

# *A Study of Romanian Foster Families*

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And

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In cooperation with

## Romanian Children's Relief/Fundatia Inocenti

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November, 2001

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## **Overview**

Romania became notorious in the last decade of the 20<sup>th</sup> century for problems in its child welfare system. Child welfare problems and other social problems were exacerbated by the difficulties encountered in the transition to a market economy, including increased levels of poverty, unemployment, and child abandonment. While there have been and still remain many difficulties, in the last 10 years there also have been many social development innovations in Romania. In particular, nongovernmental agencies (the private, nonprofit sector) have been developing or assisting in the development of family preservation, family reunification, prevention of abandonment, foster care and adoption programs in Romanian.

Foster care is relatively new. Before 1994, there were less than 10,000 foster or guardian families, even though over 100,000 children were in need of care outside their birth families. The media estimates that about 29,000 foster families were in existence as of the year 2000.

## **Purpose of Study**

This project was a program evaluation of a foster care program serving 68 children in Bistrita, Romania—located in Transylvania. To date, little but anecdotal information or media reports are available about the experiences of foster families and the their foster children. The purpose of this study was to provide the NGO (Romanian Children's Relief/Fundatia Inocenti, abbreviated RCR) and the local Romanian public child welfare agency (Bistrita Nasaud County Department of Child Protection, abbreviated BNGDCRP) with empirical information on Romanian foster children in Romanian families. We gathered data through interviews with foster families. No children were interviewed. All questions for the interviews were translated into Romanian and interviews were done with cross-national teams (a Romanian and an American). We supplemented these interviews with informal input from foster care workers from the NGO and public agency.

The protocol used in the foster care study was approved by the Human Subjects Review Board at Case Western Reserve University. It had been used previously with adoptive families in Romania in 1999 and modified for this study. The modifications for this project included changing the focus to foster parents, modifying questionnaires to make them appropriate for an evaluation of foster care, and adding a standardized instrument that assessed strengths when the child in foster care was over age 4.

The questions probed in this study were: What problems/issues are families facing related to fostering or to the foster children? What post placement resources have they used? What post placement services would families like to have? What is the stability of these placements? What are indicators of success/failure in these placements? How can the foster care program be improved?

## **Collaborators**

RCR/FI is a private, non-profit agency dedicated to improving the lives of children involved in Romania's medical and social welfare systems. RCR began its work in 1991, and currently supports three programs at two pediatric hospitals and a placement center (orphanage). With grant funding from the LIFT and Seattle foundations, RCR launched a collaborative project with the Bistrita Nasaud General Department for Child Right's Protection (abbreviated as BNGDCRP) entitled "Me and My Family Together" in September, 2000. The main function of this program is to support children and families during the transition from institution to family life. To serve this purpose, the program offers a number of services to children, and birth, adoptive, and foster families. The program is staffed by a cross-disciplinary team comprised of social workers, psychologists, and educators. Work with families and children is centered around an Early Intervention program for children pre- and post-placement. Both segments operate on a play therapy model, encouraging children to express themselves and learn through play. The program stresses education for the parents, to help them understand the special needs of their post-institutionalized children. RCR staff, a BNGDCRP collaborator, and visiting professionals offer frequent lectures and workshops, as well as a monthly newsletter, on diverse topics related to children and families. Foster parents are encouraged to make use of the program's lending library, which features books about and for children, and developmentally appropriate toys. RCR's psychologist also works with children in the home, making psychological consultations and conducting developmental assessments. RCR provides material support to the families by making donations of goods, including school supplies, clothing, vitamins, shoes, and toys.

In November 1996 the public system of child welfare was established. At that time it was called the Directia Judeteana de Servicii Sociale pentru Protectia Copilului si Familiei (Bistrita Nasaud County Social Services Department for Child and Family Protection). It was changed in May 1998 to Directia Judeteana Pentru Protectia Drepturilor Copilului Bistrita Nasaud County Department for Child Right's Protection. In 2001 it was changed again to Directia Generala pentru protectia Drepturilor Copilului (General Department for Child Right's Protection, abbreviated as BNGDCRP). This agency was created as a Department of the "County Council" for the purpose of serving and protecting the rights of children in need. The Department has 29 employees, 22 that are professional staff. The majority of the staff have a four-year university degree (73%) and 18% are working on a four-year degree. Eighteen percent of the work force have a graduate degree and another 18% are currently enrolled in a masters degree program in social work. The foster care program began in March, 1998. The first step was to advertise, establish standards, and select the initial group of foster families. In October, 1998, the first six foster mothers were licensed and children were placed. As of the fall of 2001, there were sixty foster families caring for sixty-eight children. BNGDCRP is now planning to place special needs children in foster care.

## **Structure of the Foster Care System**

Families are recruited to foster through the public agency (BNGDCRP). A BNGDCRP social worker studies each family and recommends to the County Commission for Child Protection (CCCP) those families that should be licensed. The license is issued by the CCCP for a three-

year period and then can be renewed. Social workers are obligated to visit foster families on a monthly basis. However, at times this is problematic for two reasons. One, families are geographically dispersed and it is very time consuming to travel from village to village to see all the families within a given month. Two, BNGDCRP would run out of funds for gas or the only vehicle available from agency travel was already procured for another function.

At the time of the study, there were 75 children in the orphanage/leagan and 68 children in 60



foster families located throughout Bistrita Nasaud County. Many more families had been licensed than had children placed with them because there were no funds to pay additional foster families. Staff for BNGDCRP indicated that there were about 120 approved foster families but funding was only available for about half of these families. There was indication that the number of foster families cited as existing in Romania is true of face value (29,000) but it is also very likely that less than half of them actually have

children in placement. There are more than 210 potential foster families that have not had the classes and are waiting to be evaluated in Bistrita Nasaud County.

A few of the licensed foster families left foster care. According to the foster care worker from Bistrita Nasaud County, Flaviu Bercea, 17 people working as maternal assistants left foster care for the following reasons:

- 2 moved to other towns in Romania
- 5 moved in other countries
- 2 retired
- 3 had problems with this kind of job
- 1 found another type of job
- 2 adopted the foster child and left the system for a while
- 1 decided to continue her studies and needed time for this
- 2 had other problems

The criteria for families to be licensed included the following: (a) a foster parent could not be older than 55, (b) must have another source of income, (c) must have suitable living arrangements, and (d) must be willing to participate in visitation and foster parent group meetings. Foster families earned salaries each month of 1,500,000 lei or about \$50 USD. In addition, they are given two supplementary child allowances of 500,000 lei (from the government, for any child in placement) and 130,000 from the government for any child under the age of seven, and over the age of 7 and up to age 18 if the child is in school. This can add about another \$21 USD per month. Foster families also received some food staples each month. Foster mothers earned “time” towards their pension as a foster parent.

Choosing a specific child for a specific family is the responsibility of the social worker from the BNGDCRP. The foster parent's attitude is an important factor in child placement. Rejecting a child because of his or her skin color, ethnic or racial background, or religion is not allowed.

After the presentation of the child to the foster parent, in which the child's characteristics are discussed, the foster parent meets the child. At that meeting the social worker goes into more details about the child and his or her needs. The foster parent visits the child one or more times (depending on the distance of the foster family to the institution) at the "Me and My Family Together" Center, located in a wing of the orphanage, to build a relationship with the child. After the visits, and with final approval from CCCP, the child moves to the home of the foster parent.

Typically, children were available for foster care if they were born in Bistrita, abandoned, and with the parent's permission. At times, when parents make a voluntary placement from their family, they are given the option of having their child enter foster care. Priority is given to infants and toddlers.

The criteria in the matching process between children and future foster families (developed in July 2001) are:

- the age and the gender of the child desired by the foster parents;
- child characteristics foster families feel they can work with;
- the number of children the family can foster, because there are a lot of siblings in child care institutions;
- the physical distance between the home of the foster family and the foster child's birth family; maintaining a relationship with the birth family and proximity to the birth family are very important;
- the foster parents capacity for caring for a child with medical problems; and,
- the foster parents capacity for caring a child with special needs.

## **LOGISTICS OF THE PROJECT**

This study was conducted in four phases: (1) start-up/training in the United States, (2) on-site training in Romania, (3) data collection in Romania, and (4) data entry and analysis in Cleveland. Each phase is described in detail below.

### **Phase 1—Start up and training in the United States**



Phase 1 included drafting research instruments and translation, securing human subject approval from the University (obtained March 2001, IRB Protocol #20010222), and the selection and training of alums or graduate student volunteers to assist with the interviews.

Graduate students participating in this project received 1 day of training in Cleveland before leaving the United States. They were also given required readings that took at least another half day to complete. By the time the team arrived in Romania, the letters requesting interviews had been mailed and interviews were set up by the Romanian team.

## **Phase 2—On site training in Romania**

Phase 2 was conducted in Romania. We conducted training/team building about basic interviewing skills, team, and the research staff consisted of the RCR who worked foster care, or public child welfare in social work. The American students confidentiality and the subjects. Both staff were reminded from discussing obtained from family interviews. Most of the project staff had minimal experience in conducting research interviews, although they had experience working with families and were familiar with informed consent. Each team consisted of one Romanian and one American.



working as a bilingual protocol. The Romanian bilingual employees of in other programs besides colleagues from the system university-trained Romanian staff and received joint training on safeguards for human Romanian and American that they were prohibited identifiable results

## **Phase 3—Data collection in Romania**

Each morning, the team would meet and a van would drop off teams at different locations. Fifty six interviews with foster families were conducted. Each interview took from 60 minutes to two hours, depending on the number of children in the home. The American student read a question, which was then translated by the Romanian staff person. The Romanian staff person translated the response to the American so it could be recorded. The interviews were semi-structured around the questions, but additional questions were explored by the team. Half way through the interview, the team reminded the participant that she or he could terminate the interview at any time without consequence. Each team was picked up by the van at the end of their daily interviews or made other arrangements to get to the office. At the end of each day we discussed the results of that day and any difficulties with the research instrument/translation or protocol. We corrected mistakes in translation the first three days of interviews. The teams worked 4 days, took a break for 3 days, and followed this pattern for the entire time.





## **Phase 4—Data entry and analysis in Cleveland**

Phase 4 consisted of data entry, data analysis, and report writing, which was conducted in Cleveland by the investigator. The findings from the study were made available to the members of the team for their comments; comments were included in the final report. The findings will be used by the RCR and BNGDCRP to improve foster care services to children and families. Data from the project will be used by the Principal Investigator on a multi-year project focusing on foster care and adoption from international and multicultural perspectives.

## **METHODOLOGY**

*Method.* The interview format was semi-structured and face-to-face. All results were aggregated for reporting purposes so that no individual response could be tracked back to a specific family.

*Sample.* As of summer 2001, there were 59 families providing foster care (i.e., they had children in placement currently or the recent past) in Bistruta Nasaud County. We conducted a census of all the families providing foster care in the county. All families were asked to participate in in-home interviews. A letter was sent to foster families by RCR staff the month before interviews were scheduled to begin. Two weeks after the letters were mailed, and about a week before the American team arrived, RCR staff contacted families to set up a date and time for interviews. All families agreed to be interviewed but three of the families were not at home at the time of the scheduled interviews. Our final sample consisted of 56 foster families or 95% of the families fostering at the time of the study.

*Measures.* We used the Child Behavior Checklist for 4 to 16 year olds (CBC) and a version for children ages 2 to 3 (Achenbach & Edelbrock, 1983). The checklist has been extensively validated. The subscales for the CBC for 2 to 3 year olds assess withdrawal, depression, sleep problems, somatic complaints, aggressiveness and destructiveness. The CBC for 4 to 16 year olds contains 9 subscales and 3 summary scales; it has a reliability of .9 (see Achenbach, 1991; Achenbach & Edelbrock, 1983). Over a one-year period, the mean  $r$  was .75; over a two-year period, the mean  $r$  was .71. The subscales on the CBC for 4 to 16 year olds are: withdrawal, somatic complaints, anxiety/depression, social problems, thought problems, attention problems, delinquency, aggressive behavioral. The summary scales are internalizing problems, externalizing problems, and total problems. Subscale alphas range from .54 to .96. The scales have been normed with two groups. The clinical group represents norms based on children referred for mental health services. The nonclinical group represents norms based on a general sample of children, akin to the typical child. Only the subscales are used in this analysis.

