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Foster Parents' Perceptions of Services Needed to Help Manage Foster Children's Emotional and Behavioral Issues

Timothy A. Lance
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Walden University

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Timothy A. Lance

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Walden University
2020

Abstract

Foster Parents' Perceptions of Services Needed to Help Manage
Foster Children's Emotional and Behavioral Issues

by

Timothy A. Lance

MA, Shaw Divinity School, 1994

BS, South Carolina State University, 1983

Dissertation Submitted in Fulfillment
of the Requirements for the Degree of
Doctor of Philosophy
Human Services

Walden University

August 2020

Abstract

Children entering the foster care system in the United States have higher rates of behavioral and emotional issues than children in the general population. Research has revealed that foster parents need to be trained in how to manage the emotional and behavioral problems of children placed in their care. However, there is a gap in knowledge regarding foster care providers' perceptions of services they may need to assist them in managing their foster children's behavioral and emotional problems. A generic qualitative approach was used to address the question: What are foster parents' perceptions of services they need to effectively manage the emotional and behavioral problems of foster children in their care. Relational development systems theory and ecological systems theory provided the conceptual framework for this study. Thirteen participants with at least one year of experience from a rural, low socioeconomic community in North Carolina participated in semi-structured interviews. Results revealed that foster parents desired the following: help in managing foster children's emotional and behavior issues; full disclosure about children's emotional and behavioral problems during placement; a greater voice in decisions regarding foster children in their care; effective services for meeting foster children's emotional and behavioral issues; opportunities for foster children to interact with their siblings and engage in other social activities. Improving foster parents' ability to manage the emotional and behavioral problems of foster children in their care may reduce the number of placements that foster children experience, thus leading to social change.

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Dedication

To the thousands of children who have been neglected, abused, and poorly cared for by those who were supposed to protect and care for you. To the large population of children who have gotten caught up in the cycle of moving from one foster care home to another time and time again in an extremely short period of time. I feel your hurt, frustration, fear, and anger. I dedicate this research to you. It is my hope that this research study will provide some answers to assisting foster parents with the tools and services they need to help you break the cycle of instability and achieve lasting, loving relationships.

Acknowledgments

I indeed thank God for giving me knowledge, wisdom, and understanding during my many periods of feeling lost and not sure of my continuance and completion. I give Him praise for giving me the strength to endure hardness like a good soldier and not grow weary in doing good.

Thanks to my wife, Priscilla, for enduring the many hours of me hiding out in my home office for many more years than I originally anticipated. Thanks for your encouraging words during periods of depression and frustration with myself and the process. I also thank my family for their encouragement along this journey.

Thanks to my dissertation committee. To Dr. Harris for continuously reminding me that it is an iterative process. I also thank you for your encouraging words to press on when I was nearly at a breaking point and on the verge of giving up. To Dr. Phillips and Dr. Lauck for your input, guidance, and encouragement along this journey.

Finally, I give my heartfelt thanks and appreciation to the foster parents who took time out of their schedule to participate in this study. Your assistance is greatly appreciated. The information you provided contributed immensely to the successful completion of this study. Abundant blessings to all.

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Chapter 1: Introduction to the Study

Introduction

When a child's home environment becomes unsafe due to neglect or abuse, foster care homes are sought to provide a safe place (Nash & Flynn, 2016). Foster parents are called upon to provide for the safety and well-being of children who are removed from their homes (Nash & Flynn, 2016; Vanschoonlandt et al., 2013). The most recent Adoption and Foster Care Analysis and Reporting System (AFCARS) report for fiscal year 2017 revealed that there were 442,995 children in foster care in the United States during the month of September 30, 2017.

Findings from past studies revealed that over 50% of youth entering the foster care system exhibit signs of emotional and behavioral problems (Fisher, Mannering, Van Scoyoc, & Graham, 2013; Vanschoonlandt et al., 2013). Foster parents are the front-line care providers for children with emotional and behavioral problems (Fisher et al., 2013; Vanschoonlandt et al., 2013). Foster parents' inability to manage their foster children's emotional and behavioral issues increases the likelihood of placement instability, which results in the children experiencing numerous foster placements (Fisher et al., 2013). Fisher et al. (2013) proposed that placement instability may increase the behavioral and emotional problems. As the front-line care providers, foster parents are in a unique position to influence foster children's behavior (Fisher et al., 2013; Vanschoonlandt et al., 2013). According to Nash and Flynn (2016), foster parents should be provided adequate training and services to meet the needs of foster children in their care. Esaki, Ahn, and Gregory (2012) proposed that foster parents need adequate training and support services

