession is available. In Romania, professional foster parenting is the most prevalent type of foster parenting and is a full-time occupation with salary (Zeanah, Koga, Simion, Stanescu, Tabacaru, Fox, *et al.*, 2006; Groza, Conley, & Bercea, 2003). Additionally, when large numbers of children are placed in the same family, both spouses are authorized as foster parents and paid accordingly (Cojocaru, 2008). Specialized staff from the child welfare system also provides foster parents with training, support, evaluation, and activities to integrate or reintegrate children with their natural, extended, or substitute families. Also, only those that meet the following conditions can be certified as professional caregivers: (a) they are physically and mentally able to take care of foster children; (b) they demonstrate adequate behavior in society and through their health and psychological profile are enabled to care and educate children; (c) they possess a home that offers the capacity of food preparation, hygiene, education and recreation of its inhabitants, including children that will be placed in care; and (d) they attended the training course organized by the public child protection services or private authorized services that evaluate and grant the professional caregiver attestation (Drăghici, 2008). While Romanian foster parents do receive a parent training course, this course simply provides information about abuse and neglect, and methods for communicating with children. It does not provide the components of parent training programs that are correlated with significantly improved outcomes for parents and children.

Rational Emotive Behavior Therapy (REBT)

REBT is a psychological program that was developed from cognitive behavior therapy (CBT). The "ABCDE" model is a core component of REBT (Ellis, 1962, 1994) and, with minor modifications, is also the core of all other cognitive behavioral psychotherapies. In general, this model lays out a series of steps in which a person first experiences an undesirable activating event, with their beliefs

about the event (either rational or irrational) leading to emotional, behavioral, and cognitive consequences. Consequences (either functional or dysfunctional) can become activating events themselves, producing secondary consequences. REBT training provides parents with problem-solving and stress management tools to help manage irrational beliefs and their consequences. REBT can be used with a wide range of clinical and non-clinical problems. For parents, it can be offered to groups or individuals, either married or single, with or without children. The ABCDE component of REBT is described in detail in the “procedure” section of the current study.

The Present Research

The primary aim of this study was to explore the effects of Rational-Emotive Behavior Therapy (REBT) intervention on Romanian foster parents’ psychological functioning and how this affects their perceived parenting behavior within their family. Consequently, we were interested in comparing the effectiveness of REBT, a cognitive behavioral intervention, with the standard training program that is used to combat violence against children within the Romanian child protection system. We hypothesized that professional foster parents receiving REBT would show (a) a lower level of emotional distress (anxiety, depression, and anger) than those who received the standard training program; and (b) an increased use of improved parenting behaviors (involvement, positive parenting, poor monitoring / supervision, inconsistent discipline, corporal punishments, and other behaviors) compared with foster parents who received the standard training program.

Method

Participants

Our study population included foster parents employed by the County Social Assistance and Child’s Care Directorate (CSACCD) in one Romanian county. The participants included 80 Romanian foster parents (78 female and 2 male) ranging in age from 28 to 59 years ($M = 45.73$ years, $SD = 6.38$). This high ratio of women to men is consistent with the foster parent ratio in this and other Romanian counties (Cojocaru, 2008). In the current study, participants were asked to complete the questionnaires before and after the intervention. In the experimental condition (REBT group), there were 49 females and 1 male (age range 31 to 59 years; $M = 46.49$ years, $SD = 6.09$). In the Control group, there were 31 females and 1 male (age range 28 to 58 years; $M = 44.52$ years, $SD = 6.75$). These professional foster parents had in their care 1-2 foster children per family.

