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# Influencing the Positive Mental Health of Non-Kinship Foster Children: The Lived Experiences of Foster Parents in Alabama

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# INFLUENCING THE POSITIVE MENTAL HEALTH OF NON-KINSHIP FOSTER CHILDREN: THE LIVED EXPERIENCES OF FOSTER PARENTS IN ALABAMA

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INFLUENCING THE POSITIVE MENTAL HEALTH
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## ABSTRACT

This Interpretive Phenomenological Analysis (IPA) qualitative study interviewed fifteen non-kinship foster parents in Alabama to explore their lived experiences of influencing the positive mental health of their foster children. This phenomenological approach allowed for a deeper understanding of the challenges foster caregivers face when facilitating improved psychological and social well-being of their foster children.

In 2015, there were 427,910 children in foster care, with 45% of these children residing in a non-kinship foster home (Adoption and Foster Care Analysis and Reporting System [AFCARS], 2016). Children in foster care, especially children in non-kinship care arrangements, often have significant and complex mental health issues, due to a history of trauma and other negative experiences. Mental health is the most significant unmet health need of foster children (American Academy of Pediatrics [AAP], 2016).

Although the prevalence and severity of mental health issues in this population is well documented in the literature, studies to examine the perceptions of the foster parents in terms of their efforts to affect the positive mental health of these children are lacking. The purpose of the study was to address this gap in the literature in order to promote positive well-being and improved outcomes of those involved in the foster care system.

Key words: foster care, foster parents, phenomenology, mental health, well-being

# DEDICATION

I dedicate this dissertation to my family and friends who have made me feel loved and supported unconditionally, as well as to the foster parents who allow their children to feel the same way.

"I've learned that people will forget what you've said, people will forget what you did, but people will never forget the way you made them feel."

-Maya Angelou

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First, I would like to acknowledge my friends and family who have continued to support my dreams, even when it meant sacrificing quality time together when I faced challenges that threatened my ability to reach them. Through the process of completing my doctoral studies, I gained a deeper appreciation for my dedicated network of support. I am grateful for the role models in my life, especially my grandmothers and parents. They provided me with the foundation I needed to be the strong woman I have become. I particularly want to thank my daughter, Meagan. She has given me the motivation to be the best version of myself and has brought a level of joy to my life that I never knew was possible.

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At the start of this journey, when I was still finalizing my ideas for this dissertation, I shared them with a group of incarcerated men who attended a lecture I led

at the William E. Donaldson Correctional Facility in Bessemer, Alabama. I want to acknowledge these men for listening to and advising me on aspects of my dissertation proposal. Several of them identified themselves as former foster children and provided insightful perspectives that influenced my study.

I also want to thank Rachel Ashcraft, a fellow occupational therapist and foster care leader, who gave me constant guidance and encouragement as well as the initial means to recruit participants. Lastly and importantly, I would like to acknowledge the foster parents who participated in this study. Without their willingness to share their time, their stories, and their expertise with me, this project would not have been possible. These dedicated foster parents inspired me in a way that I cannot put into words. I hope that this dissertation allows for their voices to be heard and is a catalyst for foster care reform, with a focus on increased support for not only the foster children, but also for the foster parents who devote their lives to caring for others.

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## LIST OF ABBREVIATIONS

| | |
|---|---|
| AAP | American Academy of Pediatrics |
| AFCARS | Adoption and Foster Care Analysis and Reporting System |
| CDC | Center for Disease Control |
| CPS | Child Protective Services |
| CWLA | Child Welfare League of America |
| DHR | Department of Human Resources |
| GAL | Guardian Ad Litem |
| IPA | Interpretive Phenomenological Analysis |
| IRB | Institutional Review Board |
| NCSL | National Conference of State Legislatures |
| NSCA | National Survey of Child and Adolescent Well-Being |
| ODPHP | Office of Disease Prevention and Health Promotion |
| PTSD | Posttraumatic Stress Disorder |
| SEM | Social Ecological Model |
| UAB | University of Alabama at Birmingham |
| WHO | World Health Organization |

# CHAPTER 1

## INTRODUCTION

This dissertation examined the lived experiences of non-kinship, primary foster caregivers in Alabama when attempting to influenc the positive mental health of the foster children in their care. Because mental health is such a broad concept and has various meanings, a specific framework was used to structure the discussion of mental health for this population, with the emphasis on the caregivers' experiences of impacting the psychological and social well-being of these children.

Using The Positive Mental Health Surveillance Indicator Framework (Orpana, Vachon, Dykxhoorn, McRae, & Jayaraman, 2016) to guide data collection, the study addressed specific aspects that contribute to the positive mental health of non-kinship foster children, when exploring the foster parents′ experiences. The Positive Mental Health Surveillance Indicator Framework was created to help improve mental health data collection (Orpana et al., 2016). Five positive mental health outcomes and twenty-five related determinants of positive mental health were identified as contributing to positive mental health, using the Social-Ecological Model as a guide (Orpana et al., 2016). Using this framework to construct the interview guide in a focused way, psychological and social well-being were the two primary mental health outcomes that were addressed when parents were asked to describe their experiences.

Interpretive Phenomenological Analysis (IPA) was the methodology used to study this topic, as it allowed to both describe the experiences of the participant and to interpret the context surrounding their experiences. Because foster care and the related issues of the foster care system can be quite complex, being able to understand the descriptions of the primary caregivers of these foster children was necessary. To best study the perceptions of these participants, they were asked to write a brief reflection, complete a semi-structured interview, and then give feedback on the summary and interpretation of the findings.

## Significance of the Study

The study is currently the first to specifically explore the phenomenon, through the eyes of the non-kinship foster parents, of influencing the positive mental health of foster children. The study is innovative because detailed information regarding influencing the components of positive mental health (happiness, life satisfaction, and psychological and social well-being) of foster children is scarce and literature regarding the foster parents' experiences of attempting to improve their children's positive mental health is nonexistent.

The study is timely, given the need for creative approaches to serve the needs of foster children in Alabama. According to the 2018 Alabama Annual Progress and Services Report from the State of Alabama Department of Human Resources (DHR), they did not meet their benchmark for the mental/behavioral health well-being of the children in foster care was met (State of Alabama Department of Human Resources,

2018). This study can be utilized to inform future strategies to support foster parents in their efforts to improve the psychological and social well-being of their foster children. The information could also be used to promote new programs and policies related to the goals of the foster care system to improve services for foster children and their families.

The study has broader relevance and significance for future studies and funding streams to aid in improving the lives of foster children and their caregivers. Assessing the experiences of non-kinship foster families in promoting positive well-being of their foster children could help develop programs that reduce the potential for poor outcomes of foster children including poverty, homelessness, and incarceration, all of which place a burden on society.

## Purpose of the Study

The purpose of this study was to address the gap in the literature about the foster parent experience of influencing the positive mental health of children in non-kinship foster settings in Alabama. The specific goals of the study were to:

1. Explore the perceptions and experiences of primary caregivers of non-kinship foster children when supporting the positive mental health of the children they foster.
2. Gain a deeper understanding of the complexities of addressing the positive mental health of foster children in non-kinship settings.

## Research Question

The research question for this study was, "What are the lived experiences of primary caregivers of non-kinship foster children when attempting to influence the psychological and social well-being of the children in their care?"

## Definition of Terms

*Child Protective Services (CPS)* - A child welfare program responsible for investigating reports of child abuse and neglect as well as providing services to families in crisis. It is usually the first service that a child and family receive to prevent the child's removal from the home and placement in foster care (WIN Family Services, 2014).

*Foster Child* - A child up to age 18 or 21 (depending on state policy) placed in the care of a local department of social services by either a voluntary placement agreement with the birth family, adoptive family, legal guardian, or by a court commitment order (WIN Family Services, 2014).

*Foster Care* - A short-term service consisting of placing a child in a foster family home, group facility, or semi-independent living arrangement (WIN Family Services, 2014).

*Foster Care Placement* - An approved family home, a group home setting, or a residential treatment facility where a child will reside 24 hours a day and receive care, nurturing, and support (WIN Family Services, 2014).

*Foster Parent* - A relative or non-relative adult who is approved by the local department of social services to protect, nurture, educate, and care for a child (WIN Family Services, 2014).

*Health*- A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity (World Health Organinzation [WHO], 2014).

*Interpretive Phenomenological Analysis (IPA)*- An approach to qualitative research, based on Heidegger's hermeneutic philosophy, in which the researcher examines a phenomenon through the lived experience of the participant and then attempts to analyze the contexts and meanings of that person's experience (Smith, 2004).

*Kinship Foster Care*- Refers to those arrangements that occur when child welfare agencies take custody of a child after an investigation of abuse or neglect and place the child with a kinship caregiver who is an approved placement based on the assessment standards developed by the agency (Vanschoonlandt, Vanderfaeillie, Van Holen, De Maeyer, & Andries, 2012).

*Non-Kinship Foster Care*- Formal placement with unrelated/previously unknown foster parents (Vanschoonlandt et al., 2012).

*Mental Health*- A state of well-being in which every individual realizes his or her potential, can cope with the normal stresses of life, can work productively and fruitfully, and can make a contribution to her or his community (WHO, 2014).

*Phenomenology*- A qualitative research approach used to study a particular phenomenon by examining the perspectives of individuals with lived experience of the phenomenon (Keen, 1975).

*Positive Mental Health*- A state of well-being that all individuals, regardless of whether they are experiencing a mental illness, are able to enhance. It encompasses the physical, mental, and social well-being of a person and not limited to the absence of disease (Orpana et al., 2016).

*Purposeful Sampling*- A sampling procedure in which the researcher selects participants or sites that best assist in understanding phenomena of interest (Creswell, 2011).

*Qualitative Research*- A research approach in which "the researcher relies on the views of participants, asks broad, general questions, collects data consisting largely of words (or text) from participants, describes and analyzes these words for themes, and conducts the inquiry in a subjective, biased manner" (Creswell, 2013).

*Saturation*- Occurs when the researcher no longer finds new information that adds to the understanding of a concept/category, helping to justify the ceasing of data collection (Strauss & Corbin, 1998).

*Snowball Sampling*- A sampling procedure in which the researcher uses recommendations from the participants to recruit for the study (Creswell, 2011).

*Well-Being*- A relative state where one maximizes his or her physical, mental, and social functioning in the context of supportive environments to live a full, satisfying, and productive life (Kobau, Sniezek, Zack, Lucus, & Burns, 2010). Well-being focuses on assets in functioning, including positive emotions and psychological resources (e.g., positive affect, autonomy, mastery). Well-being encompasses physical, mental, and social domains (Center for Disease Control and Prevention [CDC], 2013).

## Assumptions

The following is a list of assumptions applied throughout the data collection, analysis, and reporting process:

1. The participants in the study were honest about the inclusion criteria.
2. The participants were reflective and open throughout the process.
3. The participants had adequate recall of events and experiences to answer the questions accurately.
4. The participants reflected on the concept of positive mental health, including the related terminology before and during the interview.
5. The participants felt comfortable asking questions for clarification.
6. The participants did not hesitate to decline to answer any questions they did not want to discuss.
7. The information gained from this study is useful to the study population, the foster care providers, and others impacted by the foster care system.

## Limitations

There were several limitations to this study:

1. Phenomenological studies are not generalizable and can only be transferred to those in similar settings with similar characteristics.

2. This study was limited to the experiences of primary caregivers of non-kinship foster children in a particular age range in one demographic area.
3. The subjective nature of this qualitative design has the potential to negatively impact reliability and validity of the study.
4. Limited resources may have influenced the study implementation and results.

## Delimitations

Some delimitations were decided on to narrow the scope of the study:

1. Study participants were limited to exploring the comparison of two children they had fostered, despite the number of foster children they had (currently or previously) who met the criteria for age and length of stay in the home.
2. The experiences explored were deliberately geared to examples of supporting the children's psychological and social well-being and were not intended to include other experiences they faced as foster parents.
3. Outcomes were not an aspect of this study, as the scope was limited to the caregiver's experience while the child was in his or her care.
4. Using survey data or other quantitative methods to validate the findings further or to accurately measure the state of the child's well-being was not an aspect of the study since a phenomenological approach was used.

## Organization of the Dissertation

This study is organized into five chapters. Chapter One focuses on the introduction of the topic, including the significance and purpose of the study. It also includes the research question, definition of the terms, study assumptions, limitations, and delimitations, and concludes with the organization and summary of the study. Chapter Two contains a thorough review of the literature on all significant aspects of the research topic. Chapter Three describes the methodology, including the rationale, data collection, and analysis, as well as strategies implemented to ensure transferability and reliability. Chapter Four and Five include the findings of the study (Chapter Four) and a discussion of the results, including recommendations for future research and the study implications (Chapter Five).

# CHAPTER 2

# LITERATURE REVIEW

This chapter will introduce the theoretical framework that has informed this study. It will then further examine fundamental concepts related to this study including well-being and mental health and how they apply to foster care. It will include information about foster care in the United States, the distinction between types of placement, and long term outcomes of foster care. This chapter will also explore available literature related to non-kinship foster parent experiences.

## Theoretical Framework

To guide the research for this study on the positive mental health of foster children in non-kinship foster care, the Social-Ecological Model (McLeroy, Bibeau, Steckler, & Glanz, 1988) and The Positive Mental Health Surveillance Indicator Framework (Orpana, et al., 2016) were utilized. These theoretical frameworks allow for a structure to explore the positive mental health of foster children in a systematic way, when studying the experiences of the foster parents. The use of the Social-Ecological Model (SEM) informs the research on multiple levels of influence. The Positive Mental Health Surveillance Indicator Framework allows for a way to define the concept of positive mental health and includes examples of mental health determinants within a

structure similar to the SEM. The use of the SEM and the related framework allows for the scope of the study to be defined clearly and enables a thorough exploration of the caregivers' perceptions.

*Social-Ecological Model*

The SEM is often used to discuss complex issues related to health. McLeroy et al., (1988) proposed an ecological model for addressing public health issues. This ecological model includes multiple layers of influence beginning with intrapersonal factors. These factors include individual characteristics, such as knowledge, attitudes, and behaviors, skills, and the person's self-concept. The intrapersonal level also examines individuals' backgrounds in terms of their development. Interpersonal factors include informal and formal social networks and supports systems, such as friends and family. Institutional factors are social and formal organizations that include rules and regulations, such as schools and community organizations. Community factors are the relationships between these organizations and institutions within a defined location. The last factor is public policy, which includes local, state, and national laws and policies (McLeroy et al., 1988).

Out of this original model, the Center for Diseas Control (CDC) adopted these ecological layers and developed the SEM to be used when developing prevention programs (Appendix A). The SEM is recommended by the CDC to understand the complex interaction of personal and environmental factors that help determine reasons for certain behaviors. It is also used for health education and promotion discussions and

is therefore suited to assist in understanding the mental health and well-being of foster children (CDC, 2015). It allows the researcher to look at the interactions of the child, the families and other influential people involved in the children's lives, the community and the organizations and institutions within the communities that the children encounter through development before, during, and after the experience of non-kinship foster care, and the policies that impact them.

### *The Positive Mental Health Surveillance Indicator Framework*

The Positive Mental Health Surveillance Indicator Framework (Appendix B) is a conceptual framework that was created to help the Mental Health Strategy for Canada to improve mental health data collection (Orpana et al., 2016). The Positive Mental Health Surveillance Indicator Framework was created to create a common language and approach when evaluating and reporting the mental health status of individuals. This framework specifically focused on the ability to report positive mental health. Orpana et al. (2016) defined positive mental health to be "a state that every individual can strive for, regardless of the presence of mental illness." They identified five positive mental health outcomes and twenty-five related determinants of positive mental health, or risk and protective factors (Appendix B). They used the SEM to discuss how positive mental health outcomes can be evaluated and influenced (Orpana et al., 2016).

The Positive Mental Health Surveillance Indicator Framework can be used to discuss the mental health of foster children. According to this framework, when examining foster parent experiences of influencing the positive mental health of foster

children, there are five outcomes of positive mental health that can be identified. These aspects include: self-rated mental health, happiness, life satisfaction, psychological well-being and social well-being (Orpana et al., 2016). At the individual level, factors that can be explored include: resiliency, control, coping, violence, health status, physical activity, a nurturing childhood, substance abuse, and spirituality. The family level contains the following determinants: relationships, parenting style, health status, household composition, income, and substance abuse. Community-level factors include: community involvement, social networks, social support, school, workplace, and the social and built environment of the neighborhood. Inequality, political participation, and discrimination and stigma are determinants at the society level (Orpana et al., 2016). There are significant gaps in the literature about the positive mental health of non-kinship foster children and how parents attempt to improve it at multiple levels of influence. This framework, with its multiple layers of influence of positive mental health, helped the primary foster parents explore their experiences in a focused and systematic way during the interview.

## Well-Being

The primary goal of the foster system is the promotion of the children's well-being (Szilagyi, Rosen, Rubin, & Zlotnik; 2015). Well-being is a separate topic area in *Healthy People 2020* and includes the physical, mental, and social aspects of a person's life (Office of Disease Prevention and Health Promotion [ODPHP], 2016). Physical well-being includes characteristics of vitality and is recognized as the experience of feeling

physically healthy and full of energy. Mental or psychological well-being is described as feeling satisfied with life; as being able to balance positive and negative emotions, to identify feelings of self-acceptance, and to seek and find meaning and purpose in life. It also includes the desire for personal growth, autonomy, and competence, the experience of feeling in control of circumstances, and the general sense of optimism. Social well-being is described as experiencing positive support from family and friends and other vital individuals in one's life (ODPHP, 2016). Developing specific measurements to assess these aspects of well-being is in progress (ODPHP, 2016). For the purpose of this study, psychological and social well-being will be explored further, as these are the specific aspects of well-being included in The Positive Mental Health Surveillance Indicator Framework.

For the purpose of this study, psychological well-being included the following constructs as described by Kobau et al. (2010): self-acceptance (a positive attitude of self in the past and present); purpose in life (a sense of life-direction and meaning is asserted through goals and expressed beliefs); autonomy (self-direction through a person's own standards); positive relations with others (the experience of positive personal relationships where empathy and intimacy are expressed); environmental mastery (the ability to negotiate the complexities of the environment consistent with a person's own needs) and personal growth (the awareness of a person's own potential for the development of self).

Social well-being is often included as an aspect of overall well-being, and consists of five dimensions, according to Keyes (1998). These dimensions were the focus of social well-being in this study and include the following: social coherence (the ability to

make meaning of what is occurring in society); social acceptance (a positive attitude of others, while also recognizing their weaknesses); social actualization (the ability to see the potential in the community to evolve) and social integration (a feeling of belonging in the community). The presence of psychological and social well-being can be considered indicators of being in a positive state of mental health (Keyes, 2002).

## Mental Health

Mental health is "a state of well-being in which the individual realizes his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully, and can make a contribution to his or her community." Conversely, mental illness or mental disorder is characterized by some degree of abnormal thoughts, emotions, or behaviors (WHO, 2014). Mental health indicators have been emphasized in the public health sector to better screen, diagnose, prevent, and treat mental illness as well as to protect the mental health of individuals. According to the CDC (2013), mental health indicators include aspects of emotional well-being, psychological well-being and social well-being. For the purpose of this study, emotional well-being was not explored separately as it is not included in The Positive Mental Health Surveillance Indicator Framework.

Unfortunately, there are many children that do not experience positive mental health indicators and suffer from a lack of mental health. Treatment for those that are not experiencing optimal mental health is something that is not addressed consistently for a variety of reasons. To obtain treatment for mental health issues, factors at different levels

must be evaluated thoroughly, including those at the individual, the parental, the community, and the policy level. There are a large number of young persons that do not receive care, even among those with severe mental health issues (Olfson, Druss, & Marcus, 2015).

Mental health and well-being continue to be difficult concepts to define, which leads to confusion in how to best assess them. There continues to be a lack of evidence on a definitive way to study the concepts of mental health and whether or not well-being should be discussed independently from mental health. Mental health care also continues to be inconsistent in terms of access and utilization among children with less than optimal mental health and well-being. Because of this confusion and inconsistency, the current study focused specifically on psychological and social well-being when asking the parent to describe their experiences.

## Foster Care

### *Epidemiology*

The Adoption and Foster Care Analysis and Reporting System [AFCARS] Report indicated that in 2015, there were 427,910 children in foster care. The mean age of those in foster care was 8.6 years, with a median age of 7.8 years. In terms of foster placement, 30% of the children were living in the home of a relative (kinship care), and 45% were living with non-relatives (non-kinship care). Other arrangements of foster care with minimal percentage of placements included pre-adoptive homes, group homes, institutions, supervised independent living arrangements, and trial home visits. In terms

of race and ethnicity, in 2015, 43% of foster children were Caucasian (182,711), 24% were Black or African American (103, 376), 21% were Hispanic (91,105), 7% were indicated as two or more races (28,751) and 5% were in another category. The ten most common reasons for removal of the child from the home were: neglect (61%), parental drug abuse (32%), caretaker's inability to cope (14%), physical abuse (13%), child's behavior problem (11%), inadequate housing (10%), parental incarceration (8%), parental alcohol abuse (6%), abandonment (5%) and sexual abuse (4%) (U.S. Department of Health and Human Services, 2016).

In the State of Alabama, there were reportedly 8,809 child victims of abuse or neglect in 2013, with 38.4% being neglected, 50.8% being physically abused and 20.4% being sexually abused (Child Welfare League of America [CWLA], 2015). There were approximately 6,000 children in foster care in 2015 (CWLA, 2015); 62.9% were white, 22.8% were black, 5.4% Hispanic, 7.7% were of more than one race or ethnicity, and less than 1% were of other races or ethnicities (CWLA, 2015). In terms of out-of-home care designation, 576 of foster children in Alabama were living with relatives, or in kinship care vs. non-kinship care (CWLA, 2015).

### *Mental Health and Well-Being of Children in Foster Care*

Children in foster care, especially children in non-kinship care arrangements, often have significant and complex mental health issues, due to a history of trauma and other negative experiences. Abuse and neglect can also continue to occur within the

foster home (Szilagyi et al., 2015). Foster care is a reality to many children through their childhood, and it often leads to continued challenges throughout the life course.

A study by Steele and Buchi (2008) provided a glimpse of the common health problems of foster children. This study was limited to foster children in the State of Utah, but is a valid way to understand common health challenges of a large group of children, since this state mandates a comprehensive medical and mental health assessment of all children as they enter the foster care system (Steele & Buchi, 2008). In this study of 6,177 foster children, 83% of the children were white, 24% were Hispanic, and 5% were black. Of the children studied, 44% had one or more mental health conditions. Common conditions included oppositional defiant disorder or conduct disorder (18%), reactive attachment and adjustment disorders (17%), and mood disorders (15%).

