5-2012

Foster Parents' Perceptions of Their Knowledge, Skills, and Abilities in Relation to the Behavioral Challenges of Foster Youth

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A dissertation submitted in partial fulfillment
Of the requirements for the degree of
Doctor of Philosophy in Counselor Education

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May 2012
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ABSTRACT

The complex, long-term, and prevalent behavioral problems and needs of foster children and youth continue to be documented (Farmer et al., 2010; United States Department of Health and Human Services [USDHHS], 2005). However, research indicates that foster parents are not adequately prepared or trained to address these challenging behaviors (e.g. Dorsey et al., 2008; Lee & Holland, 1991; Puddy & Jackson, 2003). Foster parent perspectives and the inclusion of their input concerning foster parenting and the behavioral problems of foster youth are needed to examine this crucial problem area (Park & Helton, 2010). The intent of this multi-case study was to explore foster parents' perceptions of their knowledge, skills, and abilities to address the behavioral challenges of foster youth. More specifically, this study examined what foster parents perceive they need to help successfully fulfill their fostering role.

This dissertation is approved for recommendation to the Graduate Council.

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ACKNOWLEDGMENTS

Special thanks are due to many people who supported and encouraged me along the way. First, thank you each of my committee members: Dr. Higgins, Dr. Lucas, Professor Collie, and Dr. Kissinger. I truly appreciate the time and dedication you have put into my development as a counselor, researcher, teacher, and person. Dr. Higgins, your encouragement and faith in me helped me find the perseverance I needed to complete this task. Thank you for helping me hone in on this passion and for giving me the freedom to do something I care so deeply about.

Special thanks are also due to the Bill and Melinda Gates Foundation. I will forever be indebted to their investment in me. The countless leadership trainings, conventions, and mentoring they provided were the foundation to my academic and professional identity. These things, along with the financial support provided made it possible for me to go further than I had ever dreamed for myself. I hope that his project is a start to my "paying it forward".

Last, but not least, I would like to thank my family. Dad, you saw this as a part of me before I did. Thank you for your countless talks and words of encouragement. Thank you for investing so much into helping me see myself through your eyes. Mom, thank you for being a woman who sets out to accomplish her dreams. Thank you for setting my example of what it means to live life both passionately and excellently.

Josh, I dedicate this dissertation to you. Every step of the way you made sure I pursued the best version of myself. You selflessly and lovingly made it your goal to see me accomplish all you knew I could. Thank you for working three jobs while I pursued my masters. Thank you for not only being interested in, but excited about my research. Thank you for getting up in the night with Luke (every night some weeks) to help me be able to finish this. Thank you for

celebrating so joyfully each little accomplishment along the way. I literally could not have done

this without you. This adventure with you has been unforgettable.

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CHAPTER ONE: INTRODUCTION

According to recent estimates, there are approximately 400,000 children and adolescents in the United States foster care system (USDHHS, 2011). Foster care is designed to provide temporary out of home care to maltreated children and adolescents while the issues prompting their placement in a foster care home are resolved (Holland & Gorey, 2004). Foster children and youth are removed from their home due to concerns for child or adolescent safety, severe conflict within the parent/child relationship, or for treatment of behavioral or medical conditions that cannot be treated in the biological/legal home (USDHHS, n.d.). The vast majority of these children and youth have been exposed to trauma, domestic violence, physical, emotional, or sexual abuse, and/or neglect (Holland & Gorey, 2004; USDHHS, 2005). With this in consideration, it is not surprising that foster children and youth often face a unique and difficult set of challenges (Kortenkamp & Ehrle, 2002; Holland & Gorey, 2004).

The developmental, educational, social, emotional, and behavioral challenges of foster children and youth continue to be documented (Clausen et al., 1998; Farmer et al., 2010; Sawyer & Dubowitz, 1994). A study conducted by the United States Department of Health and Human Services Administration for Children and Family Services (USDHHS, 2005) revealed that children and adolescents who enter the foster care system have substantially lower levels of cognitive functioning, academic abilities, adaptive and social functioning, and behavioral well-being than their peers in the general population. Of the challenges evidenced by foster youth, externalizing behavioral problems (e.g. aggressive, disruptive, disobedience, and oppositional behaviors) are shown to be particularly problematic for this population (Kortenkamp & Ehrle, 2002; Landsverk & Garland, 1999).

These externalizing behaviors of foster children and youth inflict stress on foster parents, placing the foster parent/child relationship at risk. In fact, foster parents' inability to manage the challenging behaviors of foster children and youth is one of the most frequently cited reasons for children to be removed from their foster home and replaced with a different foster family (Brown & Bednar, 2006; Holland & Gorey, 2004; James, 2004). Multiple foster placements introduce the foster child to a new set of challenges including the loss of foster parent and sibling relationships (Holland & Gorey, 2004). Studies examining the relationship between multiple foster placements and child well-being link placement instability to an increase in mental health and behavioral issues in foster youth (Barber, Delfabbro, & Cooper, 2001; Smith, Stormshak, Chamberlain, & Whaley, 2001).

The Division of Children and Family Services for the state of Arkansas "recognizes the child's right to be placed in a home able to deal with the special problems and traumas of out-of-home care" (Arkansas Department of Human Services, 2008, para. 5). However, research indicates that foster parents are not adequately prepared or trained to address problematic behaviors of foster youth (e.g. Dorsey et al., 2008; Lee & Holland, 1991; Puddy & Jackson, 2003). These findings highlight the need for a clearer understanding of how to better prepare foster parents and reduce risk to the foster parent/child relationship. Exploring the perceptions of foster parents' knowledge, skills, and abilities to address these behavioral challenges will help increase our ability to support and prepare foster parents to fulfill the often difficult task of fostering youth.

Statement of the Problem

Although there are studies addressing foster parent preparation and training issues (Dorsey et al., 2008; Puddy & Jackson, 2003), the exploration of foster parent perspectives and the inclusion of their input concerning foster parenting and the behavioral problems of foster youth is needed (Park & Helton, 2010). This gap in the literature lends credence to the examination of foster parents' perceptions of their knowledge, skills, and abilities to address the behavioral challenges of foster youth and, more specifically, on what they need to help them feel more prepared. If knowledge in this area is increased, foster parents will be able to be more appropriately prepared and skilled to parent foster youth, resulting in a more stable and supportive foster placement.

Purpose of the Study

The intent of this multi-case study was to describe foster parents' perceptions of their knowledge, skills, and abilities in relation to the challenging behaviors of foster youth. Additionally, this study investigated what foster parents perceive they need, or have needed in the past, to aid in their knowledge, skills, and abilities needed to address these crucial problem areas specific to foster youth.

Research Questions

To expand our knowledge on this issue, the following research questions were addressed: The primary research question was:

1. How do foster parents perceive the level of their knowledge, skills, and abilities to address the challenging behaviors of foster youth?

2. What do foster parents perceive they need or have needed in the past to help them address these behaviors?

Secondary questions included:

3. How did foster parents attempt to develop the knowledge, skills, and abilities they perceive as necessary to address the challenging behaviors of foster youth?

4. What variables did foster parents perceive impeded and/or continue to impede their ability to address these behaviors?

Significance of the Study

Recent studies have revealed that foster parent training is not adequately preparing foster parents to meet the needs of foster youth (Dorsey et al., 2008; Puddy & Jackson, 2003). Specifically, foster parents are not being adequately trained to learn the skills needed to parent children or youth exhibiting behavior that is challenging (Grimm, 2003). This lack of parenting skills has resulted in unstable placements and lower levels of foster child well-being (Barber, Delfabbro, & Cooper, 2001; Brown & Bednar, 2006).

A better understanding of foster parents' perceptions will strengthen the knowledge base for the development and facilitation of foster parent preparation, training, and support services. Further, this increased understanding will allow for preparation, training, and support services to respond specifically to foster parent needs and concerns. It is anticipated that through introducing foster parent input and perspective into the empirical literature and discourse there will be a better understanding of how prepared foster parents feel and what foster parents perceive they need to successfully address the challenging behaviors of foster youth. If foster parents feel more prepared and have the needed skills to foster, retention may improve, resulting

in less placement changes for foster youth. In addition, social workers, counselors, and other helping professionals will benefit from an increased understanding of the foster family dynamic when providing counseling services to this population.

Researcher's Relationship to the Problem

My interest in this topic arose from my work with children and adolescents in the foster care system. Through my graduate work I have had the opportunity to gain experience working with the foster care population. It did not take long for me to see firsthand the challenges that both foster youth and foster parents experience. The majority of the foster children and adolescents I worked with manifested high levels of internalizing or externalizing behaviors and had been through multiple foster placements. The foster parents were often overwhelmed, undertrained, and exhausted. The rationale for this study originates from my desire to help foster children and youth by better preparing and supporting the foster parents who serve and help them on a daily basis.

These experiences have provided me with empathy and insight for the experiences of both foster youth and foster parents. Although I consider my knowledge and experiences invaluable, I also recognized that they could become a liability or a bias in my ability to conduct or interpret research. To ensure credibility of the research, safeguards such as critical self-reflection and triangulation of data were undertaken.

Delimitations

Foster care placements encompass the settings of kinship family care, non-kinship family or traditional foster care, treatment care, residential or group care, and emergency shelters (USDHHS, n.d.). As the certification, training and licensing requirements differ between the

various foster care settings, a specific sample was sought to avoid confounding the results of this study. In 2008 the Adoption and Foster Care Analysis and Reporting System reported that approximately half of foster youth are placed in traditional foster family foster care (USDHHS, 2008). As the majority of youth are placed in the traditional foster family setting, my interest was in exploring the perceptions of these particular foster parents.

Previous studies investigating foster parents' ability to meet the needs of foster youth only focus on improvement in knowledge of beginning foster parents directly after completing required training. There is little research that explores foster parents' perceptions after they have gained experience as a foster parent and training is no longer fresh. Therefore, delimitations of this study included restricting the sample to nonrelative traditional foster parents who had completed all required preservice training and had a minimum of six months of fostering experience.

Definitions of Terms

For the purposes of this study the following key terms or concepts are operationalized as follows:

- Abilities: A foster parent's perceived power or capacity to successfully address or parent foster youth with behavioral problems.
- Challenging: Something perceived as demanding that tests one's abilities.
- Challenging Behavior, Problem Behavior, or Behavior Problem: For the purposes of this study the terms challenging behavior or problem behavior will refer to any behavior that the foster parent participant identifies or perceives as challenging or a problem.

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- Foster Care: For the purposes of this study foster care will refer to a home-based non-kin traditional foster family who has been certified by their state for at least six months.

- Foster Parent Training: For this study foster parent training will refer to the specific pre-service and ongoing training participants received within their state of service.

- Foster Parent: In this study foster parents will refer to traditional non-kin state certified caregivers who have completed mandated foster parent training and acted as a foster parent for at least 6 months.

- Foster Child, Foster Youth, Foster Children: Children of any race or ethnicity ranging in age from infancy to 18 who have been removed from their biological/legal home and are in legal custody of the state (Arkansas Department of Human Services, 2008; USDHHS, n.d.).

- Knowledge: A foster parent's perceived knowledge base in relation to foster youth, the behavioral needs and problems of foster youth, and how to successfully address or parent foster youth with behavioral problems.

- Placement Instability, Placement Failure, or Placement Disruption: This study will use the most widely used definition, which is three or more foster care moves or placements (Harnett, Leathers, Falconnier, & Testa, 1999).

- Skills: A foster parent's perceived proficiency to successfully address or parent foster youth with behavioral problems.

Summary

The behavioral challenges of foster youth are well established and linked to an increase in foster parent distress and placement failure (Brown & Bednar, 2006; Farmer et al., 2010;

USDHHS, 2005). However, training for foster parents is not providing adequate preparation for them to adequately parent youth with challenging behaviors (e.g. Dorsey et al., 2008; Lee & Holland, 1991; Puddy & Jackson, 2003). An increased understanding of how foster parents perceive the knowledge, skills, and abilities they have and/or need to successfully parent foster youth with behavior problems is needed (Park & Helton, 2010). The current study's research questions were designed to gain a rich, in depth description of foster parents' perspectives. The inclusion of these perspectives allow for foster parent's voices and needs to be heard and for the developers and facilitators of foster parent curriculum, training, and support to respond.

CHAPTER TWO: REVIEW OF THE LITERATURE

Foster Care

To provide a thorough review of relevant literature several databases were accessed. The key terms "foster care", "foster parent", "foster parent training", "foster children", "foster youth", "PRIDE", "MAPP/GPS", "foster parent perceptions", and "challenging behavior" were used to access articles through *Ebsco Academic Search Premiere, ERIC, ProQuest Direct, Proquest Dissertations and Theses, Lexis Nexis Academic,* and *PsycINFO*. The following chapter will provide an in-depth discussion on foster care, foster parenting, foster children and youth, and foster parent training in relation to the behavioral challenges of foster youth. The following review of literature demonstrates both the gaps in the existing literature as well as the need for the inclusion of foster parent input.

History

Throughout history, societies have had to define their role in caring for neglected, dependent, and orphaned children. Some of the earliest examples of the moral and societal duty to care for these children are documented in the Old Testament and the Talmud (National Foster Parent Association, 2011). Society's responsibility for their care has changed over time as the beliefs and attitudes towards dependent children have evolved. In the United States caring for a dependent child has grown from indenturing children to work for other families to modern day foster care. In the beginning, the child's physical and practical needs were of primary concern but as the negative long-term effects of child abuse and neglect became known their emotional and developmental needs moved to the forefront (O'Neill Murray & Gesiriech, n.d.).

It was English Poor Law that led to the beginnings of modern day foster care in the United States. English Poor Law was imported in 1562 in response to children in almshouses living in unfit conditions and growing up without learning a trade. Under the practice of these imported laws, children were placed in homes as indentured servants and were given food, clothing, shelter, and the opportunity to learn a trade (National Foster Parent Association, 2011). Although it was thought that these children were in better environments than provided through almshouses, indentured work often exposed children to exploitation and abuse. In the early 1800s the private sector responded by taking responsibility for dependent children through the establishment of religious and charitable orphanages. However, after 50 years of children being raised in orphanages, a concern about the negative impacts of such care arose. In response to these concerns, private agencies developed a program for orphans to be placed within foster families for care (O'Neill Murray & Gesiriech, n.d).

As public awareness of the negative effects of child abuse and neglect grew, the topic of child protection became more prevalent in legislation. In the early 1900s, the first state laws preventing child abuse and neglect were passed. In 1935, The Social Security Act approved the first federal grants for states to develop child welfare agencies and services. In 1961, amendments to the Social Security Act led to the Foster Care component of Aid to Dependent Children. This new component provided states with federal matched funds for foster care payments. These amendments were made mandatory for all states by 1967. In 1974, federal legislation passed law that would require states who receive child welfare federal funding to create procedures for child abuse reporting and investigation. This new law led to a significant increase in the number of children in foster care (O'Neill Murray & Gesiriech, n.d.).

