



THE
FOSTER CARE
ALUMNI STUDIES

STORIES FROM THE PAST TO SHAPE THE FUTURE

Foster Care Alumni Studies Final Production Copy Interview¹

Introduction

In order to build on and compare to previous work, the Alumni Studies interview was largely composed of measures and items from earlier projects in child welfare, psychology, and epidemiology. For specific sources, please see the variables list available at www.casey.org/research/alumni_studies/methods.htm

The interview was developed by the project team to assess current psychological, health, financial, and social functioning, education and employment, birth and foster family history, services received, recent stressors, and perceptions of the foster care agency staff and foster parents. Average administration time was two to two and a half hours. Interviewing was conducted by trained interviewers from the Survey Research Center at the University of Michigan. A respondent booklet, containing response scales and options, was used with many questions to provide visual reference for participants.

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SECTION U

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- U1 (RB, P. 29) On a scale from 1 to 7, where 1 is **very strongly disagree**, and 7 is **very strongly agree**, how much do you agree with the following statements:
Generally, I am satisfied with my experience in foster care.

VERY STR. DISAGREE							VERY STR. AGREE
1	2	3	4	5	6		7

- U2 (RB, P. 29) Overall, social workers were a help to me while I was in foster care.

VERY STR. DISAGREE							VERY STR. AGREE
1	2	3	4	5	6		7

U2a. Why do you say so?

-
- U3 (RB, P. 29) Overall, foster parents were a help to me while I was in foster care.

VERY STR. DISAGREE							VERY STR. AGREE
1	2	3	4	5	6		7

U3a. Why do you say so?

U4 Next I will ask some questions about the last foster family you stayed with for at least 3 months. How many children were in this (last) foster family when you moved in?
_____ NUMBER OF CHILDREN

U5 Did your foster family treat you the same as they did their birth children?
YES..... 1
NO..... 5
NO BIRTH CHILDREN 6

U6 Was your foster family able to help you with ethnic identity and cultural issues?
YES 1
NO..... 5

U7 When you were in foster care, was there anyone who really loved you?
YES 1
NO..... 5

U8 When you were with your last foster family, could you participate in programs in **arts, music, dance** or **culture** if you needed it?
YES 1
NO..... 5...(GO TO U9)

U8a. (RB, P. 30) How much did you participate in these activities while in your last foster home? (**a lot, some, a little, or not at all**)?
A LOT..... 1
SOME..... 2
A LITTLE..... 3
NOT AT ALL..... 4

U9 When you were with this foster family, did you ever do fun family activities such as **family sports** or **outdoors** or **community activities**?

YES 1

NO..... 5...(GO TO U10)

U9a. (RB, P. 30) How much did you participate in these activities in your last foster home?

A LOT.....1

SOME.....2

A LITTLE.....3

NOT AT ALL..4

U10 (When you were with this foster family) Could you participate in **clubs and organizations for youth** if you wanted to?

YES 1

NO..... 5...(GO TO U11)

U10a. (RB, P. 30) How much did you get involved in **clubs and organizations for youth** while in your last foster home?

A LOT..... 1

SOME..... 2

A LITTLE..... 3

NOT AT ALL..... 4

U11 (When you were with this foster family) Did you participate in **religious activities**?

YES 1

NO..... 5...(GO TO U12)

IF VOL: DIDN'T NEED 6

U11a. (RB, P. 30) How extensively did you participate in **religious activities** (while in your last foster home)?

A LOT..... 1

SOME..... 2

A LITTLE..... 3

NOT AT ALL.. 4

U12 (When you were with this foster family) Could you get **tutoring or other supplemental educational services** if you needed it?

YES 1

NO..... 5...(GO TO U13)

IF VOL: DIDN'T NEED 6

U12a. (RB, P. 30) How much did you use this service while in your last foster home?

A LOT..... 1

SOME..... 2

A LITTLE..... 3

NOT AT ALL.. 4

U13 (When you were with this foster family) Could you get **counseling or other mental health services** if you needed it?