We included the Behavioral and Emotional Rating Scale (BERS) in the interviews. The Behavioral and Emotional Rating Scale (BERS) is a standardized, norm-referenced scale designed to assess the behavioral and emotional strengths of children ages 5 to 18. It is a 52 item checklist normed on children not identified as having emotional and behavioral disorders and on children with emotional and behavioral disorders. It assesses five dimensions of childhood strengths: Interpersonal Strength, Family Involvement, Intrapersonal Strength, School Functioning and Affective Strength. The BERS subscales have alphas ranging from .87 to .96; the scale an overall reliability of .97 (see Epstein & Sharma, 1998).

A questionnaire used previously in research on adoption in the United States and Romania was modified for this project; it included questions about child and family demographic, child history prior to foster placement, measures of attachment, development, and sensory functioning, questions about service usage and service needs, and multiple indicators of outcomes (family evaluation of their expectations about the foster placement, impact of foster placement, thoughts of ending the placements).

All measures were translated into Romanian in the United States, and translation was verified in Romania. The CBC was translated by Adina Gabor, a former student in psychology and human development at Washington State University. The translated CBC scales were given to the project by Dr. Elizabeth Soliday, after securing permission to use it by Dr. Achenbach. Other translators included Simona (Monica) Stefanica, Margarita Protopopescu and Ludmila Neagu. Permission to translate and use the BERS without charge was given by Dr. Nils A. Pearson, Ph.D., Director of Research for PRO-ED (who distributes the BERS).

## RESULTS

### **Response Rates**

Of the 59 families contacted, all agreed to be interviewed, but 3 families were not at home at the time of the interview, for a response rate of 95%. The overall response rate was excellent by scientific standards. Eighty six percent of the interviews were held with foster moms, 13% were held with both parents present, and in one case (2%) the interview was conducted with another family member, not the foster parent. Three (5%) of the 56 families were siblings placed together. The 56 families interviewed were caring for 70 children.

Due to the small number of families involved in this project, only descriptive data are reported. Not multivariate analysis were conducted.

### **Demographic Description of Families**

Most families (80%) had other children in the home. When there were other children, it was most often two other children. Most families (93%) had no other children join the family after the foster placement.

Family income ranged from 2,000, 000 lei per month to 20,000,000 lei per month (\$71 USD to \$714 USD); the salary of 200,000,000 was very unusual with only one family reporting such income. Twenty five percent of the families made \$107 USD or less per month and 75% of families made \$183 USD or less per month. Average salary was \$184 USD per month (\$2208 per year).



Foster mothers were 42.9 years old, on average. If they had a spouse, on average he was 46.0 years old. Most families were two parent households (88%) with the vast majority being first time marriages (77%).

### **Demographic Description of Children and Their History**

Over half the children were male (57%). At the time of the study, children ranged in ages from 1 to 11 and were 4.0 years of age, on average. They had been placed from infancy to age 10; average age at placement was 2.8 years. About 48% were placed at the age of 1 year or under, 64% at the age of 2 or under, and 71% at the age of 3 or under. About 22% were placed at school age (5 or older). Most (57%) children were described as Romanian and 24% of the children were described as Roma/Gypsy. About 8% of the children had been in foster placement for less than a year; the vast majority (75%) had been in placement a year. About 13% of the children had been in placement 2 years and 2 (3%) were in placement 3 years.

Most foster parents did not know or could not recall the length of time the child had been in different placements. For those who could recall placement history, most of the children (90%) had been in an orphanage or institution before placement, for an average of 29 months. Length of time in an institution or orphanage for these children ranged from 13 months to 108 months; about 10% of the children had spent a year or less in an institution or orphanage, 56% had spent about 2 years in an institution or orphanage, and about 19% had spent more than 3 years in an orphanage or institution. The majority (67%) had been in a maternity hospital before placement, for an average of 2.9 months. Like the data on the length of time in an institution or orphanage, most foster parents did not know or could not recall the length of time the child had been in placement. Length of time in a maternity hospital ranged from less than a month to 15 months; about 50% of the children had spent 1 month or less in a maternity hospital. Almost one third of the children had been in a family before placement. Only 2 foster parents could report length of time in a family, so this data is not report.

Families were asked to evaluate the quality of the placements before the child entered foster care. The following summarizes their evaluations. Percents were rounded to the nearest whole number on all tables.

<b>Type of Placement before Foster Care by Parent Evaluation of Placement</b>			
	<i>Institution or Orphanage</i>	<i>Maternity Hospital</i>	<i>Family</i>
Excellent	4%		13%
Good	39%	17%	7%
Fair	33%	4%	
Poor	15%	26%	60%
Don't Know	10%	52%	20%

For the most part, the institutions were well rated, most families knew nothing about maternity hospitals, and previous family placements were evaluated negatively. It is interesting that most families had some experience with visiting the local orphanage from which most of these children came. Our own observations about this facility was that it was clean, the children were

well cared for, and there were many programs for children. In the weeks we were there, we saw many international visitors to the facility. RCR has most of its program activities at this facility, attesting to the many resources at the local orphanage in Bistrita.

In addition to the placement history and parent evaluation of each placement, we assessed where children were living at various points in their lives before placement. The following table summarizes this data. However, caution is necessary. The data are foster parent recollections and may not accurately reflect the actual pre-placement history of the children. In addition, there were great gaps in family recollections so that many families couldn't accurately reconstruct their foster child's history at specific points in time.

<b>Placement Location at Various Months of Life</b>					
	0-1	2-6	6-12	12- 24	24+
<i><b>Location</b></i>					
Foster Family	16%	16%	27%	28%	48%
Maternity Hospital	22%	6%			
Orphanage or Institution	37%	64%	58%	57%	35%
Medical Hospital			4%		
Birth Family	25%	14%	11%	15%	17%

During the first month of life, most children were in an orphanage or institution. The first major shift occurred during the second through sixth month, with children moving from maternity hospitals or birth families to an orphanage or institution. During months 6 through 12, most children remain in an orphanage or institution but there is also an increase in the percent that entered a foster family. During the second year, more children entered foster care, although a third were still in an orphanage or institution. What is apparent from looking at the data is that children remained in an orphanage or institution at some of the most critical times in their development.

#### Health, Disability and Other Developmental Descriptions of Children

For the most part, health problems, disabilities and other difficulties were not reported for the children. Only 3 (4%) children had vision impairment, only 2 (3%) were reported to have physical disabilities, and 7 (10%) children was reported to be retarded. Overall, the majority of the foster children do not have special physical or health needs.

Parents were asked to evaluate lags in developmental skills for their children at foster placement and at the time of the study. Following is a summary of their report.

<b>Developmental Assessment by Foster Parent</b>		
	Percent with delay at placement	Percent with delay at time of study
Fine Motor Skills	33%	7%
Gross Motor Skills	26%	1%
Language Skills	40%	16%
Social Skills	21%	6%

For the majority of children, foster parents reported no developmental delays at placement or at the time of the study. For the children entering the family with some delays, most of these children had improved. When delays were identified, language skills were the greatest percent. The families who had children with continued language delays identified the lack of speech therapy services as problematic and expressed a desire for in-home speech therapy services.

Parents were asked to evaluate sensory information for their children at placement and at the time of the study. In previous research, sensory problems had been identified in many Romanian children who had been adopted from institutions (see Cermak & Groza, 1998; Groza, Ileana & Irwin, 1999). Following is a summary of foster parent reports.

<b>Sensory Assessment by Foster Parents</b>		
	Percent with behavior at placement	Percent with behavior at time of study
Oversensitive to touch, Movement, sights or sounds	37%	13%
Under-reactive to stimulation or pain	24%	7%
Activity level too high for age	11%	10%
Activity level too low for age	31%	11%

For the most part, there were no reports of sensory difficulties at placement or at the time of the study. For children entering families with some difficulties, most of them had improved. Still, sensory problems were more apparent at foster placement compared to reports from Romanian families who had adopted Romanian children (see Groza and the Bucharest Research Team, 1999). The difference between foster and adopted children is that the adopted children were placed much younger, after spending less time in institutions or orphanages.

Most families were not knowledgeable or skilled in the assessment or treatment of sensory problems. Still, families identified sensory problems in 10% or more of their children after placement; this is likely a low estimate of the incidence of sensory problems and suggests that a number of children would benefit from occupational therapy/sensory integration services well after placement.

Families were also asked to evaluate the how well prepared they were for their foster child's problems, handicaps, or health difficulties. The following table summarizes their responses. (The only caveat to keep in mind with these data is that most families felt that the children had no problems, handicaps or health difficulties, so they didn't answer these questions).

<b>Parent Evaluation of their Preparation for Foster Child</b>	
<i>Are your foster child's <u>problems</u> and/or <u>handicaps</u>, if any,</i>	
More serious than described to you by the social worker(s)	25%
About as described	69%
Less serious than described	6%
<i>Are your foster child's <u>health problems</u>, if any,</i>	
More serious than described to you by the social worker(s)	14%
About as described	70%
Less serious than described	16%

Overall, families reported that their foster children's difficulties, if any, were adequately presented to them. Still, 25% of families reported that their foster children had more serious problems and handicaps than described, and 14% reported that their foster children had more serious health problems.

The failure to give foster families adequate and complete information caused great stress for the family. Families need this information in order to maximize their success in parenting children who enter families after experiencing trauma and difficulties. The failure to adequately prepare families places these families at-risk of ending the placement or not being able to sufficiently meet the foster child's needs.

### **Attachment Relations**

Families were asked to report on a series of indicators of the parent and child relationship. How parents were relating to their children was a concern for many practitioners and policy makers who were skeptical of foster care. Some believe that since families were being paid to care for children, they would have little investment in the relationship. The following table summarizes parent responses.

## Assessment of Parent-Child Attachment Relations

How well do you and your child get along?	
Very well	73%
Fairly well	26%
Not so well	2%
How often do you and your foster child enjoy spending time together?	
Just about every day	98%
Two to three times a week	2%
How would you rate the communication between you and your child?	
Excellent	71%
Good	24%
Fair	5%
Do you trust your child?	
Yes, very much	51%
Yes, for the most part	38%
Not Sure	10%
No	2%
Do you feel respected by your child?	
Yes, very much	69%
Yes, for the most part	24%
Not Sure	5%
No	2%
Do you feel close to your child?	
Yes, very much	86%
Yes, for the most part	14%

Overall, attachment relationships were very positive. The majority of parents reported getting along well with their children, spending time together they enjoy every day, good communications with their children, trusting their children, feeling respected by their children and feeling close to their children. It was obvious from our observations of the family and daily debriefings that the families were very invested in and attached to the foster children and that the majority of the children were attached to their foster families.

### **Behavior Concerns**

Families were asked to report on a series of behaviors that were a concern to American and Romanian families who adopted Romanian children. The following table summarizes this information.

<b>Behavior Concerns</b>		
	Percent with behavior at placement	Percent with behavior at time of study
Hits self	24%	6%
Rocks self	34%	10%
Always frightened or anxious	40%	6%
Inconsolable when upset	23%	6%

There were few behavior concerns at placement or at the time of the study. Still, about one third of the children engaged in the self stimulating behavior of rocking at placement and 10% continued to do so, even though it was a year or longer after foster placement. For the children entering families with some concerns, at the time of the study most of these children had improved.

The Child Behavior C subscales for children 2 to 3 years of age (n=17) assessed withdrawal, depression, sleep problems, somatic complaints, aggressiveness and destructiveness. For this analysis, we looked only at the percent of children scoring in the clinical range of each of these scales. The clinical range are those scores indicative of severe emotional and behavioral disorders. For the withdrawal subscale, only 1 child (6%) scored in the clinical range; this was also true for the depression and destructive subscales. For all three scales, it was the same child. No children scored in the clinical range for sleep problems, somatic complaints, or aggressiveness. This means that most children 2 to 3 years of age do not have high enough scores that would be indicative of severe emotional and behavioral problems.