After the increase in the number of foster care children, lawmakers became concerned over how long these children were staying in care and if appropriate attempts were being made for family reunification. In response, The Adoption Assistance and Child Welfare Act of 1980 was passed. This legislation, also called Title IV-E of the Social Security Act, served as the foundation for the modern child welfare system. The act increased and established a major federal role in the supervision of child welfare agencies. It introduced policy that required states to develop plans for how they will deliver services and established federal rules for case management and foster placement review. It also made the court system involved by mandating courts to review child welfare cases (O'Neill Murray & Gesiriech, n.d.).

Until the 1990s public legislation favored family preservation. However, due to concern over how long children were remaining in the foster care system without a permanent home, people began to advocate for the rights and well-being of foster children. 1n 1994, the Social Security Act was amended by Congress mandating the U.S. Department of Health and Human Services to disseminate state regulations for child welfare programs (Grimm & Hurtubise, 2003). In 1997, The Adoption and Safe Families Act further established key provisions to ensure that child safety and well-being would be the primary concern. The legislation encouraged permanency planning and provided adoption incentives. It also enforced states to be accountable through performance standards and child well-being reporting requirements (O'Neill Murray & Gesiriech, n.d.). In 1999, the Foster Care Independence Act mandated states to provide adequate and ongoing preparation to equip foster parents to meet the needs of foster children (Grimm, 2003).

Over the years the Unites States government has continually redefined its role in caring for

dependent children and adolescents. The focus has shifted from the rights of the parents to the

rights and well-being of the child (National Foster Parent Association, 2011). The role of the

federal government has increased from little involvement to playing a fundamental role in the

present child welfare system. Although the child's physical needs still have great importance, the

United States government continues to work to meet the emotional and developmental needs of

foster care youth (O'Neill Murray & Gesiriech, n.d.). As more information is learned about the

negative effects of long-term child abuse and neglect, the welfare system attempts to alter its role

and purpose in caring for this population.

Role and Purpose of Foster Care

Children and adolescents are not always safe and protected when in the custody of their

primary caregiver. Child Protective Services (CPS) oversees the state's system and procedures

for child abuse reporting and investigation. After a report of suspected abuse or neglect is made,

CPS conducts an investigation to substantiate the claim. If the home is unable to properly address

their child's health condition, if there is unmanageable parent/child conflict, or if the child is

unsafe CPS may recommend the child to be removed from the home. Law requires CPS to make

reasonable efforts to promote safety, provide support, and preserve the family before a child is

removed. To ensure these efforts are adequately attempted, a court is required to approve the

decision before the removal takes place. If it is deemed that the child's home is not fit to meet the

child's needs, the child is then removed from the home and taken into legal custody of the state

(USDHHS, n.d.).

Foster care, also known as out of home care, is the program that provides placement and

services to these children and their families. Foster care placement is intended to be temporary.

Children are placed in settings where they are provided with shelter and daily care while their biological or legal family has the opportunity to receive services aimed at addressing the problems that resulted in CPS involvement. The goal of foster care is for the family to remedy the problems that resulted in the removal of their child. Once the family is able to provide a safe, nurturing environment, the parents regain legal custody. If the legal or biological home is unable to reach this objective, the goal then becomes placing the child with an alternative permanent family (USDHHS, n.d.).

Current State of Foster Care

The Administration for Children and Families, a division of the Department of Health and Human Services (USDHHS) oversees federal child welfare programs. The Children's Bureau, a department within the Administration for Children and Families (AFS), is responsible for providing state and national data on the foster care system. The Adoption and Foster Care Analysis and Reporting System (AFCARS) is the latest data collection method used for collecting information on all children in the foster care system. States are required by law to report case level information to AFCARS about the children who are in the foster care system (USDHHS, 2011).

According to the most recent AFCARS report, Report # 18, on September 30, 2010, there were 408,425 children in the United States foster care system. Of the children, 39% were Caucasian, 29% were Black, 22% were Hispanic, 6% were of two or more races, 1% were unknown, 2% were Alaskan Native/American Indian, and 0 % were Asian. The mean age was 9.6 years old. There were slightly more males (53%) than females (47%) (USDHHS, 2011). The

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average foster care stay is reported to be three years with an average of three different foster setting placements (The Pew Commission on Children in Foster Care, 2011).

Placement Settings

The settings used to temporarily care for children who have been removed from their home are state certified or approved emergency shelters, traditional family foster homes, kinship family homes, treatment foster homes, or residential or group care homes. Law mandates children to be placed in the setting that best meets their needs and is least restrictive. Best fit for each child is taken into consideration to provide a placement with stability. Every effort is made to avoid placement failures and multiple moves for the child. After the decision to remove a child is made, the child is often first placed in an emergency shelter for care. While in emergency care, the child's needs are assessed to determine the most suitable placement.

It is preferred that foster youth are placed in a familiar setting with a known relative. This allows for the foster child to remain connected with their family and encourages family preservation. This type of placement is called a kinship family home. In a kinship family foster home the child lives with and receives care within the home of an approved relative. The relative may have received formal training and be reimbursed for their services, or the setting may be informal with no training or reimbursement (USDHHS, n.d.). Almost one-fourth of foster youth reside in kinship care settings (USDHHS, n.d.). If a kinship family home is not available for the foster child, a traditional family foster home is sought. A traditional family foster home is designed to provide a family setting provided by non-relatives who have been trained and licensed to provide care. The majority of foster youth , at approximately half, reside in a non-kin, traditional foster family home (USDHHS, n.d).

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In a treatment or therapeutic foster home setting, children with identified behavioral or medical needs receive care in a family setting from foster parents who have received more training and support than foster parents in the traditional family care setting (USDHHS, n.d.). When traditional family settings are not available or able to meet the needs of foster children, children are placed in residential or group home settings. These settings are operated by public or private agencies and are designed to provide structure and services for children with special needs. In these settings children reside in community based group homes or residential facilities and are cared for by staff members. Approximately 1/5 of foster children reside in either a residential or group home setting (USDHHS, n.d.).

Foster Parenting

Role and Purpose

Foster parents are described as a vital resource to out-of-home care practice (USDHHS, n.d.). The National Foster Parent Association (2011) describes a foster parent as someone who receives federal reimbursement to provide nurture and care to foster children and youth while working with an agency that supervises the foster placement. In traditional non-kinship family foster care, children reside with non-relative adults who have been trained, assessed, and licensed to provide shelter and daily care to foster children and youth.

Federal policy recognizes the foster parents' responsibility to provide for the needs of the child (The Library of Congress Bill Summary & Status 106th Congress (1999 - 2000) H.R.3443 CRS Summary, 1999). Each state then provides a detailed description of the role, purpose, and requirements of foster parenting. The Division of Children and Family Services for the state of Arkansas outline the responsibilities of foster parents as: providing a nurturing family life

experience for the child including guidance, stimulation, affection and appropriate discipline, assisting with biological/legal family reunification, providing academic preparation, providing open communication with all team members, transporting the child, and training, teaching and encouraging the child in life skills (Arkansas Department of Human Services, 2008).

Legal and Professional Requirements

The legal and professional requirements, regulations, and procedures for foster parent training vary widely throughout the United States (Grimm, 2003; National Foster Parent Association, 2011). Federal policy requires each state to provide initial and, when necessary, on-going training and preparation for individuals filling the role of a foster parent. In December of 1999, the Foster Care Independence Act, Public Law 106-169 was signed into law. This law includes provisions relating to the training of foster care parents. Subtitle B, Related Foster Care Provision, Section 112, of the Act mandates that state plans for foster care and adoption assistance include a certification that ensures before foster care placement the prospective parents will be adequately prepared to provide for the needs of the child, and that such preparation will continue, as necessary, after placement of the child (The Library of Congress, Bill Summary & Status 106th Congress (1999 2000) H.R.3443 CRS Summary, para. 3). While this federal requirement clearly instructs states to train and prepare foster parents, it leaves the state with the responsibility of interpreting how to accomplish this task. To adhere to this federal policy, state administrative codes contain provision for foster parent training. The provision of foster parent training is unique to each state (Grimm, 2003).

Grimm (2003), a senior attorney with the National Center for Youth Law, recently provided a review of the training and preparation requirements for foster parent training by state.

The review that found foster parent training is required before initial licensing is granted in 48 states. Of the remaining states, one required training to be completed within one year of licensing and the other did not have a mandate for foster parent training. Requirement for additional in-service training was required for foster parents to maintain licensure in all 50 states. The number of training hours required for initial and maintenance of foster parent license also varied by state, with required hours of pre-service training ranging from 4 to 30 hours and required in-service hours ranging from 6 to 20 hours. The author noted several discrepancies in provision of training. These discrepancies included training compliance issues and a variety of scenarios or situations in which training may be waived.

Professional standards for foster parent training are operationalized by the use of training curriculum developed by state child welfare professional organizations (Dorsey et al., 2008). Similar to the number of hours required, the training curriculum used varies by state. Although a wide variety of training curriculums are implemented, 26 states require the use of either the Model Approach to Partnerships in Parenting Group Preparation and Selection of Foster and/or Adoptive Parents (MAPP/GPS) or the Foster Parent Resource for Information, Development and Education (Pride) (Dorsey et al., 2008). With over half of the states mandating their use, MAPP/GPS and PRIDE foster parent training curricula are the most widely adopted training models (Dorsey et al., 2008; National Foster Parent Association, 2011).

The MAPP/GPS and PRIDE trainings are designed to equip and prepare foster parents with the knowledge and skills needed to adequately care for foster youth (Grimm, 2003). They are similar in the number of pre-service training hours required with the PRIDE training requiring 27 hours and the MAPP/GPS requiring 30 hours (Dorsey et al., 2008). The trainings

are also similar in training focus and objectives. The 7 objectives for the MAPP/GPS training include: ensuring objective assessment of the family, increasing responsibility of the adoptive or foster parent in decision making, setting the foundation for foster parent and agency partnership, making an informed decision about becoming a foster parent, preparing the foster parent for impact of foster child on family, giving guidelines to deal with issues that cause placement failure, and preparing adoptive families for lifetime child issues. The 5 objectives of the PRIDE training include: protecting and nurturing the child, meeting the child's developmental needs, supporting relationships with the biological family, connecting children to lifelong safe relationships, and working as a member of the team (Dorsey et al, 2008). Both training curriculums have been criticized for having too heavy a focus on child welfare procedures and policies with little attention paid to the parenting skills needed to foster (Dorsey et al., 2008, Grimm, 2003; Lee & Holland, 1991; Puddy & Jackson, 2003).

Evidence Base of Foster Parent Training and Preparation

Recent reviews indicate that the most widely-used curricula in the child welfare system (MAPP/GPS and PRIDE) have little to no empirical support (Dorsey et al., 2008; Grimm, 2003). In a research synthesis conducted by Dorsey et al. (2008) the status and evidence base of training for foster and treatment foster parents was reviewed. The authors included any peer reviewed article addressing the efficacy of foster parent training that used outcome measures of either success in foster care parenting or success in child behavior. Thirty articles met the inclusion criteria and were retained and included in the synthesis. Of the thirty articles only four of the studies evaluated the widely used MAPP or PRIDE training curricula. The current author's

search for peer-reviewed studies evaluating the efficacy of MAPP and PRIDE foster parent-training procedures provided the same results.

Of the four articles, two were peer-reviewed articles addressing the effectiveness of MAPP/GPS training curriculum (Lee & Holland, 1991; Puddy & Jackson, 2003). Lee and Holland (1991) used a quasi-experimental design to examine foster care parent knowledge and behaviors after completion of the MAPS training in Georgia. The sample included 29 participants in the intervention group and 12 in the control. Results revealed there to be no significant differences between the groups in foster parent knowledge or behaviors after completing training. Similarly, Puddy and Jackson (2003) studied foster parent knowledge and behavior of foster parents who received the MAPP/GPS training using a quasi-experimental design. The sample included first time potential foster parents with 62 receiving training and 20 receiving no training. Three measures were used to assess if the parents learned the goals and objectives of MAPP/GPS, as well as the parenting skills needed to address the challenging behaviors of foster children and youth.

Analysis were conducted to assess significant changes in foster parent's MAPP/GPS skills from pre-test to post-test, significant changes in parenting skills from pretest to posttest, and significant differences between groups on each assessment pretest to posttest. Results indicated that, when compared to the control group, the training did not adequately train the parents in the MAPP/GPS goals or the parenting skills needed to parent foster children with problem behaviors. The parents who received training only improved in 4 of the 12 training goals of MAPP/GPS and three of the 22 parenting skills. The authors concluded that the MAPP/GPS training serves more as a vehicle to assist potential foster parents in the decision of

whether or not to foster, rather than to prepare them in parenting skills needed to serve as foster parents.

Studies examining the effectiveness of the PRIDE training are more promising. However, there is a dearth of research on the subject. Only the study conducted by Christenson and McMurry (2007) directly examines the effectiveness of the curriculum. The remaining study, Herczog et al. (2001), explored if PRIDE can be adapted for other countries. In 2007 Christenson and McMurry studied the perceived competence in the five PRIDE competency areas in 69 kinship foster parents and 159 non-kin foster parents after completing the PRIDE training. Results of this pre-post design revealed an increase in knowledge and perceived competence for both kin and non-kin foster parents. While the results of this study are encouraging, more research is needed to validate the long-term effectiveness of the PRIDE training curriculum.

Behavioral Issues Specific to Foster Children and Youth

It has been well established that foster children and youth evidence challenging behavioral problems (Hochstadt, Jaudes, Zimo & Schachter, 1987; Pilowsky, 1995). Clausen et al. (1998) furthered previous research on behavioral challenges specific to foster youth by comparing mental health problems in foster children from three California counties using a behavioral screening checklist, a measure of self-concept, and an adaptive behavior survey. In all three counties, the Parent Report Form (PRF) of the Child Behavior Checklist (CBCL) (Achenbach, 1991) was given to the primary licensed foster care parent to report on types of behavior problems and social competence in 140 foster children, ages 4 to 16. Results indicated that 75% to 80% of the school-aged children scored in either the clinical or borderline range on one or both of the behavior problems or social competence domains. Furthermore, one out of

every two foster children, in two of the three study sites, scored above the borderline cut-point on total behavior problems. In the remaining study site, almost two out of every five children scored above the clinical cut-point on total behavior problems. The behavior problems of foster children reported in the clinical to borderline range of the CBCL (Achenbach, 1991) were two and a half times the rate expected from a community population.

More recently, the Administration for Children and Families conducted a longitudinal study titled The National Survey of Child and Adolescent Well-Being (NSCAW, 2003). This study examined the well-being of more than 6,200 children, ages 14 and younger, in contact with the child welfare system within a period of 15 months beginning October 1999. The NSCAW data collection was ongoing and occurred monthly over the 15-month period. Baseline data collection was completed in April of 2001 and three rounds of follow-up data collection were completed post baseline at 12 months, 18 months, and 36. In 2005 a fourth data collection began (USDHHS, nd.).