YES1

NO.....5... (**GO TO U14**)

IF VOL: DIDN'T NEED6

U13a. (RB, P. 30) How much did you use this service while in your last foster home?

A LOT..... 1

SOME..... 2

A LITTLE..... 3

NOT AT ALL..... 4

U14 (When you were with this foster family) Could you get **alcohol or drug treatment programs** if you needed it?

YES1

NO.....5...(GO TO U15)

IF VOL: DIDN'T NEED6

U14a. (RB, P. 30) How much did you use this service while in your last foster home?

A LOT.....1

SOME.....2

A LITTLE.....3

NOT AT ALL..4

U15 (When you were with this foster family) Could you get **employment training or job location services** if you needed it?

YES 1

NO..... 5...(GO TO U16)

IF VOL: DIDN'T NEED.....6

U15a. (RB, P. 30) How much did you use this service while in your last foster home?

A LOT..... 1

SOME..... 2

A LITTLE..... 3

NOT AT ALL.. 4

U16 (When you were with this foster family) Could you get **group work or group counseling** if you needed it?

YES 1

NO..... 5...(GO TO U17)

IF VOL: DIDN'T NEED 6

U16a. (RB, P. 30) How much did you use this service while in your last foster home?

A LOT..... 1

SOME..... 2

A LITTLE..... 3

NOT AT ALL.. 4

U17 (When you were with this foster family) Could you get **independent living training groups or workshops** to learn how to live on your own in the community (if you needed it)?

YES1

NO.....5...(GO TO U18)

IF VOL: DIDN'T NEED..... 6

U17a. (RB, P. 30) How much did you use this service while in your last foster home?

A LOT..... 1

SOME..... 2

A LITTLE..... 3

NOT AT ALL..... 4

U18 (When you were with this foster family) Did you participate in extracurricular activities such as **athletics or computer programs, drama, music, school government or other such programs** while you were in foster care?

YES1

NO.....5

U19 (When you were with this foster family) Did you participate in **other skills or special interest or talent programs** such as **dance, painting, sewing, photography, car repair or similar programs** ?

YES1

NO.....5

U20 Did you participate in **other activities, camps or achievements**?

YES.....1

NO.....5...(GO TO U21)

U20a. What were these?

U21 Did you have a foster mother in your last foster home?

YES 1

NO..... 5...(GO TO U23)

U22 (RB, P. 30) I'm going to read statements about strengths that some people have. For each, please let me know how much you felt it was present in your last foster mother.

	A LOT	SOME	A LITTLE	NOT AT ALL
a How much did she have good mental health or emotional strength? Would you say a lot, some, a little, or not at all?	1	2	3	4
b How much did she have good physical health? (Would you say a lot, some, a little, or not at all?)	1	2	3	4
c How much did she have a sense of humor?	1	2	3	4
d How much was she tolerant of behaviors that were different from hers?	1	2	3	4
e How much could you confide in her about things that were bothering you?	1	2	3	4
f How overprotective was she?	1	2	3	4
g How much time and attention did she give you when you needed it?	1	2	3	4
h How much did she stop you from doing the things that other kids your age were allowed to do?	1	2	3	4
i How much did she expect you to do your best in everything you did?	1	2	3	4
j How consistent was she about the rules?	1	2	3	4

U23 Did you have a foster father in your last foster home?

YES 1

NO..... 5...(GO TO U25)

U24 (RB, P. 30) I'm going to read statements about strengths that some people have. For each, please let me know how much you felt it was present in your last foster father.