The CBC subscales for children 4 to 11 years of age (n=21) assessed withdrawal, anxiety/depression, somatic complaints, social problems, thought problems, attention problems, delinquency, and aggressiveness. Similar to above, for this analysis, we looked only at the percent of children scoring in the clinical range of each of these scales—the clinical range are those scores indicative of severe emotional and behavioral disorders. One boy (5%) scored in the clinical range on the withdrawal scale, 2 children (10%, one boy and one girl) scored in the clinical range on the anxiety/depression scale, 2 children (10%, one boy and one girl) scored in the clinical range on the social problem scale, 2 children (10%, one boy and one girl) scored in the clinical range on the thought problem scale, 5 children (24%, three boys and two girls) scored in the clinical range on the attention problem scale, 2 children (10%, one boy and one girl) scored in the clinical range on the delinquency scale, and 2 children (10%, one boy and one girl) scored in the clinical range on the aggressiveness scale. This means that most children 4 to 11 years of age do not have high enough scores that would be indicative of severe emotional and behavioral problems. However, almost one-fourth show evidence of attention problems. For most of the scales, it was the same two children (one boy and one girl) who had all the difficulties.

### **Strengths**

Social work has become increasingly oriented in the 1990s towards working from a strengths perspective. The works of Saleebey (1992), Cowger (1994), and DeJong and Miller (1995) have contributed to helping social workers understand and practice from this perspective. In studying the various types of families (birth, foster, adoptive, step, etc) and their children, the

conceptual framework used to understand and research families is as important as the data collected. Indeed, the framework plays a major role in choosing methodology and measurements. All too often, either implicitly or explicitly, the framework and measures of family life and children in the child welfare system has been more oriented to deficits, problems, and pathology rather than strengths, resources and appropriateness. As Saleebey (1992a) writes, “The language of pathology and deficit gives voice to particular assumptions and leads to certain ends.” (p. 3). In addition, focusing on the problems creates a web of negative expectations about the child and the child’s capacity to deal with demands on him or her (see Saleebey, 1992a). Even in the face of profound disabilities, by focusing on strengths we give hope—hope has become devalued in the helping relationship when sometimes it is one of the few things we can concretely give. Sometimes the hope is not for the child but for the parents who must care for the child.

By focusing on strengths, we avoid the child or family from the victim mindset (Saleebey, 1992b). “Disease and pathology are realities, but not the only ones, nor even the most important ones. In fact, their presence may not even be a definitive statement of the wellness of the individual. Understanding disease does not necessarily mean understanding the individual (Saleebey, 1992b, p. 9).

According to Goldstein (1992), who writes about the power of language, it is important to look at the words we use to describe children and families with whom we work. For example, he writes:

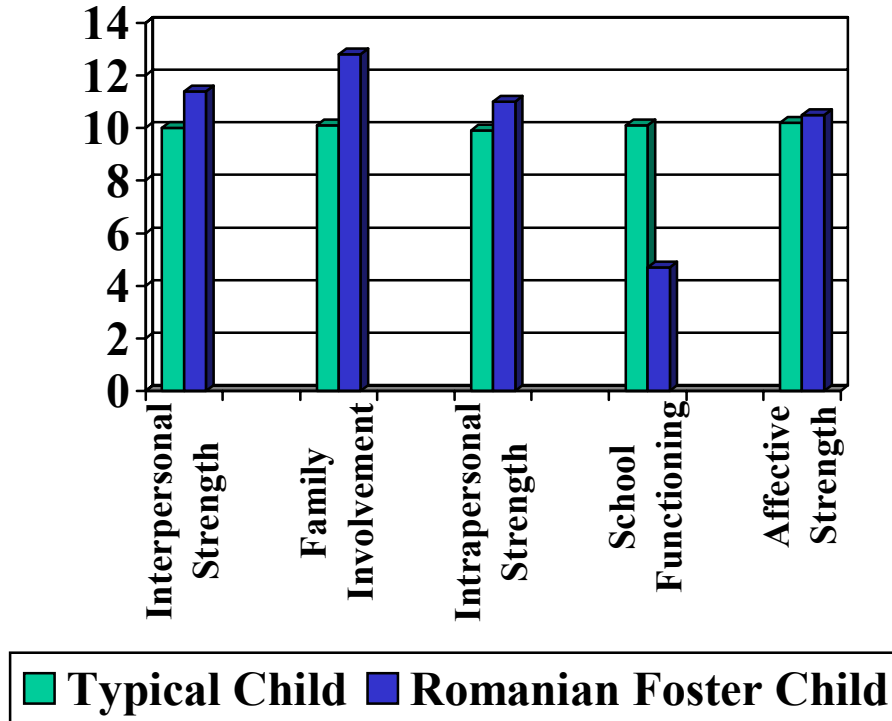
“...Strength is a word that derives from the Anglo-Saxon, an earthy and unadorned language that depicts the natural world of living. Etymologically, it is a relative of other terms that express normalcy, assertiveness, proactiveness, and integrity.

Pathology, in contrast, derives from the early Greek, which tends to be more elite, scholarly, and abstract and in some ways detached from worldly experience. Its root is pathos, which connotes suffering, endurance and sorrow.” (p. 30).

Drawing from this perspective and to give balance to the project, we asked families about the strengths of their foster children. All families easily identified strengths when prompted to do so. The following chart shows the strength of the foster children in comparison to the norms for the typical child group. While it may graphically appear different, overall there are no statistical differences between Romanian foster children and children serving as the referenced norm, with the exception of school functioning. School was identified by several foster families as a major source of stress. However, overall, the data indicate that Romanian foster children have as many strengths as the typical child in the United States.



## Strengths of Romanian Foster Children



### Placement Stability

Several items were used to assess the stability of the foster placement. Families were asked to evaluate the impact of the placement, the smoothness of the placement over the last year, and how often they think of ending the foster placement. The following table summarizes the findings.

## INDICATORS OF PLACEMENT STABILITY

Overall, has the impact of this child's placement on your family been:

Very positive	81%
Mostly positive	18%
Mixed: positives and negatives about equal	2%
Mostly negative	0
Very negative	0

Overall, during the past year has the foster placement been:

Smoother than expected	58%
About as you expected	29%
Had more "ups and downs" than you expected	13%

How often do you think of ending the foster placement?

Frequently	2%
Most of the time	2%
Not very often	10%
Never	87%

Approximately 98% of respondents rated their foster placement as having positive effects on their families. There were variances in the smoothness of the placement: 58% reported the placement was smoother than expected, 29% reported the experience to be about what they had expected, and 13% reported more ups and downs than expected. While the majority of families never or seldom think of ending their foster placements, 4% have had some thoughts of ending their placements.

Overall, these results are very positive about placement stability. This is remarkable given that 25% of parents also reported that they were not given complete or accurate information about the child. Families survived the stressors of parenting foster children and even rose above the gaps in information to present themselves and their children in a very positive framework.



### **Service Importance, Use and Needs**

The questionnaire asked families to evaluate the importance of the following ten different types of services. The first eight were services Romanian families who adopted were asked to evaluate in 1999 (Groza and Bucharest Research Team) that were modified to reflect those appropriate for foster families. The last two services were those that RCR provides. This list was adapted from a survey of adoptive families of special needs children in the United States (Marcenko & Smith, 199; Rosenthal, Groze, & Morgan, 1996).

TYPE OF SERVICE	DESCRIPTION OF SERVICE
Financial Support	foster care payment
Information About Child	on experiences prior to foster care as well as on current health, educational ,and social needs
Information About Services	information about and help in locating needed services such as therapy, support groups, medical care, educational services, etc.
Medical and Health Services	ongoing medical and dental care as well as specialized care to meet child's needs (medical care for disability, physical therapy, mental health services, etc.)
Educational Services for Child	ongoing and specialized educational and academic services
Parent Education and Counseling	about foster care, including behavior management skills, helping children adjust to a new family, dealing with a handicap, stresses and rewards of foster care, planning for child's future, etc.
Respite Care and Other "Helping" Services	some time away from child as well with help with parenting tasks such as transportation, in-home nurse care, day care, etc.
Contacts with Other Foster Families	foster parent support groups as well as informal contacts with families who have foster children
Training/newsletter	training offered for those involved in the foster care system and monthly newsletters sent by mail to the foster parents
Reimbursement	transportation reimbursement for travel to the monthly foster parent meetings

The following table presents the results of foster parent evaluations of various services.

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<b>Foster Parent Evaluation of the Importance of Various Services (percents)</b>				
	<u>Essential</u>	<u>Very Important</u>	<u>Somewhat Important</u>	<u>Not Important</u>
Financial support	43	45	11	1
Information about child	18	78	2	2
Information about services	22	66	13	2
Medical and health services	18	82		
Educational services for child	25	71	4	
Parent education and counseling	29	64	6	62
Respite care and other services	15	37	15	33
Contacts with other foster families	15	53	27	6
Newsletter	31	58	8	4
Reimbursement	14	59	26	2

---

The families were reluctant to talk candidly about financial support issues. Usually, the evaluations were preceded by families explaining that their motivation for fostering were not monetary, but financial support was important for them to provide their services. The majority of families evaluated the services as essential or very important, except for respite care and, to some degree, contact with other foster families, which a large percent evaluated as somewhat or not important. Thus, the majority of services were considered to be of critical importance to families.

#### *Services Used and Needed*

Foster parents reported on the services they received as part of being foster parents, as well as services they needed but could not get. The following table reports this data.

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### Parent Report of Services Used and Services Needed

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	<u>Services Used</u>
Financial support	79%
Information about child	69%
Information about services	60%
Medical and health services	74%
Educational services for child	64%
Parent education and counseling	73%
Respite care and other services	16%
Contacts with other foster families	70%
Newsletter	54%
Reimbursement	41%

	<u>Services Needed</u>
Financial support	6%
Information about child	17%
Information about services	6%
Medical and health services	4%
Educational services for child	3%
Parent education and counseling	3%
Respite care and other services	11%
Contacts with other foster families	3%
Newsletter	0%
Reimbursement	3%

---

Several points stand out. Most families used services available to them. For the services needed most often, information about the child and respite care stood out. However, from discussions about ways to improve the program, families offered the following suggestions about services:

- Most of the families said they need more clothes and food, particularly as the children get older and outgrow their clothes or their eating habits change with maturity.
- They mentioned that they would like to be asked more about what they need. Too often, the agency assumed that they knew what families need or wanted without families having the opportunity to express their needs or wants
- They would like periodically to have some exchange sessions with other foster families. The meetings are too structured and for the benefit of the agency, not the families.
- Some foster families also mentioned that they would like respite care so that someone could care for the children while the family is on vacation.
- Some of the foster families would like to have a choice about the age of the child they foster before a placement decision is made.

- Many of the foster children who live in the villages have no running water. One idea for further supporting families would be to go there and talk to them about personal hygiene within the context of the current situation.
- A number of families in the villages remarked about the logistic difficulties of attending meetings in Bistrita since they did not have a car and traveling means negotiating buses and trains with small children. They suggested helping families build local networks with other village families for support and advice.
- Regarding foster family meetings, some families report that it would be better if they wouldn't have to bring their child with them. We were told that the foster parents are asked to bring the children with them only when the biological parents come to visit the child. Some families are confused about when they can leave the children at home.
- Some of the families feel that there are too many questions about the negative aspects of the child.

Several issues related to the adoption of the children in foster care occurred. They are highlighted below:

- Most of the time, foster families are given very short notice regarding the child leaving for adoption. They need more time (at least few days) to prepare the child for his or her new life. In one case, the foster family had medical information that the social worker did not take with the child. In several other cases, the child had a Lifebook and it was left with the foster family. Overall, the best practices approach for adoption has not been followed with these foster families, compromising the best interest of the child.
- The foster families whose children were adopted asked if they could get information about the child after the child is adopted. Currently, they can get the information only if the adoptive family agrees. They are willing and interested in being a resource for the adoptive family and maintaining contact with the family and the former foster child. While this is not always possible, the willingness of families to continue to be a resource should be maximized in the best interest of the child.
- Some foster parents are interested and willing to adopt the children they have in foster care. It is the same issue in the United States--many foster families have a higher life standard than most birth families. The foster families feel it would be impossible for them to adopt, either because of policy barriers or financial resources. The ability of some of these families to provide permanency for the children in their care must be a matter of public policy priority.