Of the children, 5,501 had entered the foster care system in the 15 month period and 727 had been in an out-of-home placement for one year. The sample of 727 children allow for analysis of foster children who had been in foster care for a longer period of time. Out-of-home placements included traditional foster care, kinship foster care, group care, and residential care. Externalizing, internalizing, and total problem behaviors were measured using the Parent Report Form of the Child Behavior Checklist (Achenbach, 1991). The Delinquent Behavior subscale of the CBCL was used to measure delinquent behavior of foster youth ages 11 and older (National Survey of Child and Adolescent Well Being Group, 2003).

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Data from the NSCAW (2003) reveal that, per caregiver report, 50% of children and youth, ($n = 727$), who had been in an out of home placement for one-year evidenced externalizing behavior problems. Similar to the previous studies (Clausen et al., 1998; Landsverk & Garland, 1999) foster children and youth, ages 2 and older, displayed more behavior problems than children from a normative sample. Twenty-five to fifty percent of the foster children scored within the clinical borderline range of behavior problems, compared to the 17% of children from the normative sample scoring in the same range. Further, 50% of the foster children 11 years and older reported committing at least one delinquent act, with nonviolent acts more frequent than violent acts (National Survey of Child and Adolescent Well Being Group, 2003).

Similarly, in their examination of the mental health levels of Ontario foster children, Holland and Gorey (2004) found that both child welfare workers and foster parents observe high levels of behavior problems in foster children. The authors conducted a field investigation of three agency-based case-control studies exploring child and family history, developmental, mental health, and behavioral factors associated with foster care challenges. A secondary analysis was completed on three child welfare surveys which profiled the most common characteristics of foster children and youth, ages 5 to 19.

Most notable for this review is that the analysis showed 57% of foster children to have a behavior disorder and 61% to be involved in delinquent activity. Exploratory logistic regression models tentatively hypothesized dependent variables of foster placement instability, challenges, or conflict on all of the child, familial, and community characteristics. Alone and in aggregate, child behavior problems were strong predictors of foster family challenges including conflict with foster parents and multiple foster care placements. These results highlight both the

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prevalence of challenging behaviors in foster youth and the impact behavior challenges can have on the foster family system.

Relationship between Behavior Challenges, Foster Parent Well-Being, and Placement Failure

The complex, long-term and prevalent behavioral problems and needs of foster children and youth are well established (Clausen et al., 1998; Hochstadt et al., 1987; Landsverk & Garland, 1999; Pilowsky, 1995). The behavioral challenges and needs of foster youth and children can present difficult and long-term challenges to the best of foster parents (Holland & Gorey, 2004). The impact of these behavioral challenges on the foster parent-child relationship is well documented (Brown & Bednar, 2006; Holland & Gorey, 2004; Newton, Litownik, & Landsverk, 2000; Rhodes, Orme, & Buehler, 2001). Foster child behaviors are a risk to the foster parent/child relationship that often leads to multiple placements for the foster child (Brown & Bednar, 2006; Holland & Gorey, 2004; Newton, Litownik, & Landsverk, 2000; Rhodes, Orme, & Buehler, 2001). In fact, of identified foster placement failure factors, child behavioral need is reported as the most frequent reason for foster placement instability (Harnett, Leathers, Falconnier, & Testa, 1999; Holland & Gorey, 2004).

Brown and Bednar (2006) conducted a qualitative study to explore and describe foster parents' perceptions of placement breakdown. Foster parents from the Canadian Province of Manitoba were asked to describe their challenges in regards to the question: "What would make you consider ending a foster placement?" The authors reached redundancy in responses after interviewing 63 foster parents. Multidimensional scaling and cluster analysis yielded nine

themes: danger to family, child not adapting, child's conduct, complex needs, agency problems, unsuccessful attempts, changed circumstances, my health, and lack of community resources.

Several of the themes identified were either directly or indirectly related to the challenging behaviors of foster youth. In the "danger to family" theme, foster parents indicated they would consider ending a foster placement if the foster child was aggressive, dangerous, or involved in violence. In the concept of "child not adapting", responses from foster parents revolved around a mismatch between the child's needs and foster parents abilities. Examples included foster parents feeling unprepared to address the problems of foster children and foster children presenting with a crisis they did not know how to handle. The concept of "my health" indirectly referred to a child's challenging behaviors by indicating that they would consider disrupting a placement due to the "stress" and "fatigue" fostering with "insufficient training" can cause (Brown & Bednar, 2006, p.1508). The theme of "child's conduct" directly referred to the challenging behaviors of foster youth including statements such as "foster child's refusal to follow rules of our home", "foster child's behavior too hard to manage", and "stealing" (Brown & Bednar, 2006, p.1506).

Child behavior challenges continue to be named as a predictor of foster placement disruption (Barth et al., 2001; Brown & Bednar, 2006; Chamberlain et al, 2006; Newton et al., 2000). Newton et al. (2000) used a longitudinal design to study placement changes for a sample of 415 California foster youth. Externalizing behaviors, as assessed by the Child Behavior Checklist (Achenbach, 1991), were the strongest predictor of the number of placements for the foster child. Similarly, Chamberlain et al. (2006) found that as a non-kin foster child's behavior problems increased, the risk for a negative change of placement also increased. The authors used

the Parent Daily Report Checklist to measure foster parents perceptions of the behavior of 158 foster children, ages 5 to 12, in San Diego, CA. When foster children displayed 7 or more problem behaviors per day, each additional problem behavior placed the foster placement at a 25% greater chance for placement disruption.

Whenan, Oxlad, and Lushington (2009) studied the relationships of child behavioral and emotional problems, parenting self-efficacy and the foster parent- child relationship to foster parent well-being, satisfaction with fostering and intent to continue fostering. A research information pack was mailed to 582 foster parents in South Australia. A total of 101 questionnaires was returned, resulting in a low return rate (17%). The independent variables were scores from three foster parent self- report measures: the Strengths and Difficulties Questionnaire to measure perceived child emotional and behavioral problems, the Difficult Behavior Self-Efficacy Scale to measure foster parent sense of self-efficacy in relation to foster child challenging behaviors, and the Child-Parent Relationship Scale to measure the quality of the foster parent-child relationship. Scores from a Depression Anxiety Stress Scale, a Satisfaction with Foster Parenting Inventory, and a forced 1-item answer for intention to continue fostering were used for the dependent variables.

Univariate analysis revealed poorer foster parent well-being to be predicted by lower self-efficacy in relation to the foster child's challenging behavior and a distant foster parent-child relationship. The univariate analysis also revealed foster parents' self-efficacy in relation to foster child challenging behavior to be significantly related to foster parenting satisfaction and an intention to continue in the role of a foster parent. These results are similar to previous studies indicating that parents with low parenting self-efficacy may be more likely to give up, internalize

the failure, and experience feelings of frustration, stress, and depression (Kuhn & Carter, 2006; Kwok & Wong, 2000). Also noteworthy, is that foster care parent training was identified as a covariate for foster parent well-being. Specifically, foster parents who had participated in initial and continued foster parent training had greater well-being. Although foster parents self-efficacy in dealing with challenging behaviors were related to foster parent well-being, satisfaction and intention to continue fostering, the actual emotional and behavioral problems of foster children were not significantly related to the above variables. This finding is in contrast to previous reports.

Barth et al. (2001) further explored this phenomenon by comparing factors influencing placement disruptions for 362 foster children with emotional and behavioral disorders to 363 foster children without emotional and behavioral disorders. The sample for this study was a subsample drawn from the National Survey of Child and Adolescent Well-Being. Children in the sample had to be in out of home care at baseline, be ages 7 to 14, and speak English. A score of 63 on either the Internalizing or Externalizing subscales of the Child Behavior Checklist (CBCL) (Achenbach, 1991) at baseline data collection were used to identify children with emotional and behavioral disorders. Regression models were used to explore factors associated with the number of movements within the first 36 months of placements. They found that children with an emotional or behavioral disorder, as indicated by a clinical level CBCL score (Achenbach, 1991), experienced placement failure two and a half times more often than children without an emotional or behavioral disorder. The results of this study further demonstrate how foster child behavioral problems represent a challenge for both the foster child and the foster placement.

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Summary

This review of literature exposes the high levels of behavioral challenges manifested by foster youth (Hochstadt, Jaudes, Zimo & Schachter, 1987; Pilowsky, 1995). Studies examining foster parents' skills to address these behaviors are not promising and link the behaviors to foster placement instability (Brown & Bednar, 2006; Dorsey et al., 2008; Puddy & Jackson, 2003). Complicating the issue, the relationship between multiple placements and foster child well-being link placement instability to an increase in mental health and behavioral issues in foster youth (Barber & Delfabbro, 2003; Smith et al., 2001). The prevalence of behavior problems specific to foster youth and the demonstrated effect these behaviors have on the foster parent-child relationship highlight the need for a clearer understanding of how to better prepare and support foster parents in their efforts to care for foster children and youth.

CHAPTER THREE: METHODS

The purpose of this study was to gain an understanding of how foster parents perceive the knowledge, skills, and abilities they have and/or need to adequately parent foster youth with behavior problems. The primary research questions of interest for this study were (a) How do foster parents perceive their knowledge, skills, and abilities to address the challenging behaviors of foster youth? and (b) What do foster parents perceive they need or have needed in the past to help them address these behaviors? I postulate that a better understanding of this phenomenon will provide a more enhanced knowledge base for the development and facilitation of foster parent curriculum, training, and support services. This chapter details the methods that were used to conduct this study.

Paradigm Situation and Rationale for Case Study Methodology

With the use of a constructivist paradigm, a case study design was chosen to explore this phenomenon. In a constructivist study, the intent is to capture the unique way in which participants make sense of their world. The researcher and participants join together to construct the unique and subjective perception of reality that is being examined. Rich, thick descriptions allow the voices of the participants to emerge and provide an in depth picture of how they make sense of the phenomenon, their world, and personal experience (Hatch, 2002).

Case study is a form of qualitative research methodology that investigates, describes, and analyzes a contemporary contextualized phenomenon that is bound by time or place (Hatch, 2002; Merriam, 1998; Yin, 1994). Examples of such bounded phenomenon include programs, events, people, institutions, processes, and social groups (Merriam, 1988). Merriam (1998) argues that qualitative case study design is useful to

gain an in depth understanding of the situation and meaning for those involved. The interest is in the process rather than outcomes, in context rather than a specific variable, in discovery rather than confirmation. Insights gleaned from case studies can directly influence policy, practice, and future research. (Merriam, 1998, p.19)

This description of case study design provided by Merriam (1998) is in congruence with the intent of this study. A case study design grounded in a constructivist perspective was the most appropriate qualitative method for the current study, as it provided a framework for in depth insight and understanding of foster parents' perceptions concerning their knowledge, skills, and abilities to address the challenging behaviors of foster youth. It is the hoped that the insight and understanding gained will positively influence and inform foster parent policy, training, research, and support services.

The Research Sample

A purposeful research sampling method was used to recruit participants for this study. Purposeful sampling is used in case study methodology to provide an in-depth understanding of the phenomenon under study (Patton, 2001). In this study, the phenomenon of interest is how traditional non-kin home based foster parents perceive their knowledge, skills, and abilities needed to address the challenging behaviors of foster youth. To collect information rich data concerning this phenomenon, the sample included participants who have experience serving as a foster parent within a traditional non- relative foster family home. The delimiting time frame of at least six months was chosen to ensure the foster parent has gained adequate experience fostering children and adolescents in the child welfare system. It is recommended that no more than 4 or 5 cases are used in a multi-case study to prevent each case from being diluted in the overall analysis (Creswell, 2007). The current study included a sample of five foster parents.

Individuals who are or who have been certified experienced foster parents within the mid-south region of the Unites States were recruited. Specifically, flyers were placed within Department of Human Services (DHS) offices throughout Arkansas and Oklahoma. E-mail invitations were sent to Arkansas and Oklahoma DHS County Directors and Child Welfare Supervisors with a request to forward the invitation to any foster parents who may meet the specifications of this study. Word of mouth and snowball techniques were used for referral and recruitment of individuals who met the qualifications of this study. The flyers and email invitations included a description regarding the purpose of the study, qualifications for being a participant, approximate time needed for an interview, contact information, and a request to set up a time and date for an interview. To help compensate for their time a $20 gift card was provided to the participants.

Demographics

There were a total of 5 (n=5) participants, 4 female and 1 male, ranging in age from 24 to 61. The code names given to participants were: Casey, Lauren, Gloria, Brad, and Carol. Brad and Carol are a married couple and completed their semi-structured interview together. Gloria is single. Casey and Laruen are both married, but their spouses were unable to participate. All participants identified their race as Caucasian. All participants were currently or previously certified traditional non-kin foster parents for a minimum of six months. Years of foster parenting experience ranged from 1 ½ to 7 years. Number of foster children cared for ranged from 1 to 12. The age of foster children cared for ranged from newborn to 18 years old. Four of the participants completed the required foster parent training for their state. One participant was not required to attend training. Although her state required at least 30 hours of training, she was

not required to complete it to expedite her certification process. A high school education was the highest level of completed education for four of the participants. One of the participants completed an undergraduate bachelor degree.

Overview of Research Design

The following list provides an outline and summarization of the steps that were used to conduct this research study. The measure and methods used to collect data will be explained in more detail in following sections.

1. A written report was provided to the Human Subjects Committee and/or the University of Arkansas Institutional Review Board.

2. An email or phone call was made to request a convenient date, time, and place to schedule a semi-structured interview.

3. Each participant in the study was required to read and sign a university informed consent form.

4. Upon completion of informed consent document, participants were asked to complete a demographic questionnaire.

5. Semi-structured in depth interviews were conducted to collect data. The interviews ranged from 45 minutes to 2 hours in length.

IRB Approval and Informed Consent

Following a successful defense for the proposal of this study, approval from the Human Subjects Committee and the University of Arkansas Institutional Review Board was gained to ensure compliance with the policies and procedures for governing research with human subjects. Prior to participation, each participant in the study was required to read and sign a university/IRB

approved informed consent that included a description of the study, the potential risks and benefits, confidentiality, voluntary participation, and the right to withdraw from the study at any time.

Data Collection

This study used the data collection methods of a demographic survey and semistructured interviews. The use of multiple sources allows for triangulation of sources and helps ensure that a thorough, in-depth understanding of the phenomenon will be obtained (Berg, 2007). The following subsections discuss each data collection method used.

Phase I: Demographic Questionnaire

Participants in this study completed a questionnaire designed to collect demographic and profile data such as age, gender, marital status, number of months/years served as a foster parent, number of foster children in the home, number of biological/adopted children in the home, type(s) and length of training specific to fostering received, and ethnicity.

Phase II: Interviews

Semistructured interviews were chosen as the primary data collection method for this study. The semistructured interview is an appropriate case study data collection method as it allows for questions to approach the world from the participant's perspective (Berg, 2007). Qualitative interviews are used to explore the meaning structures participants use to organize, process, and understand their world (Hatch, 2002). Semistructured interviews enabled me as the researcher to ask systematic predetermined open-ended questions that drew out information rich descriptions and explanations of events, activities, feelings, experiences, concerns, and motivations (Hatch, 2002). Semistructured interviewing techniques such as probing and

clarification were used to allow me to go beyond participants' responses and gain a more in-depth understanding into the phenomenon (Berg, 2007; Seidman, 2006). In the current study, semi structured interviews were used to gain insight into how foster parents perceive the knowledge, skills, and abilities they have and/or need to adequately parent foster youth with behavior problems.