to prevent them from dropping out of fostering due to lack of, or inadequate, services and support. Leathers, Spielfogel, McMeel, and Atkins (2011) posited that a key aspect of foster care parents' ability to assist foster children in coping with emotional and behavioral problem is directly related to the preservice training they receive to prepare them for this challenge. However, a number of researchers have reported that the foster care system often fails to provide foster parents with the training they need to manage the emotional and behavioral problems of their foster children (Buehler, Cox, & Cuddeback, 2003; Braxton & Krajewski-Jaime, 2011; Festinger & Baker, 2103; Vanschoonlandt et al., 2013).

This study sought to provide knowledge of the services that foster parents need to effectively address the emotional and behavioral disorders of children placed in their care. Its results could provide empirical evidence of the need for additional training. Human services professionals and other professionals could use the results to advocate for relevant policy changes.

In this chapter I address the following topics: literature related to the background of the study, problem statement, and the purpose of the study, This chapter also presents the research question, the theoretical foundation, nature of the study definitions of key terms, assumptions, scope and delimitations, limitations. I conclude this chapter with the significance of the study, a brief conclusion of the chapter, and includes an introduction to Chapter 2.

Background

The foster care system was established to provide for the well-being of children who have been removed from their homes for their safety and welfare (Hacsi, 1995; McGowan, 2014; The Children's Aid Society, 2015). The need for a system of care for underprivileged children was identified during the early growth and expansion of America as an industrial nation during the late seventeenth century (McGowan, 2014). Because there were no child welfare services, provisions were made for dependent children through outdoor relief, farming-out, almshouses, and indentured service (McGowan, 2014). The most common provisions for dependent children prior to 1800 were almshouses and indentured service (McGowan, 2014).

One of the earliest examples of foster care was founded by Reverend Charles L. Brace. In 1853, Reverend Brace founded the Children's Aid Society to provide for the livelihood of poor and homeless children in New York (Hacsi, 1995; Goldsmith, 2013; McGowan, 2014; The Children's Aid Society, 2015). Through the Children's Aid Society, Reverend Brace recruited volunteers to provide free foster care service in the Midwest and upper New York State (McGowan, 2014). In addition, Reverend Brace initiated "orphan trains" to move children from the inner city of New York to farm owners in the South who volunteered to provide a safe home for the children. However, children were often forced to provide strenuous labor on the farms in exchange for room and board. The Children's Home Society was another free foster care system, founded in 1883, by Martin Van Buren Van Arsdale (McGowan, 2014). Children Home Societies

were sponsored by Protestants to provide free foster care for dependent children (McGowan, 2014).

One issue with the free foster care system was the lack of a formal review process to ensure that children were treated properly (McGowan, 2014). A general review of the care they received revealed that many of the homes were not capable of providing the nurture and education the children needed to become productive citizens (McGowan, 2014). The children were often subjected to harsh treatment and were required to work to earn their bread and shelter (McGowan, 2014). Realizing the need for more structure in child welfare, the Society for the Prevention of Cruelty to Children was founded in 1874 and the Charity Organization Society (COS) was founded 1887 to ensure safe places for foster children to live (McGowan, 2014).

From 1875 to 1881, almshouses were prohibited as places of care for children. States such as New York, Massachusetts, Michigan, and Ohio each passed state-level legislation and programs for aid and service to children (McGowan, 2014). The federal government established the United States Children's Bureau in 1912 (McGowan, 2014), which was instrumental in providing important information to President Roosevelt about children in foster care (Goldsmith, 2013; McGowan, 2014; McFadden, 2014; Thomas, 2012; The Children's Aid Society, 2015). The information shared by the Children's Bureau led to the establishment of federal and state foster care legislation and policies as well as to the enactment of the Social Security Act of 1935 (Goldsmith, 2013; McGowan, 2014; McFadden, 2014; Thomas, 2012; The Children's Aid Society, 2015).