To learn about the mental health of children according to the type of foster care placements, Stein, Hurlburt, Heneghan, Zhang, Rolls-Reutz, Landsverk, and McCue Horwitz (2014) used the National Survey of Child and Adolescent Well-being (NSCA WII), focusing on foster children from 0-17.5 years of age (n=5,872). The authors compared health conditions of children in formal non-kinship foster care (47.8%), formal kinship foster care (19.3%), and informal kinship care (32.8%). There was no significant difference in age or sex between groups (Stein et al., 2014). The study found that children in non-kinship care were more likely to have mental health issues as compared to those in any type of kinship care.

*Barriers to Mental Health and Well-Being in Foster Care*

Mental health is the most significant unmet health need of foster children (American Academy of Pediatrics [AAP], 2016). Factors contributing to the adverse mental health of children in foster care include the history of complex trauma, frequently changing situations and transitions, broken family relationships, and over-prescription of psychotropic medications (National Conference of State Legislatures [NCSL], 2016). Trauma is often the result of abuse and neglect, parental death or absence or a lack of parenting skills (NCSL, 2016). The biological parents of foster children often have a history of mental health disorders. The children have regularly been exposed to violence and criminal acts both in the home and in their neighborhoods. Many parents are under or unemployed and have entered into the criminal justice system. Poverty, food insecurity, and inadequate housing are often realities for these children before being removed from the home and often this continues to be an issue, even after placed in foster care (NCSL, 2016).

Foster children almost always are victims of trauma prior to entering foster care. Once a child enters into the system, the effects of trauma are often exacerbated and this is the time when they should be followed closely by mental health services (NCSL, 2016). Even with some improved policies about health care provision for foster children, the care coordination of foster children often fails due to lack of information and communication regarding their complex needs and histories (Szilagyi et al., 2015). This sets the foster child up for additional trauma and puts the child at risk for decreased mental health and well-being.

Ideally, mental health care for foster children is provided by quality professionals who follow-up with these children over time, despite placement changes. Mental health care does not always occur, even when the foster family has access to these professionals. It is common for these services to be unavailable in a timely way, as the family attempts to navigate the system of health insurance, child welfare, health care system paperwork, scheduling appointments, and coordinating other responsibilities associated with caring for a foster child (AAP, 2016). Lapses in or discontinuation of mental health services often occur when the child is moved to another foster care placement, or when lthe family does not have legal consent to bring the child for care. It is essential to realize that both kinship and non-kinship foster families have strengths and needs. Solutions to support these families and overcome barriers are required at all levels of the system (AAP, 2016).

Any event in the lives of foster children, both predictable and unplanned, can detrimentally impact the well-being of foster children and can lead to negative behaviors (Szilagyi et al., 2015). With appropriate support, foster care can be the setting for healing to take place. If a child feels supported and their well-being improves, the chances of the child being placed into a permanent family improve significantly (Rubin, Downes, O'Reilly, Mekonnen, Luan, & Localio, 2008).

*Long-Term Outcomes*

Foster care children end up either remaining in foster care until they age out of the system (usually by the age of 21), returning to their family of origin or becoming adopted. In all cases, individuals who experience foster care at some point are at higher

risk of poor mental health compared to those that have not been in the foster care system (Jackson Foster, Phillips, Yabes, Breslau, O'Brien, Miller, & Pecora, 2015).

Due to a variety of factors and barriers associated with foster care, these adult children from foster families often continue to experience complex medical health issues. To assess these mental health outcomes, Jackson Foster et al. (2015) studied the prevalence of mental illness comorbidity of two or more mental disorders and related facilitators and barriers to mental health in foster care alumni.

Using case records and interviews from the National Foster Care Alumni Study (NFCAS) of 1,038 foster care alumni, Jackson Foster et al. (2015) found that 10.4% had three or more diagnoses, 9.8% had two co-occurring diagnoses, and 20.08% had one diagnosis of a mental disorder. Posttraumatic stress disorder (PTSD) was found in 21.6% of the subjects; major depression was diagnosed in 15.1% of cases; social phobia was diagnosed in 12.1%;  panic disorder and generalized anxiety disorder was found in 11.4% and 9.3% respectively; and drug or alcohol dependence was found in approximately 13% of the subjects. All conditions were found to be co-morbid at a higher prevalence than in isolation (Jackson Foster et al., 2015).

Adult foster children with comorbidities were more likely to be women, unemployed, below the poverty level, and not married. Those with past diagnoses of mental health disorders and two trauma experiences, such as sexual and emotional abuse, were more likely to have comorbid mental health issues as adults (Jackson Foster et al., 2015). The single protective factor of comorbidity of mental health disorders in adulthood was the subjects' perceptions of having foster parents that were "helpful"

although how they found them to be helpful was not explored in this study (Jackson Foster et al., 2015).

A systematic review of seventeen peer-reviewed articles found that as foster children are aging out of the system, they are up to four times more likely to have mental health disorders as compared to their peers (Havlicek, Garcia, & Smith, 2013). They also found that the use of mental services at this stage in life decreases as the children age out of foster care, even though this is the time when the mental health of these transitioning children is declining (Havlicek et al., 2013). The authors reported the lack of literature regarding the psychosocial functioning of individuals that transition out of foster care. These transitioning youth often face significant novel stressors. By entering a new phase of life with decreased mental health, they most likely enter adulthood with a reduced ability to cope and to participate in their new roles. This issue often leads to foster care youth in transition experiencing negative situations such as re-victimization, homelessness, or incarceration (Havlicek et al., 2013).

### *Foster Caregivers*

One aspect of foster care that is not well represented in the literature is the role of non-kinship foster caregivers in improving foster placement outcomes. Some studies have been centered around the experiences of foster parents, but not specifically related to supporting the mental health and well-being of the children. Certain studies focus on the perspectives of caregivers regarding the barriers to a successful foster placement or regarding their own needs, but these are also limited in number and scope.

A literature review including eighteen studies about non-kinship foster caregivers' experiences was completed by Blythe, Wilkes, and Halcomb (2014). They found that foster parents face a variety of frustrations when providing care to their children and these mostly relate to confusion about their roles and responsibilities, their relationships with foster care personnel, and their lack of support from others, especially when managing behaviors. They reported themes of stress, anxiety, and depression among foster caregivers, with a discussion about the well-being of foster parents. This review was not deliberate in exploring parent experiences with facilitating improved mental health in their children, but from the findings it is clear that foster parents face significant challenges when trying to care for their children. It can be inferred that some of the stressors of being a foster parent are directly related to the children's decreased mental health, as the literature mentions poor behavior as a primary concern.

A study completed after the published literature review explored perspectives of foster parents about how to improve relationships within the foster care system. The research included over one thousand foster parents in a southwestern state, using a mixed-methods approach (Geiger, Piel, & Julien-Chinn, 2017). The findings emphasized the need for foster care system reform, as the overwhelming majority of the participants focused on systematic flaws such as overworked social workers and poor communication being the main reasons for their dissatfisfaction. The researchers also discussed that the stress created by the system decreases the number of foster parents available, because many foster parents close their homes after repeated negative experiences. Foster parents often end up disrupting their foster placements due to poor communication or ongoing frustration with the child welfare workers, which the authors

emphasized decreases the likelihood of positive foster child outcomes (Geiger et al., 2017).

A similar study by Lanigan and Burleson (2017) explored the experiences of foster parents during the transition period when a child enters the foster home. Ten foster parents were interviewed in an attempt to add to the scarce literature regarding the perspectives of foster parents. Three themes emerged from the study: the need to establish trust and a sense of belonging, the need to re-establish homeostasis in the home, and issues with external stakeholders such as poor communication with case workers and challenges with birth parents. The study emphasized, as in similar studies, that foster parents need more support in order to decrease the stress and the burden of being a foster parent. The authors concluded that more training and effort to help the foster parents feel valued and empowered would improve the transition period of the foster child, but ultimately would improve foster care outcomes (Lanigan & Burleson, 2017).

One study did incorporate the behavioral issues of the foster children and the experiences of the foster parents, with an emphasis on the needs of the foster parents. A common factor associated with satisfaction of foster parents, despite the many challenges, according to a study by Cooley, Thompson, and Newell (2019) is social support. Through an online survey of 155 foster parents in the United States, this study found that support from peers, especially when dealing with foster children with significant behavioral issues, was a protective factor for successful foster parenting. The authors of the study reported that social support predicted foster care confidence and satisfaction and moderated the relationship between perceived challenges of being a foster parents and perceived issues with negative behaviors of the children (Cooley et al.,

2019). This study was a quantitive study aimed to support smaller qualitative studies that have also emphasized the need for the child welfare system to facilitate networking among foster parents, as a means of improved foster home stability (Cooley et al., 2019). Although this study did address behavioral issues of the foster children as they related to foster care experiences, it did not emphasize the experiences of the foster parents specific to their attempts to improve behaviors or the overall mental health of the children in their care.

## Summary

Through a review of the literature, it is clear that children in foster care are at risk for decreased positive mental health due to a variety of factors. It also is evident that there is a lack of literature regarding foster parents′ experiences when addressing these concerns. Current literature emphasizes the mental health challenges of foster children and some research has been done regarding the experiences of foster parents, but there is no focus on what it is like for foster parents to support the positive mental health of their foster children. Foster parent literature tends to address the general needs of foster parents in order to improve the stability of foster placements or to improve the experiences of the foster parents.

By examining the lived experiences of foster parents when attempting to facilitate the positive mental health of their foster children, this study will add to the literature and help inform current and future foster care-related programs. Because there is not much literature focused on caregiver experiences in addressing the positive mental health of

foster children, specifically in non-kinship placements, use of the theoretical frameworks to guide discussions with primary caregivers of these children will allow for further understanding. There is a lack of information on the complexity of these mental health outcomes and the state of well-being of children as they are experienced by the primary foster caregiver.

# CHAPTER 3

# METHODOLOGY

The purpose of this qualitative study was to examine the lived experiences of non-kinship foster caregivers related to influencing the positive mental health of their foster children. The first section of this chapter includes a description of and rationale for the methodology chosen, including the philosophical background of the approach. The following sections of this chapter explain participant sampling and recruitment and the process of data collection and analysis. Validity measures toward credibility and transferability of the research are addressed.

## Qualitative Research

### *Qualitative versus Quantitative Studies*

The history of scientific research is one of quantitative methodology, whereby researchers test theories by using large samples and datasets to determine whether or not particular hypotheses are true or false. Quantitative studies attempt to count occurrences by statistically analyzing associations between specific numerical values to identify causal relationships (Smith, 2014). On the contrary, qualitative research focuses on the meaning and quality of the experience to understand a particular occurrence and related associations. A qualitative researcher aims to deeply analyze the perceptions of the research participants (Creswell, 2013).

Qualitative studies provide insight into the lives of participants and are the most appropriate approach when seeking an in-depth understanding of complex issues (Creswell, 2013). In qualitative methodology, the researcher is the primary data collection instrument. The role of the researcher is to engage with the participants in particular settings where the phenomenon occurs. During data collection, sampling occurs by choosing specific participants that have experienced the phenomenon that the qualitative study is examining versus through random sampling in attempts to generalize the study to the population, as is the case with quantitative research (Lincoln & Guba, 1985).

The qualitative approach intends for the researcher to deeply explore a specific phenomenon without concern for hypothesis testing or searching for causality (Lincoln & Guba, 1985). The qualitative researcher uses inductive reasoning to analyze data and move from a general idea to specifics based on the gathered information, in contrast to the quantitative researcher who relies on deductive reasoning to move from a specific to general premise, testing ideas to confirm results (Cottrell & McKenzie, 2005). To interpret the results of the data collected, the qualitative researcher needs to utilize a theoretical lens (Lincoln & Guba, 1985).

There are various approaches to qualitative research, including but not limited to case study, narrative research, grounded theory, ethnography, and phenomenology (Creswell, 2013). All approaches are related in terms of the basic underlying definition of qualitative research, but each one has specific purposes and methodologies. A phenomenological approach was used to complete this research study due to the desire to

thoroughly examine the lived experiences of a particular group of people, primary caregivers of non-kinship foster children.

## Phenomenology

Phenomenology is the examination of a participant's "lived experience" through his or her own perspective. Phenomenology is a qualitative research approach used to better understand the meaning of the human experience (Keen, 1975). One advantage of the phenomenological approach versus other qualitative methods, according to Creswell (2013), is that the researcher can utilize very structured data analysis methods, such as the one suggested by Moustakas. When engaging in a phenomenological research study, one seeks to gather detailed descriptions of a person's experience as described by that individual and to search for the essence and meaning of that experience. This gathering of descriptions is often accomplished through the collection of semi-structured interviews, which are subsequently transcribed and analyzed for themes and meanings (Moustakas, 1994). How one approaches the design and implementation of a phenomenological study is dependent upon which school of phenomenology is being followed.

## Philosophy of Phenomenology

Phenomenology began as a philosophical method of inquiry, developed by Edmond Husserl (Koch, 1995). Husserl felt that experimental research could not adequately capture the human phenomena. He believed that for the researcher to examine the experiences of the person, one had to be able to remove all personal beliefs about the

phenomena. To accomplish this separation from the phenomenon, the researcher deliberately "brackets" all preconceptions and prejudices so that they do not cloud the interpretation of the person's "lived experience" while describing it. A Husserlian approach to phenomenology is considered descriptive phenomenology and is embedded in the epistemology theory of knowledge.

Epistemology and ontology are two branches of philosophy that deal with how knowledge is understood. Epistemology is concerned with how meaning is known, whereas ontology focuses on what really exists. To follow the philosophical underpinnings of epistemology, Husserl believed that phenomenology must focus exclusively on the experience of the subject and how they perceived the meaning of that experience, without the researcher interpreting the perceptions of the person describing the phenomenon being studied (Mapp, 2008).

A student of Husserl, Martin Heidegger, emphasized ontology, the science of being versus Husserl's focus on epistemology (Reiners, 2012). Heidegger offered an alternative approach to phenomenology by focusing on interpreting what actually exists versus attempting to separate oneself from the phenomenon. He adopted hermeneutic concepts of "being in the world" and focused on seeking meaning of everyday experiences versus merely describing it. Interpretive phenomenological research is an alternative approach to descriptive phenomenology. The researcher aims to include the interpretation of the participant's experience within the study when utilizing the hermeneutic, ontological approach of Heidegger. To adopt this integrative and interpretive approach to phenomenology it is essential that the researcher draws from his

or her perceptions to be able to interpret the contextual meaning underlying the experience (Reiners, 2012).

## Interpretative Phenomenological Analysis (IPA)

### *Introduction to IPA*

There are various approaches to a phenomenological study that have been developed from the different philosophies associated with phenomenology. One type of phenomenology that was established from Heidegger's interpretative phenomenology is Interpretive Phenomenological Analysis (IPA). IPA, like the other approaches, examines the "lived experiences" of the participants, but when utilizing an IPA approach the researcher's aims must be both to understand the participant′s experience and interpret the contextual aspects of the underlying meanings (Larkin, Watts, & Clifton, 2006). Phenomenology focuses on experiences and meanings, but IPA affords the researcher a way to complete "higher-order interpretation" of the participants' descriptions (Smith, 2015). IPA blends concepts from phenomenology and hermeneutics. This specific approach to phenomenological research both describes the experience of the participant while also interpreting that related experience, recognizing that no phenomenon can be understood without interpretation (Pietkiewicz & Smith, 2014).

IPA was developed by Smith (1996) as a methodology within the health psychology field. According to Smith (1996) the phenomenological theory and the theory of symbolic interactionism are both essential elements of IPA. Phenomenology seeks to examine lived experiences that are unique to the person, while symbolic interactionism

focuses on the idea that people assign meanings to those experiences. The researcher using IPA must explore the experiences while also interpreting the underlying meanings (Smith, 1996).

Larkin et al. (2006) outlined the specific central tenets of the IPA approach. IPA should seek to understand how a particular phenomenon has been perceived by the individual, but then the researcher must interpret the context surrounding the given experience, including the physical and cultural contexts. By using a framework, the IPA researcher can analyze the connections between each person and the context in an attempt to understand how these connections contribute to the particular phenomenon being examined (Larkin et al., 2006).

When adopting an IPA approach to research, it must include a very intense and rich analysis of the experiences of a small number of participants, as compared to some of the other qualitative approaches. This analysis is usually accomplished through semi-structured interviews, journals or diaries, focus groups, or a combination of these methods. The participants explain their perceptions while the researcher attempts to interpret these lived experiences versus merely describing them.

### *Rationale for Use*

To an occupational therapist completing doctoral work in Public Health, focusing on health behavior, health education, and health promotion, the use of qualitative methodology was appealing. Occupational therapists inherently examine the person as a holistic being and the relationship between the individual and the contexts of their lives.

The use of IPA to explore the experiences of foster parents related to improving the positive mental health of their non-kinship foster children was a natural fit.

This study intended to not only relay the experiences as described by the participants but also to interpret those experiences to better understand and communicate the underlying meanings behind them. This approach allowed for an in-depth analysis of what non-kinship foster parents face when attempting to improve the positive mental health of their foster children. By interpreting the narrative of their stories, common themes emerged in terms of what is needed to support this population as they attempt to improve the lives of foster children.

### *Role of the Researcher*

The role of the researcher was extensive, as there were no co-investigators or research assistants included. The recruitment materials, interview guide, data collection, and data analysis process were completed by the researcher independently. Being a trained occupational therapist with a pediatric background allowed the researcher to utilize learned interview techniques, as interviewing parents is an integral aspect of the evaluation process used in pediatric occupational therapy. The evaluation and intervention process utilized in the profession also contributed to the ability of the researcher to interpret and analyze the data with ease. An occupational therapist is trained to analyze a person holistically as well as to interpret the interactions between the person and their environment and experiences. The researcher also had extensive interview

experience through other roles where interviewing was a common aspect of the job description.

Although the researcher had a history of working with several foster children that received occupational therapy in an outpatient setting, the researcher had no extensive personal experience with the foster care system or with foster children and their families. The researcher had attended a few continuing education sessions regarding occupational therapy's role in foster care and was also associated with a non-profit for foster children and families. The researcher did not have any personal relationships with the children or parents in any of the described experiences. Previous knowledge of the foster care system in Alabama or nationally was very limited until completing the literature review, which contributed to the ability of the researcher to collect and analyze the data without significant personal bias or expectations.

## Data Collection

Smith, Flowers, & Larkin (2009) recommended the following guidelines when using an IPA approach: 1) semi-structured or structured interviews of 2-25 participants 2) 60-90 minutes per interview 3) limit interviews to one per participant, unless there is a specific need for follow-up 4) allow the participant to determine the interview location, while encouraging it to be in the natural environment 5) use different devices to collect data, including recording and/or video equipment and note writing by the researcher to record essential observations during the session. The attempt to adhere to these guidelines

to the furthest extent possible during this study will be demonstrated in the following sections.

*Participants*

Participants were self-identified primary caregivers of foster children in non-kinship foster care in the State of Alabama. All participants were informed of the scope and nature of the study and the role of the researcher before the start of data collection. A rigorous process to determine eligibility was followed to ensure that the participants met all inclusion criteria and did not meet any of the exclusion criteria before enrollment.

*Eligibility*

To be eligible for participation in the study, the individual needed to meet all of the inclusion criteria as determined during the screening process. The participants were eligible if they, at the time of recruitment:

1. Self-identified as a primary caregiver of foster children in non-kinship foster care.
2. Had fostered at least two children between the ages of 6-18 years old.
3. Currently had a non-kinship foster child between the ages of 6-18 years of age residing in the home for greater than 90 days.
4. Resided within the State of Alabama.

5. Were 21 years of age or older.

6. Provided written consent.

Individuals were not eligible if they met any of the following exclusion criteria:

1. Did not speak English as their primary language.

2. Did not have adequate cognitive skills to understand concepts or answer questions related to the positive mental health of their foster children.

3. Self-reported as not healthy enough to engage in a 1-2 hour interview.

*Recruitment*

Participants were recruited through purposeful sampling, using both snowball sampling and criterion sampling techniques. Purposeful sampling is a qualitative research recruitment strategy commonly used to recruit and select participants that are highly qualified to share their knowledge about the particular phenomenon being studied (Creswell & Plano Clark, 2011). Snowball sampling is used when the researcher relies on the initially recruited participants to refer other participants who potentially meet the inclusion criteria (Creswell, 2013). Criterion sampling is another form of purposeful sampling in which participants meet some specific set of standards (Palinkas, Horwitz, Green, Wisdom, Duan, & Hoagwood, 2015). Following the Institutional Review Board (IRB) and dissertation approval, potential participants were accessed through a local non-profit organization for foster parents and children. After contacting the director of the

organization, recruitment began by attending a foster care parent support meeting, where the founder of the organization introduced the study and the researcher. Foster parents interested in the study were asked to provide contact information so that they could be screened at a later date. Twelve foster parents at the meeting provided their contact information and were screened via telephone. All screened participants were asked to recommend other potentially eligible foster care parents who may be interested in participating. Other participants were not necessarily found through snowball sampling but were recruited through criterion sampling, where individuals who knew the researcher and the focus of the study reached out to personal contacts who were thought to meet the criteria. All interested participants were screened via telephone and whether or not they met the criteria, were asked if they knew of others who would potentially qualify and be interested in participating. Individuals would share the recruitment letter (Appendix C) with potential participants or provide the necessary contact information to initiate the screening. Recruitment yielded a total of fifteen participants who met the inclusion criteria and completed an interview.

The participants were told during recruitment that they would not receive compensation for enrolling in the study. This decision was made due to issues of feasibility, as this would have been a significant expense. It was thought that compensation was not necessary, due to the nature of the study, in that most foster parents would enroll simply to inform others of their experiences. Foster parents, in general, seemed very willing to engage in the process as a means of improving understanding of the issues related to influencing the positive mental health of their foster children.

*Data Collection Process Overview*

Once a potential participant was identified through the described recruitment process, the participant was screened via telephone and was given general information about the scope of the interview and the reason for the study. A time, date, and location for the interview was confirmed once it was determined that the participant was eligible and willing to participate. During the interview session, the caregiver was introduced to the topic and the procedure for the interview in detail. Informed consent was signed by the primary caregiver before the interview. A brief demographic form was given to the caregiver before the interview to collect necessary socio-demographic information about the participant (Appendix D). Data gathered included background information about the primary caregiver such as age, gender, race, marital status, educational background, employment, household income, and health status. Demographic information about the child was extracted through the interview questions and the Child Demographic Form (Appendix E). The child's name or other specific identifiable personal data was not requested (such as the particular school or date of birth, etc.). The participants were encouraged to use the foster child's initials or terms such as "current" or "former foster child" when describing their experiences with each child.