Interview schedule of questions.

Empirical literature and the study's research questions were used as a framework to form the questions for the semi-structured interviews. Additionally, questions were adapted from a recently completed dissertation addressing foster parent preparation (Bell, 2011). My advisor, a committee member specialized in the field of social work, and a panel of three counselor education doctoral students were asked to review and critique the interview questions in relation to the study's guiding research questions. The feedback provided was used to revise the questions developed for the interview. The interview schedule of questions was then resubmitted to my advisor for final approval.

Interview process

After participants completed the demographic survey phase of the study, an email or phone call was made to schedule a convenient date, time, and place for a semi-structured interview to occur. All interviews were conducted in person and took place in quiet neutral settings that were convenient for each participant. All interviews were tape recorded in their entirety and transcribed verbatim.

Data Analysis

For this study, data came from the responses provided by participants related to their perceptions of their knowledge, skills, and abilities needed to address the challenging behaviors of foster youth. Specifically, data sources for this study included transcriptions from interviews, demographic survey responses, and memos and notes. Secure computer software and files were used to store, sort, and retrieve each of the data sources.

A conceptual framework was used to categorize participants' responses within the construct of the study's conceptual framework. The conceptual framework contained categories and sub-categories developed using empirical literature and the study's guiding research questions. Data analysis began through the examination of raw data. Categorical aggregation was used to allow issue relevant meanings to emerge. Open coding was used to identify initial categories, patterns, and themes. Patterns and themes were examined within categories as well as across and between categories. The initial codes were grouped together to develop focused codes. The data was then axial coded according to the similarities, differences, and anomalies of data within and across cases. During the process of data analysis, I synthesized the data and developed theories according to how patterns and themes were interrelated. Finally, from the data analysis I developed naturalistic generalizations that allow readers to identify with the case themselves or apply to a population of cases (Stake, 1994).

Limitations

This study contains potential limiting conditions that might have influenced the study's findings and conclusions. These limitations include both limits that are common for qualitative research methodology and limits unique to this study's research design. In a constructivist study

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the researcher and participants join together in the construction of perceptions (Hatch, 2002). Therefore, a potential limit to this study is researcher subjectivity and bias.

As mentioned in chapter one, my experiences working with foster parents have left me with the assumption that foster parents are often overwhelmed and undertrained. This bias could have potentially allowed for the interview process to be influenced by interviewer effects and leading questions. Further, my thinking and choices were involved in the process of analyzing the data. Therefore, my bias could have influenced the construction of the perspectives presented in this study. Additionally, I personally know two of the participants. This relationship could have affected their desire to offer responses they felt would benefit my study. Alternatively, due to this relationship they may have felt a need to guard or reserve their responses.

A further limitation to this study was the sample of participants. The sample used was restricted to persons of Caucasian ethnicity. Thus, the perspectives of foster parents represented were limited to one race. Another limitation included the limited availability of male foster parent perspective. Only one of the participants included was male. Two of the other participants were married, however their husbands were unavailable due to conflicting work schedules. Great consideration was given towards accounting for the abovementioned limitations. The following discussion reflects the ways I, as the researcher, attempted to minimize their impact.

Issues of Trustworthiness

A variety of methods were used to ensure trustworthiness. Although obtaining objectivity and removing all bias from the study is nearly impossible (Corbin & Strauss, 2008), I, as the researcher, was mindful of the influence my experience and assumptions may have on the perspective I had while analyzing data. Research reflexivity was used to reflect and record my

biases throughout the process. Throughout data collection and data analysis, I spent time in self-reflection and explored how I might be slanting the data. I also recorded my responses to the data through journaling. Through the process of self-reflection and journaling I was able to discern what may be a personal response to the data rather than a reflection of the participants' voices. Peer debriefing was also used to discuss and receive feedback concerning my biases and assumptions. A colleague familiar with the study and experienced in qualitative research helped me debrief and explore my responses to the data at each stage of the process.

I engaged in persistent and prolonged engagement to provide a thorough analysis of patterns. As the coding scheme developed, three individuals with qualitative research experience were consulted to read one of the interview transcripts and test the codes to ensure inter-rater reliability. Any discrepancies were discussed and reconciled. To increase the credibility and validity of the study, member checking was done during the interview process. Rich, thick descriptions were provided to address the issue of natural generalizability and transferability. Due to the restricted sample, generalization to other foster parents may be limited. However, generalizability was not the goal of this study. Rather, it was anticipated that the reader would assess the rich, thick, and detailed descriptions for applicability to other contexts.

Ethical Considerations

Ethical issues related to the protection of the participants were taken into account throughout the research process. As mentioned previously, written informed consent was obtained from the participants prior to participation. To ensure privacy, code names were assigned to the actual names of participants. Code words were applied to references,

characteristics, or descriptions that may compromise confidentiality. Research related materials and records were stored in secure areas that only I as the researcher had access to.

Summary

Founded in a constructivist paradigm, this multi-case study examined how foster parents view their knowledge, skills, and abilities in relation to fostering youth with behavioral problems. Specifically, the research questions addressed the areas foster parents think they are lacking and/or need further training or support to provide them with aid to successfully foster. A case study design was used to allow for a rich, in depth analysis. A demographic survey and semi-structured interview was administered to a sample of experienced foster parents. The examination of these perceptions allow for the foster parents to have a voice in what is needed to help them succeed in providing care one of our nation's most vulnerable populations.

CHAPTER FOUR: RESULTS

The purpose of this multi case study was to explore with a sample of foster parents their perceptions of how skilled, knowledgeable, and able they are to parent foster children and youth with behavior problems. The study also sought to gain an understanding of what foster parents perceive is needed to help them more effectively address and parent foster children with problem behaviors. A better understanding of foster parent perspective will allow social workers, child welfare workers, counselors, and policy makers to informatively respond to what foster parents perceive is needed to aid them in their ability to parent. This chapter presents the key findings that emerged from four in-depth semi-structured interviews.

Data analysis began with a line-by-line examination of raw data collected from the individual interviews. This examination allowed the development of categories or themes (focused codes) to emerge from the data. Alphanumeric codes were assigned according to the categories of the conceptual framework. I then grouped the data into sub-categories (axial coded) according to the similarities, differences, and anomalies of the data within and across cases. During the process of data analysis, I synthesized the data and developed theories according to how patterns and themes interrelated.

The following section provides a discussion of the focused codes and axial codes that emerged from the data. Matrices are used to illustrate themes. Thick, rich descriptions are used to allow the participants' voices to emerge and support each finding. Illustrative quotations taken from interview transcripts attempt to allow the reader to capture the perceptions and realities of the participants. Detail surrounding the participants' stories and experiences are provided to allow the reader to capture the richness and complexity of each case.

Discussion of the Focused Codes

The first focused theme was that of "unpreparedness." Within this theme, foster parents discussed how unprepared they felt to parent when their foster children and youth misbehaved. Not one of the foster parents interviewed indicated feeling prepared for the behaviors they encountered. Rather, all foster parents voiced feeling unprepared and untrained in the knowledge, skills, and abilities needed to parent foster children and youth with behavior problems. Gloria reflected on her foster child's problems behaviors and said, "I had, I was just totally unprepared." Feelings of being overwhelmed, feelings of helplessness, and feelings of hopelessness emerged as the foster parents told their stories. When discussing what it felt like when your foster child misbehaves Carol stated, "They are throwing them (new foster parents) into the fire." Lauren articulated her feelings this way:

> And then, um, whenever I had her, you know, and she was having some of those behavioral stuff, um, I was not prepared to help her with those or to parent her with those. Um, I mean we had seen other people raising their kids but that's about it. (Lauren)

The second focused code identified was "needs." Within this theme, foster parents discussed what they perceive they needed or had needed in the past to help them more effectively parent when their foster child misbehaved. Participants used what they have learned through experience to voice what they perceive is needed to better aid and prepare foster parents. For example, one participant expressed the need for more insight and understanding. She stated, "You know . . . not all the kids are the same . . . but I do think that people need more parenting, more insight into what these kids have experienced" (Gloria). Although they voiced their needs, feelings of helplessness and hopelessness were further reflected within this theme. As foster

parents explored what might help them in their abilities, they expressed uncertainty if anything actually could be of help.

The third focused code identified was "learning." This focused code encapsulated the responses that described how foster parents attempted to develop the knowledge, skills, and abilities they perceived as necessary to address the challenging behaviors of foster youth. Foster parents discussed the various ways they gained insight into and learned how to handle their children's behavior problems. Participants indicated they were not able to rely on the foster care system but instead relied on themselves and others to learn. To this point Casey explained, "Because it wasn't my caseworker that I called when I needed to get know something. It was my friend who knew how to do it." Within this theme, foster parents described their experiences of relying on themselves, their faith, and the relationships they developed with other foster parents to gain the knowledge and parenting skills needed.

The final focused code identified was that of "obstacles." Within this theme, foster parents illustrated their perceptions of what factors impeded and/or continue to impede their ability to parent when their foster child misbehaves. Participants described feeling pressure to be a "perfect" foster parent. As Lauren stated, "Um, you just want to make a good impression." Casey described feeling conflict when the person overseeing her performance is the same person designated to help when a child's behaviors become unmanageable:

> You want to have a good relationship with the people who are overseeing the cases. It's not like a business. And I don't want it to sound like that. It's not like our job, necessarily. But they are definitely overseeing you. (Casey)

Foster parents also described the obstacles they experienced when they did not have adequate information or history regarding their foster child. Participants' stories illustrated the challenges

they faced due to lack of information. Caseworkers large caseloads and busy schedules were

cited as part of the problem. Therefore, the development of this focused code represents the

obstacles foster parents perceive to hinder their ability to parent foster youth with behavior

problems. The following figure (Figure 1) illustrates the axial codes that emerged through

detailed analysis of the focused codes. A discussion of the axial codes follows.

Figure 1: Focused Codes

Axial Codes   **Focused Codes**

Incapable

Lack of Knowledge

Self-Doubt   Unpreparedness

Stress

Inadequate Training

Knowledge and Skills

Supportive Relationships   Needs

Uncertainty

Self-Reliance

Faith   Learning

Relationships

Perfect   Obstacles

Lack of Information

The System
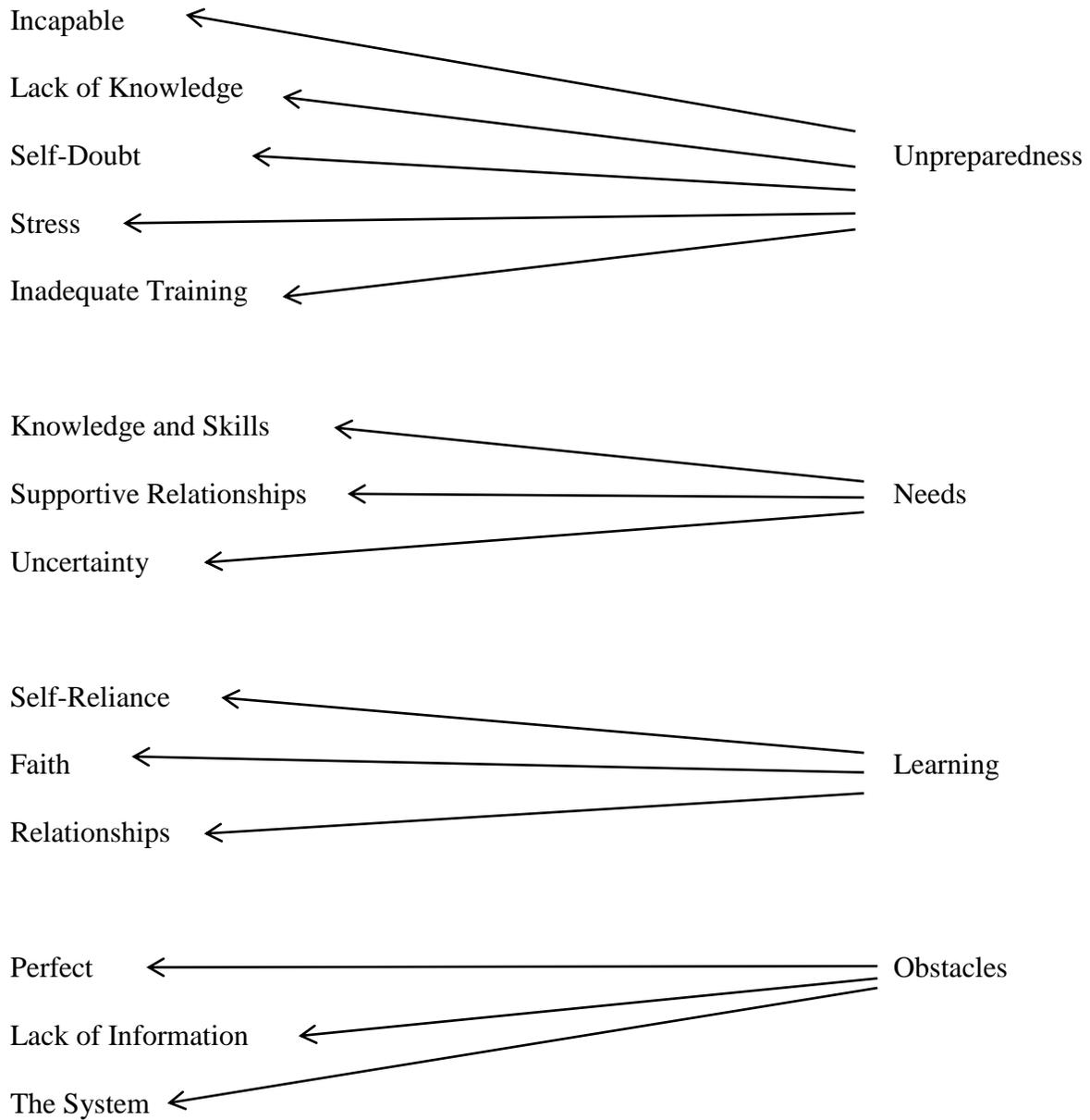
<center>**Discussion of the Axial Codes**</center>

Unpreparedness. Within this theme, five axial codes were identified: incapable, lack of knowledge, self-doubt, stress, and inadequate training. The first axial code emerged as foster parents explained that they often felt "incapable" when they encountered challenging behaviors. One participant stated, "The thing is, what are you going to do about it? If this child is behaving like this, what can you possibly do?" (Casey). As Carol discussed her foster children's behavior problems, she stopped and said: "They act out. Like I'm helpless. What am I supposed to do." The theme of feeling incapable was expressed throughout each interview. The following examples highlight participants' experiences of feeling incapable:

> He was, um, about to turn 18 when he moved in with us. And we had strict rules and we thought we were being really vigilant. But he got kicked out of school for having drugs and alcohol on campus, and by that time he was 18 and it was a felony and we couldn't let him live there anymore. We had several smaller children living there as well. And, too, I think the hardest part is when you have to throw up your hands and say, I can't do it. I can't handle it. So that's been difficult. (Casey)

> Like with the older boy who lived with us, it was just the breaking point where we knew that we couldn't keep him…For five months he's been deceiving us and doing drugs, and he's part of our family, and we think he's okay and he acts okay, um but then apparently it's not okay. (Laughter.) You realize apparently we are too naive. And this is not something we can manage. (Casey)

> We had another pair of kids who ended up going to their grandparents that we knew were having trouble. We knew it wasn't going to be a permanent situation. But I think the most difficult part is deciding when you aren't the one who is going to be able to help. (Lauren)

> He'd go back there . . .Like this furniture. You don't look at the back of your furniture. He would go back there and destroy the back of the furniture. (Brad) Or pick his nose and wipe boogers on the wall in places you wouldn't know to look. (Carol) Places you'd never see them hardly. (Brad) He was so mad and I can't really, couldn't do anything, because I

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would get in trouble and feeling . . . like rrrrr. (Laughter) You get the lingo down real quick. So, you understand it. They are mad about something and it's passive aggressive. It's how he is dealing with it. They are wiping boogers on the wall and . . . (Carol) But how do you get them to stop it? That's just what he's doing. (Brad)

The biggest obstacles are um, just not knowing what to do. Just not having no options. Having no options as far as discipline and not . . .not knowing if there is more you can do and you don't know how to do it. (Casey)

Within each of these statements the participants are describing the helplessness they felt as they encountered behavioral problems. Casey described feeling incapable as "the hardest part" while Lauren said it was the "most difficult part." In the situations above, participants were often left questioning what they were "supposed to do" when their foster child misbehaved. They indicated they were unsure of how to handle each situation leaving them incapable of addressing the behaviors.