Emotional and Behavioral Disorders in Foster Children

The prevalence of emotional and behavioral disorders among children in the foster care system is greater than it is among children in the general population (Blythe, Wilkes, & Halcomb, 2014; Bronsard et al., 2016; Deutsch et al., 2015; Dorsey et al., 2014; Fratto, 2016; Leve et al., 2012; Vanderwerker et al., 2014). Researchers have reported that between 37% and 67% of children entering the foster care system demonstrate some form of mental and/or behavioral health problems (Bronsard et al., 2016; Deutsch et al., 2015; Dorsey et al., 2014; Fratto, 2016; Leve et al., 2012; Vanderwerker et al., 2014). Bronsard et al. (2016) indicated that the prevalence of mental disorders among foster children is about 49%, compared with 13.4% among children in the general population (Bronsard et al., 2016).

Mental health disorders contribute to the behavioral and emotional issues exhibited by foster children (Bronsard et al., 2016; Deutsch et al., 2015; Dorsey et al., 2014; Fratto, 2016; Leve et al., 2012; Vanderwerker et al., 2014). The range of emotional disorders found in some foster children include posttraumatic stress disorder (PTSD), disorganized attachment, dissociative disorders, and affective body dysregulation (Fratto, 2016; Jonkman et al., 2013; Lehmann et al., 2013). Deutsch et al. (2015) indicated that children in foster care are diagnosed with PTSD six times more than the general population. The behavior disorders have included externalizing disorders such as disruptive disorder, conduct disorder, and oppositional defiant disorder (Bronsard et al., 2013). Examples of externalizing behaviors include loud outbursts, lying, stealing, aggressive behavior, destruction of property, and repeated truancy (Disability Fact Sheet 5, 2010; Vanschoonlandt et al., 2013). The internalizing disorders include anxiety and

depressive disorders (Bronsard et al., 2013). Bronsard et al. (2013) indicated that foster children were at greater risk of involvement in the juvenile justice system if the emotional and behavioral disorders were not properly addressed.

When children are removed from their homes to provide for their safety, the children are often placed in homes with foster parent(s) (Vanschoonlandt et al., 2013). However, the behavioral and emotional problems exhibited by foster children often make it difficult for foster parents to provide the nurture and care the children need (Bîrneanu, 2014; Braxton & Krajewski-Jaime, 2011; Deutsch et al., 2015; Leve et al., 2012). Leve et al. (2012) posited that children who have experienced maltreatment and abuse often exhibit emotional and behavioral developmental issues that increase the likelihood of complications in the foster care home, such as increased stress levels for foster care providers.

Research has revealed that foster parents need to be trained in how to manage the emotional and behavioral problems of children in their care (Deutsch et al., 2015; Dorsey et al., 2014; Fisher et al., 2013; Leve et al., 2012). Several researchers have conducted studies of the effectiveness of various types of training programs to help them manage foster children's emotional and behavioral problems (Fisher et al., 2013; Hong, Algood, Chiu & Lee, 2011; Jones & Morris, 2012; Megahead, & Soliday, 2013). One training program, Keeping Foster and Kin Parents Trained and Supported (KEEP), focuses on training foster parents in behavior management, positive reinforcement, positive and consistent discipline, and methods to monitor children's activities and peer associations (Greeno, n.d; Leve, 2012). Another program, the Multidimensional Treatment Foster

Care for Preschoolers (MTFC-P), focuses on behavior management techniques and positive behavior encouragement (Jonkman et al., 2013). However, there remains a gap in the literature on foster parents' perceptions of the services they need to help them manage the emotional and behavioral problems of foster children in their care.

Because many children enter the foster care system enter with behavioral and emotional problems, foster parents must develop strategies for effectively managing them (Braxton & Krajewski-Jaime, 2011; Jones & Morris, 2012; Pecora, Jensen, Romanelli, Jackson, & Ortiz, 2009). Several researchers have addressed the emotional and behavioral issues that children experience while in foster care (Braxton & Krajewski-Jaime, 2011; Fisher, Mannering, Van Scoyoc, & Graham, 2013; Hong, Algood, Chiu & Lee, 2011; Jones & Morris, 2012; Megahead, & Soliday, 2013). The emotional and behavioral problems have included internal and externalizing behavior, conduct disorder, disruptive behavior disorder (Bronsard et al., 2013; Fisher et al., 2013). Cooley and Petren (2011) conducted a mixed method study to examine foster parents' perceptions of their competencies as foster parents after completing training. They also assessed foster parents' experiences after training and what foster parents would recommend for improving future training: 60% suggested more specific and comprehensive training. For example, some sought help in working with children with different levels of trauma. Several respondents asked for more interaction with experienced foster parents who could give real-life testimony about fostering. Esaki, Ahn, and Gregory (2012) conducted a quantitative study of current and former foster parents to determine their perceptions of training and support, and their overall experience as a foster parent to improve retention

of foster parents. They found that 86% of foster parents who left foster parenting within 1 year of their first placement perceived the agency to be effective in preparing them for their role as foster parents, and 80% of continuing parents perceived the agency to be effective. Training was the most significant factor in foster parents' perception of the effectiveness of the agency. These researchers provided valuable insights into foster care providers' perceptions of the services and training they received.