*Screening*

All potential participants were screened via phone once they inquired about the study or indicated permission to call. The screening included information gathering to

confirm eligibility criteria (Appendix F). Eligible participants were then informed about the timeline, informed consent procedures, the intent of the study, and the interview process.

### *Informed Consent*

The protocol was explained during the screening, and the informed consent document was sent to them before the interview for their review (Appendix G). During the phone screening, they were read a script approved by IRB regarding their awareness of email exchange procedures. They were asked if they were willing to receive information via email based on the material read to them. No information about the participant or their foster children was exchanged via email. Forms for review were sent via email, but were signed and filled out during the in-person interview. Emails confirming the time and place of the interview were exchanged with permission and per request of the participant.

### *Participant Reflections*

During the telephone screening, each participant was informed of the research question. The definitions of positive mental health, the positive mental health outcomes and indicators, and other concepts for reflection were explained (Appendix H). This list of terms and the informed consent information was either emailed to them for their review prior to the interview or presented to them in person before the start of the interview, depending on the preference of the participant.

In addition to agreeing to an interview, the participants were asked to reflect on the research question in written format before the interview. They were assured that there was no specific format to these reflections in terms of length and there was no need to be concerned with grammar, spelling, or sentence structure. The participant reflections were not read before the interview and were not referenced during the interview.

The reflections were intended to allow the participant to feel prepared for the interview since the goal was to deeply explore the experiences of each participant. By writing down some ideas before the interview, it was expected that the participant felt ready to engage in this in-depth exchange. The reflections were also intended to be used as a means of data triangulation. The reflections were typed or hand-written, depending on whether or not the participant chose to do them prior to the interview date or directly before the start of the interview. The reflections did not contain the participant's name or any identifiable information to maintain confidentiality. Most reflections were completed within five minutes before the start of the interview.

*Semi-Structured Interviews*

The participants chose the location of the interview and were instructed to ensure that it was a private location, free from any individual that may become upset or embarrassed by overhearing the conversation or from any individual the participant would not want to be aware of or listen to the interview. The interviews were semi-structured, with a guide available to allow for flexibility while also helping to explore certain concepts in more detail (Appendix I). The participants were told that only one

interview would be necessary unless something out of the ordinary occurred during the interview and that they would be called after the data collection process to discuss the findings and engage in member checking. All interviews were audio-recorded and transcribed verbatim. Transcriptions were completed using NVivo Transcription and were then edited manually.

### *Development of the Interview Guide*

The interview guide was constructed in a way that allowed for the interviews to remain focused on the research question while also being flexible enough depending on the participant's style of conversation. The format of the guide was based on the understanding that a phenomenological study must explore the phenomenon being studied and not necessarily the people themselves (Englander, 2012). The interview guide was a tool to understand the phenomenon through the foster parent's description of the experiences. Englander (2012) recommended that the interview guide prompt the researcher to ask for a situation in which the participant had experienced the phenomenon and then prompt the researcher to ask about the effects of that experience. The interview guide was constructed with this understanding and attempted to follow this format.

Before the start of the interviews, the researcher asked the participants to listen to the purpose of the study, the research question, and the definitions of psychological and social well-being, including the related constructs. They were then asked to complete a short written reflection about their first thought regarding their experiences with

supporting the foster children in the areas mentioned. After the reflection was completed, the researcher read the interview guide introduction.

The content at the beginning of the interview guide was based on the assumption that the participant understood the basic concepts, as they had already been introduced to the definitions of psychological and social-well-being during the recruitment process and during the initial phase of the meeting. The semi-structured interview briefly reminded the participants of the definitions and the purpose of the study and then moved to basic questions about their parental history, the foster children's general background and what the experience was like when they entered the foster home. This review allowed for some additional context about the participant and the foster child, which could be explored later in follow up questions if necessary. Next, the interview guide included questions to capture the foster parent's experience with what it was like to facilitate the development of the psychological and social well-being of the children in their care.

When developing the format of the interview guide, the questions were based on the constructs of psychological and social well-being, as described in The Positive Mental Health Surveillance Indicator Framework (Orpana et al., 2016). The participant was asked to describe an experience related to one of the constructs. The interview guide included prompts to improve understanding of each of the foster parent's experiences they described. The questions also loosely followed the Social-Ecological Model to capture the participant's lived experience in dealing with aspects of the child's psychological and social well-being in terms of how their family, friends, the school system, or the policies and laws within the foster system may have contributed to their experiences.

The foster parent was instructed that they could answer each question about one child first and then the items could be asked again regarding their experience with the other child or they could compare the two children throughout the interview as they answered each interview question. The interview guide also had follow-up prompts to cue the researcher, especially if the foster parent became more focused on the child's story and not their own experience about how they handled the event or situation they began to describe. Some follow up prompts that were included were, "Can you tell me more about what that was like for you when that happened?" or "Can you explain more about your experience in terms of how the school worked with you during that incident?" or "What was that like for you?" if it wasn't already answered through their discussion. A pilot interview was done with a foster parent before the first participant interview. This mock interview helped to demonstrate the importance of the follow-up questions to differentiate examples of the child's psychological and social well-being versus the participants' lived experiences in impacting those areas of the children's well-being.

*Research Journal*

A research journal was kept throughout the data collection and analysis process. Lincoln and Guba (1985) suggested that by using a reflective journal, the study significantly improves trustworthiness. A reflective journal was kept and utilized consistently throughout the research process. This journal included information such as study procedures, methodological decisions and rationale, personal reflections and insights, and questions to be explored to stay true to the plan and ensure a high-quality study.

### *Data Management*

All research data was stored on a password-protected computer and in a secured cabinet in a locked office. Each participant was provided a random identification number, which was stored in a separate electronic file from the list of participants. Contact information and demographic information that was collected during the screening and enrollment process was kept confidential and there were no child names included anywhere in the study paperwork. Omitting the children's names was an effort to maintain the highest level of confidentiality. If a participant accidently mentioned the name of a child during the interview, the name was edited out of the transcript. The participant's name was also changed during the writing phase of the dissertation and specific child information was not linked to each participant, other than the age and gender of the child and the approximate length of stay in the home.

## Data Analysis

### *Overview*

When analyzing data within an IPA study, the researcher must continue to be aware of how personal experiences and knowledge may influence the research methodology (Clark, 2009). Analyzing the data should be an inductive process, in which the researcher refrains from utilizing a specific theory or framework while also maintaining a structured and sound approach (Clark, 2009). Alase (2017) indicated that

one way to be sure that an IPA study is of high quality is to answer specific questions proposed by Smith (2004) and Creswell (2013). These questions include the following:

1. Is there a clear understanding of the philosophical principles of phenomenology?
2. Is there a clear "phenomena" being studied, and is it being articulated concisely?
3. Are phenomenological data analysis procedures being used, as recommended by Moustakas (1994) or van Manen (1990)?
4. Is the overall experience of the participant being reflected, and does the essence of the experience include contextual descriptions?
5. Is the researcher demonstrating that he or she has been reflective throughout the process?

Due to the systematic, deliberate approach towards data analysis, all of these questions can be answered favorably when critiquing this study. The approach to phenomenological data analysis by Moustakas was utilized (1994) as a means of contributing to the integrity of this phenomenological study. Moustakas (1994) offers guidelines for using phenomenology as a research method, which include the concepts of epoche, phenomenological reduction, and imaginative variation. These terms were studied extensively prior to the interviews and the definitions were included in the research journal as a constant cue to follow these guidelines as the study progressed.

*Epoche*

Epoche, or transcendental reduction, is defined as, "the attitude of phenomenology in which one refrains from judging whether anything exists or can exist," or "the freedom from assumptions or theories," according to Moustakas (1994). To achieve epoche, bracketing was attempted between each interview and phenomenological reduction was applied to the data analysis process. The researcher tried to bracket any assumptions or preconceptions to be fully aware of the participant's experience without initial interpretation. This bracketing was attempted by reflecting in the research journal and through metacognitive processing during the interview, where the researcher would deliberately try to detach from thoughts comparing the current interview to past interviews. In being true to the IPA approach, the researcher attempted to adhere to a double hermeneutic process, with a cyclical approach to bracketing followed by an attempt to later interpret the context and understand the meanings as described by the participants (Smith, 2015).

*Phenomenological Reduction*

Phenomenological reduction and epoche are closely linked. With phenomenological reduction, each discovery must be described just as it was, but with the inclusion of textual references and with consideration of context. This is the aspect of data analysis where the relationship between the phenomenon and the self are considered

and described. Phenomenological reduction focuses on the experience of the ways things were in detail (Moustakas, 1994).

When attempting to complete phenomenological reduction, the researcher strived to treat all details of the transcript equally. This strategy can be accomplished through horizontalization, as described by Moustakas (1994). Horizontalization is the process by which every relevant expression is listed, and preliminary grouping is completed. When completing horizontalization, the researcher attempted to understand the phenomena equally without initially comparing them. Each phrase was analyzed to determine if it contained necessary aspects of the phenomenon being explored. When elements of the transcript were not related to the phenomena, elimination was completed, where that aspect of the text was not further analyzed. Through this process, units of meaning, or key phrases, were delineated from the text, and the researcher transitioned from phenomenological reduction to imaginative variation.

### *Imaginative Variation*

Imaginative variation is the process in which the researcher now uses imagination and intuition to examine the meaning units and cluster them into descriptive labels, categories, and structural themes (Moustakas, 1994). The researcher completed this process systematically and at the end synthesized these themes into an overarching theme, or the essence. According to Moustakas (1994) the essence is the "final truth" which can describe the experiences of the group as a whole.

*IPA Analysis*

More specifically than described above, the following is the IPA data analysis process that was used to complete the data analysis of each transcript and then the collective transcripts:

1. Each interview, transcribed using NVivo transcription, was read at least two time, prior to being edited to ensure they were transcribed verbatim. When feasible, this was completed before conducting the next interview.

2. As each interview was being edited, a list of meaning units was written down adjacent to the researcher's journal entry from that interview.

3. Once edited, each transcript was printed and read at least two more times as well as each written participant reflection. Notes were added to the page of the research journal that contained the preliminary meaning units that were discovered previously.

4. Groups of interviews were then summarized to compare similar meaning units and to begin clustering them into preliminary themes and subthemes.

5. Each transcript was analyzed again, using the left-hand margin to note any interesting interpretation by the researcher, in an attempt to make associations and to summarize common themes. The right margin was used to document keywords and emerging themes.

6. Themes were clustered.

7. A directory of phrases that supported the major themes was created with documentation of where to find supporting quotes or meaning units within the transcripts and a table of themes was created.

8. A description of the relationship between themes and the emergence of an overarching theme or the essence was drafted and considered before the final write-up.

The procedure of reviewing each participant's interview at least three times, to gain understanding and begin to develop themes, was recommended by Alase (2016). Using the research journal and completing an in-depth postscript reflection after the study allowed for adequate analysis throughout the research process. Throughout the data analysis process, this overall methodology was adhered to, and the method was reviewed with specific members of the dissertation committee during the data analysis phase.

*Saturation*

Saturation is described as the point when the researcher no longer finds new information that adds to the understanding of a concept or .category, helping to justify the ceasing of data collection (Strauss & Corbin, 1998). Although it was felt that the study was approaching saturation after approximately eight interviews, a decision was made, in collaboration with the dissertation committee chair, to complete fifteen interviews and then evaluate for saturation. Data collection ended after the fifteenth participant was interviewed, being confident that the study had reached saturation, as no new themes were being discovered.

## Transferability and Reliability

IPA research should aim to produce findings that are transferable and reliable. Transferability in qualitative research allows for connections to be made between the study results and the reader's own experiences versus generalizing the results broadly to the general population (Kuper, Lingard & Levinson, 2008). To achieve reliability in a qualitative study, a researcher must be consistent when collecting and analyzing the data (Alase, 2017). By using methods such as field notes and transparency in how the themes were developed, one could argue that there was a significant effort to produce a reliable study. The researcher aimed to be consistent throughout the process and did not make any significant changes to the data collection or analysis approach.

To ensure that the quality of the dissertation was to the hightest standard possible, recommendations specifically related to IPA methodology were followed. According to Alase (2017), there are five tools central to IPA studies that should be utilized in order to accomplish the goal of producing a study with the elements of transferability and reliability: trustworthiness, member checking, triangulation, auditing, and quality and verification of data.

### *Trustworthiness*

Trustworthiness of the study provides persuasion that the results are worth considering and that they contribute to the existing literature (Lincoln & Guba, 1985). Aspects of trustworthiness include credibility, dependability, transferability, and

confirmability. To ensure all of these compenents of trustworthiness were reflected in the study, the effective use of a reflective journal is recommended by Lincoln and Guba (1985). This dissertation incorporated a journal throughout the data collection and analysis process. The journal had an outline on the inside cover to remind the researcher to incorporate descriptive and reflective notes before and after each interview. Reflective notes deliberately incorporated impressions and feelings during the interview process as a means of assisting with interpretation of the findings. Any decision to alter the process was recorded in the journal as well, with the aim of achieving a trustworthy study.

*Member Checking*

Each interview was reviewed, transcribed, and analyzed promptly. The participants were contacted at the end of the data analysis process and asked to comment on a summary of the findings. The specific approach to member checking that was used during this study was one recommended by Birt, Scott, Cavers, Campbell, & Walter (2016). These authors suggested that when the purpose of member checking is to verify that the participants' experiences were accurately captured, a synthesized approach to member checking is most effective. As suggested by this method, the participants were asked to review a summary of the themes, including direct quotes and the interpretation of them, several months after the interviews. This improves reliability and transferability of the study, because the members are able to reflect on and comment about whether or not their experiences are revealed in the final analysis (Birt et al., 2016). The specific results of using synsthesized member checking are discussed in the postscript reflection later in the dissertation.

*Triangulation*

Using the participant reflections, the semi-structured interviews, and the researcher journal as described above, allowed for data triangulation. This study was deliberate in comparing the participant reflections to the semi-structured interviews to help better understand the phenomenon through the eyes of each participant, although most of the participant reflections did not contain enough detail to triangulate the information in a consistent and thorough way. In a few cases, analyzing both oral and written thoughts provided by the participants allowed for a richer understanding of what the participants were thinking when describing their experiences. The interviews were thorough and the effectiveness of the questions asked were reflected on during the journaling process. Analyzing emerging themes, as part of the iterative process, also helped with improving the interview quality and improving data triangulation. Using the research journal consistently and deliberatiely was essential and effective at adding a layer of depth in data analysis.

*Auditing*

Use of an audit trail was incorporated throughout the process by maintaining all raw data and organizing it in a way that allowed it to be accessible and transparent if and when it is needed to justify decisions or results. The use of the research journal also served as an audit trail, since all rationale for decisions made and documentation of the data collection and analysis process were systematically recorded. All records of how

themes and interpretations were devised have been kept with accuracy and are accessible if needed to defend the process, the analysis, or the interpretation of the data.

### *Quality and Verification*

The entire research process was reviewed comprehensively to determine if all aspects of the methodology were met and were effective at obtaining credibility. From recruiting the participants to analyzing the data, the quality of the approach, and the result was continually being assessed. It was determined that the lived experiences described by the participants were captured thoroughly and intricately and this was verified through member checking. Prior to member checking, a summary of the themes was discussed with a content expert in order to improve the quality of how the themes were worded and to determine if the interpretation of the themes seemed congruent with the experiences of the content expert. This individual has a history of foster parenting and is the founder of a non-profit for foster parents and children. Adding a content expert to the process seemed to further verify that the study was of high quality, since the feedback was positive.

### *Postscript Reflection*

A postscript reflection was completed and is included later in the dissertation as a means to self-reflect on the process. An IPA study should include this detail truthfully and intricately (Alase, 2017). This postscript reflection allows the reader to follow the thought process and the rationale for decisions made during the study. A postscript reflection was used at the end of the study to summarize the experiences described in the

research journal and to discuss the overall development of the dissertation from start to finish.

*Ethical Considerations*

All participants were assured that confidentiality would be maintained at all times, which is essential for any research study but is especially important to build trust with foster parents. Foster parents are especially diligent about confidentiality as this is part of their requirements. For example, they are not allowed to share pictures of their foster children and are not allowed to disclose certain information to teachers or other people associated with the foster child. The participants were encouraged to use abbreviations or fictitious names when discussing the children during the interviews, and if this did not occur, the names were omitted during the transcription process.

The researcher was also deliberate about the number of details included in the data analysis section, changing the names of the participants and the children and omitting any details that would allow anyone to be identified. Data collection and storage, as described, was done in a way that allowed for confidentiality to be maintained. Any information that was not pertinent to answering the research question in terms of describing the experiences of the foster parents were omitted when using quotes or describing the findings.

There were no conflicts of interest that need to be disclosed. The study was approved by the University of Alabama at Birmingham (UAB) IRB (Appendix J). The

informed consent procedure and all other aspects of the study were followed as outlined in the IRB.

## Summary

The described methodology, with careful data collection and analysis, allowed for the research question to be answered. Using Interpretative Phenomenological Analysis, while adhering to the suggested guidelines to maintain focus allowed for a comprehensive insight into the lived experiences of non-kinship caregivers of children in foster care. This chapter captured the rationale for using an Integrative Phenomenological Analysis approach, both in terms of how it fits with the scope of the study and how it was congruent with the background and experience of the researcher. The methodology was described explicitly from recruitment to data analysis, with an emphasis on procedures to maintain quality and to be able to justify decisions that were made throughout the study. All fifteen participants were recruited, and the data was collected and analyzed in the described way, with any changes or issues documented in the research journal, as described in the chapter. The sensitivity of the topic and the need to maintain confidentiality and awareness of the need for trust was also described and adhered to consistently during all phases of the study. The following chapter will describe the findings of the study.

# CHAPTER 4

# FINDINGS

This chapter provides an in-depth discussion and analysis of the study findings. It begins with an overview of the settings where the research was conducted and a detailed account of each participant's characteristics. It then provides a detailed description of the results. It concludes with a comprehensive interpretation of the findings.

## Study Settings

The participants were interviewed in the setting of their choice. Interviews took place across various counties in Alabama. Six interviews took place in Jefferson County, with one participant being a foster parent for both Jefferson County and Mobile County. Four participants were foster parents through Shelby County Department of Human Resources, two were through Tuscaloosa County, and three fostered through Autauga County, St. Clair County, and Etowah County respectively. Eight of the fifteen interviews were completed in the home of the participant, three were completed at the interviewee's workplace, and four were completed in a public dining establishment as requested by the participants.

For each interview, the confidentiality of the participant and the foster children were considered, by not allowing the foster children to be present where the interview was taking place and by ensuring that the interview was not able to be overheard by others. If a child did walk into the room, which occurred on a few occasions, the

interview was immediately suspended until the child left the interview area. When the interview took place in public, it was completed in the most private area as possible, and every effort was made to sit close enough that the conversation was private.

## Description of the Participants

The fifteen participants are described, with names changed for confidentiality, to give context to the findings. An overview of the two foster children that were discussed is also included, with names and any identifiable information omitted. The attempt to include all pertinent information while also maintaining confidentiality is essential, given the nature of this phenomenological study. Table 1 provides demographic information of the participants (Appendix K).

Table 1

*Participant Demographics*

| Name | Age | Marital Status | Educational Background | Household Income |
|---|---|---|---|---|
| Anne | 50-55 | Married | Bachelor's degree | Over $100,000 |
| Catherine | 45-50 | Married | Bachelor's degree | Over $100,000 |
| Denise | 45-50 | Married | Some college/no degree | $35-50,000 |
| Ella | 45-50 | Married | Master's degree | $75-100,000 |
| Heather | 40-45 | Single | Master's degree | $50-75,000 |
| Jane | 30-35 | Married | Associate degree | $35-50,000 |
| Lidya | 30-35 | Married | Some college/no degree | $50-75,000 |
| Morgan | 35-40 | Married | Some college/no degree | $50-75,000 |
| Olivia | 40-45 | Married | Bachelor's degree | Over $100,000 |
| Pamela | 55-60 | Married | Professional degree | $75-100,000 |
| Reagan | 50-55 | Married | Master's degree | $75-100,000 |
| Sarah Beth | 45-50 | Married | Associate degree | $50-75,000 |
| Tricia | 40-45 | Married | Bachelor's degree | Over $100,000 |
| Vera | 35-40 | Married | Bachelor's degree | Over $100,000 |
| Christopher | 25-30 | Married | Master's degree | $35-50,000 |

Anne, participant one, is a Caucasian female in her early fifties. She has a Bachelor's degree and works part-time. Anne is married and has two biological children and one adopted child. She had three foster children in her home at the time of the study. Anne described herself as having the desire to be a foster parent at a young age. She and her husband have fostered three children of various ages. One of the children discussed in the interview was a fourteen-year-old male and was displaced from the home after approximately eighteen months. The other child was a fourteen-year-old female, who currently resided in the home at the time of the study and had been in the home for over eighteen months. She had also been in their home four years earlier but was removed for a period of time to reside with her biological family.

Catherine, participant two, is a Caucasian female in her late forties. She has a Bachelor's degree and works full-time. Catherine is married and has six biological children. She had one foster child at the time of the study. She reported they decided to foster as a way to "give back" since they had adequate space and resources available. They had been non-kinship foster parents for two infants and two older children. For the interview, Catherine compared a five-year-old male, who was in their care for approximately one year, with a current foster placement, who was a seven-year-old female who had been with them for thirteen months at the time of the interview.

Denise, participant three, is a Caucasian female in her mid-forties. She has some college credit and works full-time. She is married and has one biological child. She had two current foster children at the time of the study. Denise has had three foster children, two teenage males that currently live in the home and a previous six-year-old male who lived in the home for approximately six months. For the interview, Denise discussed the

former foster child in comparison to one of the current foster placements. She discussed the desire to begin foster parenting was directly related to wanting to eventually adopt the present foster children almost four years ago, although they had still not been adopted and had only been placed in the home for the past few months at the time of the interview.

Ella, participant four, is a Caucasian female in her late forties. She has a Master's degree and works part-time. She is married and has one biological child and one adopted child and had four foster children at the time of the study. She discussed her desire to foster began after she had difficulty having more children. She and her husband have fostered over fifty children, without including short term placements. For the study, she compared her experiences with an eleven-year-old female, who was a current foster placement of approximately two years at the time of the study, to a former placement, who was fourteen when she was placed and had resided with the foster family for approximately four years.

Heather, paricticipant five, is a Caucasian female in her early forties. She has a Master's degree and works full-time. She is single and had three foster children in her home at the time of the study. She does not have any biological children. Heather described herself as a person who knew at a young age that she would eventually be a foster parent. She provided information about her experiences with a nine-year-old male child, who was in the home at the time of the study for approximately a year and had also been in her home for close to six months previously. She compared these experiences to a current child, who was six at the time of the study. He had been in the home for about a year. Heather had been a foster parent to four children total at the time of the interview.