## Summary

It is clear that excellent progress is being made with regard to foster care in Romania. All the foster families like to talk about their children and could easily find strengths in their children. Most of the children are developmentally appropriate and have no health problems or sensory difficulties. Parents report good parent-child relations, few have behavior concerns, and the foster placements are very stable. Most Romanian foster families have positive attitudes about their children and are committed to fostering their children.



This section summarizes the answers to the questions posed initially in this report, drawing from the analysis of the data and the team's observations.

*What problems/issues are families facing related to fostering or to the foster children?*

Problems or issues were not pronounced. Families identified some stressors—the school was a source of stress and a number of families would benefit from a social worker that could advocate for the child and work with the rural school.

A number of the families had Roma children who were “passing” for Romanian children. In some cases, the children were too young to understand any distinction and were not dark skinned. In other cases, the children were older but were encouraged by the families to not talk about their ethnicity. This might present a dilemma for children who have a plan to return to their birth family if they have no knowledge about their origins. We were concerned that the failure to acknowledge this reality was sending a message of shame or embarrassment that the children may internalize and affect their self-esteem. Finally, the failure to acknowledge that the children were Roma allows the community to continue the belief about Roma and Roma children when most of these children would defy conventional attitudes.

The major issue facing families during the time of the study was that they had not been paid and there was no information about when they would be paid. Several weeks after we returned we were told that the families had finally been paid but there was concern about future payments. Families rely on foster care payments to meet expenses. The surest way of undermining the foster care program is to fail to pay the families on time. Families should be paid before social workers or administrators are paid in the event that there is a delay.

Finally, there needs to be a permanency plan for each child and the foster family needs to know the plan. Many families have no knowledge about the plans for the children or, in the case of adoption, the practices were poorly executed. There needs to be a system of permanency planning for children and standards of adoption that are followed by social workers and agencies.

*What post placement resources have they used? What post placement services would families like to have?*

Most families used services available to them. For the services needed most often, information about the child and respite care stood out. In addition, a number of the children would benefit from speech therapy and some would benefit from physical therapy and/or occupational therapy. None of these services were available to the children. While only a few families have children with severe emotional and behavioral problems, the fact is that these children need psychological and perhaps psychiatric assistance to maximize their growth and development.

Different services need to be developed to strengthen and support children and foster families, particularly as children get older and different issues arise. Most families were incredulous that

this can happen in Romania, but for the long-term development of the child welfare system, this will be essential.

*What is the stability of these placements? What are indicators of success/failure in these placements?*

There are several indicators of success. Parent-child relations are extremely positive. Families evaluated the impact of foster placement on the family in very positive terms. However, some families may not have been well prepared for foster parenting or the foster care experience. As such, some families had entertained thoughts of ending their foster care placements. Fortunately, only a few families explicitly expressed these thoughts. Overall, these placements are quite stable and successful.

*How could the foster care program be improved?*

More families need to be funded and recruited to meet the demands for placement of children who cannot reside with their birth families. In addition, recruitment and family preparation activities need to be oriented towards assisting families in making social connections with each other and building networks of informal social support. While not all families want social contact with other foster families, a substantial percent of families either had social contact—which they evaluated as helpful—or wanted social contact with other foster families, particularly those that lived close to them.

The children and their families benefit from the development of a life book as part of the program (Wheeler, 1978; Aust, 1981). The life book is a scrapbook that contains photos and other mementoes, drawings, and memories that form the child's life experiences. Included in the life book should be a placement genogram (Groze, Young & Corcran-Rumppe, 1991; McMillen & Groze, 1994). The placement genogram is a diagramming technique that traces the child's placement history, starting from birth, and records pertinent information about each placement. For instance, the date of abandonment, the dates the child was moved to various placements, and relationships with significant caretakers might be documented on the placement genogram. When children are older, it can be used to help children connect and integrate their past to their present.

On an administrative level, there is need for improvement in the Management Information System (MIS). There is a need for documentation of visits and records about monitoring of families after the placement. Many families reported infrequent visits, and in one case a family had not been visited by a social worker for five months. The lack of visits places children who are already vulnerable more at-risk if the placement is not going well.

We suggest that a foster parent advisory board may be helpful for several reasons. Families need a voice and they can be helpful. Parents can assist in recruiting and marketing foster care to other Romanian families. Foster parents have a different type of credibility in the community than do social workers—they can be a great asset in locating other families for fostering children. In addition, families know their own service needs as well as the service needs of other families

in their communities—they can advise the agency on programs, to be developed, that will strengthen and support families.

Foster care needs to have a program evaluation built into its operation. This project offers pilot data that can be used in the design of other efforts to evaluate foster care in Romania. The measures used here were helpful in understanding some of the child developmental and behavioral issues. Better measures for development need to be employed in future projects. We also recommend measures about birth family and birth family history, foster family functioning and foster family support networks be incorporated in future projects.

Evaluation of foster care would also benefit from stronger research designs. In particular, it would be help to have measures about the birth family, birth family history, children's health, development and behavior at the time of entrance into care at the orphanage or an institution. It would also be helpful to have measures of foster family functioning before placement. Then, ongoing measures of children and foster families at 3, 6 and 12 month intervals would document changes over time. Also, if all children who enter out-of-home care are assessed, since not all of them enter foster care, child measures could be compared for children in institutions and children in foster care.

This project was a good pilot study of the issues in Romania's new foster care system. We learned a great deal from the families but there is still much to learn.

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## **APPENDICES**

## Interview Letter

May 2001

Dear Foster Parent,

For the last few years, several hundred Romanian children have been fostered by Romanians. We would like you to take part in an interview about your foster care experience. Your comments will help us understand the joys and difficulties you have experienced.

This evaluation is being conducted by Dr. Victor Groza of Case Western Reserve University. He has conducted extensive research in adoption, and has been working in Romania since 1991.

Romanian Children's Relief/ Fundatia Inocenti will contact you within 2-3 weeks of this letter to set up an appointment in your home at your convenience for an interview. The interview takes about 60 to 90 minutes to complete. It is about child development, family activities, and foster care. Either parent can be interviewed.

**Please help out.** The opinions of foster parents provide the best information in understanding the foster care experience and planning services for families and children. Results will have relevance for both the United States and Romania. Understanding the issues faced by foster families from Romania allows us to focus on problems that we share in common with other countries, and explore common solutions. There are no known risks for participating in the project. There are no concrete benefits for your participation in the project except that your information may help other families or children in the future.

Confidentiality is important in foster care research. *All responses are confidential.* Individual responses will not be released to anyone; they will be combined with responses from other families. Also, you should know that your participation is voluntary. You do not have to participate. You may stop answering questions at any time. Participation or refusal will not have an effect on any current or future services with Romanian Children's Relief/ Fundatia Inocenti.

Feel free to contact Dr. Groza at the Fundatia Inocenti office in Bistritia at 063/ 236 368 if you have questions now. If you have questions later, you may contact him in the United States at 216-368-6682. If you would like to talk to someone other than the researcher about: (1) concerns regarding this study, (2) research participant rights, (3) research-related injuries, or (4) other human subjects issues, please contact Case Western Reserve University's Office of Research Administration at 216-368-4510 or write Case Western Reserve University, 10900 Euclid Avenue, Cleveland, OH 44106-7015.

Thank you for your time and help. This letter is for your records.

Victor Groza  
Case Western Reserve University

Eileen McHenry, Executive Director  
Romanian Children's Relief/ Fundatia Inocenti

Code # \_\_\_\_\_  
(for tracking purposes only)

**QUESTIONNAIRE FOR FOSTER PARENTS OF ROMANIAN CHILDREN**

1. What is today's date? \_\_\_\_ / \_\_\_\_  
month year
2. What is your relationship to the child? (check one)
  1. ☐ (foster) Mother
  2. ☐ (foster) Father
3. What is your foster child's sex? (check one)
  1. ☐ Male
  2. ☐ Female
4. What is your foster child's month and year of birth?  
\_\_\_\_ / \_\_\_\_  
month year
5. What was the month and year of foster placement (the month and year your child came into your home)?  
\_\_\_\_ / \_\_\_\_  
month year
6. How many other children (adopted, biological, step, foster, or other) currently live in your home?  
\_\_\_\_\_
7. How many children joined your family after this child? \_\_\_\_\_
8. Was this child in an institution or orphanage (excluding a maternity hospital) before foster placement?
  1. ☐ Yes---> for how long? \_\_\_\_ years \_\_\_\_ months
  2. ☐ No

How would you evaluate the overall quality of this placement? (check one)

1. ☐ Excellent
2. ☐ Good
3. ☐ Fair
4. ☐ Poor
- Don't really know

What was the staff-to-child ratio at this facility? \_\_\_\_ staff to \_\_\_\_ children



10. Was this child in a maternity hospital before foster placement?

1. ☐ Yes---> for how long? \_\_\_\_years \_\_\_\_months
2. ☐ No

How would you evaluate the overall quality of this placement? (check one)

1. ☐ Excellent
2. ☐ Good
3. ☐ Fair
4. ☐ Poor
- ☐ Don't really know

What was the staff-to-child ratio at this facility? \_\_\_\_staff to \_\_\_\_ children

11. Was this child in a family before foster placement?

1. ☐ Yes---> for how long? \_\_\_\_years \_\_\_\_months
2. ☐ No

How would you evaluate the overall quality of this placement?

1. ☐ Excellent
2. ☐ Good
3. ☐ Fair
4. ☐ Poor
- ☐ Don't really know

12. Please tell us where you child was living during the following time periods:

<b>Time Periods</b>	<b>Family</b>	<b>Maternity Hospital</b>	<b>Orphanage</b>	<b>Hospital</b>	<b>Institution</b>	<b>Other</b>
0-1 months						
1-6 months						
6-12 months						
12-24 months						
24-36 months						
36+ months						

13. What is your child's ethnicity/race?

1. ☐ Romanian
2. ☐ Hungarian
3. ☐ Gypsy
4. ☐ Turkish
5. ☐ Other (specify) \_\_\_\_\_

14. If your child has problems or handicaps, have they changed this last year?

☐ yes

☐ no

If so, what has improved?

What has remained the same?

What has gotten worse?