	A LOT	SOME	A LITTLE	NOT AT ALL
a How much did he have good mental health or emotional strength? Would you say a lot, some, a little, or not at all?	1	2	3	4
b How much did he have good physical health? (Would you say a lot, some, a little, or not at all?)	1	2	3	4
c How much did he have a sense of humor?	1	2	3	4
d How much was he tolerant of behaviors that were different from his?	1	2	3	4
e How much could you confide in him about things that were bothering you?	1	2	3	4
f How overprotective was he?	1	2	3	4
g How much time and attention did he give you when you needed it?	1	2	3	4
h How much did he stop you from doing the things that other kids your age were allowed to do?	1	2	3	4
i How much did he expect you to do your best in everything you did?	1	2	3	4
j How consistent was he about the rules?	1	2	3	4

U25 **INTERVIEWER CHECKPOINT:**

MARK SAMPLE TYPE:

WASHINGTON DCFS (BLUE CS).....1...(READ U26 WITHOUT THE
WORD “UNREPORTED”)

ALL OTHERS (GREEN CS).....2...(READ U26 WITH THE WORD
“UNREPORTED”)

U26 Now I would like to ask you about any maltreatment you may have experienced at **any** time while you were in foster care. Because it is important that children are provided safe homes in the foster care system, I am required to report anything you tell me about (unreported) child abuse or neglect or threats of harm to self or others to the appropriate authorities.

Do you understand? [NOTE: “CAREGIVER” INCLUDES BIRTH PARENTS RESPONSIBLE FOR R DURING PERIODS OF VISITATION WHEN R WAS IN FOSTER CARE.]

I would like to ask you some questions about the ways in which your caregivers may have mistreated you. When I say caregivers, I mean the adults who were responsible for taking care of you while you were under the care of the child welfare system.

(ANSWER R’S QUESTIONS OR CONCERNS BEFORE PROCEEDING.)

Please look over the list of behaviors on page 31 in the Respondent Booklet. I’d like to ask you about specific individual times when a caregiver mistreated you in any of these ways.

(ALLOW R TO READ AND REVIEW RB PAGE 31 AND TO HAVE TIME TO RECALL INCIDENTS)

While you were in care, did any of your caregivers ever mistreat you in any of these ways?

YES 1

NO.....5...(GO TO U28)

Mistreatment types as they appear on RB page 31, for use in U26 and U27

- A Did you ever have a **serious illness or injury or physical disability**, but your caregivers ignored it or failed to get you the treatment you needed for it?
- B Did a foster parent or caregiver often **fail to provide regular meals** for you so that you had to go hungry or ask other people for food?
- C Did you ever have to go without things that you needed, for example **clothes, shoes, school supplies or food**, because the money paid to your caregiver was spent on things for themselves?
- D Did a foster parent or caregiver ever **make you do chores that were too difficult or dangerous** for you?
- E Were you ever **actually abandoned** by a foster parent or caregiver? For example, were you ever left alone or unsupervised for an unreasonably long period of time, given your age?
- F Did any of your foster parents or caregivers ever **throw or push** you?
- G Did any of your caregivers ever **lock you in a room or closet**?
- H Did any of your caregivers ever **beat you up, hit you with a fist, kick you, or slap you really hard**?
- I Did any of your caregivers ever **choke, strangle, or smother** you?
- J Did any of your caregivers ever **attack you with a weapon** or object that could have caused you harm?
- K Did any of your caregivers ever **tie you up or hold you down so that you could not protect yourself from harm**?
- L While you were in care, did a foster parent or caregiver ever try to **touch you, or kiss you against your will**?
-

Definitions – for use in U26a

Continuous (9) = the same type of abuse occurring **at least 4 times a month for at least 6 months**; the R may refer to this as "over and over again" or "almost every day/night".

Repeated (3) = the same type of abuse occurring **at least 3 times in a six month period for at least six months**, but with less frequency than Continuous; the R may refer to this as "every once in a while" (query to determine if meets criteria) or "it happened a few times and then it stopped (for a while)".

Single (1) = a single incident - if R reports two incidents of the same type of abuse in six months, report this as two distinct incidents, as it does not meet the criteria for Repeated.

U26a. Thinking back to the (first/next) time a caregiver mistreated you, was that a single incident, repeated (meaning the same type of abuse occurred at least 3 times in a six month period for at least 6 months) or continuous (meaning the same type of abuse occurred at least 4 times a month for at least 6 months)?

(RECORD RESPONSE IN COLUMN U26a IN TABLE AT U27)

U26b. What (year/years) was it when this mistreatment occurred?