Jane, participant six, is a Caucasian female in her mid-thirties. She has an Associate degree and is a homemaker. She is married and has three adopted children. She had three foster children in her home at the time of the study. She and her husband had fostered over one hundred children, with sixty of them being long-term placements. Jane described her desire to be a foster parent at a very young age. Jane first described her experiences with a former placement, who was an eight-year-old when he was displaced into a therapeutic foster home after residing in her home for three years. She compared those experiences to a foster child, also an eight-year-old male, who had been in the home for approximately eight months at the time of the interview.

Lidya, participant seven, is a Caucasian female in her early thirties. She has some college credit and is a homemaker. She is married and has four biological children. She had three foster children in her home and had fostered a total of fifteen at the time of the study. She described her early desire to be a foster parent. Lidya compared her experiences with supporting the positive mental health between a current foster child and a former foster child. The current child, who was a thirteen years old female, had been in her home for approximately one year at the time of the interview. The previous child was six when she entered Lidya's home and was displaced into a therapeutic foster home after approximately one year.

Morgan, participant eight, is a Caucasian female in her mid-thirties. She has some college credit and was enrolled in college courses at the time of the study. Morgan is married and has one adopted child. She had four foster children in her home at the time of the study. She reported her desire to foster or adopt at a very young age. She compared a thirteen-year-old male, currently in the home for about a year with a past placement, who

was fourteen and in the home for approximately one year when he was moved out of the home to reside in another foster care home with a sibling.

Olivia, participant nine, is a Caucasian female in her mid-forties. She has an Associate degree and is self-employed. She is married, has three biological children and had one foster child in the home at the time of the study. She expressed an early desire to be a foster parent. She has fostered over forty children, with seven of them being long term placements. Olivia compared her experiences with a current child in her home, a nine-year-old female who had been with Olivia for over three years to a former child. The previous foster child was an eleven-year-old male who was in the home for seven months and then was placed with a sibling.

Pamela, participant ten, is a Caucasian female in her late fifties. She has a professional degree and works full-time. Pamela is married and has three biological children that no longer live in the home. She had an early desire to foster and was a biological child of foster parents throughout her childhood. She had one foster child and three children whom she had legal guardianship of at the time of the study. She and her husband have adopted eighteen of the fifty-five foster children that were placed in their home over the years. She described her experiences with a current foster placement. He was an eight-year-old male who had been in the home for a year at the time of the interview but had been in and out of her home over the years. Pamela compared this experience with another placement, a twelve-year-old female when she arrived almost twenty years ago. This foster child is now an adult who is still a part of their family.

Reagan, participant eleven, is a fifty-year-old Caucasian female. She has a Master's degree and works part-time. She is married, has four biological children and

five adopted children. She had two foster children in her home at the time of the study. She described her experiences with a previous placement. She was a thirteen-year-old female placed in her home for over six months, who also had a child living in the home with them. She then compared these experiences to a current foster placement, a seven-year-old male child who had been in her home with his brother for approximately a year at the time of the interview.

Sara Beth, participant twelve, is a Caucasian female in her late forties. She has an Associate degree and works full-time. She is married and has a biological child that no longer lives in the home. She had an adopted son and two foster children living in the home at the time of the study. She began fostering children with the intent of adopting a child she knew needed a home. She compared her experiences with this child, who was eight when he entered the home as a foster child, with a seven-year-old female, who had been in her home for approximately nine months at the time of the interview.

Tricia, participant thirteen, is a forty-year-old Caucasian female. She has a Bachelor's degree and works full-time. Tricia is married and has four biological children. She had two adopted children in her home at the time of the study. Tricia discussed her early desire to adopt, but realized later she wanted to foster instead. She compared her experiences with a current female foster child in her home, who was ten at the time of the interview and had been in her home for approximately five months, with a previous female foster child. The past foster child was twelve and was in her home for nine months until she was placed with a family member.

Vera, participant fourteen, is a Caucasian female in her late thirties. She has a Bachelor's degree and works full-time. Vera is married and has two biological children.

She had two foster children in her home at the time of the study. She expressed that she had wanted to be a foster parent from a very young age. She had a total of eighteen children but compared her experiences with her two long term placements. One of the children was a seven-year-old male who was in the home for approximately ten months until he was placed with a family member. The other was an eight-year-old male who had been in her home for eleven months at the time of the interview.

Christopher, participant fifteen, is a Caucasian male in his late twenties. He has a Master's degree and works full-time. Christopher is married and has an adopted child. He had two foster children in his home at the time of the study and had two previous foster children. He explained that he and his wife had wanted to be foster parents at very young ages. He compared his experience with each of the foster children currently in his care. They had been in his home for approximately five months at the time of the interview. One was a sixteen-year-old female, and one was a nine-year-old male.

The fifteen participants compared their experiences with two different foster children they had cared for in terms of attempting to address their psychological and social well-being. A summary of the thirty children discussed includes their age at the time they were in the home, whether or not they had mental health needs that impacted their academic or social participation, and whether or not they participanted in religious or extracurricular activities while in the home. This information was filled out by the parent prior to the interview. To maintain confidentiality, the details of each child are reported collectively versus tied to each participant.

Out of the thirty children mentioned during the interviews, they ranged in age from six to sixteen years old. Twenty-one of the children had an identified mental health

issue that interfered with their academic or social participation, according to the foster parent. Common mental health issues among the ones identified included attention deficit hyperactivity disorder, bipolar disorder, borderline personality disorder, oppositional defiant disorder, attachment disorder, posttraumatic stress disorder, reactive attachment disorder, anxiety, depression, and suicidal ideation. Nine of the children were identified as having no specific mental health disorders that impacted their academic or social participation.

Only one child out of the thirty did not participate in some type of religious activity while they were in the foster home. In terms of extracurricular activities, twelve of the children participated in sports and fourteen had engaged in some type of community-based or volunteer activity while they were in the care of the foster parent being interviewed.

## Research Methodology Applied to Data Analysis

This IPA study was focused on the research question, "What are the lived experiences of primary caregivers of non-kinship foster children when attempting to influence the psychological and social well-being of the children in their care?" To answer this question, the interviews were analyzed in a systematic way congruent with this research methodology, as described in Chapter Three. Specifically, each interview was transcribed using NVivo transcription after being read two to three times unedited. At that point, the initial notes regarding critical phrases and interesting interpretive considerations were noted below the researcher journal entry for that interview. At times, this was not able to be done before the next interview, because some interviews were

scheduled on consecutive days or too close together to allow time for the initial reading of the unedited transcripts. As the interview transcripts were being edited, a list of meaning units and other essential words, phrases, or interpretive ideas were added to the text in the researcher's journal. Each transcript was printed and read at least two more times, and notes in the research journal were reviewed. Specific phrases were circled or underlined with a color code to preliminarily group potential themes, and any other notes were added at that time. The participant reflections were also read at this stage of the data analysis, and any significant expression from the participant was recorded in the research journal with the other material that had been documented.

Groups of interviews were then summarized to compare similar meaning units and to begin clustering them into preliminary themes, and then each transcript was analyzed again. This iterative process of data analysis allowed the researcher several opportunities to interpret the meanings behind the text of the interview and to integrate the interview data with the research journal and the participant reflections.

When interpreting the meanings behind the words spoken by the participants, it was clear that there were no apparent differences in the experiences of the foster parents in terms of supporting the psychological well-being versus the social well-being of the participants. In general, the participants seemed to consider psychological well-being foundational for social well-being and most spent a significant amount of time discussing their experiences with facilitating the child's psychological well-being. Often, even though the concepts were presented separately, the two aspects of well-being were discussed concurrently and it was difficult to separate the experiences described by the foster parents.

When asked about their experiences with issues regarding psychological well-being, examples of psychological well-being constructs were included as prompts for the participant to focus their responses. The interviewees were asked to describe their experiences related to the children's level of self-acceptance, sense of autonomy, their attitudes about themselves, or their feeling of purpose in life and development towards personal growth. The foster parents' experiences in trying to support the foster children in learning appropriate ways to get their needs met or how to negotiate the world around them was also explored. Some of these constructs were more age-appropriate than others, depending on the age of the foster children. The constructs were often re-iterated to further attempt to interpret the specific experiences associated with supporting the psychological well-being of the child in a way that seemed relevant to the details emerging. Follow up questions to improve understanding or to focus the conversation back to answering the research questions were guided by those constructs as well as through prompts such as, "Tell me more about what that was like for you," or "Can you describe how that felt when that happened?"

When asking about the experiences with facilitating the social well-being of the foster children, the parents were asked about their need to support them with feeling like they belonged socially (social integration) or accepting others (social acceptance). Constructs such as social coherence, the ability to make meaning of what is occurring in society, or social actualization, the ability to see the potential in others and in the community to evolve, were only asked if the child was old enough for these concepts to make sense. Follow up questions to maintain the focus on the parent's experience versus solely discussing examples of the children's social well-being were similar to those

mentioned above. Often, the simple request to, "Explain what that was like for you," was enough to shift the interview back to the focus of the research question.

Because the answers about their experiences with facilitating the development of psychological and social well-being were so similar and because the two aspects of well-being are both aspects of positive mental health, the answers were examined together when identifying and interpreting themes. The themes that emerged seem to accurately describe the experiences of the foster parents in supporting the positive mental health of their foster children.

After analyzing the participant reflections, it was concluded that no additional content was gained by this exercise. Because of this, the themes discussed should be considered to be extracted from the participant interviews, without the participant reflections adding any new perspective about the emerging themes or the context of their descriptions. The research journal was utilized extensively when interpreting the meaning of the interview content and when analyzing the themes in more depth.

## Presentation and Interpretation of Findings

Through the use of an Integrative Phenomenological Analysis approach to analyze the data, four themes emerged from the fifteen interviews. The themes were revealed systematically through an iterative process. During this process, units of meaning were explored and then clustered to determine themes (See Appendix L). The research journal entries were combined with the transcript analyses to enhance understanding of the contextual meanings behind what was verbalized during the

interviews. After themes were finalized, to be true to the Integrative Phenomenological Analysis approach, an inductive process was utilized to identify an overarching theme.

*Results*

When analyzing the data to discover the shared experiences of the fifteen non-kinship foster parents with influencing the positive mental health of their foster children, the following four themes were discovered:

1. Advocating for children and self
2. Cultivating resilience in children and self
3. Expecting the unexpected
4. Living with the lack of… (resources, knowledge, support)

Each theme is listed and described below, with passages from the interviews and contextual details to support each theme.

*Theme 1: Advocating for children and self.* Many of the foster parents interviewed discussed examples of having to advocate for the children to support their positive mental health. The children often had significant mental health needs that were not able to be met by contacting Department of Human Resources (DHR) for support, in terms of getting appropriate mental health referrals or paperwork signed to receive Medicaid benefits. They also had to advocate for themselves when they felt DHR was not listening to their concerns or believing their stories about the children's behaviors.

Catherine described a time when she was trying to get psychological services for her child, and DHR was not responsive. It got to the point where she wast harmed due to his out of control behaviors and she reported it to DHR. She explained,

> One time he clocked me in the face, you know because you would have to restrain him sometimes and he just he punched me in the face and they were like horrified. And I'm like-people, I've been telling you for months. This is what's going on. And they're like, oh my gosh. I'm like, you know, you're not listening.

Similarly, Lidya discussed how, after months of good behavior the child started to act out in significant ways. She was requesting help from DHR for the child to receive counseling. Lidya reported,

> She didn't have any behavioral problems happen until maybe six months. Five, six months in and then it went haywire. And we got zero support. Told I was basically lying. It wasn't a big deal. Things like hanging off of my deck… She just needed help, and we couldn't do it…So we tried to get her the proper referrals. My hands are tied. I could only do so much.

Other participants also described instances where they felt their voice was not heard while trying to advocate to DHR about their child's needs. Christopher described how on more than one occasion, it wasn't until he joined forces with the biological parents that they started to get DHR to listen. He described his experiences with this by saying,

> And often we will have to bring up the need at a meeting in front of the bio parents for the purpose of that bio parent saying, hey wait a minute,

> my kid needs that. And between both of us, sometimes it takes both of us pushing DHR to finally say okay fine. And then they will give us what we need.

As the interviews were analyzed, it was clear that having to advocate to DHR for the child's needs to get met often were regarding simple issues that should have been quickly resolved. The frustration the parents experienced was palpable as they described the inability to get signatures or to receive the necessary paperwork for the child to get Medicaid started or reinstated. They were often caught in a predicament where they had to make tough decisions to pay out of pocket for mental health or medical needs or risk not taking them until they finally received the signed Medicaid documents. These examples were overwhelmingly common amongst the participants.

Ella explained,

> As far as the current placement goes, she went almost a solid year; I would say maybe like nine months without active Medicaid. That's the department's fault. And I mean, yes I was reporting it. I was e-mailing. I was calling. Her counselor was reporting it and emailing and calling. She needed an evaluation, and she had to wait close to a year in order to get that. So I mean to me that, that is unacceptable.

Olivia highlighted that the inability to receive psychological support for her child, due to DHR's slow response, was not only negatively impacting the well-being of the child, but also her own well-being. "My request [to start counseling] came in March, and a month later it still had not started. I'm like guys; you are killing me. I am like drowning over here with her. Her behavior is so poor right now. We are like dying over

here…they've left me out here to die," she said. Olivia felt that even though she had experienced long wait times for DHR to turn around requests in the past, in this case, it was emergent, for the entire family, that counseling was initiated. She was a seasoned foster parent, but the surprise and fear in her voice when she described how desperate she felt about the need for assistance was significant.

The descriptions that were included capture a glimpse of the foster parents' frustrations with the system. Other ways the system made the experiences of these parents challenging as they attempted to support the positive mental health of their foster children are described later in the chapter in relation to other themes that emerged. It should be noted that the frustrations with the need to advocate for themselves and their children to DHR were often acknowledged to be caseworker dependent.

Although almost every participant mentioned a negative experience with a caseworker and their irritation at having that experience, many also defended the positive social workers they have encountered. They were very vocal about their empathy towards the social workers who were ambitious and compassionate and were quick to explain how a dedicated DHR employee was a great supporter and an ally when having to advocate.

They also described that even in these best-case scenarios, this support system was usually short-lived due to the frequent turnover of DHR workers and due to the overwhelming caseloads faced by these individuals. It appeared that some parents felt a sense of camaraderie with individual caseworkers, which caused them to possibly be hesitant to fully express their frustrations of the system as a whole. In other cases, this was not true in that several caregivers even discussed their likelihood of closing their

homes due to their continued lack of ability to receive the help they required to best support the children in their care.

The parents described examples of times they needed to advocate for their children and also sometimes for themselves when they were involved with the biological family of the child in their care. Some parents discussed their continued efforts to build a relationship with the biological parents despite the challenges, and others were very vocal about feeling justified in severing the relationship when needed. It was clear through contextual cues that despite the desire to maintain positive relations with the parents, the priority of keeping the child protected and for advocating for their positive mental health took precedence. Sometimes the foster parents even felt threatened by the biological parents and had to continue to advocate for decisions to be made in regard to terminating visits or phone calls. Overall, the relationship between the foster parent and the biological parents seemed to be complicated and a common stressor of the fostering dynamic.

Olivia's description of how she approaches the biological parents to advocate for the child from the start of the process was straightforward. She explained,

> We want to minister to our parents as much as possible. So I tell them from the get-go that I have zero desire to adopt your child. I do not want your child to be my own. I want your child to be your child. And we want to partner with you. And so we try to set up some boundaries. We've had phone calls and had to be supervised, so that meant it's on speakerphone. And so I always make it very clear. Umm, you are welcome to talk to your child. It's gonna be about 10 minutes because we're just not gonna sit here and there's no child that wants to talk on the phone longer than that. But

> the parents would like it to happen longer. But there's no child that wants to do that, and I don't have the time to sit longer than 10 minutes to supervise a phone call. [One parent], she would try to talk ugly about me on the phone to him right there in front of me, you know. And so I would just say- Okay, I'm sorry you decided to use your phone time to talk ugly about me, but your phone call is over.

The directness of this parent could be interpreted as confrontational, but the spirit of her intent was purely coming from an attempt to set up healthy boundaries. Her desire to protect this foster child from additional trauma was apparent throughout the interview. She was sincere in her desire to work with the biological parent as a team and to support the reunification, but realized that in order to work closely with the parent she needed to be clear about how the relationship needed to unfold, for not only her own psychological well-being, but mostly for that of her foster child.

Another foster parent, Ella, expressed her frustration with a biological family unit. She said, “Grandma is not your typical sweet grandma that makes cookies. She's mean as a snake. I've had several run-ins with her myself, and I always stood up to her because I look at her as a bully.” She went on to describe the other experiences she had with other members of this biological family:

> They call us racial slurs and they're always complaining about something. They don't like how we've done her hair. They don't like what she's wearing. They have something to say about her shoes. But the thing that they don't understand is that we… they're always complaining about that

and saying that we're dressing her like a bum. We're like no, we're just letting her express herself.

Ella was not the only participant who reported experiences of feeling bullied by the parents or who reported instances of the biological family scrutinizing every parenting decision they made. One foster caregiver reported a time where the biological parent was asking for her home address, making strange excuses for needing it and she felt it was a direct attempt to cross boundaries to access the child in her home. Another reported a time she had to confront a biological father after seeing him drive by the home and through the community, feeling that he was doing it to intimidate her and her family. Although frustrating and sometimes even daunting, they continued to advocate for themselves and their foster children through setting boundaries and by detaching themselves from their personal feelings about the biological parent.

There were not many examples of true partnerships with the biological family, except for the mention of fighting together with a biological parent for the needs of the child in some instances. Most of the time, the biological family seemed to be a source of tension, as they were often unreliable and unpredictable. Having to advocate for the child's positive mental health sometimes meant severing communication between the biological family and the child altogether, although this required them to advocate for this at court or through correspondence with DHR.

One place where advocacy often was necessary but seemed to be less stressful was within the school system. Many families raved about the positive support they received from the school system. If they did need to advocate, often it was deemed to be a proactive effort versus a reactive necessity. This event appeared to be the case across

the variety of school districts representative of the fifteen parent's residences. Most parents described their experiences with advocating for their child in the school system as productive and positive, even if at times it seemed that the school personnel lacked understanding of the complexity of the child's needs. For example, Olivia described how she proactively advocated for a new foster placement and her reaction when the school responded to her request by saying,

> At the beginning of the school year I just sent a message to every teacher that he had to say, hey this little boy will be living in our home. He is placed in our care because of the state, and we cannot discuss with you his background, but just know he has a very traumatic background. And before any discipline is handed out, would you please contact us first and so we can make sure that nothing is triggered and we never really had any issues with him. One time he got in trouble for walking too slowly…and I was like, okay could you call me with a real problem? Do you know what we are dealing with here?

Vera described an instance where the teacher was struggling to understand the behaviors of the foster child, so she needed to advocate for the child at the level of the administration. Although this happened, she felt satisfied with the result and did not harbor any negative emotions towards the teacher. She, like most of the parents, seemed to understand the difficulties of others in understanding the complex history and the related behaviors of the child. She described her need to advocate for her foster child by saying,

> When he first came, he would steal people's food so we would have to talk to them about that. His teacher had a hard time with it. She was just like, he's stealing you know or whatever, and so I talked with the principal. We worked together really well. You know getting a game plan… being on the same plan.

Christopher summarized the need for the foster parent's constant need to advocate when he explained,

> We sacrifice so much. For these kids. But I think what I've seen is that if we're not their advocate, no one else will be. The courts are not going to advocate for them. Their [Guardian Ad Litem] GAL isn't going to advocate for them. He does in some senses, but you know, as far as their day to day needs, he can't be involved in that kind of level. Their social worker isn't going to advocate. She's got 20 kids already. She knows she's got parents and foster parents and courts and people calling her all day long. She not going to have time for that. If we don't do it, no one will. So yeah, we've had to advocate every step of the way.

It could be argued that a person needs some level of resilience to advocate fiercely for their children, as it can be exhausting and frustrating, such as several of the foster parents described. The idea of resilience was so prominent throughout all of the interviews that it is presented as a separate theme.

*Theme 2: Cultivating resilience in children and self.* This theme emerged by discovering the consistent reports of foster parents' experiences reflected a major need

for resiliency. Even though this term was not mentioned repeatedly, the experiences they were describing echoed definitions of the word "resilience." Masten (2018) defines resilience as the ability to adapt to profound challenges that can be viewed as threatening to the functioning or viability of the person or the system being impacted.

So many of the experiences described by the foster caregivers spoke to their journey of cultivating resilience and modeling resilience for their foster children. This is not to say that the parents expressed their complete success with being resilient, but it is obvious the development of this characteristic is something unavoidable when facing the daily challenges of supporting the positive mental health of foster children. When asked about their self-care practices, many of the interviewees quickly acknowledged that although they know how essential it is, that they struggle to develop consistent self-care practices. Although this is most likely a prevalent issue among parents, it is undoubtedly of critical importance to a foster parent experiencing such challenging behaviors and circumstances within their home.

Foster parents also described the challenge of teaching the children life skills that encompass the traits of a resilient person. Even when they acknowledged that the child entered their home as "street smart" or "not fazed by disappointment," they still recognized that these characteristics were not developed out of healthy patterns. The participants often mentioned the need to mentor, coach, or teach the children healthier ways to get their needs met versus using the maladaptive coping mechanisms they had used for survival in the past.

In terms of the foster parent's cultivation of resiliency, the often described experiences of being exhausted or overwhelmed, yet finding the strength to go on despite

those feelings. Morgan states, “I am probably the most heavily affected. And I'm not really good at self-care, because my job as a mom and a wife like, I have five other people that I put before myself…so, I deal with it.” Similarly, Lidya reported that it took her time to develop improved self-care and a healthier, more resilient approach of dealing with the challenges of being a foster parent to a child with severe issues with psychological and social well-being. She explained,

> I guess after [the foster child] left, it was really eye-opening… how lacking I was in the self-care department. I was really just treading water. Like barely breathing. That was an eye-opening experience that I have to take better care of myself. I've gotten now where I’m more on the less reactive side of things and the more proactive side of things. I'm not perfect. I still have that…sometimes I go too far. I stress myself too much, and then I get to the point of almost cracking too close. But I'm trying to be more mindful of preventative care than reactive.

Sara Beth also alluded to cultivating resiliency when she described how over time a child’s extreme behavior becomes easier to address. She expressed the realization that to be effective, “You have to decide if you're going to let her just get under your skin or figure out how to tolerate it. And I think we've come to the point of figuring out how to tolerate it and ignoring when certain things happen.”