Past research has focused on foster parents' perceptions of the general training they received to become foster parents (Cooley & Petren, 2011; Esaki et al., 2012). However, in my review of the literature I only found a few studies on foster parents' perceptions of the services they need to assist them in managing their foster children's emotional and behavioral problems. However, those studies were conducted in larger cities and other countries. This study focused on the perceptions of foster parents in a rural county with low-socioeconomic status in the United States.

Problem Statement

Emotional and behavioral problems are negative characteristics that may cause foster children to be moved from one foster home to another, which prevents them from achieving permanency (Disability Fact Sheet #5, 2010; Centers for Disease Control and Prevention [CDC], 2015). The specific types of emotional disorders for which foster parents may not be adequately prepared to manage includes PTSD, disorganized attachment, dissociative disorders, and affective body dysregulation (Fratto, 2016; Jonkman et al., 2013; Lehmann et al., 2013). The range of behavioral disorders that foster parents may encounter in their foster children include externalizing disorders such as

disruptive disorder, conduct disorder, and oppositional defiant disorder (Bronsard et al., 2013). The internalizing disorders may include anxiety and other types of depressive disorders (Bronsard et al., 2013).

The main purpose of the foster care system is to provide for the safety and well-being of children who are unable to live in their home environments due to abuse and/or neglect (Braxton & Krajewski-Jaime, 2011; Jones & Morris, 2012). The foster care system does well in providing for the foster children's basic needs of food, clothing, and shelter (Braxton & Krajewski-Jaime, 2011; Daniel, 2011). However, the system often falls short in providing for children's emotional and behavioral needs (Braxton & Krajewski-Jaime, 2011; Daniel, 2011). Failing to address these needs may leave many with the same problems they had upon entering the system (Fisher et al., 2013; Jones & Morris, 2012). Thus, they might lack the ability to function as productive citizens (Fisher et al., 2013; Jones & Morris, 2012). Therefore, it is essential that the foster care system provide the services foster parents need to assist them with managing the emotional and behavioral issues of foster children in their care.

Previous research focused on foster parents' perceptions of the effectiveness of the general training they received to be become foster parents (Cooley & Petren, 2011; Easki et al., 2012). However, after a review of the literature, I was unable to find any research that examined foster parents' perceptions of services they need to help them manage the emotional and behavioral problems of foster children in their care. This lack of research is a problem because children continuously enter the system with emotional

and behavioral problems, which results in placement instability that exacerbate them for many children (Fisher et al., 2013; Jones & Morris, 2012).

Purpose of the Study

The purpose of this generic qualitative study was to determine foster parents' perceptions of services they need to effectively manage the emotional and behavioral problems of foster children in their care. The generic qualitative approach was best for assessing the subjective attitudes, beliefs, feelings, and opinions about life experiences (Kenedy, 2016; Percy, Kostere, & Kostere, 2015). This research was guided by the interpretive descriptive approach, which is frequently used to develop research questions that are rooted in practice and to seek solutions that can be directly applied in practice (Kahlke, 2015). Additional details on methodology are presented in Chapter 3.

The research was conducted in a rural county in North Carolina. I selected it because it offers limited services for foster parents and foster children (Sirota, 2012). According to the North Carolina Budget & Tax Center, a project of the NC Justice Center, the county is listed as one of the 10 counties identified as being persistently poor over the 30 years between 1970 and 2000 (Sirota, 2012). Limited resources and services are often associated with rural life (Denby & Bowmer, 2013; Sirota, 2012). Sirota (2012) proposed that living in an environment stricken with poverty for over 30 years results in limited opportunities and resources for those who reside in such conditions. Extended periods of poverty hinder regional economic development and the overall economic growth of the state (Sirota, 2012).

Research Question

What are foster care parents' perceptions of the services they need to assist them in managing their foster children's emotional and behavioral problems?