Measures

Mood problems or psychological distress. The Profile of Mood States (POMS; Shacham, 1983) measures mood problems or psychological distress. The POMS includes a self-report mood adjective checklist assessing six discrete mood states and is sensitive to mood state fluctuation. The POMS, a factor-analysis derived checklist containing 47 items, includes six subscales that measure identifiable moods or affective states, such as Tension-Anxiety, Depression-Dejection, Anger-Hostility, Fatigue-Inertia, Confusion-Bewilderment (negative mood states), and Vigor-Activity (positive mood state). In particular, the Tension-Anxiety subscale assessed the subjective state and somatic experience of anxiety; Depression-Dejection subscale assessed feelings of inadequacy, isolation, guilt, futility, or sadness; Anger-Hostility subscale assessed hostility and irritability; Fatigue-Inertia subscale addressed feelings of weariness; and Confusion-Bewilderment subscale assessed efficiency and clarity of thinking. The only positive mood state subscale, Vigor-Activity, assessed wellbeing, enthusiasm, liveliness, energy, and optimism. The subscales can be scored individually or summed up in a Total Score of Distress. For this study, the POMS was distributed with the standard instructions and participants responded to each item using a 5-point Likert scale (i.e., 0 = *not at all*; 1 = *a little*; 2 = *moderately*; 3 = *quite a bit*; 4 = *extremely*). Completion of the questionnaire took between 5 – 10 minutes. Respondents rated a series of mood states (such as “Confused”, “Without Hope” or “Tired”) based on how well each item described the respondent’s mood “during past two weeks”. High scores on POMS subscales reflect high levels of distress. Internal consistency of POMS is .90 and test-retest reliability ranges between .65 and .74 (Moldovan, 2009).

Parenting. Alabama Parenting Questionnaire (APQ; Frick, Christian, & Wootton, 1999; Shelton, Frick, & Wootton, 1996) is a 42-item self-report scale measuring six parenting constructs such as Involvement (e.g., “*You ask your child about his/her day in school*”), Positive Parenting (e.g., “*You praise your child if he/she behaves well*”), Poor Monitoring/Supervision (e.g., “*Your child is out with friends you do not know*”), Inconsistent Discipline (e.g., “*The punishment you give your child depends on your mood*”), and Corporal Punishment scale (e.g., “*You slap your child when he/she has done something wrong*”). The APQ also includes 7 additional items that measure specific discipline practices other than corporal punishment (e.g., “*You ignore your child when he/she has done something wrong*”) in order to avoid implicit negative bias toward items measuring corporal punishment (hereafter, Non-Corporal Punishment Scale). The APQ (Parent Global report form) was distributed with the standard instructions and participants responded to each item using a 5-point Likert scale (1 = *never* to 5 = *always*) based on the parenting behaviors they “typically” exhibit at home. Internal consistency of scales APQ scales range from .46 and .80 (Shelton, Frick, &

Wootton, 1996). High scores on the subscales reflect high levels of these parenting behaviors.

Procedures

Written consent for research purposes was obtained from the appropriate Romanian authorities. Foster parents' privacy was protected by replacing their names with identification numbers on all research documents and analyses. Participants in the present study were randomly assigned to one of two conditions: REBT group (or the experimental group) and Control group. REBT group received Rational-Emotive Behavior Therapy (REBT) and the Control group was given the standard training program on abuse and neglect that is taught within the Romanian child protection system.

A pre-post design was used that included the Profile of Mood States (POMS) and Alabama Parenting Questionnaire (APQ) as outcome measures. The initial assessment of the participants took place two weeks before the program started with the two questionnaires that were used (paper-and-pencil, group testing, and no time limit). The confidentiality of data was stressed to participants in this session, with an emphasis on the fact that this was a scientific study and the results would only be used for this purpose. After the test ended, the participants assigned to the experimental group (REBT) were informed about their upcoming activities for the study.