Many of the foster parents shared that even with the development of resiliency, it is challenged when the foster child leaves the home. Vera and others spoke about faith and being called to foster care, which gives them strength during stressful experiences. She said,

> A lot of people say like… I just I couldn't do it. I couldn't give them back. And you know, I just say, you know, God doesn't always call us to do things that are easy. You know, if everything was easy…Why? Why do it? If it was easy, everybody would do it. So it's like… yeah, it's going to be difficult. And it kind of sucks but that's what He called us to do.

Developing the trait of resiliency can be challenging for both the foster parent and the foster child when placement disruptions occur. This experience often happens for a variety of reasons. Even when the foster parent was the one requesting that the child be removed from the home, it was described as a painful experience, especially when the plans to maintain contact are not followed through. This experience, or some variant of it, was described by multiple participants. Catherine shared her need for strength when this occurred. She talked about a time when her foster child was transitioned to a therapeutic foster home due to the violence and the level of care he required. The foster parent was told they could visit and stay connected, which was so crucial for both the child and the foster parent, but it never ended up being allowed. She explained,

> They just didn't want us involved. And so it kind of broke our heart in that, hey you know, we just created another disruption in his life, and that wasn't our intent. Part of it was relief because we were, we were dying. We were done. I mean we, we needed a break. But we thought when he left that we would see him again. We did get a couple of calls from his foster mom and a couple of pictures and stuff you know but, it was just complete suffering, and that's not what we thought it would be. We thought it would be…we would see him again.

Denise talks about how she and the foster child in her care both identified with the need to build resiliency due to the consistent disappointments associated with being in the foster care system, both as a parent and as a child. She believed and tried to help her foster child develop the belief that after they adopt him, the struggles and frustration of foster care would no longer impact their psychological well-being. She described it by saying,

> He absolutely loathes DHR because he said they made him so many promises over the years and they didn't keep the promises they made to him. I tell him that I completely understand. They've made promises to me that they didn't keep either. And, we will just fight through it, and one day we're not gonna have to deal with them anymore.

Foster children are familiar with disappointment. The fact that they are in a foster home is evidence enough that they have experienced trauma and sadness. The foster parent is challenged with trying to instill positive coping strategies and other characteristics of resilience to nurture an attitude of strength when future disappointments arise. The child's need for skills to protect themselves from additional trauma is a real challenge for the foster parent to manage. They have to answer difficult questions or often are not able to answer the questions being asked by the child. Anne gives an example of this challenging experience of managing intense emotions by building resiliency through truth when she describes this exchange between herself and her foster child:

> She [the foster child] said, quote: "I need my mom to be reliable." And I said, she's not reliable. She's not going to be reliable, and you're going to

> have to just accept her like she is, and I said, this is not about love, and this is not about rejection, which are probably two of the worst feelings you can have as you go into young adulthood. I said this is not about you at all. I said, your mom is a train wreck, and that's on her. You could be the most perfect kid that ever walked the earth and it's not going to change her situation. She's made lots of poor decisions that have brought her to this place. I said, she's not rejecting you. She's just falling apart. And I said not only does she love you, I said, you have two moms that love you fiercely. And I said, you need to know that. You need to know that you're not rejected. This one's falling apart and this one's grabbing you up. I said, you are not rejected. You can't go into your late teens feeling unloved and rejected.

Anne's example echoes many of the interviews that speak to how they cultivate traits of resiliency through talking honestly about their feelings and helping them learn to have inner strength and not internalize the behaviors of their parents. Many of the parents brought up the challenges of supporting the development of psychological and social well-being of their foster children because their feelings of distrust and rejection run so deep.

More extreme examples of the struggle and necessity to embody the characteristics of resiliency emerged when foster parents described incredible displays of poor psychological and social well-being. Not only were the foster parents dealing with the results of the child's experiences of trauma, but some also experienced their own trauma. A recurrent theme was how difficult it was to remove a child from the home,

even if it was necessary. Morgan described how traumatic it was when a child was abruptly removed from the home to be placed with a sibling. She explains,

> It was terrible. It was, that was absolutely terrible. We really struggled with that, like it was, it was really hard. I believe that we deserved and that he deserved the right to know. There is a complete disregard for this kid's feelings…you're creating more trauma because now these kids don't have time to process what's happening. We as foster parents need to be able to have time to tell those kids goodbye or to try to prepare them as much as we possibly can and reassure them that it's all going to be okay. And a lot of times we don't get that chance. It is very frustrating, and it is soul-crushing, and…foster care sucks. I mean, that's honest. I mean, there are some really great things about foster care. But ultimately we see a lot of grief and sorrow.

Lidya had the most intense example of experiencing deep trauma while struggling to support her foster child and her mental health challenges. Her account describes all of the themes that emerged from the data. She states,

> I had bruises, bite marks, hair pulls, things thrown at me so… And I would go to bed at night and take Tylenol and heating pads to bed like it was… I got the crap beat out of me daily and I would …they didn't, they didn't do anything about it. And it's like, it's just unreal. I would call the social worker, the GAL. Send emails. Call. Email. They knew that I wasn't going to hurt [her]. So I guess they just kind of figured… It felt like they were just kind of like, she's fine. But I didn't have any support. And so I had to

> safe hold her to where she wouldn't jump off the porch or run in the street, and she couldn't hit me anymore.

Lidya was one of several parents that described the need to deal with physical abuse from the foster child. This experience of abuse would be described, followed by the acknowledgement that even through this stress, the foster parent often continued to foster that child and accepted other children into the home as well. In some cases, the parent would justify the behaviors by explaining that it was due to the child's ability to finally express their fears and their anger now that they were in a setting where trust was built and where they felt loved. Often they continued to explain that these moments were teaching moments, to help the child develop healthier ways to cope or get their needs met.

The parents frequently mentioned that the child would not act out in social settings, such as with friends or at church or school, but would once they were home and were feeling safe enough to express themselves. Pamela described that when a severe event would happen in the home, she dealt with it on her own, knowing that the outside world wouldn't understand. She explains, "So many of the behaviors were only at home, and people wouldn't understand. And so you don't report. You know I never wanted to call the police, and I didn't have to call the police, but once in 20 years, for a child situation." She went on to describe how even though being a foster parent was very challenging, over time she learned to be resilient because giving up on the children was not an option. She explained that no matter what happened, she and her family made a commitment to these foster children and there was nothing else to do but to figure out a way to persist.

Morgan summarizes the theme of cultivating resilience in the foster child and themselves when she describes her experience of striving to improve the children's positive mental health while they are in her care. She says very eloquently,

> The loss we experience as foster parents is deep, because these kids are ours. We pour everything into them. Okay. My husband and I, as foster parents… I can't speak for other families, but we pour everything that we have, that we would pour into our own kids, into these kids. Because we believe in them. And they need somebody to believe in them, and they need someone to support them, and they need somebody to really fight for them and stand up for them to be able to realize that the world is not all that bad. That not all adults are going to treat you like this and that there is a way that you need to act as an adult or as a parent because all they have to base it on is their relationship they had prior to coming into foster care, that this world is going to go, that it's going to be a very bad and dark place and not so long, if these kids don't have adults and parents that they can look up to, and they can say- you know what? I want to be like these people, and not like these. This is not the way I should respond. Even though this is how I thought I was supposed to act because this is what I was raised in. This is what I really want to be. This is what a family is. This is what love is. This. This wasn't it. So I can make a choice. And I know that I can, I can hopefully instill enough courage in some of them, for them to believe in themselves enough, that if they go back home, back where if that same vicious cycle starts happening again, that they have

> enough courage and strength to pick up a phone and call somebody that can help get them out of that situation. That's ultimately what we're, what we're here for. We're here to keep them safe and to love them, and make sure that all their needs are met while they are with us and then hope that we have taught them enough while they're here that they will be able to survive if that happens again.

*Theme 3: Expecting the unexpected.* The participants provided so many examples of having to expect the unexpected. They described their fears of what might happen to change the trajectory of the foster placement at any given moment. They experienced multiple instances of feeling betrayed deliberately and lied to, causing it not to be a surprise when it happened. Often they gave examples of having to tolerate behaviors that most people would find intolerable and reported that they came to expect that as the norm when agreeing to foster a child who has experienced trauma.

Many times they would deal with issues themselves versus seeking support from others because they felt even though they expected it, others would be surprised and may decide to remove the child from the home or react negatively. The parents got used to the idea that there was a possibility that they would end up being investigated by DHR because the children would lie or others would misinterpret the interactions between the foster child and the parent. Often the child would act out sexually or would use urination as a form of control. These stories showed how a family had no idea what to expect when they accepted a child into their home and that often they felt they were intentionally lied to or misguided in order for the child to get placed somewhere.

Because of these constant instances of having to be prepared for the unexpected, they were often left feeling anxious, fearful, and sometimes angry about what was happening in their homes. Other times, they would describe the behaviors as "ridiculous" or explain how shocked they would be when a behavior that they were not given a warning about started to occur within the home. Although the particular incident was unexpected, most parents would acknowledge that those experiences were just part of being a foster parent.

Occurrences of sexually acting out were frequent. Raegan described that she was shocked when she discovered that her foster child was acting out sexually to her other children. Despite her confusion about what had occurred, she decided that it should have been expected, given the child's history. She explained that she was hesitant to report the incident to DHR in fear of how they would respond. She said,

> About a week and a half ago, I mean, I walked in on him acting out sexually on my children. I didn't tell DHR that. I guess we will. We should, right? I don't know. I don't want them to demonize his behavior because I honestly think he's not at fault. He either saw things he shouldn't see, or he had things done to him that he shouldn't have had. And now we've got to be extremely diligent in protection and getting him help and getting to the bottom of it. I don't know what my fear is about alerting DHR… I just want to be protective of him, and I guess of our home too. What if they say…what if…?

Several other parents reported occurrences of acting out sexually or being surprised, but an understanding of how hyper-sexual their foster children were, even at a

very young age allowed them to minimize the event. Anne explains her surprise when she found out what her foster child was showing her biological children. Despite her shock, she dealt with it calmly and decided it was not something that should provoke a call to DHR and was not a reason to remove the child from the home. She said,

> He would pull up pornography, and he exposed both of my sons to pornography, and I was like, oh this is bad. So then we just started taking their phone, and we put all these filters on everything, and you know how long it takes a foster child to get around a filter? Like three seconds…they know how to get around all that. They know how to find and do what they want to find and do.

Sometimes the child's history of sexual abuse or other related traumatic past resulted in false accusations against the foster family. There were many accounts of families being investigated by DHR after allegations from either the foster children or by unknown persons who didn't understand the behaviors of the foster children. The foster parents sometimes would describe this as the final straw in the relationship between the foster parent and the child, but others would say that although the DHR report was unexpected, that they didn't blame the child or the person filing the complaint.

Ella experienced an unexpected turn of events when she had to report an incident where one of her foster children was accusing another foster child of committing a sexual act. She explained, "One of the children in our house made a sexual allegation against the current foster child. And so I had to turn it in. I had to report it. DHR came out and investigated. She realized that she was in trouble. So she turned around and made an allegation against my son." Although she was shocked and frustrated, she went on to

explain that she understood why the child did this. She said that the child was young and scared and she presumed there were episodes of sexual abuse towards her prior to coming to their home. She didn't deny her anger, but she did explain that it was just something that foster parents deal with occasionally. She described it as something that came with the territory of having to facilitate the positive mental health of a child that has experienced profound trauma.

One parent, Pamela, a very experienced foster mother, explained that she had been reported to DHR multiple times over the years to the point that it didn't even surprise her anymore. Most recently, she was reported due to her child's self-injurious and risk-taking behaviors. This experience was also something that was mentioned several times during the interviews. Pamela describes her most recent experience this way,

> I have three times; in fact, three times in three months been reported…because whoever is doing the reporting is reporting that there is a child unattended in the street. So…okay. They're all healthy and fine. All of this is documented at all the schools, with the police department with the… it's all documented it's…it's a known problem. I have not got it into writing, but I've talked to the doctors and the therapist and psychiatrist about the restraint method. Is that—am I doing it well enough— am I? I show them. This is what I'm doing. And you know I'm not sitting on him, but I'm straddling him with my knees. My knees are…I got two bad knees and getting on my knees is like, extremely painful but I do it for 45 minutes because that's what I need to do. So I've gotten, I've gotten not

> only their affirmation that I'm doing the restraint correctly but also that I have to restrain him…When they come. I don't even… I'm like, come on in. When they came I said- Why don't y'all just get a bed in here? We have plenty of extra room. Just come on and get a bed and she knows; she sent in not even a regular worker. They just sent somebody to come by and do a welfare check. Come on in. Do it. Do your thing.

Pamela echoes the others when she describes that although it is always a surprise, she has learned to expect the unexpected. This theme also emerged when people described the socially unacceptable behavior of their children urinating as a form of control. Some described it as an experience related to poor psychological well-being and others explained it as a barrier to thriving social well-being. In all examples, the families collectively reported that there was no warning from DHR that this was a behavior to expect from the child. They described a feeling of betrayal that this was clearly not a new behavior and that it was not disclosed.

Sara Beth described how shocked she was when her school-aged foster child began to urinate on herself and soil herself shortly after being placed in her home. She explained, “Her behaviors stem from her abuse. Using the bathroom on herself. She has stated that she did it to keep him from touching her. It’s something she can control. That is something that she owns.” Vera had a very similar story and expressed her anger in not being able to change his behavior. She said,

> He felt like he needed to be in control of situations, and whenever he was not in control of the situation he would pee on himself. And so that was, I think that was his way of being in control. Like I can control when I use

> the bathroom or whatever you know, and so he was getting attention even if it was negative attention. I was upset about it cause he's peeing on my couch. Or in my car you know, or whatever. And so then I realized you know, hey he just wants the attention. We were upset. We were like, bud… you know- you're too old to be doing that. Why are you doing that? Just, we were mad.

Vera continued to explain that she was never told the specifics about why the child was removed from the previous home and that she expects that this extreme behavior was part of it. Although she and her husband were extremely frustrated, she explained that it was part of having to teach him healthier ways of getting attention from others and better ways of coping. She said that despite this behavior being shocking and intolerable, they endured and it recently had started to improve.

Knowing that the information about the child is sometimes deliberately not shared was another aspect of frustration that the foster parents come to expect. Although they continued to be shocked and frustrated, it was somewhat accepted as the norm of foster parenting. Anne described a time when she felt betrayed and shocked when she learned how extreme the behaviors of her foster child were. She said,

> We probably have a sociopath here. Let's not put him in a home with other kids. Let’s not put him in a home where, you know the parents are going to try to work with them knowing that, you know, he might murder them in the night. And you know, but, but do I think they do it on purpose? Sometimes I do.

Denise mentioned a very similar experience. Months after taking a foster child, she described her shock and anger when she found out that the child had killed one pet and tried to kill another pet of the previous foster family. She was confident that was the reason they were looking for a new home for him, even though she wasn't told that. She stated,

> My thought was he's got to go because one day, what if it is…what would it feel like if I hurt her biological children or one of us [herself or her husband]? Basically I was a setup. They didn't tell me or my resource worker what was going on. It was all a setup.

In these cases, the foster parent felt angry and surprised but also felt set up for failure. Although they knew that there was some expectation that certain facts about the child were unknown, they felt that they were set up for failure when not given the complete story about the child's extreme mental health needs. This was also a significant concern to many families because often the children were being placed in a home with multiple other children who also needed to be protected. Having a child with unexpected needs or unknown psychological issues added to the challenges they faced in providing a nurturing environment for their children.

Not as extreme, but related, were the multiple examples of foster parents being asked to take a child for a few days, as an emergency placement, which turned out to be months to years. Some were okay with this, but others even if they accepted it as a frequent occurrence, felt frustrated and betrayed when they realized that they were probably misled from the beginning. They say they became fearful of taking any child into the home, knowing that sometimes hours would turn into extended stays.

Many families said this constant unknown of who is coming into the home and for how long can be challenging to navigate. The foster parents also would describe that due to the unknown in terms of how long the child would stay, it was difficult to effectively build the relationships needed to successfully impact the psychological and social well-being of the children. Due to the unexpected, they were hesitant to make promises or form secure attachments to these children, which sometimes made it difficult to support the positive mental health of the children.

*Theme 4: Living with a lack of... (resources, knowledge, support).* Some misperceptions are that foster parents join the foster care system to make money. Although this may be true in rare instances, the overwhelming theme is that providing support for a foster child drains resources of the family. So many families discussed the financial strains of attempting to support the positive mental health of the child.

Even with financial resources, families often cannot access the few resources that are available to foster children. Foster parents are often faced with the difficult decision to pay out of pocket for services or to deal with the scarcity of available counseling or therapy services, after school care services, or recreational opportunities available through Medicaid or the foster care system. The following are quotes from various participants that speak to the financial strain and related struggle of finding adequate resources needed to support the positive mental health of the children in their care.

Christopher stated, “We lose money. We lose a lot of money. Every month. And that's not including the opportunity costs.” Similarly, Jane said,

> Recently we consolidated our foster care debt, and we're still paying it off. And that was where we sort of had one credit card that we just put kind of all the extra and kept thinking, okay, it's above; we'll pay or reimburse ourselves next month right? Well, we'll reimburse with a mileage check. But then things just keep adding up and most of that is obviously just the daily like, parenting-type stuff. Getting services in place is often a barrier because Medicaid just doesn't cover unfortunately what our kids need. And there's not a lot of free resources.

Morgan also describes her foster care debt, when she says, "I am in more debt than I have ever been. Well, now let's be real. I'm sure that there are some people that foster for the money. But if you do fostering right, you're going to be broke as a joke. And there ain't nothing anybody can do to save you from that."

These financial strains are often real, and many described their need to maintain a strict budget and routine to minimize costs as part of their daily struggle. They explained that outlets to improve social well-being, such as recreation or sports opportunities, were often not options due to the cost or the lack of resources. It was impossible to juggle transportation to and from these events, the counseling appointments, the family visitation schedules, and the uncertainty of whether or not the resources would be sufficient in supporting the unique needs of the foster child.

Training was also an area where the families described a lack of resources. All parents are required to attend initial training and then are required to maintain a certain number of continuing education hours each year, but they still report feeling ill-equipped in dealing with some of the significant psychological needs of the children. Catherine

explained, “I wouldn't say DHR gave us any real support. It was a kind of learning by fire. When there was a problem child I think the level of support and real intervention was, was really lacking.” Pamela echoed Catherine’s concerns when she described how she struggled to find resources to support the positive mental health of a child in her care. She said she felt that “Resources are a checklist. They don't meet the needs of the kids.” This was a shared experience of many of the parents interviewed. When asked about the support they were given to facilitate the positive mental health of their children, many discussed the need to find the support and resources on their own. They explained that the initial training, although it is now focused on trauma-informed care, is still lacking. When they need information about proper training or resources, Jane said, “We’re piecing it together as we come across situations and then by gaining that knowledge we're able to then share that with the next foster parents who are dealing with something similar.”

The phenomenon of supporting fellow foster parents was profound. When asked about their support system, most of the participants shared common experiences of leaning heavily on their foster parent network for getting their needs met. They explained that there are social media networks for foster parents in their area and in some counties there are active support groups at local churches or in their neighborhoods. Most participants explained they call or visit with their foster care friends when they need advice or when they want to vent about specific challenges they have recently faced.

In general, though, the foster parents who were interviewed commonly described a lack of support from their parents or their extended family. When asked about a support system, Denise stated,

> Well, we don't have much of one just to be honest. Neither [parent] has made any real, what I call a real attempt to get to know the foster children. So if you saw them interact with all four kids you would know which two grew up with them and which two did not. So it would be very evident.

When asked the same question, Ella answered somewhat similarly when she said, "I get a lot of support from other foster parents, and I get a lot of support from my close friends, and I have certain people in my family that support me. I have other people in my family that do not in any way support what we do. So I've kind of got both things going on."

Lidya was very honest about feeling alone and unsupported when she was dealing with the trauma of being torn about what to do with her challenging foster child and the related physical abuse she was encountering. She said,

> My mother just didn't get it. She just didn't understand why I was holding on to her as long as I did and she still doesn't get it. I wasn't very involved with the community at that time, with the fostering community at that time. And so really that sums it up. So yeah it was a pretty lonely ship I guess.

Even when the foster parents reported a supportive family, they still felt frustrated with the family's lack of understanding of how to support them. Olivia explained her experience with this when she said,

> Now I will say there have been many times that my parents have said- I wish you'd stop. I wish you'd stop fostering. I wish you'd give yourself a break because of everything this case has been so long and so drawn out

> and it has taken a toll on us and that they are the first to say and I'll have to tell them- Hey stop. Stop saying it. Okay? I need you to stop. Because I'm here barely treading water and you're trying to drown me.

Similar experiences emerged when the question about their support system was asked, but some related it to the stigma of foster care. Morgan said, “We get judged a lot, even by family, like you are having a bad day and they’re like, ‘Are you done yet? Why do you still do this?’” Lidya echoed Morgan’s frustration with the stigma and her family’s reactions. She said,

> I do wish that some of my family was more supportive. And some of his family was more supportive. But, I think there's still a stigma on foster care and…and it's just not; it's not like that. And then some of our family feels like we are like, off of our rocker doing it. I can’t really think about it, you know. So I have to just learn to accept it.

The most common disappointments and frustrations regarding the lack of support were related to the foster care system itself. For example, Denise stated,

> My experience, it's maybe unique because I don't have any support, like truly, truly, truly I don't have any support. I found out through a Facebook post about three weeks ago that my current worker is no longer my worker. No one has contacted me to say I'm not your worker anymore. I have not received an email. I just don't care if I have one anymore. I'll deal with it myself because that one was so unhelpful for the few months that I had her.

Catherine also acknowledged the lack of support from the foster care system, but was more understanding of it. She explained,

> I've come to love and hate DHR. The people themselves are not bad. You know it just it's sad how much turnover there is. So they give support at what I would say the minimal level not because they don't want to do more just, they don't have time to do more. You know I don't think there was really enough support. And I think you know bureaucracy is bureaucracy and that's just completely ruining their intent.

Sometimes it may seem like complaining about a lack of support is useless or that the need for support is somewhat unrelated to the parent's efforts in improving the psychological and social well-being of the children. However, without being supported by the system and without having a network of support around them, the foster parents cannot meet the needs of the children effectively. Having the resources and the support to effectively do the job of a foster parent is essential for the overall outcome of a successful foster placement.

## Overarching Theme

At first glance, the four themes (advocating for self and children, cultivating resilience in self and children, expecting the unexpected, and living with a lack of resources, knowledge, and support) seem to describe the experiences of all parents. Most parents have had to advocate for their children and for themselves at certain stages of parenthood. Most parents find themselves striving for resiliency when faced with the obstacles of raising children and trying to build resilience in their children. Most parents

learn to expect the unexpected and how to tolerate things that at one time may have seemed to be intolerable and most parents would admit that they often struggled with a lack of resources as they attempted to support their children.