The next axial code within this theme is "lack of knowledge." When participants reflected on their experiences as foster parents, they expressed not having the knowledge needed to identify or understand the behaviors of foster children. Brad and Carol expressed not knowing about the behavior problems their foster children would display:

We knew we could be good influences. We could give Jesus to them. Did we know some of the stuff that would go on? (Laughter) No. Like they would be pooping their pants. No. (Laughter) Sign me up for that one. (Carol) We didn't have a clue. Neither one of us have ever seen anything like any of these kids. (Brad)

Participants also indicated they did not have sufficient knowledge on the specific behavior problems their foster children were having. Lauren who had never been a parent or a foster parent stated, "We didn't know what to expect, like even from a normal child and so . . . from a baby who probably had drugs in his past and stuff like that, um, we just had no idea what

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to expect." Participants indicated they did not feel capable in identifying or understanding behaviors. They reported feeling unsure of whether the behaviors were normal and to be expected or truly problematic. On this point Lauren commented:

> Um, the six year old was difficult and it might just be because it is hard to get a six year old when you've never had anything but a baby before and aren't really sure what's normal and stuff like that . . . so like it's does this child always act this way? Or it just because it's new, so it's hard to discipline, um because I didn't know what's her being scared and . . .just because things were new or if she is being bad and stuff like that.

Casey told a story depicting the lack of knowledge she encountered with her first foster child placement. The child was one year old when she was first placed with Casey. As the child grew older she displayed challenging behaviors, but Casey explained she was not sure if the behaviors were to be expected considering the child's possible past trauma. She explained she did not have the skills or knowledge necessary to understand the behaviors. A friend of Casey's, who was a more experienced foster parent, brought the behaviors to Casey's attention.

> And she said right away when I got my little girl that she was so challenging and she said That's medical or behavioral. It was a long time before that was addressed. Because she was three or four before they said, We need behavioral staffing or medical staffing. Her IQ is 50. We need to, we were just working like . . .that was my first placement. (Casey)

Casey did not have the knowledge base she needed to recognize and understand her foster child's behaviors. She viewed the behaviors as challenging, but was unsure of what to expect with foster children.

Strong emotions emerged as participants reflected on their experiences and described their feelings of unpreparedness. The lack of knowledge, skills, and abilities they experienced as they attempted to parent these children resulted in self- doubt and self- blame. Foster parents felt

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they may be failing the child or the behaviors may be partially their fault. The subcategory of

"self doubt" emerged throughout participants' interviews:

> Um, well first of all it's really hard to differentiate between what you think is your fault
> and are they acting this way because I'm not doing a good job, or because they are a
> foster kid, or just a kid. That's difficult because I'm the first to place blame on myself.
> Am I doing a bad job? No one has prepared you for that. To have to question yourself to
> know why this is happening. (Casey)

> I asked, Do I need therapy? Do I need therapy for myself. I have these feelings of failure
> and I've never failed at anything. It made you question yourself. She said, No. As long
> as I was capable of sharing things with her I was perfectly stable. I said, Does this sound
> crazy? To be a professional and think you are crazy and losing control when you've never
> felt like that before. I've been through some rough stuff before and I knew this would be a
> challenge, but . . . um, taking on a situation where people had been molested as children.
> I would make lists and sit there at night and think what I did and what I . . . (Gloria)

Both Gloria and Casey doubted their abilities and questioned whether or not they were at

fault for their foster children's behaviors. In all four interviews participants were brought to

tears when they reflected on foster placements they were unable to manage due to behavior

problems. Participants questioned if they could have done more or handled the behaviors better.

Gloria expressed her feelings this way:

> Um, I did everything I felt like I could possibly do to help her, you know. *(Voice
> breaking*.) I have never given up on anything in my life and um, I still pray for her
> because not having contact in the last couple of years (*crying*) you don't know if she
> got her life in order.

The third axial code identified was "stress." Participants described feelings of stress when

reflecting on their experiences. "It's really stressful. It's really going to shake up your whole

entire life" (Casey). In the same vein, Lauren cited feeling stress as a result of her foster

children's challenging behaviors: "So, I guess the hardest part is getting stressed out and not

having a break sometimes." When asked what she does when she needs a break, Lauren responded, "I don't know."

The final axial code identified under the focused code of "unpreparedness" was "inadequate training." All participants described their perception of foster parent training as inadequate. Although the majority of participants received the required training, they described the training as ineffective in preparing them in the knowledge, skills, and abilities needed to parent foster youth with behavior problems. Casey explained, "Parenting wasn't even on the list of things that it helped me with. It helped me to know what the system looked like. Parenting, it didn't train you. Zero, as far as training you to be a parent. Nada." Brad and Carol indicated the training was worthless:

> When you decide to do it, you get no training you are thrown into it. (Brad) You shouldn't say that. There was training, but it was bogus training. We went to a class. Maybe, I don't know a week or two weeks. I don't know girl, just do this little notebook and listen to them drone on and talk. You know, I'm sure they have to do something. (Carol)

Participants described foster parent training as impractical for the "real" challenges they encountered. As Brad stated, "It's a standardized set of principles that don't fit the situation that you run into all the time." Lauren said, "Um, I don't think it was a lot training for the actual behaviors." Other participants also voiced the impracticality of training:

> DHS is bogus. It's bogus. I hate to say that. It sounds good in play, in paperwork, and everything but it's just . . .They may tell you what passive/aggressive is. Okay, at least I know what that is. (Carol)

> We're ill prepared for the practicality details. Like where to go when this is happening or what do they mean when they say this term? They give you this thick binder that has things in it, but how practical is that for actual experience? (Casey)

They don't really have any suggestions or um, they just think you should just be able to handle it. And like they just assume that you had training and why don't you, why can't you do this? And um, like, what we are actually supposed to do . . . you are asking good questions, because the practical aspects of foster care are not very um, emphasized in training. Like, it talks about the process, and which is good information and I want to know it . . . but . . .(Casey)

Um, there were some (training). There was a lot of reading out of a book. Just reading out of a book and sometimes it would have examples and stuff like that. No, (it was not helpful) and we had to do lots of little group activities, and you felt like you were two. I don't really remember it that much. (Lauren)

When describing their perceptions of foster parent training, foster parents explained that training offered more information on how not parent and what not to do than training on the knowledge, skills, and abilities needed to address problem behaviors. Participants were able to list discipline methods taught in training, but described the methods as unrealistic and ineffective. They perceived themselves as having a lack of knowledge on how to address problem behaviors when the suggested discipline tools did not work. Participants expressed feeling frustrated with the lack of realistic and effective discipline tools. Following are some of the ways foster parents expressed these frustrations:

 That still doesn't tell you what to do when children throw shoes in the WIC office. I mean, they are going to tell you, "Yes, they are going to have difficult behaviors, and . . . What are you supposed to do? (Casey)

There was definitely a section on what you can't do. Like you can't spank or do anything besides time out. But they pretty much read the list of what you can't do and maybe told some stories of what people had done that was bad. There was nothing situation specific on what we can do. Other than like time out. Like rewards and sticker charts and stuff…There is a lot of not really telling you how, like helping you, figuring out how to do that, but telling you that's what you should be doing, how you should look at everything. (Lauren)

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But it sure would help if somebody had some ideas for discipline that we were able to do, you know. I mean, they just want to hear that you are going to do a sticker chart and um, you know, that's what they want to hear, when in training, when they say what are appropriate means of discipline, you know, no corporal punishment. What are appropriate means of discipline? They want to hear positive reinforcement and time outs. And there's no . . . No one gives any other answers. (Casey)

Yeah, I mean, there are a long list of don'ts. But you're supposed to . . . Timeouts are supposed to work, and what if they don't? Like, sitting down and talking to your kid, what do you . . . if that doesn't work, what are you supposed to do? (Casey)

Two participants explained that after gaining foster parent experience, they still do not feel adequately trained or prepared to address their foster children's problematic behaviors. When discussing the lack of discipline tools provided in training Lauren stated, "I still really don't know how to do that." In the same vein, Casey said:

Yeah, I mean, the thing is I still don't know what to do. (Laughter) I don't know how to train on that because I still don't know what to do when the kids throw their shoes in public. No one ever answered that for me.

Needs. Within this theme, three axial codes were identified: knowledge and skills, supportive relationships, and uncertainty. The finding that participants feel inadequately trained to parent foster youth exhibiting behavior problems was further exemplified by their perception of needing more knowledge and skills to aid them in their ability to effectively parent this population. Participants voiced the need for more knowledge and skills concerning behavior problems specific to foster youth. Participants expressed the first axial code within this theme, "knowledge and skills" in the following ways:

It would also help in training if they would maybe spend more time on like how drugs and stuff can affect the babies so you're not having a newborn that is crying all the time... and being like maybe this is because of drugs and stuff like that. And also, if you have knowledge like that you might better know what you are getting into. (Lauren)

But I do think knowing, um, not so much about your particular kid, but knowing what behaviors you can expect out of kids who have been molested, or have had you know, maybe, um, what is it you call it, not autistic, but um, when the mother's been on drugs when the kid's born and that stays with them for a long time, if not forever. And some are affected, they are brain damaged from drugs or alcohol that their parent used while carrying them. And some people need education on that. (Gloria)

Participants' perceptions of needing parenting skills specific to the challenging behaviors of foster children also emerged within this theme. Casey explained, "Hopefully they can give you some recommendations about the specific child. Even if they could tell you what to do in general when a child misbehaves, knowing what to do with a particular child is really important." Similarly, Gloria expressed the need, "but I think people need parenting classes that are different than um, just you and your bad child. A child acting out at home and what you're going to do . . ." Casey described a situation in which she did not have the parenting skills she needed:

Like you want the kids to behave, but you have no . . . um. Gosh, I mean, obviously, we can't spank them, but if you put them in time out for too long we are . . . everybody's . . . it's very dicey as far as discipline goes. It's very difficult to discipline . . . One particular little girl, the one who was deceptive, lied a lot and stole, things like that. I feel she didn't think there was any authority over her…I feel like this little girl . . . that we had, we had nothing on her. You know like, you know, like you know, whatever punishment we had, she was like, whatever... She didn't feel we had any authority over her.

The second axial code identified was "supportive relationships." Participants indicated the need for support and relationships to aid in their ability to foster parent. When one of the participants was asked if she received on going foster parent support she stated: "They didn't offer… you know, and um, it seemed like uh, once I'd finally agreed to do it, they were relieved" (Gloria). She went on to explain her perception of the need for more support, "Um, a lot more is

needed, I guess, uh, guidelines of what you can expect from the system, what kind of support

that is there. I don't know . . . I remember when I had the bad times I did not have anyone . . ."

(Gloria). Only one participant mentioned receiving support from the foster care system. She said,

"My licensing worker is very good. She's the one that handles our family, not the kid's

caseworkers, but family's case workers. She's fabulous and experienced and her job is to

advocate for us. It's been encouraging for us . . ." (Casey).

Specifically, support through mentoring relationships with experienced foster parents was

perceived as needed. This need was expressed throughout the interviews. Participants indicated

they needed someone with foster parenting experience to support them and help them learn the

knowledge and skills they needed. As one participant put it, "relationships with other foster

parents would help but I don't know exactly how you would do that if you didn't already know

some. But that helps a lot" (Lauren). Casey explained the need this way:

> I think personal relationships are a really big key for support for foster parents,
> especially if experienced foster parents were willing, and I would think they would be
> honestly, I mean people who are in it stick with it. I would think they would be willing to
> help someone else coming up along the way. (Casey)

Participants voiced that the relational and supportive nature of mentoring would be more

practical and helpful than the training they received. As Casey said, "I mean, how much does it

help you to see a family interact, as opposed to reading about a family or saying, some kids are

going to be bad (Laughter)." Foster parents perceived mentoring relationships to be what they

needed to prepare them for the real situations they faced. Participants illustrated this need in the

following ways:

So anyway, what I think would be really helpful and I don't know how to implement it necessarily. I think they need mentors, foster parents if possible, I think that would be a huge help practicality wise, if nothing else. (Casey)

If they could facilitate relationships that would help a lot. Maybe even in training or get volunteer foster parents to share experiences even, in training. Because, um, hearing stories from friends has been a lot more helpful than the actual training was. (Lauren)

And um, it's been helpful for me, too, to say is this behavior normal? Have you ever seen anything like this before? And I wish caseworkers were a little more approachable sometimes about these things. Some of them don't have their own kids, much less a foster kid. (Casey)

But I think, most of all knowing someone else to call, someone who has experience. Because I think you naturally you feel more trusting advice from somebody who has experience as opposed to somebody who has experience watching the experience. (Casey)

Participants specifically described needing someone with experience and expertise to help them develop the knowledge, skills, and abilities they need to parent foster children and youth with behavior problems. In the above statements participants specifically voiced their desire for support and help from someone with experience. As Gloria said, "Um, people, um, people need to hear from you know, other parents or people who have actually gone through, you know, their own situation" (Gloria).