Conceptual Framework

The conceptual framework that guided this study was based on relational developmental systems theory (RDST) and Bronfenbrenner's ecological systems theory. The RDST was founded in 1977 by Lerner and Spanier under the leadership of Baltes (Lerner et al., 2015). Baltes led a movement to change traditional developmental psychology from a single-discipline field to a multidisciplinary field of developmental science (Lerner et al., 2015). The RDST focuses on the lifespan of an individual (Lerner et al., 2015) and family resilience (Masten & Monn, 2015; Lerner et al., 2013). It can be used to explain how various agencies of a foster care system can work together to offer the services foster parents perceive they need to help foster children manage their emotional and behavioral problems. More detail on RDST follow in Chapter 2.

Bronfenbrenner's ecological systems theory, founded in the 1970s, was the second basis for this study. Bronfenbrenner identified the need for a shift in research on human development. At that time human development research focused mainly on children in certain situations for brief periods of time (Bronfenbrenner, 1976, 1994; Bronfenbrenner & Morris, 2006). Bronfenbrenner (1977) proposed a multi-person system that covers the life span of an individual. Bronfenbrenner further suggested that researchers should consider the various ecological contexts that influence human development (1977). The theory was originally labeled as the ecology theory of human

development (Bronfenbrenner, 1977). The ecological model evolved over the years to become the ecological systems theory (Bronfenbrenner & Morris, 2006; Rosa & Tudge, 2013). The ecological system theory consists of four multilevel subsystems; microsystem, mesosystem, exosystems, and macrosystem (Bronfenbrenner, 1977). Each level identifies various interactions between individuals and organizations within a community which, in turn, influence the development of children (Bronfenbrenner, 1977). This theory was relevant to this research because it was used to identify foster parents' interactions with various agencies in the foster care system and other systems in the community that could assist foster parents develop strategies for managing their foster children's behavioral and emotional problems. More detail on the conceptual framework is provided in Chapter 2.

Nature of the Study

This research study used interpretive description, generic qualitative design (Kahlke, 2014; Percy et al., 2015). The interpretive description genre focuses on obtaining a broad understanding of the data that is collected (Kahlke, 2014). The generic qualitative design is the method used for research that does not fit into one of the main established qualitative methodologies such as phenomenology, ethnography, grounded theory, or case study (Percy et al., 2015). The generic qualitative approach may combine elements of established approaches or use no traditional methodological approach (Kahlke, 2014). The generic qualitative approach is appropriate for exploring the thoughts, attitudes, and perceptions of the outward reality of participants who have provided care for foster children with emotional and behavioral problems (Percy et al., 2015).

Participants for this study were recruited using purposive sampling, a commonly used method for qualitative research (Nikolaos & Panagiotis, 2016; Suen, Huang, & Lee, 2014; Tongco, 2007). Purposive sampling is a nonprobability sampling method that lets the researcher recruit based on the purpose of the study (Nikolaos & Panagiotis, 2016; Suen et al., 2014; Tongco, 2007). I used it to help recruit participants who could provide quality data on the phenomenon being studied (Devers & Frankel, 2000; Nikolaos & Panagiotis, 2016; Suen et al., 2014; Tongco, 2007).

Participants included 13 foster parents who had experience working with foster children who demonstrated behavioral and emotional problems. Data were collected using semistructured, personal interviews with foster parents (Marshall et al., 2013). I used the thematic content analysis process (TAP) to analyze the data. Percy et al. (2015) indicated that TAP is appropriate for analyzing data for generic qualitative studies.

Definitions

Behavioral problems: Demonstrated externalized negative characteristics that cause a child to be moved from one foster home to another and prevents them from achieving permanency (Disability Fact Sheet 5, 2010; CDC, 2015).

Child abuse: Intentional acts by a parent or guardian that impairs the physical or mental health of children or disrupts children's cognitive, affective, social, or moral development (Cetin & Ozozen-Danaci, 2016).

Child neglect: Parent or guardian's failure to provide for the physical or emotional needs of a child in their care (Cetin & Ozozen-Danaci, 2016).

Emotional problems: Demonstrated internalized negative characteristics that cause a child to be moved from one foster home to another and prevents them from achieving permanency (Disability Fact Sheet 5, 2010; CDC, 2015).

Foster care: Out-of-home placement of children who have been removed from their homes. (Bîrneanu, 2014; Braxton & Krajewski-Jaime, 2011).