Once the themes are explored, it is clear that the experiences of foster parents of attempting to facilitate positive mental health in their children are much more extreme and complicated. The overarching theme discovered through interpreting the meanings behind the foster parents' accounts of their experiences is that although they are similar to most parents, they differ extensively in terms of the lack of control in and the complexities associated with their role as foster parent.

## Summary

Christopher summarized all of these themes best when he said the following:

> It's incredibly frustrating, and it's frustrating for us because we're like, hey we're the only ones doing any work here. But at a so much deeper level, it is frustrating because these kids are not getting the care that they need and all the courts are doing is checking boxes. And all the workers are doing is checking boxes. And no one is there asking about the child's welfare. And you know, it's a tough question. You know at what point do, you know, with the twin goals of family reunification and a child's welfare… often these are going to conflict and so which one should win out? That's an interesting and important question. I know that there's no way to write some kind of court docket that would answer all of those questions. There's a need for human wisdom in that, and I've never... I've disagreed

> with a lot of decisions I've seen, but I've never been frustrated if I've understood. So, you know like, I get where they're coming from. I know that that's a requirement. But when no one is concerned at all about the child's welfare and when all people are doing is trying to check boxes and get through their job and just get back to family reunification what you end up having is children who are not getting the resources they need, children back in dangerous and neglectful and abusive situations, and children who are going to cycle through exactly the same things as adults. So children who, you know, when they turn 19 and age out of the system are going to do exactly what they've seen the courts tell them to do, which is to fend for yourself through whatever means you can, and then it's their fault.

This quote speaks to the experiences of the foster parents when trying to advocate, when trying to cultivate resilience, when dealing with constant surprises and unexpected events that add to the trauma of the children, and when having to live with a lack of resources needed for success. All of the themes are interrelated and demonstrate the unique challenges the foster parents face when addressing the psychological and social well-being of the foster children in their care.

# CHAPTER 5

# DISCUSSION AND RECOMMENDATIONS

This chapter includes the summary and discussion of the findings. It covers how the findings fit into other studies, theories, or frameworks. The chapter then discusses the limitations of the study, the postscript reflection, the implications of the study, and recommendations for future research. It concludes with a call for action to support foster parents' efforts to improve the positive mental health of their children.

## Summary of the Findings

The research question, "What are the lived experiences of primary caregivers of non-kinship foster children when attempting to influence the psychological and social well-being of the children in their care?" was answered through the interviews of fifteen participants in various counties in Alabama. The themes that emerged demonstrate that although the experiences of foster parents sound very similar to what would be expected of biological parents, the complexity of these experiences are significant and their level of intensity is much greater. This concept is essential to explore further as the specific experiences of foster parents related to their attempts to influence the positive mental health of their children is not prevalent in the current literature.

## Discussion of the Findings

The previous chapter described the themes that emerged from systematic analysis of the data. Examples of the interview content were included to demonstrate the continuity and repetition of themes throughout the fifteen semi-structured interviews. A discussion of the findings will explore important aspects of the themes in more detail, including how they relate to the literature and theoretical frameworks. By integrating these findings with the details of the research journal kept during each participant interaction, the results of the study are examined in more depth in this section.

### *Use of a Framework to Interpret the Findings*

Because this was an IPA study, the phenomenon of supporting the psychological and social well-being as experienced by the participants needed to be interpreted through exploring the physical and cultural contexts (Larkin et al., 2006). Using The Positive Mental Health Surveillance Indicator Framework, which incorporates concepts from the Social-Ecological Model, connections were made between the experiences of each participant and were interpreted in terms of multiple layers of influence that affected these experiences.

When looking at the themes through The Positive Mental Health Surveillance Indicator Framework, it allowed for the results to be interpreted conceptually. The Positive Mental Health Surveillance Indicator Framework was used as a means to probe the participants about their experiences in a focused way, but it also yielded a great deal of insight when discussing the results. According to this framework, positive mental

health (which includes self-rated mental health, happiness, life satisfaction, psychological well-being, and social well-being), is influenced by individual, familial, community, and societal factors (Orpana et al., 2016). When interpreting the findings, it became apparent that the experiences of supporting the positive mental health of the foster children were influenced by all of the layers of influence within The Positive Mental Health Surveillance Indicator Framework. A discussion of the findings as they relate to each level of influence is one way to examine the experiences of the foster parents as they described them through the interviews.

At the individual level or intarpersonal level, the foster parents' experiences were often expressed in terms of the need for resilience. They have to keep pushing forward even when faced with one crisis or frustration after another. Resilience is an intrapersonal influence in the foster parents' abilities to successfully support the positive mental health of their children and is found in the foster care literature as a necessary characteristic of a foster parent.

The parents discussed different methods of coping. Some mentioned faith as a way of meeting the challenges, while others discussed their determination to take control of any situation that they experienced. As the parents discussed their frustrations, they discussed their fierce advocacy for the child when their positive mental health was being compromised. There was not a single participant that did not mention how they advocated for their child in some way related to their psychological or social well-being. They discussed their need to take control of a situation and of their emotions in order to be effective advocates. All of these findings are aspects of the individual factors that influence the experiences of the foster parent, as they described through the interviews.

At the second level, the familial level of influence, the parents described how parenting styles and familial relations helped them in supporting the positive mental health of their children. The participants often mentioned the relationships within the home positively. They often described experiences of facilitating the siblings to learn from each other or that the family unit was a real-life model for the children. The immediate family was mentioned as a facilitator of positive bonding and as a positive aspect of their foster care experience.

This experience of positively negotiating family interactions may be why social well-being did not emerge as a significant challenge. It appeared that the dynamic within the family was a simple way to combat these issues. However, the foster parents also spoke about how they and the other members of the family often had to tolerate some significant behavioral problems. They coped with some of these negative experiences by altering their parenting styles or by seeking out support from their spouse and other children to provide positive role modeling. They also specifically mentioned the family unit as a means of teaching the child more appropriate behaviors. The strain on the family was mentioned, but not in a way that one might expect. Even through turmoil, many of the participants indicated that the family unit remained steadfast and supportive of each other as they attempted to support the positive mental health of the foster children who joined their family.

Another stressor that was commonly mentioned at the "familial level" of influence, was the lack of financial resources families were able to receive. Fostering seemed to put a financial strain on many of the families. A theme that emerged was that the foster families were not given adequate education or monetary compensation to help

support the foster child's positive mental health in the most effective way possible. Some of this relates to the inefficiency of the system, but it also was interpreted that the families′ income, even when high, did not always provide for the needs of their large families, without the families′ conscious decisions to sacrifice.

They also lacked educational resources to know how their family needed to best address issues related to the positive mental health of their children. Often the foster parent had to seek out help independently, through books, podcasts or conferences they found on their own. The family often had to make tough decisions about using their own financial resources when faced with the fact that the system was not going to be able to produce a solution fast enough to provide for the intense needs of the children in their care.

The third level of the Social-Ecological Model and The Positive Mental Health Surveillance Indicator Framework, the community, was both a support and a barrier to many of the parents interviewed. As the parents spoke about community experiences, and whether or not the community helped them to improve the child's well-being, it was apparent that the most significant resource was other foster families. The foster parents experienced the social support of each other in many contexts. They spoke about social media networking, in-person support groups, and shared resources. They indicated that many of the foster families had become their greatest allies and friends along the journey. In contrast, they did not speak about other social networks or supports, such as their workplace or the neighborhood. When it came to discussing the school, the foster families reported varied experiences, with many explaining their need to advocate for their children in terms of academic or psychological support at the school. When

analyzing this more thoroughly, many parents felt the school was a positive influence on the child's well-being, even if they had to advocate for that to be the case at times.

Lastly, the societal level of influence, which focused on the foster care system and its related policies and procedures, created significant barriers for the foster parents when trying to nurture the positive mental health of the children. Some of their experiences were quite disturbing and excruciating in terms of how the system had not only failed to protect the child from additional trauma, but how it actually caused more trauma to both the children and the foster parents.

Terms such as frustrating, irritating, confusing, ridiculous, sad, disturbing, heartbreaking, surprising, exhausting, and disappointing emerged from asking the parents to describe how they felt about a particular experience. However, they also used terms such as rewarding, empowering and encouraging. All of these terms emerged throughout the themes of advocating, cultivating resilience, expecting the unexpected and learning to live with inadequate resources. Although challenging, it was clear that these families continued to foster despite the negative experiences because they find the experience of being a foster parent meaningful and worth the struggle. Many continued to foster children even though they felt betrayed along the journey. Possibly the most important interpretation of the results is the conclusion that these families need support to effectively improve the positive mental health of their children.

*Analysis of Theme Development*

The themes were reflective of the caregivers' experiences in supporting the positive mental health of the foster children, without the ability to or necessity of

separating them into psychological and social well-being categories. However, some general differences are significant to discuss, as this was one aspect of interpreting the data. Although the described experiences were so similar, there did seem to be a difference in the intensity of the experiences. The perceived need to address aspects of psychological well-being and the frustrations associated with their struggles with psychological well-being were more intense. For example, although the participants would describe supporting both psychological and social well-being as "challenging" they would give more extreme examples of poor psychological well-being. When social issues arose, the parents would describe using similar strategies they used when addressing psychological well-being. Even though they would describe their roles in a similar way when talking about psychological and social well-being, it seemed that social well-being was less of a priority.

One reason for this difference may be related to the naturally occurring opportunity to address social well-being through sibling relationships in the home. All of the foster children had siblings in the foster home, which may invite a less significant need to promote social opportunities. In addition, because the foster children all went to school during the day, much of their social development was experienced outside of the time of direct supervision by the foster parent. Foster parents would describe experiences of observing social interactions in the neighborhood or in the community. Although these interactions were not always positive, the foster parents did not seem as concerned with the need to address them. It is possible, as one parent described, that this difference stems from the assumption that social interactions and opportunities seem more challenging to control. Christopher stated,

> I think our first step was to get her basic nutrition and to get her medical care and to get her... I mean, she didn't have makeup remover, feminine products. She didn't have clothes. And so meeting those basic needs was step number one. But I think now that we developed that trust and gotten her some resources educationally, our next step is to help her socially. But that one's really hard to do because we can't really control that one as well.

Psychological well-being could also arguably be a precursor for positive social well-being. The parents often discussed the need to stay close to home and nurture the relationships within the family before worrying about the children visiting friends or being invited to social events. This interpretation can be associated with Maslow's Hierarchy of Needs. According to this theory, certain needs must be met before others. Basic needs such as the need for shelter and food and a sense of security are met before higher-level needs such as relationships and self-fulfillment. Maslow′s hierarchy of needs does not specify a difference between psychological and social needs, but it does allude to the idea that feeling a sense of control and being able to get basic needs met is potentially a precursor to fulfilling social needs. Maslow's theory has been mentioned in foster care literature in terms of a framework to use when identifying and prioritizing the needs of foster children (Steenbakkers, Van Der Steen & Grietens, 2017).

Both social and psychological needs were deemed necessary to address when reviewing the literature regarding the specific needs of foster children. Steenbakkers et al., (2017) found that psychological needs are the most frequently described in foster care literature as compared to other needs and that the foster parents are often mentioned as

the primary influencers in getting the child's needs met. The literature used Maslow's Hierarchy of Needs as a way to not only identify the challenges of the foster children and their families, but as a way to guide discussion and future research. It included recommendations regarding specific actions that can be taken to improve how the foster care system meets the needs of the children in their care.

Each specific theme that emerged as a result of exploring how foster parents support the psychological and social well-being of their children will be analyzed in terms of how the findings relate to current foster care literature and how they were interpreted through personal and environmental contexts discovered through the interviews.

*Analysis of Theme One: Advocating for Children and Self*

Advocating for the children in their care seemed to be a time consuming and exhausting experience for the foster parents. As they were fiercely advocating the needs of their children, the parents often found themselves either directly or indirectly advocating for themselves. It was clear through further interpreting the contexts of what they shared in the interviews, that the parents were personally impacted negatively by the constant need to advocate. The parents felt that what they had to advocate for was often absurd. So many examples of their frustrations were related to the need to constantly follow-up on simple requests that should be an automatic part of a person's job. Families should not have to beg for signatures to get essential and simple needs met for their foster children. Foster parents should not have to advocate for the child to be safe or protected or to receive vital mental health services. They should also not have to advocate for

themselves with the biological parents. The system should allow for clear boundaries in ways that take the pressure and responsibility off the foster parents so that they can spend their energy on meeting the mental health needs of the children. All of these experiences seem to negatively influence the well-being of the foster parents.

The examples of their frustrations are commonly described similarly in the foster care literature and have been cited as reasons for foster care placement disruptions. A study by James (2004) found that seventy percent of placement changes were a result of policy-related decisions that are similar to those that the interviewees experienced. The children were often moved abruptly to be placed with a family member or due to the need to be in a different level of care. Although this is sometimes unavoidable, it seems logical that better communication and plans for supporting the children and foster family through the transition would mitigate some of the stress and some of the need for the foster parent to advocate for the child. The study found that less than twenty percent of the displacements occurred because of the foster families' frustrations with the child's behavior.

Another study by Pickin, Brunsden & Hill (2011) explored the emotional experiences of foster parents. The study found that the frustrations of the foster families were most often not related to the children, but to the ongoing conflicts between themselves and the other adults in the children's lives. They described their constant need to battle with the biological parents and the foster care team as exhausting. One could argue that the study by Pickin et al., (2011) echoes the frustrations of the participants in this study, as they described being at odds with social workers and biological family

members when advocating for things associated with improving the positive mental health of the children in their care.

When interpreting the meaning behind their descriptions of advocacy, it needs to be mentioned that the families were not expressing these frustrations as personal issues. The parents were implying their desire for more efficient processes and increased autonomy to have more control over providing a consistent and positive experience for their children. Even when they were clearly emotional about certain experiences, the underlying interpretation was that these parents felt the struggles were worth it, because they were going to help the foster children in their care.

*Analysis of Theme Two: Cultivating Resilience in Children and Self*

Resilience is such an important concept to explore further as it relates to what the foster parents described in the study. Resilience is a common term in psychology literature and is found explicitly in foster care literature as well. Resiliency, which has varied definitions, is described in foster care literature as something that develops as a person learns to thrive while facing adversity and dealing with stressful situations (Cooley, Thompson & Wojciak, 2017). Two challenges in cultivating resiliency of the foster parent and the foster child seemed essential to explore and interpret further: the need for improved self-care practices and the concept of secondary trauma. Both of these issues appeared to be identified as the foster parents described their experiences related to the theme of resiliency.

In order to cultivate resiliency, one aspect that seemed to stand out was the struggle of the foster parents to establish their own healthy self-care routines. As a

component of resilience, self-care is something that could be promoted in foster care programs or education programs (Cooley et al., 2017). Miller, Green and Lambros (2019) also explored and highlighted the need to emphasize the self-care needs of foster parents. The authors described traditional self-care practices that could be explored to meet the needs of the foster parent, but also looked to more focused self-care education, such as trauma informed self-care. A model of foster parent self-care was developed in order to promote self-care behaviors of foster parents, as they emphasized this as essential for positive outcomes of foster care placements.

Their parent self-care model examined the internal and external factors related to foster parent self-care. They described the model, which incorporated concepts of self-care support, self-care orientation, self-care motivation, self-care skills, and self-care behaviors. This model should be explored further, even as a means of supporting the most resilient foster parents. In order to successfully provide opportunities for the development of positive mental health of the foster children in their care, the foster parents need tangible strategies to attend to their own needs. As an aspect of cultivating resilience in the foster parent and children, self-care support should continue to be explored.

Building resilience of a person is dependent on the resilience of connected systems (Masten, 2018). This means that a child or foster parent will only have the ability to cultivate resilience if they are supported by others within their personal context. Unless resources are available to the child and the foster parent, the capacity to build resistance becomes poor. Supporting children and families is essential to the cultivation of resilience of both the children and parents involved in the foster care system (Masten, 2018). Because the parent is so influential on the child's ability to build capacity for

resilience, the resilience of the foster parent is critical to the positive mental health of the children in their care. The participants interviewed for this study seemed to infer that they would benefit from and appreciate opportunities to learn resilience strategies for themselves and their children and if nothing else, desperately need to feel supported as they struggle to face the significant challenges related to addressing the psychological and social well-being of their foster children.

The second issue discovered through exploring the theme of resiliency is that of secondary trauma. This unexpected issue emerged and seemed critical to explore and address through an examination of the literature. Secondary trauma is a well-studied topic in the literature as it relates to foster care and other traumatic experiences. Secondary trauma is defined as experiencing feelings of tension and the preoccupation with others' suffering due to being close to those individuals who have had or continue to have experiences with trauma (Figley, 1995).

A study by Hannah and Woolgar (2018) addressed the issue of secondary trauma in foster caregivers. They noted that although the significant mental health needs and behavioral issues of children are well understood, the experiences of foster parents are not, as the literature on this topic is scarce. Through their study with 131 foster parents taking an online survey, they determined that foster parents have indicators of secondary trauma. They also reported 48% of the participants experienced physical abuse from their foster children, which most likely contributed to their findings of secondary trauma.

Secondary trauma is often associated with foster care workers and has been studied more extensively than with foster parents. It is inferred that some of the findings about secondary trauma in other individuals involved in the foster care system could be

applied to foster parents. A study by Salloum, Choi, and Stover (2019) found that not only is secondary trauma a significant issue, but that increased attention on self-care activities mediated relationships between secondary trauma and mental health. The authors also found that strategies such as providing those at risk for secondary trauma with trauma-informed training mediated secondary trauma. These findings show that foster care workers and parents most likely share these challenges and would also mutually benefit from resources to improve their self-care and understanding of the importance of incorporating preventative strategies to decrease the likelihood of experiencing secondary trauma.

*Analysis of Theme Three: Expecting the Unexpected*

Expecting the unexpected is somewhat more self-explanatory compared to the first two themes. As previously stated, all parents experience the uncertainty of parenthood. There is no guarantee that children will do what is expected of them or that the children's outcomes will be positive. The experiences of traditional parents and foster parents are different in that with foster parents, this fear is much more acute. The fear of the unknown is heightened extensively as compared to what would be considered typical in a traditional relationship between a parent and child.

The uncertainty of being a foster parent, the frequent need to address extreme behaviors, and occurrences of essential facts being withheld from them are things that most people would deem intolerable. Brown (2008) highlighted that challenges related to foster care disruption and problems of the foster parent found in the literature do not specifically explore the perceptions of the foster parents. The study by Brown (2008)

focused on the experiences of foster parents and found that information about the child provided to the parents ahead of time and knowing the policies and procedures throughout the foster care process were protective factors against foster disruptions.

It was also noted in the study by Brown (2008) that a high priority of foster care system reform should be to ensure that foster parents receive thorough and adequate information about the children before making decisions about the placement. This seems to be consistent with the significant concerns raised by the participants in this research study. The foster parents interviewed about their experiences in supporting the positive mental health of their children were aware that not every incident that occurs while fostering a child could be anticipated. However, what they described as their perceptions and lived experiences implied that there are things they feel can be done to limit the extent of uncertainty. The significant instances of uncertainty often stemmed from not being told about the history of the foster child before accepting them into the home. History of sexual assault or violence is something that should be transparent when informing the family about the foster care placement. Not only is this information essential for them to make an informed decision, it also enhances the likelihood of the foster family finding improved success in supporting the psychological and social well-being. Decreasing the frequency of unexpected variables would reduce stress and improve the well-being of the foster parents, which in turn would improve the well-being outcomes of the children in their care.

*Analysis of Theme Four: Living with the Lack of… (Resources; Knowledge; Support)*

There is extensive literature related to the lack of resources negatively impacting successful foster care placements. Some examples that were highlighted through participant interviews warranted further analysis as it related to foster care literature. Lack of financial resources was a prominent theme that seemed to be congruent with other studies about foster care. Miller et al. (2019) examined foster parent stressors and found that the lack of financial resources can contribute to the stress and burnout of a foster parent. Brown (2008) found that foster parents required improved resources such community and social support for successful foster care placement outcomes. Similarly, Geiger et al. (2017) found that lack of resources was often a common reason for foster parents to consider the discontinuation of fostering. Chipungu & Bent-Goodley (2004) cited all of the issues in terms of lack of resources that were found through the interviews done for this study. The authors described foster parents lacking training, financial support, and support from foster care workers in their research.

One aspect of support that did not seem to be lacking in this study was that of social support. The foster parents interviewed often expressed being grateful for their fellow foster parents. Although this area of support does not seem to be lacking, programs could still be implemented to formalize and enhance the relationships between foster parents. The lack of family support is not prevalent in foster care literature and most likely would not be a priority to address when assessing how to improve the experiences of these foster parents. It is worth mentioning that enhanced community education regarding foster care could reduce the stigma of foster care, which in turn

could improve the familial support as well as increased backing of financial resources for these families. If resources are lacking, the foster parents are unable to effectively impact the positive mental health of their children. Unless they feel supported and are achieving positive mental health for themselves, foster parents will be set up for failure when trying to be a support and resource to the foster children in their care.

## Limitations of the Study

The study was limited in several ways. One limitation was related to geographical location. All fifteen participants resided in Alabama, and most were from Central Alabama. The participants lacked diversity in terms of race and gender, with most being Caucasian females. This finding is consistent with other studies about foster parents, but having a more extensive range of demographic representation would be ideal.

Another limitation was that the interviews only compared the participants' experiences with two children versus allowing the foster parents to discuss their experiences with various foster children. Although this was done to increase consistency, some foster parents expressed their desire to talk about other experiences they had with additional foster children or that they could give many more examples if allowed to speak about additional foster child experiences.

Limiting the scope of positive mental health to psychological and social well-being could be considered a limitation. There are many other aspects of well-being, and it is likely that by including these it would possibly have expanded the range of experiences discussed. However, the ambiguity and inconsistency of terminology required that a deliberate attempt to limit the scope of the concept of well-being be implemented. The

interpretation of the parental experiences, especially as they related to ideas of secondary trauma, could have been further explored if more in-depth parental background data was collected, such as history of their own trauma, their upbringing, and their thoughts regarding their own positive mental health.

Time constraints were also a limitation in that it was not always possible to thoroughly analyze one interview before moving to the next. The lack of specific directions and clarity of intent of the participant reflections caused the data collected through this approach to be ineffective. Other methods of collecting participant reflections, such as requesting an audio recording of their thoughts prior to and following the interview, may have yielded richer data.

Limitations regarding the generalizability of qualitative data and the difficulty of a researcher to completely bracket experiences and biases when conducting phenomenological research must also be considered. Some view the inability to generalize the results as a concern of qualitative studies, but this study focused on the efforts of transferability. Although the participant sample was limited, it is hoped that the analysis allowed for the reader to conclude that the information discussed is transferable. Similarly, although attempts were made to be systematic and true to the methodology of IPA throughout the process, it is possible that some influences of the researcher's experiences could have biased the study results and interpretations.