The final axial code identified within this theme was "uncertainty." The majority of participants expressed an uncertainty in what, if anything might help foster parents address behavior problems. Participants perceptions of not feeling prepared or adequately trained in knowledge, skills, or abilities to parent foster children with behavioral issues was further reflected by their uncertainty of what, if anything might help. Foster parents' helplessness was

echoed when participants explored what is needed to help them in their abilities. To this point

Casey stated:

> The thing is what are you going to do about it? If this child is behaving like this, what can you possibly do? . . . Um, but I, I mean. . . There's just no . . . I just don't know what you can tell somebody . . . I don't know. That' not very helpful. (Casey)

Lauren also expressed her uncertainty saying, "Um, I don't know, I'm sure they have to

tell us everything that they do. I don't know how they would change it." As Brad searched for

ideas on what might help better prepare foster parents for the challenging behaviors of foster

youth he shook his head, looked downward and said:

> We don't have the answer. I don't know what the answer is. It's just hard. I don't know. I don't know. So I don't the answer. I don't know what advice I'd give them other than except you can't take it personal. You cannot.

Learning. This theme (focused code) produced the three subcategories (axial codes) of

self-reliance, relationships, and faith. The first axial code identified was self-reliance.

Participants indicated that due to inadequate training and the absence of formal support or

guidance, they relied on themselves to develop the knowledge, skills, and abilities they needed to

foster parent. The following statements support this:

> The kids are feeling so much stuff that's you know and you're going to have to deal with things that you didn't cause and . . . you just have to learn it. Like when you take your kid home from the hospital. You just have to wing it. There's books and stuff out there, but they don't deal with the real stuff. (Brad)

> She was turning 16 and um, it was like November, the next fall and I had her for a year and a half. Um, the court they finally got a court date set up and everything and uh, I (*coughing*) told DHS, and DHS had not really done any follow ups for months or anything with me, and I was dealing with it on my own. (Gloria)

Some participants cited experience as the only real way to gain the knowledge and skills needed. On this point, Gloria said: "You know, it's just like about anything, until you live it yourself you, you don't have enough (knowledge)." Similarly, Lauren said, "Training is a tough . . . I think it's tough to work out those kinks. Because it's experiences that train you more than anything else." Casey said:

> Okay, you know, I just deal with whatever I deal with. Experience makes things seem easier, other placements, it made them seem a little easier after that. I don't even realize how trying she is at times, because that's just usual behavior.

In the above statements foster parents voiced that relying on themselves was at times their only perceived option. The statements "you just have to learn it", "I just deal with whatever I deal with", "You just have to wing it", and "I was dealing with it on my own" illustrate participants self-reliance in gaining the knowledge and skills they needed.

Gloria reflected on an incident when her 16-year-old foster child became violent with her. She relied on herself by using the knowledge and skills gained from her work in the medical field to handle the situation:

> Um, probably the only thing that kept me with any ability at all was from what I had learned at work. You have to have so many in services and education and what I read on, you know when I first started working with children and adolescents I started studying. I have always done that and listening to the doctors and how they coach people and how they tell you how to handle someone. If I hadn't known how to handle someone, put them, the time at the home after she broke the bottle and I had to put her in a type a hold. She eventually kept trying to head butt and stuff and I eventually had her in a modified basket hold.

If Gloria had not had the knowledge and skill base from her work she could have been physically injured.

The second axial code identified within this theme was that of "faith." Two participants described their faith as instrumental in their process. Carol expressed both her reliance on herself and her faith when she said: "It's just God and a lot of it is common sense. I mean, clearly, the kid just needs something." Gloria was also explicit on the importance of her faith: "the only thing that helped me was prayer. You know, to be able to ease my mind that I had done everything that I could."

The third and final axial code to emerge from the focused code of "learning" was "relationships." Participants explained that they learned the knowledge and skills they needed through the relationships they developed with other foster parents. They described these relationships as aiding them in learning to recognize, understand, and address behavior problems. As Lauren stated, "Yeah, it was really helpful knowing other foster parents because they have kids around that age, and so I could ask them, you know, did your kid do that? And stuff like that" (Lauren). Throughout the interview Casey reiterated her reliance on other foster parents:

> I think just experience with other foster families is what prepared me more than anything else. I don't know if that was good preparation or not, but it's what you rely on because it is real. (Casey)

> But there was so many times I'd apologize to my friend, and say I don't know how to get there. How do I solve this problem. Or even, it helps for her to say, "I've not seen that behavior before. (Casey)

> But having people around you, that are part of your social community if nothing else, is really helpful. It's not the caseworker that you call when you are frustrated or don't know how to solve a problem. It's someone you know who has experience, and if you know another foster parent that is really helpful. (Casey)

Two participants perceived their relationships with counselors as influential in the development of the knowledge, skills, and abilities they needed to foster parent youth with challenging behaviors. When Gloria was asked if she received any support or help with her foster child's behaviors she replied, "Not really, other than the therapist." Casey indicated counselors to be helpful for gaining the parenting skills she needed: "Really, counselors have been helpful on suggestions on behavior modification. Like, get them in therapy as soon as possible. That's probably the biggest help because you actually learn what to do with behavior problems."

Carol's experience with counseling was not as beneficial. She perceived the counselors to be too busy to be able to provide the assistance she needed:

> No, sad to say even with the counselors would come. They had an hour each week. They did paperwork. We did paperwork. It was nothing more than fulfilling your paperwork duty. Did they care about them? I'm sure. But in order to get paid . . . The system sucks.

Obstacles. The final theme or focused code encompassed the axial codes of "perfect", "lack of information", and "the system." Participants expressed feeling pressure to be "perfect" and not expose their need for help on how to address behavior problems. This need to put up a façade was perceived as an impediment to learning the knowledge, skills, and abilities needed to address problem behaviors. Foster parents identified feeling this pressure to be perfect in the early stages of becoming one. Brad indicated the pressure to begin as early as the interviewing process, "Because everybody puts . . .When you are interviewing to be a foster parent, you are going to put your best foot forward. No matter what your motivation is." He further explained:

> You are dealing with a system that has so much abuse in it like people just doing it for the money or for all the wrong reasons instead of for the kids, so they are skeptical about everybody in the system anyway. It's too antagonist of a setup where you are the bad guy. You don't feel like you have anyone in your corner. (Brad)

Casey said she felt pressure to be a perfect foster parent in training. When describing parenting

skills taught in training she said the following:

> And in training, as . . . I don't know, you are robots (laughter) in training, they are training you to be . . . to be perfect foster parents who just, you know you have this foster kid in your home. You don't have feelings either way. Anyway that's what it feels like. Um, and so I don't know how, they don't prepare you for real life it seems like there are a lot of expectations for foster parents, as far as how you manage the children.

Participants explained they did not feel comfortable approaching their caseworkers for

help because they did not want to the caseworker to know they were having any trouble in their

role as a foster parent.

> Because if I went in there and said everything that went into my head. Or, I mean goodness I even find it important to dress professionally when I go into meetings and stuff because I feel making a good impression is important, just so that I can . . . so they don't discredit what I have to say as being true. So yes, you are definitely guarded. (Casey)

> And just . . .because you can't always ask the caseworker everything, and be open and tell them how you are actually feeling and stuff. (Lauren)

> And um, you are supposed not to get angry when the kids do bad things, and when they mess things up or whatever. You are just supposed to be perfect . . . Unrealistic expectations. (Casey)

Participants expressed fearing that if they were open and honest with their caseworkers

about the struggles they were having with their foster child's behavior problems that their ability

to help make future decisions regarding the child might be hindered. They also indicated fearing

that being open with their caseworker might hurt their chances of adopting the child:

> You want them to listen to you too because, I don't know, I want the caseworkers to like me because I want them listen to me whenever I have something to say about the case. I want them to say "okay" when I say something is up with the kid and the visits are going

poorly. I want them to listen to me, so I don't want to sound like two-faced, but I want them . . . I want to give the caseworkers and everyone on the professional team a good impression because I want them to listen to me when I have something important, something that I feel it is important to say. (Casey)

They decide a lot of stuff. And so you don't want to mess up chances of maybe getting adopted. Um, Kacey has some other people who want to adopt her, and it's probably not going to go well, but if the caseworker thought poorly of us, she might be willing to in one of the other directions. It just seems important that they like you and think you are doing a good job. (Lauren)

It seems like you have to kind of try and guard yourself and not let yourself slip up and say anything . . . So you have to be careful. You want them to think that you are doing well, I mean. (Lauren)

Participants also identified feeling guarded in the support groups offered by their foster care agencies. They explained that individuals employed by their agencies facilitated the support groups. Because of agency involvement, they guarded their words and did not ask for the help they needed. Similar to their relationships with their case workers, they did not want to make a bad impression out of fear their ability to foster parent would be discredited:

There is a support group in our area for foster parents. But it's not very good because you can't be very open, like, in my opinion. Like, what can you actually express in this setting where it's monitored by caseworkers. You know what I mean? What can you actually . . . It's there, but how can you actually get those, any frustrations out, you know what I mean. You would want someone, like for counseling, to be open. But you can't be open in that . . .everyone is trying to put on a good face. (Casey)

Um, but everyone in the room is feeling that pressure, everyone in the room is feeling that. No one is going, these kids are bad and what I'm supposed to do about it? Everyone's going like, we are really hoping to adopt . . .Well they are put on by, they are hosted by the children's division or one of the other contracted agencies. Um, I think it would be different if it were hosted by foster parents. Um, but it's hosted by an agency who is essentially overseeing you, like they are your boss. Yeah, and I mean, as bad as it sounds, as a foster parent you want to put on a good face. (Lauren)

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The next axial code to emerge from the focused code of "obstacles" was "lack of information." All participants perceived the lack of information they received regarding their foster children to be an obstacle to their ability to address and understand problems behaviors. Foster parents explained that they often get a foster child and know little to nothing about them. They further explained that the caseworker does not always know much about the child either:

> When you get them and people don't know answers. You are just going on . . . sometimes you don't even know what they are allergic to, and the doctor can't even start a medicine. (Gloria)

> What happens is . . .is that you have one case worker for I don't how many kids, and so it's almost irrelevant after it starts because they are loaded down with so much paperwork and stuff they have no information. (Brad)

> I do not know anything at all about them. Like, with her (the mother of her current foster child) we knew she had done meth, but that was it. And with our other, we knew it was domestic violence. But that was all they told us . . . I don't know if they, just the person calling doesn't know them, or is busy and trying to get things sorted out or what. (Lauren)

> The foster parent doesn't know that much because DHS never has any history to tell them, not because they may not know, or may not have, but it's always after hours and you get someone on call who comes in to sign and answer your questions and you know, they don't know anything about that person. (Gloria)

When Gloria was asked to describe obstacles she faced when attempting to address her foster child's behaviors she responded, "Um, probably if I had known more about her stuff. And some of the stuff they don't tell you. I probably knew more than they did if they knew that, you know." Participants explained that this lack of information made it difficult to both understand problem behaviors and know how to handle them:

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She peed in the floor one day. That was quite a while after we had her. I think she was just . . . Maybe being lazy. She wouldn't ask for things. But she would be like, "You went to the store and bought me this, but you didn't buy me shoes? You should have just thought about that." …It's hard to know, like. . .that's not acceptable behavior in our house, but we didn't know. Did she have to remind her mom about things like that? (Lauren)

Casey told a story of a placement which she did not have adequate information regarding the case. Casey was not told that the little girl was being released from a mental health institution and had a history of sexually acting out. The only information she received was that the child was female, six years old, and diagnosed with Attention Deficit Disorder. The same day the child was placed with her, Casey found herself in a situation in which she was not prepared for the child's behavioral problems. The following are excerpts from Casey's story:

We had her overnight and I had to jump ship immediately with this little girl. So what they told me, uh, this little girl, she's 6 years old, um, she's being medicated for attention deficit disorder. Um, we don't know of any other behaviors right now. That's all they told me . . . (Casey)

But in her file it says right here that she has sexually acting out. No one told me! I had little kids in my house. I don't know if that's a deal breaker or not, but don't you think I should know! I have little kids in our house. I can't protect them and care for her. And so sometimes it would help a little if they were more familiar with their file. (Casey)

But, like the very next day I had to take her to an appointment and I had an infant and a four-year-old with me, and so we are going to this WIC appointment . . . and I going to the desk and giving them my information and getting signed in or whatever and she was like, I want to go. I want to go play, play, I want to go play, and I said you need to stay here with me, stand here with me until they get us signed in. Then she runs away from me to this other area . . . She's screaming at the top of her lungs saying she needs to play. Whatever things are coming out of her mouth. She's screaming and she won't come to me, but I can't put my hands on her. I can't even . . . I have no baseline with her. Like, usually there's a honeymoon period where the child will be compliant for a week or two weeks or whatever before they start huge behaviors. But there was no preparation for me,

and she didn't know me. I didn't know her. I can't put my hands on her. I can't do anything. I have nothing on this kid. I'm like, please come here. And that's not working. (Casey)

The final axial code was "the system." Participants perceived caseworkers large caseloads and busy schedules as part of the problem. Although the participants cite caseworkers as part of the problem, they are hesitant to place blame on them. There is empathy towards the high and unrealistic expectations placed on the caseworkers. A lack of good, timely and accurate information from their caseworker was cited as a major barrier in gaining the knowledge, skills, or abilities that would help them with their foster child. Following are illustrations of participants' perceptions on this topic:

> Not really (does anyone help me understand problem behaviors), um, she (a previous foster child) had three case workers in the time that we had her, and so she didn't form a relationship with any of them, neither did we really, so there really wasn't anyone to ask questions about, to . . . (Lauren)

> I kiddingly told them, but I was serious. I said, would you like to drive by the window and count their heads? Because that's basically no more than what we got, which is true. In their defense they are so weighted down with paperwork. We were so weighted down with paperwork. (Carol)

> What that told me, and they can only be so prepared. But what happens is that a case worker needs, they are assigned to a case and they need to find a home for a child…so they refer it to the home finder, who is a separate person, and they, the home finder, the separate person doesn't have the whole file, they only have the information they've been given to find the child a home, so what they told me, and maybe the service worker hasn't even read the whole file yet, which is a problem, too. (Casey)

The following section will explore how each of the focused and axial codes identified are related to the study's research questions.

Discussion of the Research Questions

In the previous section data was synthesized and theories were developed according to how patterns and themes were interrelated. This section explores how the identified focused and axial codes apply to and answer the study's research questions. Naturalistic generalizations are provided with the intent to allow readers to identify with the case themselves or apply to a population of cases (Stake, 1994). To expand our knowledge on the problem, this study examined the broad themes of the following research questions:

1. How do foster parents perceive the level of their knowledge, skills, and abilities to address the challenging behaviors of foster youth?

2. What do foster parents perceive they need or have needed in the past to help them address these behaviors?

3. How did foster parents attempt to develop the knowledge, skills, and abilities they perceive as necessary to address the challenging behaviors of foster youth?

4. What variables did foster parents perceive impeded and/or continue to impede their ability to address these behaviors?

The first research question asked was: How do foster parents perceive the level of their knowledge, skills, and abilities to address the challenging behaviors of foster youth? From the data it is concluded that the foster parents in this study perceive their knowledge, skills, and abilities to be inadequate. Support for this conclusion can be found within the identified themes (focused codes) of "unpreparedness", "needs", "learning", and "obstacles." Within the theme of "unpreparedness", participants specifically voiced feeling unprepared to parent foster youth with behavior problems. The axial codes that emerged from the focused code of "unpreparedness"

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also support this conclusion. Foster parents expressed feeling "incapable", having a "lack of knowledge", and having "inadequate training" in the areas they needed. As a result of being unprepared feelings of helplessness, stress, and self-doubt were expressed throughout.