A short enhanced rational-emotional behavior based intervention (stress management) was provided to the REBT Group for reducing emotional distress, highlighting management procedures for angry affect and behavior. The treatment consisted of a fully manualized foster parent training intervention based on the empirically-validated intervention built on the Ellis's ABC(DE) cognitive model of distress (David, Lynn, Ellis, 2010). According to the Ellis's ABC(DE) cognitive model of distress, people may experience undesirable activating events (A), about which they may have rational or irrational beliefs (B). Specifically, the rational beliefs are adaptive or functional, and irrational beliefs are maladaptive or dysfunctional. Furthermore, these beliefs channel to emotional, behavioral, and cognitive consequence (C). In particular, the rational beliefs direct to adaptive or functional consequences, and irrational beliefs mark the way to dysfunctional consequences. Importantly, these consequences may become triggering events (A) themselves that may produce secondary consequences through secondary rational and irrational beliefs. Moreover, these irrational beliefs are disputed or restructured (D) while the rational and adaptive beliefs assimilate more efficiently (E) in the context of Rational-Emotive Behavior Therapy (REBT) in order to improve emotional, cognitive, and behavioral functioning (Ellis, David, & Lynn, 2010). In addition, this model was expanded by highlighting the importance of the unconscious information processing (David, 2003).

The REBT intervention consisted of five modules that took place during four consecutive weeks, and was divided into modules and themes that focused on learning about rational and irrational beliefs associated with parental distress (including acceptance of self and children) that may affect their parental behaviors toward children; dysfunctional consequences of anger or anxiety; identifying strategies for distress reduction; and exploring communication skills and problem-solving techniques. Most importantly, the goal of the intervention was to address irrational beliefs that commonly have been shown to mediate emotional distress (Bond & Dryden, 1996; David, Schnur & Belloiu, 2002; Himle Thyer & Papsdorf, 1982; Macavei, 2005; Solomon, Arnow, Gotlib & Wind, 2003) that parents with children with behavioral and emotional problems may experience (Anastopoulos, Guevremont, Shelton, & DuPaul, 1992; Rodriquez, 2010; Solem, Christophersen, & Martinussen, 2011). The sessions/modules were as follows: Module 1: Basic principles of REBT and ABC framework. Module 2: Unconditional acceptance and of self and child, Low frustration tolerance, Anger, and Relaxation techniques; Module 3: The abuse: a dysfunctional consequence of anger; the Anxiety; Module 4: Assertive training; and Module 5: Solving problems. The first two modules were conducted during the first week and the following modules were conducted once a week thereafter. The techniques emphasized in the program were cognitive restructuring, rational emotive imagery, exposure, and relaxation.

Participants in the Control group received the standard training program on abuse and neglect taught within the Romanian child protection system. This training occurred during two days within the same week and had the following structure: Module 1: Abuse (General working principles, definitions of abuse, neglect and exploitation; evocative elements of abuse, neglect, and exploitation; risk factors and effects of abuse, neglect, and exploitation; prevention of abuse, neglect, and exploitation of foster children). Module 2: Communicating with children (general principles, "I" type messages, and recognition of a child's emotional state). After implementing both the modular intervention program (REBT group) and the standard training program on abuse and neglect (Control group), participants were assessed for the second time.

Results

Negative Affect

The data were self-report scores that assessed three types of negative affect: anxiety, depression, and anger (POMS; Shacham, 1983). Each type of negative affect was assessed twice: once pre-intervention and once post-intervention. Change scores were calculated by subtracting the pre-intervention scores from the post-intervention scores. The resulting change scores represent the total change in

each type of affect over the course of the study. Negative scores indicate a decrease in negative affect (i.e., negative scores indicate improvement).

These data were simultaneously analyzed with a one-way, two-level multivariate analysis of variance (MANOVA). Participants in the REBT group showed more improvement overall than participants in the control group, $F(3, 76) = 21.51, p < .001$. In addition, participants in the REBT group showed more improvement in anxiety scores compared to the control group [$F(1, 78) = 44.73, p < .001, d = 1.50$]. Similarly, participants in the REBT group showed more improvement in depression scores compared to the control group [$F(1, 78) = 27.80, p < .001, d = 1.15$]. Finally, participants in the REBT group showed more improvement in anger scores compared to the control group [$F(1, 78) = 14.64, p < .001, d = .82$].