15. Does this foster child have any of the following problems or handicaps? CHECK ALL THAT APPLY.

A. ☐ Blind or vision impaired (excluding minor vision problems requiring the use of glasses)

B. ☐ Deaf or hearing impaired

C. ☐ Physical handicap (specify) \_\_\_\_\_

D. ☐ Mental retardation or handicap

☐ mild

☐ moderate

☐ profound

E. ☐ Developmental delays/disabilities

☐ Delayed fine motor skills \_\_\_\_\_ Now \_\_\_\_\_ At Placement

☐ Delayed gross motor skills \_\_\_\_\_ Now \_\_\_\_\_ At Placement

☐ Delayed language skills \_\_\_\_\_ Now \_\_\_\_\_ At Placement

☐ Delayed social skills \_\_\_\_\_ Now \_\_\_\_\_ At Placement

F. ☐ Learning disabilities (specify) \_\_\_\_\_

G. ☐ Behavior concerns

**At Placement**

\_\_\_\_\_ wets the bed  
\_\_\_\_\_ no bladder control during the day  
\_\_\_\_\_ hits self  
\_\_\_\_\_ rocks self  
\_\_\_\_\_ always frightened or anxious  
\_\_\_\_\_ inconsolable when upset

**Now**

\_\_\_\_\_ wets the bed  
\_\_\_\_\_ no bladder control during the day  
\_\_\_\_\_ hits self  
\_\_\_\_\_ rocks self  
\_\_\_\_\_ always frightened or anxious  
\_\_\_\_\_ inconsolable when upset

Please

describe:

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---

---

---

H. ☐ Other difficulties

**At Placement**

\_\_\_\_\_ over-sensitive to touch, movement,  
sights or sounds  
\_\_\_\_\_ under-reactive to stimulation or pain  
\_\_\_\_\_ activity level is too high for his/her age  
\_\_\_\_\_ activity level is too low for his/her age

**Now**

\_\_\_\_\_ over-sensitive to touch, movement,  
sights or sounds  
\_\_\_\_\_ under-reactive to stimulation or pain  
\_\_\_\_\_ activity level is too high for his/her age  
\_\_\_\_\_ activity level is too low for his/her age

Please

describe:

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---

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I. ☐ No problems

16. Does your foster child attend school?

- ☐ Yes
- ☐ No

If no, why not? \_\_\_\_\_

17. Is your child enrolled in any special education classes?

- ☐ Yes
- ☐ No

Are your child's classes

- 1. ☐ Entirely special education classes
- 2. ☐ Mostly special education classes
- 3. ☐ Mostly "regular" classes
- 4. ☐ Entirely "regular" classes (i.e. no special education)

18. What grade is your foster child in?

- ☐ day care
  - number of hours per day? \_\_\_\_\_
  - number of days per week? \_\_\_\_\_
- ☐ preschool
- ☐ grade school

19. How do you and your foster child get along?

- 1. ☐ Very well
- 2. ☐ Fairly well
- 3. ☐ Not so well
- 4. ☐ Very poorly

20. How often do you and your foster child enjoy spending time together?

- 1. ☐ Just about every day
- 2. ☐ About two or three times a week
- 3. ☐ About once a week
- 4. ☐ About once a month
- 5. ☐ Less than once a month or not at all

21. How would you rate the communication between you and your child?

- 1. ☐ Excellent
- 2. ☐ Good
- 3. ☐ Fair
- 4. ☐ Poor

22. Do you trust your child?

- 1. ☐ Yes, very much so
- 2. ☐ Yes, for the most part
- 3. ☐ Not sure
- 4. ☐ No

23. Do you feel respected by your child?

- 1. ☐ Yes, very much so
- 2. ☐ Yes, for the most part
- 3. ☐ Not sure
- 4. ☐ No

24. Do you feel close to your child?

- 1. ☐ Yes, very much so
- 2. ☐ Yes, for the most part
- 3. ☐ Not sure
- 4. ☐ No

25. Are your foster child's problems and/or handicaps, if any,

- 1. ☐ More serious than described to you by the social worker(s)
- 2. ☐ About as described
- 3. ☐ Less serious than described

Are your foster child's health problems, if any,

- 1. ☐ More serious than described to you by the social worker(s)
- 2. ☐ About as described
- 3. ☐ Less serious than described

26. Overall, has the impact of this child's placement on your family been

- 1. ☐ Very positive
- 2. ☐ Mostly positive
- 3. ☐ Mixed: positives and negatives about equal
- 4. ☐ Mostly negative
- 5. ☐ Very negative

27. How old are you? \_\_\_\_\_ years old

28. What is your marital status?

- 1. \_\_\_\_ Married, first marriage
- 2. \_\_\_\_ Married, second or later marriage
- 3. \_\_\_\_ Separated/divorced
- 4. \_\_\_\_ Widowed
- 5. \_\_\_\_ Single
- 6. \_\_\_\_ Living with partner but not legally married

29. Estimate of family income from all sources for the past year: \_\_\_\_\_

30. How old is your spouse/partner? \_\_\_\_\_ years old

31. Since placement, have you or your spouse been in contact with other foster parents?

- 1. ☐ Yes

2. ☐ No

If yes, was this helpful?

\_\_\_\_\_very  
\_\_\_\_\_somewhat  
\_\_\_\_\_not really

During the past year, overall, has the foster care experience been

1. ☐ Smoother than you expected  
2. ☐ About as you expected  
3. ☐ Had more "ups and downs" than you expected

33. How often do you think of ending the foster placement?

1. ☐ Frequently  
2. ☐ Most of the time  
3. ☐ Not very often  
4. ☐ Never

In your own words, what single service was most needed but was not provided or was provided in such a way that it did not meet child's or family's needs?

What single thing, if done differently, would have been most helpful in this foster placement?

Services for foster families are listed below. For each service, respond to the following question by placing the appropriate number from the response choices in the spaces provided.

Think about parents who want to foster a child with characteristics and needs similar to those of your child. Overall, how important is each service for this family?

- 1 = Essential
- 2 = Very important
- 3 = Somewhat important
- 4 = Not important

\_\_\_\_\_ **Financial support** – foster care payment

\_\_\_\_\_ **Information about child** - on experiences prior to foster care as well as on current health, educational and social needs

\_\_\_\_\_ **Information about services** - information about and help in locating needed services such as therapy, support groups, medical care, educational services, etc.

\_\_\_\_\_ **Medical and health services** - ongoing medical and dental care as well as specialized care to meet child's needs (medical care for disability, physical therapy, mental health services, and so on)

\_\_\_\_\_ **Educational services for child** - ongoing and specialized educational and academic services.

\_\_\_\_\_ **Parent education and counseling** about foster care, including behavior management skills, helping children adjust to new family, dealing with a handicap, stresses and rewards of foster care, planning for child's future, etc.

\_\_\_\_\_ **Respite care and other "helping" services** - some time away from child as well with parenting tasks such as transportation, in-home nurse care, day care, etc.

\_\_\_\_\_ **Contacts and other foster families** - foster parent support groups as well as informal contacts with families who have foster children

\_\_\_\_\_ **Training/newsletter** --training offered for those involved in the foster care system and monthly newsletters sent by mail to the foster parents

\_\_\_\_\_ **Reimbursement**-- transportation reimbursement for travel to the monthly foster parent meetings

Which of these services did you use?

- |  |  |
|--|--|
| <input type="checkbox"/> Financial support           | <input type="checkbox"/> Educational services for child            |
| <input type="checkbox"/> Information about child     | <input type="checkbox"/> Parent education and counseling           |
| <input type="checkbox"/> Information about services  | <input type="checkbox"/> Respite care and other "helping services" |
| <input type="checkbox"/> Medical and health services | <input type="checkbox"/> Contacts with other foster families       |
| <input type="checkbox"/> Training/newsletter         |  |
| <input type="checkbox"/> Reimbursement               |  |



Which did you need but did not get?

- |  |  |
|--|--|
| <input type="checkbox"/> Financial support           | <input type="checkbox"/> Educational services for child            |
| <input type="checkbox"/> Information about child     | <input type="checkbox"/> Parent education and counseling           |
| <input type="checkbox"/> Information about services  | <input type="checkbox"/> Respite care and other "helping services" |
| <input type="checkbox"/> Medical and health services | <input type="checkbox"/> Contacts with other foster families       |
| <input type="checkbox"/> Training/newsletter         |  |
| <input type="checkbox"/> Reimbursement               |  |

Cod # \_\_\_\_\_  
(doar pentru identificare)

## CHESTIONAR PENTRU PARINTII DE PLASAMENT PROFESIONIST DIN ROMANIA CARE AU COPII IN PLASAMENT

1. In ce zi suntem azi?    \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
   Luna      anul

2. Care este legatura dvs cu acest copil (bifati o singura casuta)

- ☐ Mama de plasament  
☐ Tata de plasament

3. Care este sexul copilului dvs (bifati o singura casuta)

- ☐ Barbatesc  
☐ Femeiesc

4. Care este data nasterii copilului dvs?

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Luna      anul

5. Care este luna si anul plasamentului (luna si anul in care a sosit copilul in casa dvs)?

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Luna      anul

6. Cati alti copii (adoptati, biologici, vitregi sau alti) locuiesc in prezent, in caminul dvs?

\_\_\_\_\_

7. Cati alti copii s-au alaturat familiei dvs dupa plasarea acestui copil?

\_\_\_\_\_

8. A locuit acest copil intr-o institutie sau orfelinat ( exceptand maternitatea sau spitalul) inainte de plasament?

- ☐ Da \_\_\_\_\_ Cat timp? \_\_\_\_ ani \_\_\_\_ luni  
☐ Nu

Cum ati evalua, in general, calitatea acestui serviciu? (Bifati o singura casuta)

- ☐ Excelenta  
☐ Buna  
☐ Satisfacatoare  
☐ Proasta  
☐ Nu stiu

Care era raportul numeric personal – copil in aceasta unitate? \_\_\_\_ persoane la \_\_\_\_ copii

9. Acest copil a stat internat in maternitate, sau spital, inainte de plasament?

- ☐ Da \_\_\_\_\_ Cat timp? \_\_\_\_ ani \_\_\_\_ luni  
☐ Nu

Cum ati evalua, in general, calitatea acestui serviciu? (bifati o singura casuta)

- ☐ Excelenta  
☐ Buna  
☐ Satisfacatoare  
☐ Proasta  
☐ Nu stiu

Care era raportul numeric personal – copil in aceasta unitate? \_\_\_\_ persoane la \_\_\_\_ copii

10. A stat acest copil intr-o familie inainte de plasament?

- ☐ Da \_\_\_\_\_ Cat timp? \_\_\_\_ ani \_\_\_\_ luni  
☐ Nu

Cum ati evalua, in general, calitatea acestui plasament? (bifati o singura casuta)

- ☐ Excelenta  
☐ Buna  
☐ Satisfacatoare  
☐ Proasta  
☐ Nu stiu

11. Spuneti-ne, va rog, unde a locuit copilul dvs in urmatoarele perioade de timp:

Perioadele de timp	Familie	Maternitate	Orfelinat	Spital	Institutie	Altele
0 – 1 luni						
1 – 6 luni						
6 – 12 luni						
12 – 24 luni						
24 – 36 luni						
36+ luni						

12. Care este etnia/rasa copilului dvs?

- ☐ Romana
- ☐ Maghiara
- ☐ Rroma
- ☐ Turca
- ☐ Altele (specificati) \_\_\_\_\_
- ☐ Nu stiu

13. In cazul in care copilul dvs are probleme sau handicapuri, s-au schimbat acestea in ultimul an?

- ☐ Da
- ☐ Nu

Daca da, ce s-a imbunatatit?

Ce a ramas neschimbat?

Ce s-a inrautatit?

14. Sufera acest copil de vreuna din urmatoarele probleme sau handicapuri? BIFATI TOATE CASUTELE CARE SE APLICA CAZULUI DVS.

- ☐ Orbire sau deficiente de vedere (exceptand problemele minore de vedere care necesita folosirea ochelarilor)
- ☐ Surditate sau deficiente de auz
- ☐ Handicap fizic (specificati) \_\_\_\_\_
- ☐ Retardare sau handicap mental
  - ☐ Usor
  - ☐ Moderat
  - ☐ Profund
- ☐ intarzieri / deficiente in dezvoltare
- ☐ \_\_\_\_\_ la data plasamentului abilitati motorii fine intarziate \_\_\_\_ acum
- ☐ abilitati motorii generale intarziate \_\_\_\_ acum \_\_\_\_\_ la data plasamentului

☐

\_\_\_\_\_ la data plasamentului

abilitati de vorbire intarziate \_\_\_\_\_ acum

☐

\_\_\_\_\_ la data plasamentului

abilitati sociale intarziate \_\_\_\_\_ acum

☐

Deficiente de invatare (specificati) \_\_\_\_\_

☐

Ingrijorari referitoare la comportament

La data plasamentului

\_\_\_\_\_ face in pat

\_\_\_\_\_ nu are control sfincterian in timpul zilei

\_\_\_\_\_ se auto loveste

\_\_\_\_\_ se leagana

\_\_\_\_\_ este intotdeauna speriat si ii este frica

\_\_\_\_\_ neconsolabil cand este suparat

In prezent

\_\_\_\_\_ face in pat

\_\_\_\_\_ nu are control sfincterian in timpul zilei

\_\_\_\_\_ se auto loveste

\_\_\_\_\_ se leagana

\_\_\_\_\_ este intotdeauna speriat si ii este frica

\_\_\_\_\_ neconsolabil cand este suparat

Va rugam sa descrieti \_\_\_\_\_

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☐

Alte dificultati

La data plasamentului

\_\_\_\_\_ Hiper-sensibilitate la atingere, miscare, locuri sau sunete

\_\_\_\_\_ Reactioneaza sub nivelul normal la stimulare sau durere

\_\_\_\_\_ Nivelul de activitate este prea mare pentru varsta lui/ei

\_\_\_\_\_ Nivelul de activitate este prea scazut pentru varsta lui/ei

In prezent

\_\_\_\_\_ Hipersensibilitate la atingere, miscare, locuri sau sunete

\_\_\_\_\_ Reactioneaza sub nivelul normal la stimulare sau durere

\_\_\_\_\_ Nivelul de activitate este prea mare pentru varsta lui/ei

\_\_\_\_\_ Nivelul de activitate este prea scazut pentru varsta lui/ei

Va rugam sa descrieti \_\_\_\_\_

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☐

Nu sunt probleme

15. Merge copilul la scoala?

☐

Da

☐

Nu

Daca nu, de ce nu merge la scoala? \_\_\_\_\_

16. Este inscris copilul dvs in vreo forma de invatamant special?

☐

Da

☐

Nu

Cursurile pe care le urmeaza copilul dvs sunt:

☐

in totalitate cursuri de invatamant special

☐

in majoritate cursuri de invatamant special

☐

in majoritate cursuri "normale"

☐

in totalitate cursuri "normale" (ex. nu urmeaza invatamantul special)

17. In ce clasa este copilul?

☐

Centru de ingrijire pe parcursul zilei

Numar de ore pe zi? \_\_\_\_\_

Numar de ore pe saptamana?