Support for this finding is also found within the focused and axial codes of "needs." Foster parents' perceptions of inadequacy were demonstrated by their perceptions of needing "knowledge and skills" and "supportive relationships" to aid in their ability to effectively parent this population. The axial code of "uncertainty" further revealed foster parents perceptions of inadequacy. When attempting to explore what is needed to help better prepare foster parents, participants were uncertain and had difficulty identifying specific areas of needed improvement.

The focused code of "learning" along with the within axial codes of "self reliance", "faith", and "relationships" provides further evidence of foster parents' perceptions of inadequacy. Within this focused code, participants described the ways they attempted to learn the knowledge and skills they needed. Because foster parents perceived their preparation in knowledge, skills, and abilities as inadequate, they had to attempt to learn the knowledge and skills they needed by relying on themselves, their faith, and others.

Lastly, the final focused code of "obstacles" provides support for our conclusion regarding the first research question. Within this theme foster parents' perceptions of feeling inadequate were reflected in the axial codes of "perfect" and "lack of information." Participants expressed a need for help on how to address behavior problems, but reported feeling a pressure to be "perfect" and not expose their inadequacies. They also identified having a "lack of information" on each child's history and specific behavior problems. These "obstacles" along with the focused codes of "unpreparedness", "needs", and "learning" exemplify foster parents'

perceptions of feeling inadequate in the knowledge, skills, and abilities needed to address the challenging behaviors of foster youth.

The second research question asked was: What do foster parents perceive they need or have needed in the past to help them address these behaviors? From the data it can be concluded that participants perceive needing better preparation and training in knowledge, skills, and abilities. It can also be concluded that on going support, specifically through mentoring relationships, is perceived as needed. Data lends support to these conclusions within the focused codes of "unpreparedness", "needs", "learning", and "obstacles." Within the focused code of "unpreparedness", the axial codes of "incapable", "lack of knowledge", and "inadequate training" indicates foster parents perceive themselves as unprepared and undertrained to address their foster youth's challenging behaviors. It can be concluded from these perceptions that foster parents perceive a need for more adequate training and preparation in knowledge, skills, and abilities.

In the second focused code of "needs", the axial codes of "knowledge and skills", "supportive relationships", and "uncertainty" lend credence to our conclusions. Within these codes, foster parents specifically articulated their need for an enhanced knowledge base and an increase in skills specific to behavior problems. Although they knew they needed help in these areas, they were uncertain in what specifically might help. Their uncertainty in what might help reflects their lack of knowledge and skills. Participants also specifically voiced their need for more support. Participants indicated mentoring relationships with experienced foster parents would be helpful when dealing with problem behaviors.

The need for more better preparation, training, and support was further reflected within the theme of "learning." The axial codes of "self-reliance", "faith", and "relationships" support this conclusion. Within the axial code of "relationships" foster parents explained that their relationships with other foster parents were the most helpful for learning how to parent when their foster child misbehaved. This axial code reinforces the finding that foster parents perceive supportive relationships as needed. The axial codes of "self-reliance" and "faith" demonstrate the need for better training and preparation. If foster parents were better prepared and trained, they may have not had to rely on themselves to learn the knowledge and skills they needed.

The final focused code of "obstacles" also provides support to the conclusions for the second research question. Within this theme, the axial codes of "perfect", "lack of information", and "the system" were identified. Foster parents indicated that the support provided by the foster care system was inadequate due to the busyness of caseworkers. They also explained feeling uncomfortable disclosing their lack of knowledge, skills, and abilities to their caseworker because of the power differential. These findings highlight the need for supportive, mentoring relationships outside of the system or the caseworker. Within the axial code of "lack of information", participants described a lack of knowledge concerning each specific child as an obstacle. These findings, along with findings from the above focused and axial codes, confirm the conclusion that foster parents need better training, preparation, and on-going support to help them address problem behaviors.

The third research question asked was: How did foster parents attempt to develop the knowledge, skills, and abilities they perceive as necessary to address the challenging behaviors of foster youth? It can be concluded from the data that foster parents attempted to develop the

knowledge, skills, and abilities they needed by relying on themselves, their faith, and their relationships with others. This conclusion was supported by the identification of the focused code of "learning." The emergence of the three axial codes, "self-reliance", "faith", and "relationships", within the theme of "learning" further reflect this conclusion. Within these themes, foster parents described how they relied on themselves, their faith, and relationships with other foster parents and therapists to develop the knowledge and skills they needed.

Further support for the third research questions is found within the focused codes of "unpreparedness" and "needs." Within the focused code of unpreparedness foster parents explained that they did not receive the help they needed to develop the knowledge, skills, and abilities they needed. They described training and preparation efforts as ineffective. Without the needed preparation, it can be concluded that foster parents had to rely on themselves. Participants' experiences of relying on themselves and others were further reflected within the theme of "needs." Participants explained they did not have the knowledge and skills they needed, nor did they have help in learning how to accomplish this task. The perceived inadequacy of training and support within the themes of "unpreparedness" and "needs" lends credence to the conclusion that foster parents are forced to rely on themselves, their faith, and others to learn how to address problem behaviors.

The final research question asked was: What variables do foster parents perceive have impeded and/or continue to impede their ability to address these behaviors? From the data it can be concluded foster parents perceive their lack of preparation and training in knowledge, skills, and abilities as an impediment when parenting foster children with challenging behaviors. It can also be concluded that lack of support and the foster care system is at times perceived as an

obstacle. These conclusions are supported and voiced within each of the identified focused

codes.

These conclusions are supported through the identification of the focused code

"unpreparedness" along with the within axial codes of "incapable", "lack of knowledge", and

"inadequate training." Within these codes foster parents describe how their unpreparedness, lack

of knowledge, and inadequate training leave them feeling incapable to parent foster children who

misbehave. We can conclude from the above data that foster parents' perceive their lack of

knowledge and skills as an impediment when parenting foster youth exhibiting problem

behaviors.

The focused code "needs" also lends support. Within this focused code, the axial codes of

"knowledge and skills" and "supportive relationships" describe participants' experiences of

needing more information and support. From the descriptions provided by participants we

conclude that a lack of information and support is viewed as an impediment when addressing

challenging behaviors. Similarly, within the focused code of "learning", participants voiced they

had to rely on themselves to develop the knowledge and skills they needed. The need to rely on

themselves further demonstrates the obstacles of not having enough knowledge, skills, or

support.

Lastly, support for the fourth research question is found through the identification of the

focused code of "obstacles." Within the axial codes of "perfect", "lack of information", and "the

system" foster parents specifically identify the impediments they have experienced when

parenting foster children with behavior problems. Participants described the challenges they face

when they do not have enough information regarding their foster child. They also described the

obstacles they experienced with the foster care system. They explained that the support offered

by the system is not always helpful because they do not feel comfortable exposing their lack of

knowledge, skills, and abilities to the people who evaluate them. They also explained that

support is often not available due to the large caseloads of caseworkers. Therefore, from the data

it is concluded that foster parents perceive lack of support, lack of preparation and training in

knowledge and skills, and the foster care system as impediments to their abilities when their

foster children misbehave.

Summary

The broad themes that emerged present the findings that were developed after careful and

detailed analysis of data within and across cases. The findings support previous research

regarding foster parenting (e.g. Dorsey et al., 2008; Lee & Holland, 1991; Puddy & Jackson,

2003) and provide additional insights regarding the topic. Specifically, the data generated from

this study introduces and provides insight into foster parents perceptions. As with any study,

further research is needed to continue exploration of the identified similarities and differences

found within this study.

CHAPTER FIVE: DISCUSSION

The purpose of this multicase study was to explore with a sample of foster parents their perceptions of how prepared they feel to address problematic behaviors of foster children and youth. It also sought to introduce foster parent perspective on what is needed to aid in this task. The conclusions of this study are derived from the guiding research questions. Thus, four major areas are addressed:

1. Foster parents' perceptions of the level of their knowledge, skills, and abilities needed to address the challenging behaviors of foster youth.

2. What foster parents perceive they need or have needed in the past to help them address these behaviors.

3. How foster parents attempted to develop the knowledge, skills, and abilities they perceive as necessary.

4. The variables foster parents perceive impeded and/or continue to impede their ability to address these behaviors.

Following is a discussion of the key findings and conclusions drawn from the research. The study's relationship to current literature is discussed throughout. This discussion is followed by recommendations for policy makers, social workers, counselors, and future research.

Key Findings and Relationship to Current Literature

Current literature indicated a need to further explore and clarify foster parents' perspectives on how knowledgeable, skilled, and able they are to address the challenging behaviors of foster youth. Further, gaps in literature called for examination of what foster parents perceive they need to help them in this crucial area. The current study addressed these needs and

added empirical evidence to the literature by introducing foster parent perspective on each. Data analysis revealed four major findings. Following is a discussion of each finding.

Foster parents' perceptions of their knowledge, skills, and abilities. The first major finding of this study is that foster parents perceive their knowledge, skills, and abilities to be inadequate. All of the participants involved voiced feeling unprepared to parent foster youth with behavior problems. Additionally, all participants expressed feeling inadequately trained to parent foster youth exhibiting behavior problems. In this regard, it can be concluded that efforts need to be made to more adequately prepare and train foster parents in knowledge and parenting skills specific to foster children's behavioral issues.

As mentioned previously, strong emotions emerged as participants reflected on their experiences. Feelings of guilt, anger, sadness, hopelessness, and helplessness emerged as foster parents told their stories. In all four interviews participants were brought to tears when they reflected on foster placements they were unable to manage due to behavior problems. Feelings of stress, helplessness, and self-doubt were expressed as a product of being inadequately trained. Participants experienced guilt when wondering if there was anything more they could have done. There were feelings of hopelessness in regards to what could, if anything, help them in their role. When discussing the obstacles that stood in their way their experienced feelings of anger. Feelings of sadness were expressed throughout.

This finding is consistent with previous literature that indicates foster parents are underprepared and undertrained (e.g. Dorsey et al., 2008; Lee & Holland, 1991; Puddy & Jackson, 2003). In the current study foster parents perceived training to not address the "real" issues and behavioral challenges they face. Instead, they reported training to focus on preparing

them on policy issues. This finding reinforces previous research, which indicates that the focus of training is learning policy issues and helping potential foster parents make the decision of whether or not to foster, rather than preparing them with parenting skills (Puddy and Jackson, 2003). The feelings of stress and self- doubt associated with being unprepared and undertrained also reflect previous literature highlighting the impact behavior challenges can have on the foster family system (Brown & Bednar, 2006; Holland and Gorey 2004).

Foster parents' perceptions of what they need. The second major finding of this study is that the majority of participants expressed needing help with foster parenting. Specifically, foster parents voiced a need for more knowledge and skills concerning behavior problems specific to foster youth. Although this finding further reflects previous research indicating foster parents are not adequately trained in knowledge or skills (e.g. Dorsey et al., 2008; Lee & Holland, 1991; Puddy & Jackson, 2003), the introduction of foster parent perspective concerning needs is unique to this study. Additionally, all participants in the current study indicated the need for support and relationships to aid in their ability to foster parent. Specifically, mentoring relationships with experienced foster parents were perceived as needed. Interestingly, the majority of participants in the current study also expressed an uncertainty in what, if anything might help foster parents address behavior problems. The primary conclusion that can be drawn from this finding is that foster parent training, preparation, and support efforts need to be altered to meet the specific voiced needs of foster parents. Specifically, training needs to be altered to better inform and prepare foster parents with the knowledge and skills they need. Further, foster parents need to be connected with experienced foster parents for supportive relationships.

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Developing the knowledge, skills, and abilities needed. The third major finding of this study was that the majority of participants indicated that they relied on themselves to develop the knowledge, skills, and abilities they perceived as necessary to address the challenging behaviors of foster youth. Two of the participants cited relationships with other foster parents and their faith as influential. Participants indicated there to be a lack of help and support offered to them through their foster care agency. Due to the lack of support from their foster care agencies, foster parents were forced to rely on themselves to gain the information and skills they needed. Foster parents voiced feelings of stress and helplessness as a result of having to rely on themselves. This finding further reflects previous research showing the negative effects lack of preparation can have on the foster family (Brown & Bednar, 2006; Holland and Gorey 2004). Therefore, it is concluded that adequate training, preparation, and supports are not available to foster parents; further highlighting the need for enhanced preparation, training, and support developed according to the needs of foster parents.

What variables impeded and/or continue to impede their ability to address these behaviors. This study's fourth major finding was that foster parents perceive lack of support, lack of preparation and training, and the foster care system as impediments to parenting foster children with challenging behaviors. The majority of participants in this study expressed feeling pressure to be "perfect" and not expose their need for help on how to address behavior problems. The majority of participants also cited lack of history and information about each child's specific behavior problems as an obstacle to their ability to effectively parent. Caseworkers' large caseloads and busy schedules were noted as part of the problem. Therefore, three conclusions can be drawn from these findings. First, support and help separate from the foster care system is

needed. Foster parents need to be able to share their struggles and ask for help from someone who does not supervise them. Secondly, it can be concluded that foster parents needed to be better prepped on the child's history and specific behavioral issues. The last conclusion drawn is that caseworkers need to be assigned smaller caseloads. To move forward in better preparing and training foster parents each of the four above-mentioned areas need to be addressed.

Recommendations

The following recommendations offered are based on the data analysis, findings, and conclusions of this study. Specific recommendations are provided for (a) policy makers, (b) counselors and social workers, and (c) recommendations for future research.

Recommendations for Policy Makers.

Federal policy places responsibility on the state to prepare foster parents' to provide for the needs of their foster children (The Library of Congress Bill Summary & Status 106th Congress (1999 - 2000) H.R.3443 CRS Summary, 1999). Subtitle B, Related Foster Care Provision, Section 112, of the Foster Care Independence Act requires states to provide foster parent preparation and training that will adequately prepare foster parents to provide for the needs of the foster child both before and after placement of the child (The Library of Congress, Bill Summary & Status 106th Congress (1999 2000) H.R.3443 CRS Summary, para. 3). This federal requirement clearly instructs states to train and prepare foster parents both initially and continually. In order to better adhere to this federal mandate, policy makers should take the findings of this study into consideration. At the same time, it should be noted that these recommendations should be considered on a state-by-state basis, as some states may already

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have the following in place. In light of the current study's findings policy makers should

consider the following:

1. Initial Intake and Assessment: The initial intake study should be completed on each

child in care upon admission. The intake study should be completed as soon as possible,

preferably before placement. The intake study should include (but not be limited to)

information from the parent, guardian, custodian, or previous placement concerning

the child's behavioral history. Information regarding the child's circumstances requiring

placement should also be included. An assessment of the services needed to make certain

the behavioral and emotional child's needs are met should also be conducted. This

assessment should include (but not be limited to) the child's psychological, psychosocial

medical, and behavioral history. The initial intake and assessment should be reviewed with

the foster parent before placement.