Foster child: A child who has been removed from his/her home and placed in a foster care home (Bîrneanu, 2014; Braxton & Krajewski-Jaime, 2011).

Foster parent: Temporary care provider children who have been removed from their homes (Bîrneanu, 2014; Braxton & Krajewski-Jaime, 2011).

Assumptions

This study used a generic qualitative research approach. The generic qualitative approach assumes that participants have knowledge or experiences of the phenomena being studied (Kennedy, 2016; Percy, Kostere, & Kostere, 2015). Further, as a researcher, I assumed that the participants' knowledge and experiences could not be assessed by other qualitative approaches, such as phenomenology, ethnography, case study, grounded theory, or narrative research (Kennedy, 2016; Percy, Kostere, & Kostere, 2015). Also, I assumed that the data collection instrument would accurately assess participants' perceptions, opinions, and world experiences (Percy et al., 2015).

A key assumption of this study was that foster care parents would be eager to participate in this study. In addition, it is assumed that as first-line care providers for foster children, foster parents are aware that they need training and education in strategies to assist them in managing the emotional and behavioral problems of foster children in

their care. Another main assumption of this study was that participants provided honest answers to the questions. Another assumption was that foster parents were genuinely concerned and passionate about the welfare of the youths assigned to their care. It was further assumed the researcher's bias will not adversely impact analysis of the information gathered from participants. I will control bias by first acknowledging my own personal biases. In addition, I will engage in reflective journaling (Yilmaz, 2013). Details regarding the use of reflective journaling to control researcher bias will be presented in Chapter 3.

Scope and Delimitations

In this study, I focused on foster parents' perceptions. I did not address children's perspectives of what they felt they needed to help them cope with their emotional and behavioral issues.

Limitations

The generic qualitative design focuses on participants' opinions and experiences of the outer world (Percy, Kostere, & Kostere, 2015). A limitation of the study is that the opinions of participants obtained through semistructured, interviews may obtain individual participant's biases. This subjective bias may limit the transferability of the results to others.

Another limitation to the study is the study will be conducted in a small geographical area. The geographical location presents a limitation because of the socioeconomic condition of the area. Most participants are from a low socioeconomic status background. The socioeconomic status of the participants makes it difficult for the

results to be transferable to foster parents in larger cities with potentially significantly more resources than the area of this study.

The potential for researcher's bias in conducting this research is that I may be familiar with some of the participants as we live in a small community. As a local pastor, school employee, and community volunteer I meet many people in the area. As a result, I may have met most of my potential participants at some point. To limit researcher bias, I will closely monitor my own preconceived opinions and knowledge of the phenomenon through reflective journaling and bracketing (Kennedy, 2016; Maxwell, 2013). I will not select any participant with whom I have a close relationship. Details on the use of bracketing and reflective journaling to control researcher bias are presented in Chapter 3.

Significance

The findings from this study could be used to promote a greater understanding of the potential services the foster care system can provide to improve parents' strategies for managing the emotional and behavioral problems of foster children in their care. Effective strategies may reduce the number of placements for the children and result in more stability in foster care placement settings. Finally, the findings of the study may indicate the need to improve collaboration among various professional stakeholders within the community. This might lead them to advocate for change in the foster care system's programs, policies, and procedures, change that might address equipping foster parents with strategies for managing the behavioral and emotional problems of foster children placed in their care.

Summary

Many children are removed from their homes and placed in foster care as a result of maltreatment, abuse, and/or neglect. Foster parents are called upon to care and nurture them. The task can become difficult due to the behavioral and emotional issues many foster children bring to the home. In addition, many foster parents are not equipped with the education and resources necessary to assist their foster children in managing their behavioral and emotional problems.

This chapter identified and discussed the theoretical foundation of the study. The study employs a generic qualitative design to gain understanding of foster parents' perception of services needed to assist them with managing the behavioral and emotional problems of foster children in their care. The generic qualitative approach focuses on exploring the inner thoughts, attitude, and perception of foster care providers' outward reality of their experiences providing care for foster children with emotional and behavioral problems. In this Chapter I also discussed the limitations of the study.

In Chapter 2, I present an in-depth review of the literature on children in foster care and foster parents' perception of the services they need to assist the children. I discuss the history of the foster care system in the United States and address the issue of child abuse and neglect and the resulting trauma.