☐

Prescolar

☐

Scoala

18. Cum va intelegeti cu copilul?

☐

Foarte bine

☐

Destul de bine

☐

Nu prea bine

☐

Foarte prost

19. Cat de des va petreceti timpul impreuna cu copilul?

- ☐ Aproape in fiecare zi
- ☐ cam doua – trei zile pe saptamana
- ☐ cam o data pe saptamana
- ☐ cam o data pe luna
- ☐ mai putin de o data pe luna sau deloc

20. Cum ati califica raportul de comunicare dintre dvs si copilul dvs?

- ☐ excelent
- ☐ bun
- ☐ satisfactor
- ☐ prost

21. Aveti incredere in copilul dvs?

- ☐ da, foarte multa
- ☐ da, destul de multa
- ☐ nu prea
- ☐ nu

22. Simtiti ca sunteti respectat de copilul dvs?

- ☐ da, foarte mult
- ☐ da, destul de mult
- ☐ nu sunt sigur
- ☐ nu

23. Va simtiti apropiat de copilul dvs?

- ☐ da, foarte apropiat
- ☐ da, destul de apropiat
- ☐ nu prea
- ☐ nu

24. Care si cum sunt problemele si/sau handicapurile copilului daca are vreuna

- ☐ mult mai serioase fata de cum au fost descrise de asistentul social (asistentii sociali)
- ☐ cam la fel cum au fost descrise
- ☐ mai putin serioase fata de cum au fost descrise

Cum descrieti problemele de sanatate ale copilului, in cazul in care are vreo problema de sanatate

- ☐ mult mai serioase fata de cum au fost descrise de asistentul social (asistentii sociali)
- ☐ cam la fel cum au fost descrise
- ☐ mai putin serioase fata de cum au fost descrise

25. In general, ce impact a avut plasamentul copilului dvs asupra familiei

- ☐ foarte pozitiv
- ☐ in majoritate pozitiv
- ☐ combinat: pozitiv si negativ in parti egale
- ☐ in majoritate negativ
- ☐ foarte negativ

26. Cati ani aveti? \_\_\_\_\_ ani

27. Care este starea dvs civila?

1. \_\_\_\_\_ Casatorit, prima casatorie
2. \_\_\_\_\_ Casatorit, a doua sau ultima casatorie
3. \_\_\_\_\_ Despartit / Divortat
4. \_\_\_\_\_ Vaduv
5. \_\_\_\_\_ Necasatorit
6. \_\_\_\_\_ Locuiesc cu partenerul dar nu suntem casatoriti legal

28. Estimati venitul familiei provenit din toate sursele pe ultimul an: \_\_\_\_\_

29. Cati ani are sotul / partenerul dvs? \_\_\_\_\_ ani

30. De la data plasamentului, dvs sau sotul dvs, ati contactat alti parinti profesionisti?

- ☐ Da
- ☐ Nu

Daca da, v-a fost de folos?

- \_\_\_\_\_ foarte
- \_\_\_\_\_ oarecum
- \_\_\_\_\_ nu prea



31. In ultimul an, cum a mers, in general, plasamentul

- ☐ mai usor decat m-am asteptat
- ☐ aproape cum m-am asteptat
- ☐ au fost mai multe “urcusuri si coborasuri” decat m-am asteptat

32. Cat de des va ganditi sa terminati acest plasament?

- ☐ frecvent
- ☐ in majoritatea timpului
- ☐ nu prea des
- ☐ niciodata

In cuvintele dvs, mentionati un singur serviciu care v-a fost cel mai necesar dar care nu v-a fost oferit sau care v-a fost oferit astfel incat nu a acoperit nevoile copilului sau ale familiei dvs?

Mentionati un singur lucru care, daca ar fi fost facut altfel, v-ar fi fost de mare ajutor in aceasta plasament?

Mai jos sunt enumerate serviciile pentru familiile de plasament. Pentru fiecare serviciu, raspundeti la urmatoarea intrebare plasand numarul corespunzator in spatiul prevazut pentru raspuns.

Ganditi-va la parintii care vor sa ia in plasament un copil care are caracteristicile si nevoile similare cu cele pe care le are copilul dvs. per ansamblu, cat de important este fiecare serviciu pentru aceasta familie?

- 1 = Esential
- 2 = Foarte important
- 3 = Oarecum important
- 4 = Nu este important

\_\_\_\_\_ **Sprijin financiar** – bani pentru familiile de plasament.

\_\_\_\_\_ **Informatii despre copil** – privind experientele anterioare avute in sistemul de plasament, precum si nevoile actuale in ceea ce priveste sanatatea, educatia si nevoile sociale.

\_\_\_\_\_ **Informatii despre servicii** – informatii despre si ajutor in localizarea serviciilor necesare, cum ar fi terapie, grupuri de sprijin, ingrijire medicala, servicii educationale, etc.

\_\_\_\_\_ **Servicii medicale si de sanatate** – ingrijire continua medicala si stomatologica, precum si ingrijire specializata care sa indeplineasca nevoile copilului (ingrijire medicala pentru deficiente, terapie fizica, servicii de sanatate mentala, s.a.m.d.)

\_\_\_\_\_ **Servicii educationale pentru copil** – servicii scolare si educationale specializate si neantrupte.

\_\_\_\_\_ **Instruirea si consilierea parintilor** – despre nevoile speciale ale foster, inclusiv despre abilitatile comportamentale si de administrare, ajutarea copiilor sa se adapteze in noua familie, tratarea unui handicap, solicitarile si rasplatile, planificarea viitorului copilului, etc.

\_\_\_\_\_ **Ingrijirea “in timpul lipsei temporare a parintilor” si alte servicii “de ajutorare”** – grupuri de sprijin pentru parintii de plasament, precum si contacte neoficiale cu familiile care au luat in plasament copii cu nevoi speciale sau copii mai mari.

\_\_\_\_\_ **Contacte si alte familii de plasament** – grupuri de sprijin pentru parintii de plasament ca si contacte informative cu familiile care au copii in plasament.

\_\_\_\_\_ **Pregatirea celor implicati in sistemul de plasament si revistele lunare pentru parintii de plasament** – trimiterea lunara acasa a revistei dedicata familiilor de plasament si pregatirea acestora in ceea ce priveste sistemul de plasament.

\_\_\_\_\_ **Rambursarea banilor de transport pentru parintii de plasament si plata unei sume lunare catre acestia** – parintii de plasament primesc lunar o anumita suma si li se ramburseaza banii pentru transport cand au loc intalnirile cu parintii de plasament.

Care din aceste servicii v-au folosit?

- ☐ Sprijin financiar
- ☐ Servicii educationale pentru copil
- ☐ Informatii despre copil
- ☐ Informatii despre servicii
- ☐ Servicii medicale si de sanatate
- ☐ Instruirea si consilierea parintilor

- ☐ Ingrijirea in timpul “lipsei temporare a parintilor” si alte servicii de “ajutorare”
- ☐ Contacte si alte familii de plasament
- ☐ Pregatirea celor implicati in sistemul de plasament si revistele lunare pentru parintii de plasament
- ☐ Rambursarea banilor de transport si plata unei sume lunare pentru parintii de plasament

De care dintre aceste servicii ati avut nevoie, insa nu le-ati primit?

- ☐ Sprijin financiar
- ☐ Servicii educationale pentru copil
- ☐ Informatii despre copil
- ☐ Informatii despre servicii
- ☐ Servicii medicale si de sanatate
- ☐ Instruirea si consilierea parintilor
- ☐ Ingrijirea in timpul “lipsei temporare a parintilor” si alte servicii de “ajutorare”
- ☐ Contacte si alte familii de plasament
- ☐ Pregatirea celor implicati in sistemul de plasament si revistele lunare pentru parintii de plasament
- ☐ Rambursarea banilor de transport si plata unei sume lunare pentru parintii de plasament

## CHILD BEHAVIOR CHECKLIST FOR AGES 2-3

### INVENTAR DE COMPORTAMENT PENTRU COPII DE 2-3 ANI

Below is a list of items that describe children. For each item that describes the child now or within the past 2 months, please circle the 2 if the item is very true or often true of the child. Circle the 1 if the item is somewhat or sometimes true of the child. If the item is not true of the child, please circle the 0. Please answer all items as well as you can, even if some do not seem to apply to the child.

In continuare este o lista care descrie comportamentele copiilor. Pentru fiecare descriere care se aplica copilului dvs in prezent sau in ultimele doua luni va rugam sa incercuiti 2 daca descrierea este foarte adevarata sau deseori adevarata. Incercuiti 1 daca descrierea este intr-un fel adevarata sau cateodata adevarata. Daca descrierea nu este adevarata atunci incercuiti 0. Va rugam sa raspundeti cat puteti de bine la toate intrebarile, chiar daca s-ar putea ca descrierile sa nu se aplice la copilul dvs.

0 = Not True (as far as you know)	1 = Somewhat or Sometimes True	2 = Very True or Often True
0 = Nu este adevarat (dupa cate stiti)	1 = Intr-un fel sau Cateodata Adevarat	2 = Foarte Adevarat sau Deseori Adevarat

Please fill out this form to reflect your view of the child's behavior even if other people might not agree about the behavior.

Va rugam sa completati acest formular in asa fel incat sa reflecte parerea dumneavoastra despre copil si nu ce ar crede altii despre comportamentul copilului.