(RECORD RESPONSE IN COLUMN U26b IN TABLE AT U27)

U26c. (RB Page 31)What type of mistreatment was this? You may just give me the letter.

(RECORD LETTER OF RESPONSE IN COLUMN U26c IN TABLE AT U27)

U26d. Was this maltreatment done by a **foster parent, a birth parent, or by another caregiver?**

(ENTER ALL THAT APPLY IN COLUMN U26d IN TABLE AT U27)

U26e. Was this incident reported to Child Protective Services?

(ENTER RESPONSES IN COLUMN U26e IN TABLE AT U27)

(DO NOT PROBE DK)

(REPEAT U26a THROUGH U26e, PROBING (AO) AS NECESSARY, UNTIL R STATES S/HE CAN RECALL NO MORE INCIDENTS)

U27 (RB, P. 32) Thinking over the whole time you were in foster care, who among the staff of the agency was the most helpful person to you – a **foster parent**, a **social worker**, a **psychiatrist**, a **psychologist**, a **counselor or therapist**, or **someone else**?

- FOSTER PARENT..... 1
- SOCIAL WORKER..... 2
- PSYCHIATRIST..... 3
- PSYCHOLOGIST..... 4
- COUNSELOR OR THERAPIST... .. 5
- OTHER..... 7
- SPECIFY _____

U28 During the time that you were under the care of the child welfare system, do you feel that the amount you saw your social worker was **too little**, **just about enough**, or **too much**?

- TOO LITTLE..... 1
 - ENOUGH..... 2
 - TOO MUCH..... 3
-

SECTION V

V1 In what month and year did you leave the child welfare system?

_____ / _____
(MONTH / YEAR)

V2 Before you left care, did your worker or agency help you to:		YES	NO	
a	Get job training?	1	5	
b	Get a job interview?	1	5	
c	Get a job?	1	5	
d	Get public assistance such as Food Stamps, AFDC or General Assistance (GA)?	1	5	
e	(Before you left care, did your worker or agency help you to) Get your health records?	1	5	
f	Arrange for health insurance?	1	5	
g	Find or obtain housing?	1	5	
h	Find child care for your children?	1	5	INAP, NO CHILDREN 0
i	Find contact persons who would help you if there were problems?	1	5	
j	Before you left care, did your worker or agency help you in any other way? (IF YES, SPECIFY) _____	1	5	

V3 When you left care, did you have a driver's license?

YES 1

NO..... 5

V4 When you left care, did you have at least \$250?

YES 1

NO..... 5

V5 (When you left care,) did you have dishes and utensils to set up house keeping?

YES..... 1

NO..... 5

V6 (RB, P. 33) When you left care:	VERY PREP.	SOME- WHAT PREP.	NOT VERY PREP.	NOT AT ALL PREP
a How well prepared were you to get a steady job and make money? Would you say you were very prepared, somewhat prepared, not very well prepared, or not at all prepared?	1	2	3	4
b How well prepared were you in money management and consumer awareness?	1	2	3	4
c (How well prepared were you in) food purchasing and preparation?	1	2	3	4
d Personal appearance and hygiene?	1	2	3	4
e Health information?	1	2	3	4
f Housecleaning and maintenance?	1	2	3	4
g Obtaining housing?	1	2	3	4
h Obtaining transportation?	1	2	3	4
i Educational planning?	1	2	3	4
j (When you left care, how well prepared were you in) job seeking skills?	1	2	3	4
k Job maintenance skills, such as getting to work on time and being productive on the job?	1	2	3	4
l Emergency and personal safety skills?	1	2	3	4
m Knowledge of community resources?	1	2	3	4
n Legal skills, such as contracts for rent or for buying things?	1	2	3	4
o Decision making and problem solving skills?	1	2	3	4
p How well prepared were you in parenting skills?	1	2	3	4

V7	(RB, P. 34) What type of health insurance did you have when you left care?
	NONE.....0
	PVT INS FROM EMPLOYMENT.....1
	PVT INS PURCHASED DIRECTLY.....2
	INDIAN HEALTH SERVICE.....3
	STATE HEALTH INSURANCE.....4
	MEDICARE.....5
	VETERANS ADMINISTRATION.....6
	OTHER (SPECIFY) _____.....7

V8 Since leaving foster care, what people and resources have been most helpful in obtaining employment or education?