Chapter 2: Literature Review

Introduction

The foster care system was developed to provide protection for children who experience abuse or neglect in their home environments (Braxton & Krajewski-Jaime, 2011; Jones & Morris, 2012). Every year approximately 800,000 children flow through the American foster care system (Braxton & Krajewski-Jaime, 2011; Jones & Morris, 2012). Because many children who enter the foster care system have behavioral and emotional problems, foster parents may need assistance with developing strategies for effectively managing them (Braxton & Krajewski-Jaime, 2011; Jones & Morris, 2012; Pecora, Jensen, Romanelli, Jackson, & Ortiz, 2009). A number of studies have addressed the emotional and behavioral issues that children experience while in foster care (Braxton & Krajewski-Jaime, 2011; Fisher, Mannering, Van Scoyoc, & Graham, 2013; Hong, Algood, Chiu & Lee, 2011; Jones & Morris, 2012; Megahead, & Soliday, 2013). However, in my review of the literature I was unable to find any research that examined foster parents' perception of the services they needed to assist them in managing the emotional and behavioral issues of children for whom they are foster parents.

A common problem associated with living in a rural community is the limited availability of necessary resources and trained mental health professionals (Denby & Bowmer, 2013; Sirota, 2012). In addition, living in an area with high poverty also limits finances to cover the cost of mental health services (Denby & Bowmer, 2013; Sirota, 2012). The limited services available to foster parents results in placement instability, which further exacerbate the children's emotional and behavioral issues (Fisher et al.,

2013; Jones & Morris, 2012). The purpose of this generic qualitative study was to determine foster parents' perceptions of services they may need to help them assist foster children in coping with and managing emotional and behavioral problems of the children after they enter foster care.

In this chapter I cover the following topics: the historical background of the foster care system, relevant literature pertaining to services the foster care system provides to foster families such as foster care parent training and services for children, literature on the existing training and licensure process for foster parents, and the emotional and behavioral problems that foster children bring with them when entering the foster care system.

Literature Search Strategy

To identify articles on services and training provided to foster care parents to assist foster children in coping with emotional and behavioral problems, I searched the following databases: Google Scholar, Academic Search Complete, Thoreau Multi-Database Search, SocINDEX, PsycARTICLES, PsycINFO, ESCBOHost, CINAHL, and MEDLINE Simultaneous Search. I used the following keywords and phrases: *foster care*, *foster care parents*, *foster care children*, *behavioral and emotional problems*, *foster care parent training*, *foster care parent perspective*, *foster care parent perception*. I used the Boolean operators, AND and OR, to optimize the results.

Conceptual Framework

Principles from the relational developmental systems theory and the ecological systems theory will be used to provide the conceptual framework for this study.

Principles from the two theories will be used to discuss the key role that the social service systems have in connecting foster parents with services needed to assist children in coping with and managing behavioral and emotional distress. The relationships that foster parents develop with foster children in their homes and various social systems within the community can be instrumental in helping those parents obtain services needed for effectively managing the emotional and behavioral disorders of foster children in their care.

Relational Developmental Systems Theory (RDST)

Relational developmental systems theory (RDST) is an evolutionary, multidisciplinary theory that provides an alternative approach to viewing human development that contrast with the reductionist, split approach that dominated developmental science through the 1960s (Aldwin, 2014; Lerner, Agans, DeSouza, & Gasca, 2013; Lerner, Agans, DeSouza, & Hershberg, 2014; Lerner, Johnson, & Buckingham, 2015; Overton, 2013). In 1976, Baltes, then head of the Department of Individual and Family Studies at Pennsylvania State College, had a vision to transform developmental psychology from a disciplinary-based field to the multidisciplinary field of developmental science (Lerner et al., 2015).

In 1977, Baltes teamed with life-span developmental psychologist Richard Lerner along with family sociologist and demographer, Graham Spanier, to combine their areas of expertise to sponsor a conference that focused on launching a multidisciplinary approach to family studies (Lerner et al., 2015). The conference was titled “Child Influences on Marital and Family Interaction: A Life-Span Perspective.” Lerner and

Spanier published a book in 1978 with the same name as the conference. The book included contributions from many prominent individuals from the field of developmental psychology and life course sociology. After the success of the conference and book, Baltes collaborated with colleagues across disciplines at Penn State, as well as other institutions, to continue the transformation of developmental psychology to a developmental science that considered the lifespan of an individual. The transformation of developmental psychology to a developmental science also embraced the concepts of the ecology of human development (Lerner et al., 2015).