Table 1. *REBT Improves Negative Affect*

		Mean Change	SD
Anxiety***	REBT	-4.24	2.63
	Control	.06	3.08
Depression***	REBT	-3.96	3.47
	Control	1.68	6.10
Anger***	REBT	-.90	1.48
	Control	1.00	2.94

Note: *** $p < .001$

Parenting

The data were self-report scores from the APQ (Frick, Christian, & Wootton, 1999; Shelton, Frick, & Wootton, 1996). These data yielded an overall parenting score, as well as six subscale scores: involvement, positive parenting, poor monitoring/supervision, inconsistent discipline, corporal punishment, and non-corporal punishment. According to the original scoring procedure of the APQ, *high* scores on the Involvement and Positive Parenting Scales reflect better parenting. In contrast, *low* scores reflect better parenting on the Poor Monitoring/Supervision, Inconsistent Discipline, Corporal Punishment, and Non-Corporal Punishment. For ease of interpretation, scores on the poor parenting items were reversed such that high scores reflect better parenting practices on all subscales.

The APQ was administered twice: once pre-intervention and once post-intervention. Change scores were calculated by subtracting the pre-intervention scores from the post-intervention scores. The resulting change scores represent the total change in parenting over the course of the study. These data were simultaneously analyzed with a one-way, two-level multivariate analysis of variance (MANOVA). Participants in the REBT group showed more improvement in overall parenting

than participants in the control group, $F(6, 73) = 15.01$ $p < .001$. In addition, participants in the REBT group showed more improvement on five of the six subscales (with the exception of Monitoring/Supervision, $F < 1, p > .4$) than did participants in the control group ($F_s > 8.50, p < .005$). Please see Table 2 for descriptive statistics.

Table 2. *REBT Improves Parenting*

		Mean Change	SD
Involvement***	REBT	4.35	3.68
	Control	.00	4.73
Parenting***	REBT	4.55	3.25
	Control	.10	3.56
Monitoring	REBT	-2.88	4.06
	Control	-2.16	4.16
Discipline***	REBT	-4.98	3.28
	Control	-.29	2.93
Punishment*	REBT	-1.41	1.49
	Control	-.45	1.34
Other**	REBT	1.55	2.48
	Control	-.48	2.89

Notes: * $p = .005$, ** $p = .001$, *** $p < .001$

Discussion

The results of the present study supported our hypothesis that professional foster parents receiving REBT would show lower levels of emotional distress (anxiety, depression, and anger) and an increased use of improved parenting behaviors (involvement, positive parenting, poor monitoring/supervision, inconsistent discipline, corporal punishments, and other behaviors) compared with foster parents who received the standard training program, as showed by parents self-reported change scores. Consequently, this study showed the effectiveness of REBT intervention on Romanian foster parents' psychological functioning (significantly reduced emotional distress) and how this affects their perceived parenting behavior within their family.

The reduction of parents' emotional distress shown in the present study is consistent with other findings in Romanian foster parents (Gavița, David, Bujoreanu, Tiba, & Ionuțiu, 2012) and individuals (Kállay, Țincaș, & Benga, 2009; Marian, 2007; Moldovan, 2009) and in psychiatric outpatients, medical patients, normal adults, and college students (David, Montgomery, & Bovbjerg, 2006; DiLorenzo, David, & Montgomery, 2007; Terry, Lane, & Fogarty, 2003). The robust, positive modification of foster parenting practices in this study is encouraging knowing that lack of parental involvement, poor monitoring and supervision, and harsh and inconsistent discipline are considered risk factors for conduct problems in childhood and adolescence (Hawes & Dadds, 2006). To reduce such detrimental behaviors it is important to identify interventions that are effective in helping to modify such parental practices (Brestan & Eyberg, 1998).