Although the limitations of the study are valid, the significance of the findings and their usefulness for informing future research should be emphasized. This study accomplished the goal of adding to the scarce literature about foster parent experiences as they relate to the development of the foster child's mental health. It also achieved the

goal of deliberate and systematic data collection and analysis process so that the implications of the study can be thought of as transferable and reliable.

## Postscript Reflection

Completing this dissertation was rewarding, and was the most significant challenge I have ever faced academically. The process of completing an IPA study was appealing due to my background as an occupational therapist. This approach allowed me to explore a topic of interest by immersing myself in the stories of a population of people I admire and respect. I felt that interviewing would not be difficult and that interpreting the phenomenon described in their interviews would be natural for me given my background in analyzing a person holistically, through an occupational therapist's lens. I also believed that I would not have too much difficulty bracketing my assumptions, because although I was interested in the topic, I did not have any extensive experience in the foster care system. The assumptions that I made about my skills were accurate, but that does not mean that it was at all easy.

Interviewing was challenging in terms of trying to elicit the underlying emotions or lasting impressions of the foster parents as they described supporting the positive mental health of their children. It was not until I was deep into the analysis that I realized that although I captured their stories about their experiences, often there was no attached meaning provided with the examples they gave. Even when I would ask them to tell me how it felt to experience certain things, the conversations often quickly moved into factual accounts of experiences versus spending adequate time exploring the feelings associated with those experiences. Through my research journal, I was able to determine

that often the focus was too much on the children's skills and not about the parent's experience. This issue was despite my deliberate attempt to avoid this situation, as it was a focus of my dissertation proposal feedback. Despite this truth, I do believe that I was able to capture enough of the context and perceptions related to their experiences in a way that a reader can have confidence that the themes captured the actual lived experiences of this group as they worked to facilitate positive mental health in their children.

The research journal helped allow me to be reflexive regarding my assumptions as well as to self-critique the process, especially in terms of my attempts at phenomenological reduction. I set up the journal to capture a high level of reflexivity before and after the interviews, and although this often occurred, there were times where I did not examine my thoughts and my approach to the interview until after the interview. When looking back on the research journal, I do see that even despite that truth, I was able to improve my skills as a qualitative researcher as I moved through the process. Even when I missed the opportunity to write before the interview, I am aware that I was reflecting on what I would write as I drove to the participant.

The most profound and reoccurring thoughts in the journal involved my struggle to fully bracket my own experiences between interviews. I was very critical of myself in terms of the attempt to avoid comparing each interview, but I recognize that the thoughts about whether or not I was capturing similar themes or getting close to achieving saturation were constant. I have to believe this is human nature and that the process of reflecting on it provided enough opportunity for me to redirect my focus and stay present

during each interview in a way that was needed to maintain that this study is considered trustworthy.

I also realize that I was deliberate in recording any changes in how I approached the interview or how I altered any of my methods. In general, I believe I stayed true to the data analysis process I set out to utilize. Through the audit trail portion of my journal, I found myself reflecting more about the process at the start of the interviews versus throughout them. After the first few interviews, the process flowed very smoothly, and there were no significant changes made. I did realize early on that the participant reflections were not giving me the information I intended and so I attempted to approach them a few different ways. At first, I would give the participants more direction in terms of what to include in the reflections, but I found that this was not helping to get any in-depth thoughts that I was not getting from the interviews. After several reflections, I decided it was still a useful exercise in that it helped the participant to organize their initial thoughts, but truly, they were limiting it to characteristics or examples of problematic behaviors of the children. Even with prompting, none of the participants described their feelings or their emotions associated with supporting the positive mental health of their children within the reflection. Sometimes asking for the reflection seemed to invoke anxiety in the participant, in that they were worried about what to write, how long to write, or that they would misspell things. Even with reassurance, this continued to be a recurring concern to the point I was ready to abandon the exercise. I have concluded that the participant reflections did not compromise the interviews, but they also did not provide any useful information that was not extracted from the interviews. Next time I would use a different approach, such as providing them with a model, as a way to help

them focus on their experiences or their feelings about a few experiences. I also realize I could have asked them to record a certain number of words that described how they felt when they encountered a need to address the psychological and social well-being of the participant.

As I moved through the process of analyzing the interviews, having a step-by-step plan was very helpful, and I feel that without adhering to this process, I may not have been able to truly capture the themes at the level of depth that I was able to. When I look back at my initial few rounds of analysis, I realize that some of the key terms were interesting, but were not genuinely capturing the experience of the parents. It was through this iterative process that I was able to redirect my focus towards the foster parent's experience and the meaning behind the experience and separating that from descriptions about the foster child's story. For example, although interesting, how the foster child interacted with siblings or how they improved academically did not answer the research question. I realized that unless the participant described how it impacted them and how it related to their experience of supporting the child's positive mental health, I could not include it as part of a theme or as a separate theme. Although cumbersome at times, I believe this was the process that allowed me to capture the truth about their experiences.

In terms of interpreting the meaning behind their described experiences, this was more difficult in some interviews as compared to others. In the research journal, I reflected on the personalities and the environments associated with the participants. What I noticed is that some participants were very open and transparent about their frustrations or feelings about their experience, while others were much more hesitant to express them as deliberately. Some of the participants seemed to be much more comfortable describing

the facts versus the emotions that were attached to this experience. In analyzing this by reading the research journal and reflecting on the contexts related to each participant, there was no predictive factor as to who would be more open. Some of the participants were interviewed in a public space versus their home, but that did not seem to make a difference in terms of who seemed more comfortable disclosing. Tears were shed in public just as they were at the kitchen table. One participant, in particular, was very upfront about her hesitations to be interviewed, worrying that her matter-of-fact and unemotional approach to fostering would not yield the results I was striving to achieve. In the middle of a crowded restaurant, less than five minutes into the interview, this participant was in tears and providing deep emotional insight into her experiences. I remember trying not to mention the irony of it until after the interview. When I did bring it up at the end, we both shared a laugh about her initial fears. This is one of those moments in the process that I will never forget.

Similarly, there were many moments, both that I recorded in my journal and that I now recall where I was worried unnecessarily about the participant's ability to provide me with the level of depth I was seeking. Based on the initial phone screening or how cumbersome it was to confirm the interview, I sometimes found myself concerned that the participant was too busy or too distracted to provide me undivided time. I also found myself excited when I would talk with someone during the screening and through their voice or their comments. I felt that they were going to be quite different from the previous participants I had recruited. For example, I would find myself assuming through the type of accent or the nuances of their speech, that a particular participant was possibly less affluent than the previous one. Similarly, if they lived in a more rural town, I would

be assuming that their resources or their challenges would be more diverse in comparison to participants from more wealthy neighborhoods or school districts. I would often find myself disappointed as I pulled up to a home than I expected to be one way, based on the screening process, to instead be in a sprawling, exquisite neighborhood with manicured lawns and fancy cars parked up and down the road. Participants I thought seemed to be less engaged on the phone sometimes ended up being the most focused and transparent in their emotions and their struggles. Some that seemed the shyest over the telephone ended up being the most vocal.

What I discovered about myself through this process is that even though I pride myself in my ability to refrain from preconceived judgments, I make irrational judgments regularly and have to continually be aware of my implicit biases and my tendency to judge others prematurely. As much as I am aware that this is human nature, exploring this about myself through this intense process was profound, and I am grateful for the opportunity to grow from it.

Although the participant reflections did not yield additional information and did not contribute to my attempt to triangulate the data, the other efforts of triangulation were effective. Using the content expert at the end was another attempt to improve triangulation of the data. Another successful attempt at reliability and transferability was the process of member checking. Member checking was effective, with thirteen of the fifteen participants responding positively to the summary of themes that was emailed to them. None of the participants questioned the results, requested clarification, or asked for edits to be made. All thirteen parents that responded confirmed that the themes accurately portrayed the common experiences of foster parents' when attempting to support the

positive mental health of their children. This helped me to feel confident in my study and my efforts to conduct it in an objective and methodologically sound manner. I believe that if I had made significant errors, it would have surfaced through the process of member checking. One parent's feedback in particular provided me with the confirmation I needed that this study was both important and effective. She wrote,

> I am not a very emotional person. I'm really not. I almost never cry, even in situations that warrant a good cry. I thought I had just grown cold inside. But I am actually crying after reading this. I'm confused as to why other that the fact that no one outside of the foster parent community has actually ever "gotten it" before. It's like you looked right into the soul of this and captured it. Thank you for hearing us. Thank you for advocating for our kids. Most of all, thank you for caring. Not many people do. You have represented us beautifully.

Overall, I do feel like I executed a high-quality study that was able to answer the research question effectively. I am confident that the small changes I made along the way were justified and well documented and that I stayed true to the intent of being deliberate in adhering to the process of conducting an IPA study. Although there were several limitations, I believe that this project was able to contribute to the foster care literature and to provoke meaningful conversations about how to improve not only the experiences of the foster children in the system, but also of the foster parents who struggle every day to nurture the mental health of children in their care. I believe that moving through this process, although stressful and imperfect at times, has allowed me to practice the skills

required to investigate important topics as a qualitative researcher as I launch my research career.

I believe that this study extracted some useful information that can be explored when planning for improvements in training and when developing innovative programs for foster children and families. The implications of this study in terms of calling attention to the need to improve the processes and policies of the foster care system, in my opinion, could be articulated through this project. Although the scope of the participants was limited in terms of number and demographics, I feel confident that the quality of this study is sound. The conclusions drawn from analyzing and interpreting the participant's lived experiences, as they described them in their interviews, clearly show a need to continue exploring ways to improve the experiences for the children and their families. The ability of the study to invoke conversation and future research is without question.

## Implications of the Study

In some ways, it may seem that focusing on the experiences of foster parents in such a specific way is unnecessary. If they were asked to simply describe their experiences of foster parenting, arguably some of the same themes would have emerged. However, by targeting their experiences to those that represent their journey in facilitating psychological and social well-being in the children, the conversations about the systems that support foster care were productive. The study suggests that the foster care system needs to be improved. It helps define some of the reasons children in foster care continue to experience trauma and poor mental health outcomes. It helps show a

need for increased support of these parents despite what enhancements are made to foster care policies and practices.

Children in foster care often have significant needs as they enter the system, and these needs cannot be addressed without also addressing the challenges faced by foster parents. The themes that emerged help to demonstrate that non-kinship foster parents clearly deal with significant stress and confusion from a variety of angles: from the constant need to advocate for the child's mental health needs, from the acute fear of the unknown throughout the time the child is in the home, from the frequent episodes of extreme behaviors that most would see as unbearable to deal with to the need for more resources, including training, financial support, and overall support from those around them. Without being specific about the breadth and depth of the parent's experiences, any attempt to improve the system that does not include support for the foster parent will be inefficient and not comprehensive in its approach.

Some of the descriptions of their experiences showed a resilient group of foster parents and children. Often the extreme behaviors were downplayed, or the impact of their experiences seemed to be minimized. To only read the themes without the context behind them may cause one to believe that what a foster parent experiences while helping the children to grow psychologically and socially are very similar to all parents. However, the implication is that resilience is a process and does not allow one to minimize the emotional impact fostering has on the foster parent. Even a resilient foster parent with a resilient foster child experiences extreme events that could be reduced by providing a support system. In some cases, when foster parents were describing

themselves as strong or not overly attached, there was an implied sense of having to shield themselves from secondary trauma.

Through their stories, it is clear that much more work needs to be done to support the positive mental health of foster children. If society wants to protect these vulnerable children, it seems that a different approach is needed. When removing a child from a home, the intent is to protect the child from harm yet it appears that the system not only fails to do this but that it also sets up the foster parent for harm as well. The very system that is supposed to be helping the well-being of the child seems to often contribute to continued chaos and disappointment in the child's life. The foster parents are often left having to explain what is happening and why, when they do not understand and do not agree with the decisions or how things are being handled. They are often frustrated, confused, scared, guarded, and surprised by what they are experiencing while trying to improve the well-being of the children in their care.

Reform is necessary to combat these negative experiences. Both the children and the caregivers deserve to feel supported and protected as they attempt to move through the process from start to end, whatever the outcome becomes. By looking at the issues through a socio-ecological lens, it is clear that the experiences of the family need to continue to be explored at all levels. How their experiences impact the positive mental health of their children also needs to continue to be explored through all of those layers as well. By discovering ways to support the family in facilitating improved positive mental health of the children, the children's mental health outcomes will be enhanced. A child with improved psychological and social well-being will be more successful not only within the foster family but in the larger picture, as they transition to their next phase in

life. Without finding creative ways to decrease the negative experiences associated with supporting the positive mental health of these children, there will be fewer foster parents willing to walk through these tough experiences with the child. If the events that potentially create secondary trauma for the families and the foster children are not addressed, the foster system will not meet the intended outcomes.

When professionals are interacting with foster children and their families, the results of this study demonstrate the importance of incorporating the foster parent sensitively and holistically. All healthcare professionals can benefit from allowing the foster parent to give voice to what the child needs and what the family needs to support that child. Without addressing the foster caregiver, the professionals most likely will not fully be able to support the needs of the child. The foster parent, even if the time together has been brief, clearly has the drive to get the child's needs met and will go to great lengths to advocate for the child's well-being. When professionals see the foster parents as allies, it will improve the positive mental health of the child.

Training the foster parents should also be seen as a priority, as much of what was revealed implied that the foster parents are forced to seek information on their own. Models exist, although currently not readily available, to train foster caregivers about trauma and about ways to prevent secondary trauma. These trainings should be part of an ongoing resource available to these parents, as they would be a simple and effective tool to improve their confidence and understanding about what the child is experiencing while also enhancing their personal experiences as caregivers. Focused training would provide them with tangible ways to minimize additional trauma to the children and themselves.

## Recommendations for Future Research

Future research should further explore foster parents' experiences of facilitating positive mental health in their children. Because mental health is such a critical foster care outcome, many studies focus on the child outcomes without emphasizing the experiences of the caregivers. Continued research on caregiver experiences should be expanded to include a more diverse group of participants and a wider geographical area. This would allow for more exposure on the topic of the study and help to increase the understanding of the needs of these caregivers while they attempt to do the difficult work of improving the positive mental health of their foster children.

An impact study, using a quantitative or mixed methods approach, would give complete information about the impact of the foster parents' experiences. Researching the effects of programs geared at addressing the challenging experienced faced by these caregivers would be an essential next step. Understanding the challenges of the foster parents in terms of how they impact the outcomes of the foster children's mental health would inform future scholarship endeavors and future programs and policies related to this topic.

Studying the differences in experiences of foster mothers versus foster fathers would also be a useful topic for future discovery. The one father interviewed had very similar experiences as the mothers, but in general, the interviews implied that often the roles of each parent might be quite different, which would potentially yield different experiences. Future research examining experiences of supporting positive mental health

in foster children of other age groups or comparing new foster parents to experienced foster parents would be beneficial as well.

All future research on this topic would be helpful to increase the awareness of the issues faced by foster parents. Without addressing these, the attempt to improve foster care outcomes will not be comprehensive nor holistic. Children's mental health outcomes while in foster care will continue to be compromised if the foster parents responsible for them are not being supported adequately.

## Conclusion

It is well known that children in foster care have a variety of challenges and need for support, but the significant difficulties the non-kinship foster parents face must be a focus of discussion when examining the foster care system. The purpose of this study was to explore the experiences of non-kinship foster parents when addressing the positive mental health of their foster children. The collective experiences of fifteen foster parents in Alabama showed that foster caregivers often must learn to be resilient to protect their own positive mental health as they attempt to facilitate it in their children.

At first glance, it may appear that how they describe their experiences is similar to any parent, but when exploring what they describe, it is clear that the challenges are overwhelming, complicated, and extreme. Some of these experiences potentially set them up for secondary trauma. The support of, education of, and appreciation for these parents are essential to both protect the positive mental health of the parents and the children they foster. Currently, the literature and resources are scarce in terms of this aspect of the foster care system. It is important to focus on foster parents when proposing new policies

or programs when training, educating, and making important decisions about the children in their care. It is also essential to give them a voice and show them support while concurrently finding ways of improving the mental health of their foster children.

Once participant ended the interview in a way that seems fitting to conclude the study:

> I wish more people would take the time to understand foster care. There are so many kids in the state now, and I wish more people would consider what kind of role they could have, whether that's large or small, in contributing to this kid's welfare because, if we don't do it, I wonder…There are a lot of people who ask us about doing foster care, but there's a few people who truly listen when we want to give them answers. Often they cut us off and go to different topics because they don't want to think about what kind of responsibility they really have and they're scared they might get roped in. We live in a cause generation, but people want to push a button on their phone or "like" something on social media. They don't want to stay up all night changing the diapers or dealing with severe emotional trauma. That's a dangerous place to be in our society. So thank you for listening and really being a voice.

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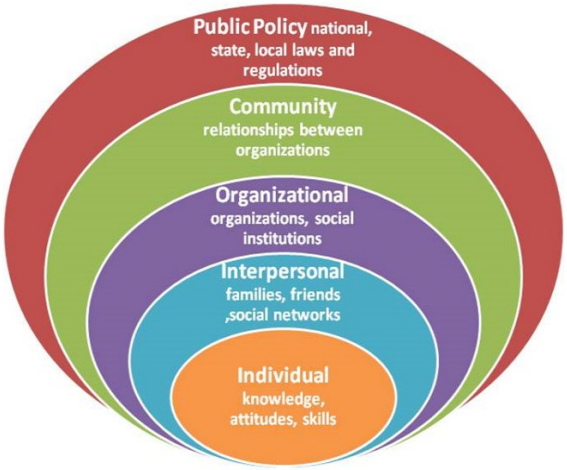
# APPENDIX A

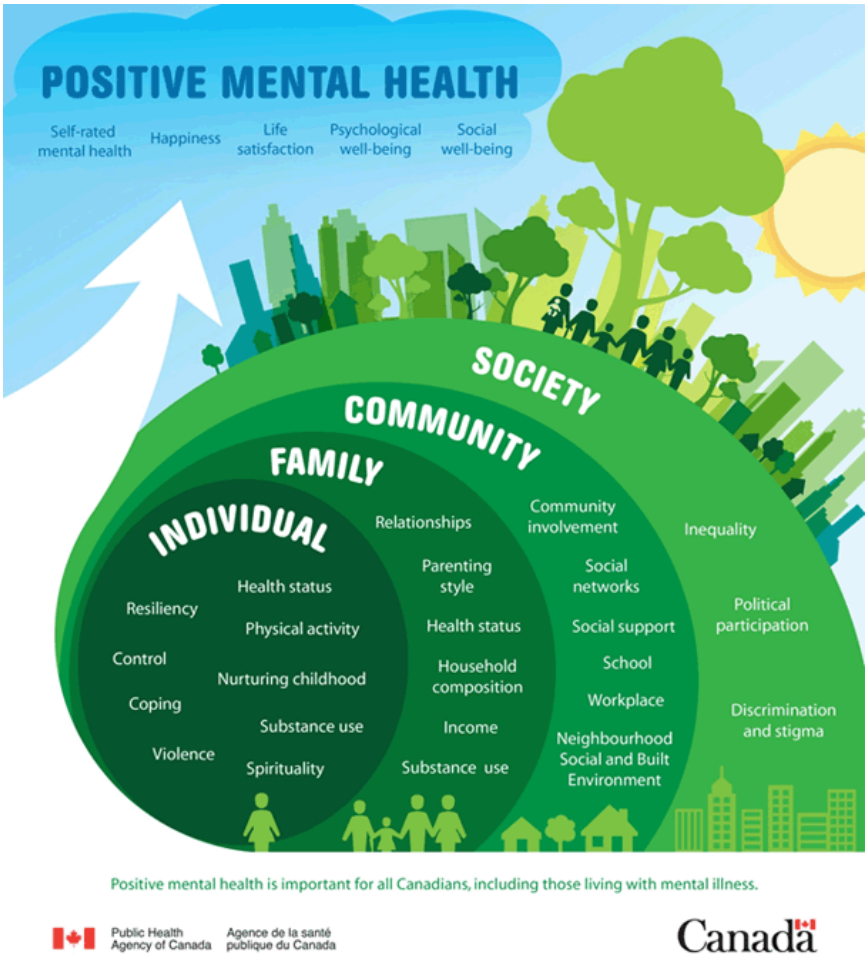
## SOCIAL-ECOLOGICAL MODEL




Socio-ecological model: Framework for prevention, centers for disease control. Available from the Centers for Disease Control and Prevention (CDC). http://www.cdc.gov/vio lenceprevention/overview/social-ecologicalmodel.html.

APPENDIX B

THE POSITIVE MENTAL HEALTH SURVEILLANCE INDICATOR FRAMEWORK




Orpana, H., Vachon, J., Dykxhoorn, J., McRae, L., & Jayaraman, G. (2016). Monitoring positive mental health and its determinants in Canada: The development of the positive mental health surveillance indicator framework. Chronic Diseases and Injuries in Canada, 36(1).

APPENDIX C

RECRUITMENT LETTER

Date:

Name of potential participant:
Address
City, State, Zip

Re: Influencing the Positive Mental Health of Non-Kinship Foster Children: The Lived Experiences of Foster Parents in Alabama

Dear <insert name>:

I am writing to you because I was informed that you may be willing to participate in a research study about the positive mental health of non-kinship foster children in Alabama. I am conducting this study to complete my doctoral degree requirements through the Health Behavior Department, School of Public Health, at the University of Alabama at Birmingham. I intend to interview approximately thirty primary caregivers of non-kinship foster children in Alabama to better understand factors that may influence the mental health and well-being of these children. To be eligible, you must currently have a 6-18 year old foster child in your home (for at least 90 days at the time of the interview) that is not related to you and have also fostered at least one other child 6-18 years of age that was not related to you.

If you meet this criteria and would be interested in learning more about the study and seeing if you meet the criteria to participate in an interview (with follow-up as needed), please contact me at sarahg1@uab.edu or 205-617-4331.

Thank you for your consideration to participate.