V9 Rate yourself on how prepared you think you were for living on your own. Were you **very prepared, somewhat prepared, not very prepared, or not at all prepared for living on your own?**

VERY.....	1
SOMEWHAT.....	2
NOT VERY.....	3
NOT AT ALL.....	4

V10 Have staff from a group home, a residential treatment center, foster care agency or a child caring institution been a help to you since you left out-of-home care?

YES.....	1
NO.....	5

V11 Have you talked to another foster child that you lived with in a foster home or a group care setting since you were discharged?

YES..... 1

NO.....5...(GO TO V12)

V11a. Was that mostly to get some information or to talk over some problem, or both?

INFORMATION..... 1

PROBLEM..... 2

BOTH..... 3

NEITHER [IF VOL] 4

V11b. Have these foster children that you lived with in a foster home or a group care setting been a help to you since you left foster care?

YES..... 1

NO..... 5

V12 Since leaving foster care, have you visited with your biological father either in person or on the phone?

YES 1

NO.....5...(GO TO V13)

[IF VOL] FATHER DECEASED.....6...(GO TO V13)

V12a. (RB, P. 35) How often do you visit with him? Would you say almost every day, a few times a week, a few times a month, a few times a year, or less?

DAILY..... 1

FEW TIMES/WEEK..... 2

FEW TIMES/MO..... 3

FEW TIMES/YEAR..... 4

LESS..... 5

V13 Since leaving foster care, have you visited with your biological mother (either in person or on the phone)?

YES1

NO.....5...(GO TO V14)

[IF VOL] MOTHER DECEASED..... 6...(GO TO V14)

V13a. (RB, P. 35) How often do you visit with her? (**Almost every day, a few times a week, a few times a month, a few times a year, or less?**)

DAILY..... 1

FEW TIMES/WEEK..... 2

FEW TIMES/MO..... 3

FEW TIMES/YEAR..... 4

LESS..... 5

V14 Since leaving foster care, have you visited with your grandparents (grandparents that you are not living with)?

YES.....1

NO.....5...(GO TO V15)

[IF VOL] GRNDPARENTS DECEASED.....6...(GO TO V15)

V14a. (RB, P. 35) How often do you visit with them? (**Almost every day, a few times a week, a few times a month, a few times a year, or less?**)

DAILY..... 1

FEW TIMES/WEEK..... 2

FEW TIMES/MO..... 3

FEW TIMES/YEAR..... 4

LESS..... 5

V15 Since leaving foster care, have you visited with your brothers or sisters, including step-brothers or step-sisters you are not living with?

- YES..... 1
- NO.....5...(GO TO V16)
- [IF VOL] R HAS NO SIBS6...(GO TO V16)

V15a. (RB, P. 35) How often do you visit with (him/her/them)? (**Almost every day, a few times a week, a few times a month, a few times a year, or less?**)

- DAILY..... 1
- FEW TIMES/WEEK..... 2
- FEW TIMES/MO..... 3
- FEW TIMES/YEAR..... 4
- LESS..... 5

V16 Since leaving foster care, have you visited with any other relative like a step-mother or a step-father?

- YES..... 1
- NO.....5...(GO TO SECTION W)
- [IF VOL] R HAS NO OTHER RELATIVES.....6...(GO TO SECTION W)

V16a. Who did you visit with? (ENTER RELATIONSHIP TO RESPONDENT)

V16b. (RB, P. 35) How often do you visit with (this person/ any of these people)? (**Almost every day, a few times a week, a few times a month, a few times a year, or less?**)

- DAILY..... 1
 - FEW TIMES/WEEK..... 2
 - FEW TIMES/MO..... 3
 - FEW TIMES/YEAR..... 4
 - LESS..... 5
-