2. Case Planning: The case plan developed for each child should contain the specific

behavioral needs of that child. A plan for how to prepare the foster parents for the

behavioral needed should also be included. Discipline measures should be developed

specific to the child's behavioral issues and history. A plan for the services needed for the

specific behavioral issues should also be made. The case plan should be reviewed with the

foster parent upon placement. The case should also be reviewed with the foster parent

throughout the placement to make updates and changes according to the child's needs.

Foster parents should be provided with a copy of the case plan. Further, the caseload of

each caseworker should be limited to allow for this individual attention.

3. Children's Records: The foster care agency's confidential case record should include

information regarding the child's specific behavioral issues and needs. The case record should be reviewed with foster parents before placement.

4. Behavior Management: The agency should have a written discipline policy. The discipline policy should not only specify the disciplines that are not to be used, but also specifically articulate and explain the discipline measures that can be used. The discipline policy should note that specific discipline measures should be developed according to the child's age, development, history, and specific behavioral needs. Collaboration with the foster parents should be made to identify discipline measures that will translate effectively into their home.

5. Selection of Foster Home: The home selected should be one that is in the best interest of the child. The individual assessment of the child's behavioral issues and history should be taken into consideration. Foster parents' years of experience and training received should be matched according to the behavioral needs of the child. The number of children in the home, as well as their individual needs and history should be taken into consideration before a new placement occurs.

6. Training and Preparation of Foster Parents: Each foster parent should participate in both initial and continual training specific to the knowledge, skills, and abilities needed for behavioral issues. Training should focus on appropriate discipline measures, information and education on common behavioral issues specific to foster children, and parenting skills. Upon placement of the foster child, training and preparation specific to the behavioral issues of the child should be provided. Ongoing training that takes into consideration the changing needs of the child should also be provided. Training and

preparation should include input from experienced foster parents. Experienced foster parents should be used to assist leading trainings. They should also be consulted for curriculum development. Foster parents may benefit from a self-reflective and awareness component to training to help them process their role as a foster parent. Lastly, training may be enhanced with an educational component assisting foster parents in how to connect to resources and support.

7. Supports for Foster Parents: Support and resources specific to behavioral problems should be made available to foster parents. Specifically, support and resources that are separate from the foster care agency should be made available to allow foster parents to seek support outside of the agency that evaluates their performance. Aid that is not connected with their agency may help reduce impression management. Mentoring and coaching from experience foster parents should also be made available.

8. Responsibilities of Foster Parents: Foster parents should be responsible for collaborating with their foster care agency in developing a case plan for how to best meet the specific behavioral needs of their foster child. Further, they should be required to fully cooperate with the child's case plan. Foster parents should also be responsible for providing care and discipline that is appropriate to the child's age, development, history, and behavioral needs. Foster parents should be required to give advance notice to the agency of any major changes in behavioral issues.

9. Monitoring and Reevaluation: Foster parents should be monitored to ensure compliance with their foster child's case plan. It should also be ensured that they are receiving the on going training and preparation they need. Foster parents should be given an opportunity

to voice their needs and these needs should be taken into consideration.

10. Agency Responsibilities: The agency should provide the foster parents with the preparation, training, and information necessary to provide adequate care to foster children with behavioral problems. The agency should also provide foster parents with instructions for how to obtain help with these issues at any time. Frequent visits and contact by the caseworker should be made to ensure the foster parents and foster child's needs are being met.

11. Respite Care: Respite care should be made available to all foster parents who are caring for a foster child with identified behavioral issues.

Recommendations for Counselors and Social Workers

In addition to policy makers, the findings of the current study have implications for social workers and counselors who provide services to this population. These findings highlight the need for specialized care and services for both foster children and foster parents. Counselors and social workers need to be aware of the unique challenges foster parents face and be prepared to address these issues. Specifically, counselors and social workers should consider:

1. Intake and Assessment: When working with a foster family, initial intakes and assessments should assess for potential behavioral issues within the foster child. Further, exploration of how the behavior might be affecting the family should be pursued. Foster parents' needs concerning how to address and understand these behaviors should also be taken into consideration. Assessment of the foster parent's affective state and well-being should be included.

2. Treatment Planning: Goals and objectives should include the assessed areas of need.

When needed, treatment planning should include a psycho educational component. Goals and objectives should encompass ways to strengthen the foster parent/child relationship and promote well-being. Goals and objectives should also include a process oriented component to facilitate the processing of strong emotions connected to their role. Counselors and social workers should assist foster parents in learning about their foster child's specific behavioral issues. Additionally, facilitation of learning needed parenting skills should be incorporated into treatment.

   3. Foster Parent Counseling: Counselors and social workers should explore if counseling for the foster parents is needed. As indicated in this study, foster parents may be experiencing feelings of stress, self-doubt anger, sadness, guilt, hopelessness, and helplessness. Foster parents may need counseling to process the strong emotions connected to their role. Counselors may need to include a component of self-care and well-being. Exploration and self-reflection may be helpful to assist them in processing their role as a foster parent.

4. Building Trust: Sensitivity toward foster parent impression management may be needed. Confidentially may need to be emphasized to help the foster parent feel comfortable to express their vulnerabilities in their knowledge and skills. Special emphasis on the therapeutic relationship may be needed to build trust and safety.

5. Support Groups: Counselors and social workers should assess for the need of foster parent support groups. If no support groups are available, effort should be made to organize and offer the needed support group. Special attention will need to be given to building trust and safety within the group. Limits to confidentiality will need to be thoroughly explained.

Efforts need to be made to ensure the support group is offered separate from the foster care

agency.

6. Advocacy: Counselors and social workers should advocate for the needs of foster

parents. In light of the current study, advocacy efforts should focus on the enhancement of

foster parent trainings and support, the availability of treatment specifically for foster

parents, and appropriate caseloads for caseworkers.

Recommendations for Future Research

I, as the researcher, recommend further studies to be conducted to increase and enhance the

information we have regarding the needs of foster parents. Specifically, I recommend efforts to

be made to gain a more comprehensive database of information regarding what is needed to help

foster parents address the challenging behaviors of foster youth. As mentioned in chapter three,

there are several possible limitations to this study. In light of both the findings and limitations of

this study, the following is recommended:

1. Based on the limitations of the current sample and to account for possible researcher

bias, a replication of the current study using a larger sample should be conducted to assess

for the uncovering of similar findings.

2. Research should be undertaken to develop and analyze foster parent training materials

that account for the learning needs identified in this study. After foster parent training

materials are developed and enhanced, studies should analyze and compare the

perspectives of foster parents who have received the enhanced training versus the

perspectives of foster parents who have not.

3. Similarly, research efforts should be made towards developing and analyzing new

methods of support for foster parents. These methods of support should respond to the

foster parent needs identified in this study. These needs included mentoring or supportive

relationships with experienced foster parents and support offered outside of the foster care

agency. A comparison and analysis of research should be done to assess for any changes or

differences in the preparedness and well-being of foster parents.

4. After more intensive intake and case planning are implemented into policy, research

should be undertaken to assess its impact on foster parents' perceptions of their knowledge,

skills, and abilities in relation to the behavioral challenges of foster youth.

5. To deepen the understanding of this phenomenon, research efforts are needed to develop

a developmental paradigm/model specific to the development of foster parents. Further,

research efforts are needed to develop a supervisory paradigm/model specific to the

relationship between foster parents and their supervisor.

6. Research on the relationship between the personal characteristics of foster parents and

their perception of training and preparation is also needed to gain a more in depth

understanding of this phenomenon.

Summary

This study examined experienced foster parents' perceptions of their knowledge, skills,

and abilities to address the behavioral challenges of foster youth and, more specifically, on what

they need to help them feel more prepared. The data generated introduced foster parent input

and perspective into the empirical literature and discourse, allowing for a better understanding of

how prepared foster parents feel and what they perceive they need. It is my hope that the

inclusion of these perspectives will not only allow for foster parent's voices and needs to be

heard, but also for the developers and facilitators of foster parent curriculum, training, and

support to respond.

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Appendices

Appendix A: Sample Interview Schedule

1. What motivated you to become a foster parent?

    Probes: What was happening in your life at the time that you decided to become a foster parent? What did you hope for the experience? What, if anything, influenced your decision?

2. What, if anything, did you know about raising foster children before you fostered your first child?

3. How would you describe your experience as a foster parent?

    Probes: What was your experience like when the first foster child was placed in your home? What did you think about your decision during the first placement? How does that compare to what you think now?

4. Have any of the foster children that you have cared for experienced any specific emotional or behavioral challenges?

    Probes: If yes, can you describe them? How did you help them deal with these experiences? Who if anyone helped you? How did they help you? Was there help that you felt that you needed that wasn't available?

5. Have any of the children or youth that you have cared for ever engaged in high risk behaviors such as drug or alcohol use, unprotected sex, self-harm, criminal behavior? What did you do?

    Probes: How have you tried to help children or youth in your care reduce and/or avoid these high risk behaviors? Of the things you have tried, which were successful and which were not successful? Why?

6. How prepared did you feel to help or parent your foster children with emotional and behavioral problems?

    Did you feel that you had enough knowledge about what they were experiencing? Did you feel prepared in your abilities and skills to parent a child going through these experiences? If so- how did you obtain this knowledge? If not- what do you wish you could have known then?

7. Can you describe the process you went through when you become foster parent?

    Probes: Was there training? If yes, describe the training. What did you think about the

helpfulness of the training to what you experienced? Would you change anything about the training? Was there help that you felt you needed but did not receive? Who would have been the best person/people to help you? How do your thoughts then compare to your thoughts now?

8. How helpful was your training in preparing you to parent children who are experiencing emotional or behavioral problems?

      Probes: If training did not help you, what did?

9. Were there times when you felt you needed help in your role as a foster parent? What kind of help did you need? Who, if anyone, helped you?

      Probes: What did each person do that helped? Did anyone or any rules governing foster care seem to hinder you or get in the way? Was there help that you felt you needed that wasn't available?

10. What are the largest obstacles for foster parents who are parenting children or youth with behavior or emotional problems?

11. Based on your experiences, what advice would you offer someone who is thinking about becoming a foster parent?

12. One of the reasons you were identified as a potential participant for this study is because you have experience as a foster parent. What would you say is needed to help someone be an effective foster parent?

      Probes: What could others do to help foster parents? What kind of training and how much training is needed? What kinds of support services are needed? Is there anything more that your agency could do to help? What additional community services are needed to help?

13. What relationships have you developed with systems other than the foster care system that were helpful to you as a foster parent? Are there any other community resources or organizations that have been helpful to you?

      Probes: What type of help did you seek? What happened? Why do you think you received these results?

14. Is there anything that we have not covered that you would like to add about being a foster parent?

15. Is there anything that you would like to ask me?

Appendix B: Demographic Questionnaire

1. Age:

2. Gender:

3. Race/Ethnicity:

4. Circle One: Kinship Care Provider / Non-relative Provider/Treatment Provider

5. Years of experience as foster parent:

6. Number of foster children cared for:

7. Number of legal or biological children in the home:

8. Age range of foster children you have parented:

9. Education level:

Appendix C: Letter of Invitation

Greetings,

You are cordially invited to participate in a study exploring *your* perspective on the knowledge, skills, and abilities needed to o foster parent children and adolescents with problem behaviors.

Who is needed?

- Individuals who have had at least six months experience serving as a traditional, non-kin certified foster parent.

What is needed?

- Participants will engage in an individual interview that will last approximately 30 to 45 minutes.

When and Where?

- If you are interested please contact Melissa Hall to set up a time, date, and location for your interview. I will work to find a close and convenient interview site based on your location.

To help compensate for your time a $20 gift card will be provided

Talking About Your Foster Parent Experience!

A dissertation study exploring the knowledge, skills, and abilities needed to foster parent children and adolescents with problem behaviors.

Come share your perspective!

Do you have at least 6 months experience serving as a non-kin, traditional foster parent?

...then this discussion is for you!

If you are interested please contact Melissa Hall to set up a time, date, and location for your interview. I will work to find a close and convenient interview site based on your location.

Appendix E: Informed Consent

Title: Foster Parents' Perceptions of Their Knowledge, Skills, and Abilities in Relation to the Behavioral Challenges of Foster Youth

Researchers:

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Description: The current study will explore foster parents' perceptions of their knowledge, skills, and abilities to address the behavioral challenges of foster youth. More specifically, this study examines what foster parents perceive they need to help successfully fulfill their fostering role. Participants will be asked to participate in an individual, semi-structured interview.

Risks and Benefits: The benefits include gaining a better understanding of how prepared foster parents feel and what foster parents perceive they need to successfully address the challenging behaviors of foster youth. It is anticipated that this increased understanding will allow for preparation, training, and support services to respond specifically to foster parent needs and concerns. There are no anticipated risks to participation in the study.

Voluntary Participation: Your participation in the research is completely voluntary.

Confidentiality: All collected information will be kept confidential by being saved in a password protected file on a password protected computer. All audiotapes will be destroyed after they have been analyzed. All personal information and any identifying information will be kept confidential. To ensure privacy, code names will be assigned to the actual names of participants. Code words will be applied to references, characteristics, or descriptions that may compromise confidentiality.

Right to Withdraw: You are free to refuse to participate in the research and to withdraw from this study at any time.

Informed Consent: I have read and understand the informed consent. _____ (Initial) I agree to participate in the study. _____ (Initial) I agree to be audio and/or videotaped. _____ (Initial)

_____   _____
Signature   Date

October 27, 2011

MEMORANDUM

TO: Melissa Hall
                                 Kristin Higgins

FROM: Ro Windwalker
                                 IRB Coordinator

RE: New Protocol Approval

IRB Protocol #:   11-10-179

Protocol Title: *Foster Parents' Perceptions of Their Knowledge, Skills, and
                                 Abilities in Relation to the Behavioral Challenges of Foster Youth*

Review Type: ☐ EXEMPT ☒ EXPEDITED ☐ FULL IRB

Approved Project Period: Start Date: 10/27/2011 Expiration Date: 10/26/2012

Your protocol has been approved by the IRB. Protocols are approved for a maximum period of one year. If you wish to continue the project past the approved project period (see above), you must submit a request, using the form *Continuing Review for IRB Approved Projects*, prior to the expiration date. This form is available from the IRB Coordinator or on the Research Compliance website (http://vpred.uark.edu/210.php). As a courtesy, you will be sent a reminder two months in advance of that date. However, failure to receive a reminder does not negate your obligation to make the request in sufficient time for review and approval.   Federal regulations prohibit retroactive approval of continuation. Failure to receive approval to continue the project prior to the expiration date will result in Termination of the protocol approval. The IRB Coordinator can give you guidance on submission times.

This protocol has been approved for 5 participants. If you wish to make *any* modifications in the approved protocol, including enrolling more than this number, you must seek approval *prior to* implementing those changes.   All modifications should be requested in writing (email is acceptable) and must provide sufficient detail to assess the impact of the change.

If you have questions or need any assistance from the IRB, please contact me at 210 Administration Building, 5-2208, or irb@uark.edu.