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0	1	2	1.	Aches or pains (without medical cause) Are dureri fizice (fara cauze medicale)	0	1	2	29.	Easily frustrated Se supara usor
0	1	2	2.	Acts too young for age Se comporta imatur pentru varsta care o are	0	1	2	30.	Easily jealous Se simte gelos repede.
0	1	2	3.	Afraid to try new things Ii este frica sa incerce lucruri noi	0	1	2	31.	Eats or drinks things that are not food (describe) Mananca sau bea lucruri care nu sunt de mancare (descrieti)
0	1	2	4.	Avoids looking others in the eye Evita sa se uite in ochii altora	0	1	2	32.	Fears certain animals, situations, or places (describe) Ii este frica de unele animale, situ sau locuri (descrieti)
0	1	2	5.	Can't concentrate, can't pay attention for long Nu se poate concentra, nu poate fi atent pentru mult timp.	0	1	2	33.	Feelings are easily hurt Se supara usor.
0	1	2	6.	Can't sit still or restless Nu poate sta linistit, este agitat.	0	1	2	34.	Gets hurt a lot, accident-prone Se loveste mult, este predispus la
0	1	2	7.	Can't stand having things out of place Nu poate suferi sa aiba lucrurile luate de la locul lor	0	1	2	35.	Gets in many fights Se ia mult la bataie.
0	1	2	8.	Can't stand waiting; wants everything now Nu are rabdare, vrea totul imediat.	0	1	2	36.	Gets into everything Il intereseazaq toate
0	1	2	9.	Chews on things that aren't edible Mananca lucruri care nu sunt de mancare	0	1	2	37.	Gets too upset when separated fr Se supara prea tare cand este separat de parinti
0	1	2	10.	Clings to adults or too dependent Sta cu adultii, este prea dependent.	0	1	2	38.	Has trouble getting to sleep Are probleme cu somnul.
0	1	2	11.	Constantly seeks help. Cere ajutor incontinuu.	0	1	2	39.	Headaches (without medical caus Are dureri de cap fara cauza med
0	1	2	12.	Constipated; doesn't move bowels Constipat	0	1	2	40.	Hits others Il loveste pe altii.
0	1	2	13.	Cries a lot Plange mult.	0	1	2	41.	Holds his/her breath Isi tine respiratia.
0	1	2	14.	Cruel to animals Crud cu animalele	0	1	2	42.	Hurts animals or people without m Loveste animale sau oameni fara
0	1	2	15.	Defiant Impotrivitor	0	1	2	43.	Looks unhappy without good reas Pare nefericit fara motiv
0	1	2	16.	Demands must be met immediately Cererile trebuie sa-i fie implinite pe loc.	0	1	2	44.	Angry moods Este furios
0	1	2	17.	Destroys his/her own things Distruge lucrurile proprii.	0	1	2	45.	Nausea, feels sick (without medic Are greyuri, se simte bolnav (fara cauze medicale).
0	1	2	18.	Destroys things belonging to his/her family or other children Distruge lucrurile care apartin familiei sau altor copii.	0	1	2	46.	Nervous movements or twitching Are ticuri nervoase, sau spasme.
0	1	2	19.	Diarrhea or loose bowels when not sick Are diaree.	0	1	2	47.	Nervous, highstrung, or tense Este emotionat, agitat, sau tensio
0	1	2	20.	Disobedient Nu asculta.	0	1	2	48.	Nightmares Are cosmare
0	1	2	21.	Disturbed by any change in routine Este suparat daca rutina lucrurilor se schimba.	0	1	2	49.	Overeating Mananca prea mult
0	1	2	22.	Doesn't want to sleep alone Nu vrea sa doarma singur.	0	1	2	50.	Overtired Prea obosit
0	1	2	23.	Doesn't answer when people talk to him/her Nu raspunde cand altii vorbesc cu el/ea.	0	1	2	51.	Overweight Peste greutatea normala
0	1	2	24.	Doesn't eat well (describe): Nu mananca bine (descrieti):					
0	1	2	25.	Doesn't get along with other children Nu se intelege cu alti copii.					
0	1	2	26.	Doesn't know how to have fun,					

				acts like a little adult Nu stie cum sa se distreze, se poarta la fel ca un adult.	0	1	2	52.	Painful bowel movements Are dureri cand merge la toaleta.
0	1	2	27.	Doesn't seem to feel guilty after misbehaving Nu pare sa se simta vinovat dupa ce face ceva rau.	0	1	2	53.	Physically attacks people Ataca fizic oamenii.
0	1	2	28.	Doesn't want to go out of home Nu vrea sa plece de acasa.	0	1	2	54.	Picks nose, skin, or other parts of Cuipeste nasul, pielea, sau alte parti ale corpului (descrieti)
0	1	2	55.	Plays with own sex parts too much Se joaca cu organele genitale prea mult.	0	1	2	80.	Strange behavior (describe): Comportament straniu (descrie)
0	1	2	56.	Poorly coordinated or clumsy Necoordinat, sau stangaci	0	1	2	81.	Stubborn, sullen, or irritable Incapatanat, bosumflat, sau iritabil
0	1	2	57.	Problems with eyes without medical cause (describe) Probleme cu ochii fara cauza medicale (descrieti)	0	1	2	82.	Sudden changes in mood or feelings Schimbare brusca de atitudine
0	1	2	58.	Punishment doesn't change his/her behavior Pedeapsa nu-i schimba comportamentul	0	1	2	83.	Sulks a lot Sta bosumflat.
0	1	2	59.	Quickly shifts from one activity to another Trece repede de la o activitate la alta	0	1	2	84.	Talks or cries out in sleep Vorbeste sau plange in timpul somnului
0	1	2	60.	Rashes or other skin problems ( without medical cause) Iritatii sau alte probleme de piele (fara cauze medicale)	0	1	2	85.	Temper tantrums or hot temper Plange insistent, sau este temperamental
0	1	2	61.	Refuses to eat Refuza sa manance.	0	1	2	86.	Too concerned with neatness or cleanliness Prea ingrijorat de curatenie sau curatenie
0	1	2	62.	Refuses to play active games Refuza sa participe la jocuri cu altii.	0	1	2	87.	Too fearfull or anxious Prea speriat sau infricosat
0	1	2	63.	Repeatedly rocks head or body Leagana capul sau corpul in ritm repetat.	0	1	2	88.	88. Uncooperative Necooperativ.
0	1	2	64.	Resists going to bed at night Nu vrea sa mearga la culcare seara	0	1	2	89.	Underactive, slow moving, or lacking energy Prea putin activ, se misca incet sau nu are energie
0	1	2	65.	Resists toilet training (describe) Nu vrea sa foloseascq toaleta (descrieti)	0	1	2	90.	90. Unhappy, sad, or depressed Nefericit, trist, sau depresat
0	1	2	66.	Screams a lot Tipa mult.	0	1	2	91.	Unusually loud Neobisnuit de galagios.
0	1	2	67.	Seems unresponsive to affection Pare sa nu raspunda la afectiune	0	1	2	92.	Upset by new people or situations Suparat de oameni sau situatii
0	1	2	68.	Self-conscious or easily embarrassed Constient de sine, sau usor rusinat.	0	1	2	93.	Vomiting, throwing up (without Vomita fara cauza medicale
0	1	2	69.	Selfish or won't share Egoist, nu vrea sa imparta cu altii.	0	1	2	94.	Wakes up often at night Se trezeste deseori noaptea.
0	1	2	70.	Shows little affection toward people Arata putin aefctiune fata de altii.	0	1	2	95.	Wanders away from home Pleaca de acasa.
0	1	2	71.	Shows little interest in things around him/her Arata putin interes fata de lucrurile din jur.	0	1	2	96.	Wants a lot of attention Vrea multa atentie.
0	1	2	72.	Shows too little fear of getting hurt Arata prea putina frica fata de a se lovi.	0	1	2	97.	<b>Whining</b> Este matait.
0	1	2	73.	Shy or timid Rusinos sau timid	0	1	2	98.	Withdrawn, doesn't get involved Retras, nu are contact cu altii.
0	1	2	74.	Sleeps less than most children during day and/or night (describe) Doarme mai putin decat alti copii	0	1	2	99.	Worrying Ingrijorat.
					0	1	2	100.	Please write in any problems your child has that were not listed above Va rugam sa scrieti alte probleme

				in timpul zilei/noptii (descrieti)
0	1	2	75.	Smears or plays with bowel movements Se pateaza sau se joaca cu propriile excremente.
0	1	2	76.	Speech problem Probleme de vorbit (descrieti):
0	1	2	77.	77. Stares into space or seems preoccupied Se uita in gol sau pare a fi preocupat
0	1	2	78.	Stomachaches or cramps (no medical cause) Dureri de stomac sau crampe (fara cauze medicale)
0	1	2	79.	Stores up things he/she doesn't need (descrieti) Aduna lucruri de care nu are nevoie (descrieti):

pe care le are copilul dvs,  
care nu au fost scrise mai sus.

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Underline any you are concerned about.  
Subliniati-le pe acelea care va ingrijoreaza.

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Mai jos este o lista a caracteristici care descriu copiii si adolescentii. Incercuiți 2 daca descrierea se refera la copilul dvs in asa fel incit este **foarte adevarat sau deseori adevarat in prezent sau in ultimele 6 luni**. Incercuiți 1 daca descrierea este **uneori sau citeodata adevarata**. Daca descrierea este **neadevarata**, incercuiți 0. Va rugam sa raspundeti cat puteti de bine la toate intrabarile, chiar daca unele nu se aplica la copilul dvs.

0 = Neadevarat (dupa cite stiti);      1 = Uneori sau citeodata adevarat      2 = Foarte adevarat sau deseori adevarat

- |   |   |   |  |   |   |   |   |
|---|---|---|--|---|---|---|---|
| 0 | 1 | 2 | 1. Se poarta ca unul/una mai mic(a) decit virsta pe care o are       | 0 | 1 | 2 | 21. Distruge lucruri care apartin familiei sau altora   |
| 0 | 1 | 2 | 2. Alergii (descrieti) _____   | 0 | 1 | 2 | 22. Neascultator acasa  |
| 0 | 1 | 2 | 3. Argumenteaza prea mult  | 0 | 1 | 2 | 23. Neascultator la scoala  |
| 0 | 1 | 2 | 4. Astma   | 0 | 1 | 2 | 24. Nu mananca bine   |
| 0 | 1 | 2 | 5. Se poarta ca si copiii de sex opus                                | 0 | 1 | 2 | 25. Nu se intelege cu alti copii  |
| 0 | 1 | 2 | 6. Are scaun inafara toletei   | 0 | 1 | 2 | 26. Nu se simte vinovat atunic cand face ceva rau   |
| 0 | 1 | 2 | 7. Laudaros, increzut  | 0 | 1 | 2 | 27. Se simte gelos foarte usor  |
| 0 | 1 | 2 | 8. Nu se concentreaza, nu este atent pentru mult timp                | 0 | 1 | 2 | 28. Mananca sau bea lucruri care nu sunt alimente nu includeti dulciurile (descrieti): _____    |
| 0 | 1 | 2 | 9. Nu poate renunta la anumite ganduri sau obsesii (descrieti) _____ | 0 | 1 | 2 | 29. Ii este frica de unele animale, situatii sau locuri , altele decat scoala (descrieti) _____ |
| 0 | 1 | 2 | 10. Nu poate sta linistit, e agitat sau hiperactiv                   | 0 | 1 | 2 | 30. Ii este frica sa mearga la scoala   |
| 0 | 1 | 2 | 11. Sta ca adultii, este prea dependent de ei                        | 0 | 1 | 2 | 31. Se teme ca are ganduri rele sau ca face ceva rau  |
| 0 | 1 | 2 | 12. Se plange ca se simte singuratic                                 | 0 | 1 | 2 | 32. Simte ca trebuie sa fie perfect(a)  |
| 0 | 1 | 2 | 13. Confuz, pare a fie in "ceata"                                    | 0 | 1 | 2 | 33. Simte sau se plange nu este iubit   |
| 0 | 1 | 2 | 14. Plange mult  | 0 | 1 | 2 | 34. Simte ca altii sunt pe urmele lui   |
| 0 | 1 | 2 | 15. E Crud cu animalele  | 0 | 1 | 2 | 35. Se simte fara valoare sau este inferior   |
| 0 | 1 | 2 | 16. Crud, brutal, abuziv cu altii.                                   | 0 | 1 | 2 | 36. Se loveste multe, predispus la accidente  |
| 0 | 1 | 2 | 17. Visator, aerian, se pierde in ganduri sale                       | 0 | 1 | 2 | 37. Sa ia la bataie deseori   |
| 0 | 1 | 2 | 18. Isi face rau intentionalat, sau atenteaza sinucida               | 0 | 1 | 2 | 38. Este tachinat deseori   |
| 0 | 1 | 2 | 19. Cere prea multa atentie  | 0 | 1 | 2 | 39. Petrece timpul cu altii care intra in bucluc  |
| 0 | 1 | 2 | 20. Ii distruge lucruri proprii                                      | 0 | 1 | 2 | 40. Aude sunete sau voci care nu sunt acolo (descrieti) _____                                   |