Because foster parents often receive training, and because long-term outcomes for foster children are correlated with experiences they have with their caregivers (see Fisher 2008), it is important to understand the characteristics of training programs that are correlated with positive effects for both caregivers and children. Recent reviews of research on parenting children with difficult behaviors have shown that programs that focus on improving parenting skills and/or children's problem solving skills significantly improve outcomes for children with oppositional defiant disorder (ODD) (Bradley & Mandell, 2005). Also, parenting programs that emphasize play, praise and rewards, limit setting, and handling misbehavior, in a supportive group atmosphere where parents can practice more positive parenting behaviors have shown to significantly reduce antisocial behavior among children (Scott, Spender, Doolan, Jacobs, & Aspland, 2001). In a meta-analytic review of parenting programs, those shown to produce larger positive effects on measures of parenting behaviors and children's externalizing behaviors included a focus on increasing positive parent-child interactions and emotional communication skills, teaching parents to use time out, improving parental consistency, and requiring parents to practice new skills with their children during parent training sessions. Programs that produced smaller positive effects included teaching parents problem solving skills; teaching parents to promote children's cognitive, academic, or social skills; and providing other additive services (Kaminski, Valle, Filene, & Boyle, 2008).

Also, parenting traits that promote attachment such as warmth/sensitivity and the social learning dimensions of contingency/predictability have been identified as key caregiving components associated with child outcomes (Dozier, Albus, Fisher, & Sepulveda, 2002). In addition, reducing caregiver stress can significantly improve their ability to provide this type of care. Thus, training that addresses these components can play an important role in improving child outcomes (Fisher, 2008). Scott and Dadds (2009) proposed that a frequent impediment to parent training effectiveness is that while parents' know what actions to take, their belief system remains unchanged (p. 1442). Also, some studies have suggested that

parent training enhanced with a cognitive module designed to teach parents effective emotion-regulation strategies can improve outcomes of traditional behavioral or cognitive-behavioral parent training programs (for a review see Gavita 2012).

Regarding REBT specifically, Greaves (1997) found this program to be effective in focusing parents' attitude towards events rather than on their children's limitations, and has shown to significantly lower stress in parents. In addition, Joyce (1995) found that a Rational-emotive parent education program significantly reduced parent irrationality, parent guilt, and parent anger. A 10-month follow-up suggested maintenance of these effects as well as a reduction in perceived child behavior problems, and positive changes in parents' irrational beliefs regarding self-worth. Parenting programs derived from CBT have shown to be effective in helping parents with difficult children to (a) reduce dysfunctional parenting styles and increase parents' sense of competence (Triple P-Positive Parenting Program; Leung, 2003; Sanders, Markie-Dadds, Tully, & Bor, 2000); (b) reduce symptoms of parental depression (Cognitive Behavioral Family Intervention; Sanders & McFarland, 2000); and (c) reduce parents' stress and improve general mental health and quality of life (CBT group therapy; Wong & Poon, 2010).

Limitations

Limitations of this study include the small number of participants that were recruited from only one county within Romania, and therefore limiting the generalizability of these findings. In addition, the results relied solely on self-report measures and did not include observation-based instruments. Finally, the present study only investigated the association between variables, and no causal relationship can be assumed.

Implications for clinical practice, theory, and policies

The results of this study show that Romanian foster parents can maintain lower levels of emotional distress and improve their parenting behaviors through REBT. This will likely help them to better navigate the issues they will encounter in their daily lives, and provide a healthier living environment for their foster children as well as themselves. This may lead not only to improved outcomes for foster children, but also to longer tenure for foster parents, who may be willing to stay in the profession longer due to less frustration and burnout. There may also be fewer placement disruptions when foster parents have improved abilities to manage the children in their care. Thus, a small initial investment in REBT training of foster parents may lead to less waste in resources for the child welfare

organizations that are charged with recruiting new foster parents and providing support services, including help with issues arising from placement challenges and failures. Future research should seek to determine if these results can be replicated in a broader sample, but findings are consistent with other studies showing that similar types of training can lead to better parenting practices. Researchers, policy-makers, and practitioners can use implications from this study to investigate the possibility of improving foster care outcomes for their own populations of interest through this type of training.

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