Sarah Tucker, MS, OTR/L

APPENDIX D

CAREGIVER DEMOGRAPHIC FORM

**Name of PI: Sarah Tucker, MS, OTR/L**
**IRB #: 300001919**
**Participant Initials:**
**Participant ID#:**
**Form Completion Date:**

**1. What is your age? _____**

**2. What is your identified gender?**
Female ○ Male ○ Other ○

**3. What is your marital status?**
Single ○ Married or domestic partnership○ Separated ○
Divorced ○ Widowed ○

**4. With which racial or ethnic category do you identify?**
African American ○ Asian/Pacific Islander ○ Caucasian ○ Latino ○
Other: _____

**5. What is your educational background?**
Did not complete high school ○ High school diploma or equivalent ○
Some college credit, no degree○ Trade/technical/vocational training ○
Associate degree ○ Bachelor's degree ○ Master's degree○
Professional degree ○ Doctorate degree ○

**6. What is your current employment history?**
Unemployed, looking for work ○ Unemployed, not currently looking for work ○
Unable to work ○ Self-employed ○ Homemaker ○ Student ○
Military ○ Retired ○ Part-time ○ Full-time ○

**7. What is your range of household income?**
Less than $20,000 ○ $20,000 to $34,999 ○ $35,000 to $49,999 ○
$50,000 to $74,999 ○ $75,000 to $99,999 ○ Over $100,000 ○

**8. Where do you currently reside?**
Home (owner) ○ Home (renter)○ Apartment Other○
_____

**9. Please list the initials of all individuals living in your home and their relationship to you:**

| | |
|---|---|
| **(Initials)** | **(Relationship to you)** |
| **(Initials)** | **(Relationship to you)** |
| **(Initials)** | **(Relationship to you)** |
| **(Initials)** | **(Relationship to you)** |
| **(Initials)** | **(Relationship to you)** |
| **(Initials)** | **(Relationship to you)** |
| **(Initials)** | **(Relationship to you)** |
| **(Initials)** | **(Relationship to you)** |

**Contact Information:**

**Address:** _____(Street) _____ (Apartment #)

_____ (City) _____(State) _____ (Zip)

**Cell number:** _____ **Alt. #:**_____

APPENDIX E

CHILD DEMOGRAPHIC FORM

**Name of PI: Sarah Tucker, MS, OTR/L**
**IRB #: 300001919**
**Participant Initials:**
**Participant ID#:**
**Form Completion Date:**

**Please answer the following questions about the child (one form per child):**

1. **Foster child's initials: _____**

2. **Age? _____**

3. **Identified gender?**
   **Female ○ Male ○ Other ○**

4. **Household composition at the time the child is/was in your home?**
   **One parent**
   **Two parents**
   **Guardians**
   **Other adults/relationship to you _____**
   **Biological Children**
   **Foster Children**

5. **Current grade in school: _____**

6. **Type of school**
   **Home**
   **Public**
   **Private**
   **Other**

7. **Physical health**

**Does the child have physical health issues that impact academic or social participation? If so, please explain without including specific diagnoses or medications that could possibly identify the specific child:**

8. **Mental health**

**Does the child have mental health issues that impact academic or social participation? If so, please explain without including specific diagnoses or medications that could possibly identify the specific child:**

9. **Religious affiliation?**

   **Does the child attend religious services and/or involved in religious practices or organizations?**

10. **Extracurricular activities?**

    **Sports**

    **Community involvement**

    **Volunteer**

APPENDIX F

ELIGIBILITY SCREEN

**Name of PI: Sarah Tucker, MS, OTR/L**
**IRB #: 300001919**
**Participant Initials/ID#:**
**Completion Date:**

1. Are you currently a primary caregiver of a foster child that is not related to you?
    - Yes
    - No

2. Is this foster child between the ages of 8-21 years old?
    - Yes
    - No

3. Has this foster child been in your home for more than 90 days?
    - Yes
    - No

4. Have you fostered at least one other child not related to you, between the ages of 8-21 years old that was in your home for more than 90 days?
    - Yes
    - No

5. Do you live within the state of Alabama?
    - Yes
    - No

6. Are you primarily English-speaking?
    - Yes
    - No

7. Do you think you would be able to answer general questions about your thoughts on foster care?
    - Yes
    - No

8. Do you consider yourself healthy enough to take part in 1-3 interviews that may last 1-2 hours each?
    - Yes
    - No

APPENDIX G

INFORMED CONSENT FORM

**Title of Research:** Influencing the Positive Mental Health of Non-Kinship Foster Children: The Lived Experiences of Foster Parents in Alabama

**UAB IRB Protocol #: 300001919**

**Principal Investigator:** Sarah Tucker, MS, OTR/L

**Purpose of the Research**

The purpose of this research is to look at how primary caregivers of foster children feel about what influences the mental health and well-being of these children (some examples may include the physical health or skills of the child, things that the child has experienced in his or her family, the neighborhood, the school environment, and/or the foster care system itself).

**Explanation of Procedures**

You will be asked to answer questions about your experiences as a foster parent, in terms of what you think has helped or hurt your foster child/children's mental health and well-being. These terms will be explained to you, with examples, as you are asked questions about this topic. By signing this consent form, you are agreeing to participate in 1-3 interviews that will last approximately 1-2 hours in a quiet place of your choice. The interview(s) will be audio-taped so that the information can later be looked at more closely and compared to other interviews that were done with other foster parents.

If any other information about the foster child/children is needed to better understand your answers, these may be asked as follow-up questions. The child/children's full name or other specific information that may identify them will not be asked. You may also be asked to fill out information about you (your age, gender, race, marital status, educational background, employment, household income, and health status) if this was not already done during the screening process. This information will remain confidential.

**Risks and Discomforts**

You may become uncomfortable, slightly stressed, or anxious when answering questions that may be unpleasant, although all information will remain confidential. If you become uncomfortable in any way, you can ask to take a break or end the interview.

**Benefits**

You may not benefit directly from taking part in this study. However, this study may help us better understand how to improve the well-being of children in foster care. It may also help improve the foster care system in the future.

**Confidentiality**

Information obtained about you for this study will be kept confidential to the extent allowed by law. However, research information that identifies you may be shared with people or organizations for quality assurance or data analysis, or with those responsible for ensuring compliance with laws and regulations related to research. They include:

- the UAB Institutional Review Board (IRB). An IRB is a group that reviews the study to protect the rights and welfare of research participants.
- the Office for Human Research Protections (OHRP)

The information from the research may be published for scientific purposes; however, your identity will not be given out.

**Voluntary Participation and Withdrawal**

Whether or not you take part in this study is your choice. There will be no penalty if you decide not to be in the study. You are free to withdraw from this research study at any time. Your choice to leave the study will not affect your relationship with UAB.

If you are a UAB student or employee, taking part in this research is not a part of your UAB class work or duties. You can refuse to enroll, or withdraw after enrolling at any time before the study is over, with no effect on your class standing, grades, or job at UAB. You will not be offered or receive any special consideration if you take part in this research.

**Cost of Participation**

There will be no cost to you for taking part in this study.

**Payment for Participation in Research**

There is not payment for taking part in this study.

**Questions**

If you have questions about your rights as a research participant, or concerns or complaints about the research, you may contact the UAB Office of the IRB (OIRB) at (205) 934-3789 or toll free at 1-855-860-3789. Regular hours for the OIRB are 8:00 a.m. to 5:00 p.m. CT, Monday through Friday.

**Legal Rights**

You are not waiving any of your legal rights by signing this consent form.

**Signatures**

Your signature below indicates that you have read (or been read) the information provided above and agree to participate in this study. You will receive a copy of this signed consent form.

_____

Signature of Participant Date

_____

Signature of Person Obtaining Consent Date

APPENDIX H

PARTICIPANT REFLECTION GUIDE

**Explanation of the Study Terms and**

**Directions for Journaling Prior to the Interview**

**Overview of the Study and Related Terms**

My dissertation is trying to capture the experiences of foster parents in supporting their foster children's psychological and social well-being. I am going to review a model I have used to help explain psychological and social well-being (explain The Positive Mental Health Surveillance Indicator Framework).

**Psychological well-being** includes the following: **self-acceptance** (a positive attitude of self in the past and present); **purpose in life** (a sense of life-direction and meaning is asserted through goals and expressed beliefs); **autonomy** (self-direction through a person's own standards); **the ability to get needs met** through positive relations with others (the experience of positive personal relations where empathy and intimacy are expressed); **environmental mastery** (the ability to negotiate the complexities of the environment consistent with a person's own needs) and **personal growth** (the awareness of a person's own potential for the development of self) (Kobau, et al., 2010).

**Social well-being includes**: **social coherence** (the ability to make meaning of what is occurring in society); **social acceptance** (a positive attitude of others, while also recognizing their weaknesses); **social actualization** (the ability to see the potential in others/ the community to evolve) and **social integration** (a feeling of belonging in the

community). The presence of psychological and social well-being can be considered indicators of being in a positive state of mental health (Keyes, 2002).

**Writing Down Initial Thoughts Prior to the Interview**

To get you thinking about some of these things before the interview and to help me best understand your experience, I am asking you to take just a few minutes to write down your initial thoughts about your experiences with the two foster children you will focus on during the interview (a current foster child 6+ years old and a previous foster child 6+ years old), in terms of supporting their psychological and social well-being. Some things you may want to write down are: How you feel you were able to or were not able to support their psychological and social well-being; What were some of the challenges? What kind of support system did you have? What surprised you? What did you learn from your experiences? You can use the model and/or some of the descriptions of what makes up psychological or social well-being to help guide you.

This does not have to be long. It doesn't need to have correct spelling, grammar, or punctuation. It should not include your name or the names of the children. Please just write down a few things that come to mind. We will go more in depth about your experiences during the interview.

APPENDIX I

INTERVIEW GUIDE

**Well-Being of Foster Children: Interview Guide**

**Introduction:** I want to talk about your experience of trying to support the well-being of the foster children in your home. Although you may have been a foster parent to many children, we are going to try to limit this interview to your specific experiences with the one child we have decided meets the criteria of the study that is currently in your home and the other child that you previously fostered that also meets the criteria as a way to compare the two experiences.

Well-being, in general, is a state of being healthy and happy. When things support your foster child's/ children's growth, it positively affects their well-being. On the other hand, when things bother your foster child/children or get in their way, it negatively affects their well-being. We are going to focus on psychological and social well-being and I will give you examples of both of these as we start to discuss them.

**Child background:** I want you to focus on the child that currently lives in your home (the one that we have indicated meets the inclusion criteria) and also the one that used to live in your home (that we have indicated also meets the inclusion criteria). When reflecting on your experience with them, please start with a general background about them (how long they have been/were with you, what was the process like to receive them into your home and what were they like/how did they behave when they arrived, etc.).

**Parental background:** Before I move to more specific questions about your experience in supporting the foster children's psychological and social well-being, please briefly describe a little bit about your parenting history and your overall support system as a foster caregiver (for example, your history with being a foster parent and parent to any biological children, your overall parenting style, etc.).

**Interview Questions:** As a said, the focus of the interview is about your experiences related to the psychological and social well-being of these two foster children.

## I. Psychological well-being

In terms of **psychological well-being**, I am interested in learning about your experience in things such as:

-what the child's level of **self-acceptance** was like when they arrived and your experience in helping them with their attitude about themselves?

-whether or not you had to support them in developing a feeling of **purpose in life**? A sense of autonomy (self-direction or control over their lives)?

-what was your experience with trying to support them in learning appropriate ways to **get their needs met**? How to navigate or negotiate the complicated world around them?

-whether or not you had to help them increase their awareness of their potential (improve their development of self/**personal growth**)?

*** Can you give me a specific example of your experience?

*** What was your support system like when trying to address this?

*** What were some of the challenges?

*** What resources were available to you?

*** What was your experience in trying to support the child and also negotiate the feelings or opinions or needs of other people in your family or friend network?

*** Are there any policies or issues that helped you or were a barrier for you when addressing these needs/this situation?

**Other possible questions relevant to psychological well-being:**

- Some aspects of psychological well-being would include how the foster child (or children) thinks about himself/herself, **the child's spirituality, coping ability, mental and/or physical health issues; biological family experiences (parenting style, history of violence/neglect/abuse/, health status, income) and others.** Please describe your experiences in supporting some of these aspects of their well-being. What were some of the challenges for you? What were some positive things that helped to improve these issues (if appropriate)?
- How would you describe your foster child (or children's) ability to make decisions or plans for himself/herself? Can you give your perception on how you were able or had difficulty supporting this aspect of your child's well-being?
- Based on your relationship with your foster child (or children), what you say are some of the things that help him/her or make it difficult for him/her to get their own needs met? Try to focus on your experience in dealing with these things.

## II. Social Well-Being

This part of the interview will focus on how you perceive your ability to influence the social well-being of the foster children we are discussing. In general, social well-being is referring to a person's "sense of belonging" and how a person feels they "relate to others".

More specifically, social well-being includes things such as:

**social integration** (a feeling of belonging in the community).

**social coherence** (the ability to make meaning of what is occurring in society)

**social acceptance** (a positive attitude of others, while also recognizing their weaknesses)

**social actualization** (the ability to see the potential in others/ the community to evolve) and

-Describe your foster child's (or children's) **sense of belonging** and your lived experiences of trying to nurture this sense of belonging. **Social integration.**

> [Prompt to include belonging in multiple experiences: in the biological and foster family? At school? In other aspects of the community? Are there any policies that may influence this?]

**-**Tell me about your experiences in trying to support the relationships between your foster children and others:

> How does the foster child interact with other children in the home, if applicable? Can you describe how other members of the family in your household interact with the foster child? Describe the relationships between the foster child and the other individuals in the family. What have you been able to do to deal with any issues related to this? Do you have support to help you do this?
>
> -Does your child interact with others in the neighborhood? Why or why not? How does this make you feel?

-There are times when things happen in our community or in society and we have to **make sense of them or understand the meaning behind it**. Tell me what you think about your foster child (children's) ability to do this and what helped or hindered your ability to influence this. [Ask to elaborate on possible reasons as above, when appropriate]. **Social coherence.**

-Do you feel like your foster child (children) is able to accept others for who they are? Why or why not? [Prompt to clarify with specific examples and/or reasons they believe this is easy or challenging for the child]. Please try to give examples of the challenges you faced in trying to help these children with this and/or were there things you found that helped you work on this with the children. **Social acceptance.**

-Do you think your foster child (children) sees the potential for things in their world to improve? What makes you come to this conclusion about them? [Prompt for examples]. What is your experience with trying to influence their feelings about this? **Social actualization.**

**As we have discussed the idea of how your child (children) feels about themselves in relation to things that happen around them, is there anything else you can think of in terms of what may have impacted these ideas or feelings? [Remind the participants to reflect on the child's interactions with family, school, the child welfare system, healthcare, foster care laws and policies as examples, as needed].

*** Can you give me a specific example of your experience?

*** What was your support system like when trying to address this?

*** What were some of the challenges?

*** What resources were available to you?

*** What was your experience in trying to support the child and also negotiate the feelings or opinions or needs of other people in your family or friend network?

*** Are there any policies or issues that helped you or were a barrier for you when addressing these needs/this situation?

**Summary to extract/clarify specific levels of influence (as needed):**

- Now that we have discussed all of this, please try to think about anything else you can think of that may help or prevent you from supporting the child (children) from being healthy or happy (experiencing positive well-being)?
- Is there anything else we have not talked about in terms of your experiences in attempting to support the psychological and social well-being of these children? Other barriers or resources?

# APPENDIX J

# INSTITUTIONAL REVIEW BOARD APPROVAL LETTER

THE UNIVERSITY OF ALABAMA AT BIRMINGHAM
Office of the Institutional Review Board for Human Use

470 Administration Building
701 20th Street South
Birmingham, AL 35294-0104
205.934.3789 | Fax 205.934.1301 |
irb@uab.edu

**APPROVAL LETTER**

**TO:** Tucker, Sarah C.

**FROM:** University of Alabama at Birmingham Institutional Review Board
Federalwide Assurance # FWA00005960
IORG Registration # IRB00000196 (IRB 01)
IORG Registration # IRB00000726 (IRB 02)

**DATE:** 21-Dec-2018

**RE:** IRB-300001919
Risk and Protective Factors Impacting the Positive Mental Health of Non-Kinship Foster Children in Alabama

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The IRB reviewed and approved the Initial Application submitted on 20-Dec-2018 for the above referenced project. The review was conducted in accordance with UAB's Assurance of Compliance approved by the Department of Health and Human Services.

**Type of Review:** Expedited
**Expedited Categories:** 7
**Determination:** Approved
**Approval Date:** 21-Dec-2018
**Approval Period:** One Year
**Expiration Date:** 20-Dec-2019

**Documents Included in Review:**

- hsp.181219_clean
- Positive Mental Health Surveillance Indicator
- recruitmentcomms.181219_clean
- datacollection.181219_clean
- interview.181219_clean
- consent.181219_clean

APPENDIX K

DEMOGRAPHIC INFORMATION

Table 1

*Participant Demographics*

| Name | Age | Marital Status | Educational Background | Household Income |
|---|---|---|---|---|
| Anne | 50-55 | Married | Bachelor's degree | Over $100,000 |
| Catherine | 45-50 | Married | Bachelor's degree | Over $100,000 |
| Denise | 45-50 | Married | Some college/no degree | $35-50,000 |
| Ella | 45-50 | Married | Master's degree | $75-100,000 |
| Heather | 40-45 | Single | Master's degree | $50-75,000 |
| Jane | 30-35 | Married | Associate degree | $35-50,000 |
| Lidya | 30-35 | Married | Some college/no degree | $50-75,000 |
| Morgan | 35-40 | Married | Some college/no degree | $50-75,000 |
| Olivia | 40-45 | Married | Bachelor's degree | Over $100,000 |
| Pamela | 55-60 | Married | Professional degree | $75-100,000 |
| Reagan | 50-55 | Married | Master's degree | $75-100,000 |
| Sarah Beth | 45-50 | Married | Associate degree | $50-75,000 |
| Tricia | 40-45 | Married | Bachelor's degree | Over $100,000 |
| Vera | 35-40 | Married | Bachelor's degree | Over $100,000 |
| Christopher | 25-30 | Married | Master's degree | $35-50,000 |

APPENDIX L

TABLE OF THEMES

Table 2

*Process of Theme Identification*

| Meaning Units | Key Phrases | Category | Theme |
|---|---|---|---|
| | | | Advocate (for both) |
| P4 (40-45) | She is a bully | For child and self: with bio family | |
| P9 901-910) | Set up boundaries and ground rules | For child and self with bio family | |
| P13 (443-440) | Bio parent telling her to be violent at visits; Someone stop this | For child with DHR | |
| P14 (214-228); P15 (425-433) | School not understanding | With school | |
| P9 (648-656) | School informed about trauma; called about minor issues | With school | |
| P14 (363-370) | Can't get counseling, 11 mo | DHR Barrier to getting needs met | |
| P7 (85-102) | Couldn't get counseling. Accused of lying | DHR barrier to getting needs met | |
| P15 (252-260) | Need counseling-crisis | 6 mo wait with Medicaid. | |
| P7 (860-869) | Various needs not met because of lack of DHR signatures | Basic needs not getting met; DHR barrier | |
| P15 (292-302) | Fierce advocacy- no one else will | Advocate for everything/sacrifice | |

| | | | |
|---|---|---|---|
| P1 (341-242) | Poured into him and he self-destructed- it is what it is | | Need to be Resilient- parent and child |
| P3 (553-568) | It is what it is/didn't affect me as a person | House in turmoil but helped learn about system. | |
| P12 (473-478) | Try to not let it get under my skin | Resiliency to tolerate behavior | |
| P15 (265-272) | Counseling to protect mental health | Build resilience of self and child | |
| P9 (810-813) | Foster care "diet"- stress at first | Foster parent- self-care | |
| P8 (234-236) | Put others before self, need for better self-care | Foster parent- self-care | |
| P7 (786-801) | Need to take better care of self | Foster parent- Self-care (Build resilience of self) | |
| P1 (670-691) | Rejection | Child-emotions | |
| P14 (318-328) | Rejection | Child-emotions | |
| P6 (322-334) | Rejection | Child-emotions | |
| P15 (104-121) | Trust | Child-emotions and resilient when blamed for behavior | |
| P2 (50-80) | Lack of control/rages | Child-emotions | |
| P2 (391-398) | Disappointment-parents (trauma). Never got to see him again. | Family- disrupted without future contact. Heartbreak. | Secondary Trauma |
| P5 (634-648) | Disappointment-parents | Guilt when not able to protect them | |
| P8 (215-274) | Transitioned abruptly- trauma to foster child and family | Child and foster parent heartbreak. Added trauma. | |
| P4 (127-131) | Accused of sexual abuse and physical | Heartbreak | |

| | | | |
|---|---|---|---|
| | abuse by child with h/o sexual abuse | | |
| P12 (707-713) | Weren't going to be clingy | Try to stay detached | |
| P14 (637-642) | Hard when leave | Faith in times of difficulty | |
| P7 (286-315) | Hard when leave; break news to child | Heartbreak of entire family and child | |
| P9 (429-432) | Lack of control- told too attached | Told too attached; no control | |
| P1 (379-385) | Never know what is next | Fear of Unknown | Expecting the Unexpected |
| P1 (445-449) | Do I think they do in on purpose? Sometimes I do. | DHR not telling truth purposefully | Tolerating the Intolerable |
| P12 (200-210) | Control, cannot discipline effectively | Soiling self | |
| P3 (385-393) | Fear of child harming family and found out issues in former home | Set up/betrayed | |
| P4 (50-51) | Sexual abuse history | Wasn't told | |
| P3 (916-920) | Undisclosed history | Betrayed- child and parent | |
| P12 (907-918) | Said I hit him; self-injurious | Assault claim on foster parent | |
| P4 (210-220) | Child as parent; fear of abuse | Adultification | |
| P1 (377-385) | Sex exposure | Sexualization | |
| P1 (135-141) | Only 2 hours, needed 50 | Needed resources | Lack of Resources |
| P1 (419-422) | DHR didn't tell lit bed on fire with mom in it | Lack of information about child | |
| P5 (42-54) | DHR didn't tell about severe medical issue and had requested no | Lack of information about child | |

| | | | |
|---|---|---|---|
| | child with medical needs | | |
| P2 (165-181), (355) | Bureaucracy ruining intent | Lack of support from DHR | |
| P6 (705-710) | No help from case worker. No GAL for months. Lack of team, almost disrupted placement | Lack of DHR support | |
| P3 (223-238) | No info/no support/treated poorly | Lack of support from DHR | |
| P15 (284-286) | Lose money | Financial Strain | |
| P6 (295-298) | Medicaid doesn't cover and can't afford out of pocket/few free resources | Lack of services/$ strain | |
| P6 (887-893) | Debt with basic parenting costs | Financial strain | |
| P8 (762-768) | Broke from doing foster care right | Financial strain | |
| P3 (151-163) | Treat them differently; don't help | Lack of family support | |
| P4 (299-302) | Some family unsupportive | Inconsistent support | |
| P9 (838-843) | Supportive family still doesn't support well sometimes | Inconsistent support; not saying the right things | |
| P15 (352-373) | Lack of support altogether | Frustration and fear of future of child due to lack of support from system | |