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0	1	2	41. Impulsiv sau se poarta fara sa se gandeasca	0	1	2	57. Ataca fizic pe altii	
				0	1	2	58. Ciupestes nasul, pielea sau ale corpului (descrieti): _____	
0	1	2	42. Vrea sa fie singur mai degraba decat cu altii	0	1	2	59. Se joaca organelor genitale in public	
0	1	2	43. Mente sau inseala	0	1	2	60. Se joaca organelor genitale prea mult	
0	1	2	44. Isi roade unghiile	0	1	2	61. Randament scolar slab	
0	1	2	45. Nervos, agitat sau tens.	0	1	2	62. Ncoordonate sau impiedicat	
0	1	2	46. Ticui nervoase sau spasme (descrieti) _____ _____	0	1	2	63. Prefera sa fie cu copiii mai mari	
0	1	2	47. Cosmare	0	1	2	64. Prefera sa fie cu copiii mai mici	
0	1	2	48. Nu este placut de alti copii	0	1	2	65. Refuza sa vorbeasca	
				0	1	2	66. Repeta anumite actiuni din nou si din nou; compulsiile (descrieti): _____ _____	
0	1	2	49. Constipat	0	1	2	67. Fuge de acasa	
0	1	2	50. Prea fricos sau nelinistit	0	1	2	68. Tipa mult	
0	1	2	51. Se simte ametit	0	1	2	69. Secretos, tine gandurile secrete	
0	1	2	52. Se simte prea vinovat	0	1	2	70. Vede lucruri care nu sunt acolo (descrieti) : _____ _____	
0	1	2	53. Manaca prea mult	0	1	2	71. Constient de sine, se resineaza usor	
0	1	2	54. Prea oboist.	0	1	2	72. Porneste focuri	
0	1	2	55. Peste greutate normala.	0	1	2	73. Probleme sexuale (descrieti): _____ _____ _____	
			56. Probleme fizice fara cauza medicala cunoscuta	0	1	2	74. Face figuri, caraghios	
0	1	2	a. dureri generale (nu de stomac sau de cap)	0	1	2	75. Rusinos sau timid	
0	1	2	b. dureri de cap	0	1	2	76. Doarme mai putin decat alti copii	
0	1	2	c. gretuir, se simte bolnav	0	1	2	77. Dar mai mult decat majoritatea copiilor in timpul zilei si/sau noptii (descrieti): _____ _____	
0	1	2	d. probleme cu ochii (nu daca sunt corectate de ochelari)(descrieti): _____	0	1	2	78. Manjeste sau se joaca cu proapiile fecale	
0	1	2	e. iritatii sau alte probleme de pielii					
0	1	2	f. dureri de stomac sau crampe					
0	1	2	g. voma					
0	1	2	h. altele (descrieti): _____ _____					

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**0 = Neadevarat (dupa cîte stiti);**

**1 = Uneori sau citeodata adevarat**

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**0 1 2 80.** Priveste in gol

**0 1 2 81.** Fura din casa

**0 1 2 82.** Fura inafara domiciliului

**0 1 2 83.** Aduna lucruri de care are nevoie (descrieti):

**0 1 2 84.** Comportament staniu (descrieti):

**0 1 2 85.** Idei straine (descrieti):

**0 1 2 86.** Incapatanat, morocanos, sau iritabil

**0 1 2 87.** Schimbari neprevazute in atitudine si emotii

**0 1 2 88.** Sta bosumflat

**0 1 2 89.** Suspicios

**0 1 2 90.** Injura sau foloseste limbaj obscen

**0 1 2 91.** Spune ca se sinucide

**0 1 2 92.** Vorbeste sau umbla in somn (descrieti):

**0 1 2 93.** Vorbeste prea mult

**0 1 2 94.** Ironizeaza mult

**0 1 2 95.** Plange intens, se enerveaza usor

**0 1 2 96.** Se gandeste prea mult la sex

**0 1 2 97.** Ameninta pe altii

**0 1 2 98.** Suge degetul

**0 1 2 99.** Este prea preocupat cu curatenie si ordine

**0 1 2 100.** Are probleme cu somnul (descrieti):

**0 1 2 101.** Lipseste de la scoala

**0 1 2 102.** Neactiv, se misca incet, sau ii lipseste energie

**0 1 2 103.** Nefericit, trist sau depresiv

**0 1 2 104.** Neobisnuit de galagios

**0 1 2 106.** Distruge lucrui

**0 1 2 107.** Se uda in timpul zilei

**0 1 2 108.** Uda patul noaptea

**0 1 2 109.** Se vaita; miriit

**0 1 2 110.** Doreste sa fie celalalt sex

**0 1 2 111.** Retras, nu vrea sa fie in contact cu alti

**0 1 2 112.** Ingrijorari

**0 1 2 113.** Va rugam, sa scrieti alte probleme pe care le are copilul dvs si care nu au fost scrise mai sus:

**VA RUGAM SA VA ASIGURATI CA ATI RASPUNS  
LA TOATE PUNCTELE  
SUBLINIATI TOT CEEA CE VA INGRIJOREAZA**

0 1 2 105. Foloseste alcool sau droguri pentru scopuri care nu  
sunt medicale (descrieti); \_\_\_\_\_  
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Directii: Scara de evaluare emotionala si de comportament (BERS) contine o serie de afirmatii (formulatii) care sunt folosite la evaluarea comportamentului si a emotiilor copilului, intru-un mod pozitiv. Cititi fiecare formular si incercuiti numarul care corespunde cu evaluarea ce descrie cel mai potrivit starea copilului in ultimimele 3 luni. Daca formularea este foarte aproape de reactia copilului incercuiti cifra 3; daca formularea este ca un copil incercuiti cifra 2; daca formularea este nu prea ca orice copil incercuiti cifra 1; iar daca formularea este ni deloc ca un copil incercuiti 0. Potrivit acestor puncte de evaluare olati o calificare cat puteti de obectiva copilului dvs.		Very much like the child	Like the child	Not much like the child	Not at all like the child
1. Demonstrates a sense of belonging to family 1. Dovedeste un sentiment de apartenenta familiala	3	2	1	0	
2. Trusts a significant person with his or her life 2. A-si incredinta viata in mainile unei persoane respectate	3	2	1	0	
3. Accepts a hug 3. Accepta inubratissari	3	2	1	0	
4. Participates in community activities 4. Participa la activitatile comunitatii	3	2	1	0	
5. Is self confident 5. Are incredere in sine	3	2	1	0	
6. Acknowledges painful feelings 6. Admita, recunoaste simtaminte dureroase	3	2	1	0	
7. Maintains positive family relationships 7. Mentine relatii pozitive in familie	3	2	1	0	
8. Demonstrates a sense of humor 8. Dovedeste simtul umorului	3	2	1	0	
9. Asks for help 9. Cere ajutorul celor din preajura	3	2	1	0	
10. Uses anger management skills 10. Poseda deprinderide control a maniei	3	2	1	0	
11. Communicates with parents about behavior at home 11. Discuta cu parintii in casa despre comportament	3	2	1	0	
12. Expresses remorse for behavior that hurts or upsets others 12. Manifesta regret pentru un comportament care raneste sau iisupara peceidiujur	3	2	1	0	
13. Shows concern for the feelings of others 13. Manifesta grija pentru sentimentele celor din jur	3	2	1	0	
14. Completes a task on first request 14. Isi indeplinește osareina la prima solicitare	3	2	1	0	
15. Interacts positively with parents 15. Se alfa într-o pozitiva interactiune cu parintii	3	2	1	0	
16. Reacts to disappointments in a calm manner 16. Reactioneaza calm la dezamagiri	3	2	1	0	
17. Considers consequences of own behavior 17. Se gandeste la consecintele propriului comportament	3	2	1	0	
18. Accepts criticism 18. Accepta critica	3	2	1	0	
19. Participates in church activities 19. Participa la activitatile biseciei	3	2	1	0	
20. Demonstrates age-appropriate hygiene skills 20. Dovedeste (demonstreaza) deprinderi de hygiena potrivite varstei	3	2	1	0	
21. Requests support from peers and friends	3	2	1	0	

21. Cere sprijinul colegilor si al prietinelor				
22. Enjoys a hobby 22. Se bucura de o pasiune	3	2	1	0
23. Discusses problems with others 23. Discuta problemele ce il framanta cu altii	3	2	1	0
24. Completes school tasks on time 24. Isi indiplineste indatorinle scolare la timp	3	2	1	0
25. Accepts the closeness and intimacy of others 25. Accepta apropierea si intimitatea cu altii persoane	3	2	1	0
26. Identifies own feelings 26. Identifica pentimentele proprii	3	2	1	0
27. Identifies personal feelings 27. Isi cunoaste forta personala	3	2	1	0
28. Accepts responsibility for own actions 28. Accepta responsabilitatea actiunilor personale	3	2	1	0
29. Interacts positively with siblings 29. Interactioneaza pozitiv cu fratii (surorile)	3	2	1	0
30. Loses a game gracefully 30. Pierde un joc cu usurinta	3	2	1	0
31. Completes homework regularly 31. Isi efectueaza cu regularitate temele	3	2	1	0
32. Is popular with peers 32. Este popular printre cei de vista lui (ei)	3	2	1	0
33. Listens to others 33. Ti asculta pe altii cind vorbesc	3	2	1	0
34. Expresses affection for others 34. Manifesta sentimente de afectuine pentru altii	3	2	1	0
35. Admits mistakes 35. Accepta greselile	3	2	1	0
36. Participates in family activities 36. Participa la activitatile familiei	3	2	1	0
37. Accepts "no" for an answer 37. Accepta un raspuns cu nu	3	2	1	0
38. Smiles often 38. Zauibeste des	3	2	1	0
39. Pays attention in class 39. Este atent in clasa	3	2	1	0
40. Computes math problems at or above grade level 40. Rezolua probleme de matematica numai la nivelul clasei respective sau si la un nivel superior	3	2	1	0
41. Reads at or above grade level 41. Citeste la nivelul clasei respective sau si la un nivel superior	3	2	1	0
42. Is enthusiastic about life 42. Este entuziasuiat de viata	3	2	1	0
43. Respects the rights of others 43. Respecta drepturile altora	3	2	1	0
44. Shares with others 44. Imparte cu altii	3	2	1	0
45. Complies with rules at home 45. Se supune regulilor casei	3	2	1	0
46. Apologizes to others when wrong 46. Cere scuze celor diu jur cind gresete	3	2	1	0
47. Studies for tests 47. Studiaza inainte de a se prezenta la teste	3	2	1	0
48. Talks about the positive aspects of life 48. Vorbeste despre aspectele pozitive ale vietii	3	2	1	0
49. Is kind toward others 49. Este bun cu altii	3	2	1	0
50. Uses appropriate language 50. Foloseste un limbaj adecvat	3	2	1	0
51. Attends school regularly	3	2	1	0

51. Participa cu regularitate la activitatea la scolara				
52. Uses note-taking and listening skills in schools	3	2	1	0
52. Foloseste atat notitele personale cit si deprinderile de ascultare				

## KEY QUESTIONS

1. What are the child's favorite hobbies or activities? What does the child like to do?
1. Care sunt pasiunile sau activitatile favoritele copilului dvs? Ce li place lui sa faca?

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2. What is the child's favorite sport(s)?
2. Care este sportul favorit al copilului?

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3. In what school subject(s) does the child do best?
3. La care disciplina scolara performa copilul cel mai bine?

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4. Who is the child's best friend?
4. Cine este cel mai bun prieten al copilului?

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5. Who is the child's favorite teacher?
5. Care este profesorul favorit al copilului?

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6. What job(s) or responsibilities has this child held in the community or in the home?
6. Ce indeletnicire sau responsabilitati i-au fost incredintate in comunitate ori acasa?

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7. At a time of need, to whom (e.g., parent, teacher, friend, relative) would this child turn for support?
7. In caz de necesitate catre cine se va indrepta acest copil sa ceara sprijin (parinte, profesor, prieten, ruda)?

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8. Describe the best things about this child.
8. Descrieti calitatile acestui copil.

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