Baltes introduced Lerner to Bronfenbrenner, who at the time was developing the ecological model of human development in 1977. Lerner included the work of Bronfenbrenner, Michael Lamb's work on infant- family relations, and Michael Lewis' work on infant-caregiver relationship in his work on the lifespan development process. Lerner embraced and fulfilled Baltes vision of transforming the field of developmental psychology into a developmental science that focused on the mutual relationships between the individual and the multilevel contexts in which the individual lives (Lerner et al., 2013; Lerner et al., 2014; Lerner et al., 2015; Overton 2013). Lerner's collaboration with Graham, Bronfenbrenner, Lamb, and Lewis resulted in the development of the RDST metamodel in 1978 (Lerner et al., 2015).

The development of RDST by Lerner and Spanier represented a paradigm shift from the Cartesian-Split-Mechanistic worldview which focused on the dichotomy between human development and the context (Lerner et al., 2013; Lerner et al., 2014; Overton, 2013). Overton (2013) posited that modern human development systems must

consider the influence of culture and environment on human development. In addition, RDST considers biological, mental, psychological, and sociocultural processes as necessary elements of character development Overton (2013). Lerner et al. (2013) asserted that modern proponents of human developmental systems must consider the development of individuals within their various ecological contexts.

The premises of RDST are relevant to this study because RDST addresses the importance of the environmental context in individual development (Overton, 2013; Lerner et al., 2013; Lerner et al., 2015). Principles of RDST suggest that when it comes to human development, a bidirectional relationship exists between parents and children (Lerner et al., 2015). In a bidirectional relationship, each person mutually influences the other person's behavior and development (Lerner et al., 2015; Overton, 2013). When children are removed from their homes and placed in foster care, the bidirectional relationship between the child and the parent is broken (Blythe et al., 2014). As a result of broken relationships between children and their birth parents, Blythe et al. (2014) suggested children may enter the foster home with significant emotional and behavioral problems. Consequently, a bidirectional relationship must be established between the foster parent and the foster child if the foster parent is to develop methods of managing any emotional and behavioral problems the child may experience (Blythe et al., 2014). Blythe et al. (2014) further posited that many foster parents identify themselves as parents for children placed in their care. In establishing the bidirectional relationship with a foster child, foster parents must interact within the contexts of school systems, the child welfare system, and mental health systems to ensure children receive the care they need

(Blthye et al., 2014). In addition, foster parents may also need assistance from the professional community to provide for their personal needs as foster parents (Blythe et al., 2014).

Ecological systems theory

The second theoretical undergirding for this study was Bronfenbrenner's ecological systems theory. Bronfenbrenner proposed the ecological systems theory in the 1970s, and the theory was originally labeled as the ecology theory of human development (Bronfenbrenner, 1977). Bronfenbrenner noted the need for a paradigm shift in research regarding human development because research at the time was limited, and the research only focused on children in certain situations for brief periods of time (Bronfenbrenner, 1976; 1994; Bronfenbrenner & Morris, 2006). Bronfenbrenner (1977) proposed that research in human development should consider multiperson systems that cover the life span of an individual. In addition, Bronfenbrenner suggested that researchers should consider the various ecological contexts that influence human development (Bronfenbrenner, 1977). The ecological model evolved over the years to become the ecological systems theory (Bronfenbrenner & Morris, 2006; Rosa & Tudge, 2013).

Bronfenbrenner's ecological systems theory posits that individual behavior is influenced by the various settings or social systems in which the individual lives (Bronfenbrenner, 1977). The ecological system includes the following four multi-level sub-systems microsystem, mesosystem, exosystems, and macrosystem (Bronfenbrenner, 1977). Microsystems consist of smaller systems that are part of the individual's immediate environment. Elements of the microsystem consists of family, close friends,

schools, and neighborhoods (Burns et al., 2015; Onwuegbuzie et al., 2013; Paat, 2013). The microsystem involves activities related to interpersonal relationships that impact an individual's development (Guhn & Goelman, 2011; Rosa & Tudge, 2013). Children placed in the foster care system are affected at the microlevel because they are tasked with establishing new interpersonal relationships with foster parents, other foster relatives, new friends, school teachers, and other relationships that are affected by foster placement (Bronfenbrenner, 1977; Bronfenbrenner & Morris, 2006; Guhn & Goelman, 2011; Paat, 2013; Rosa & Tudge, 2013; Tudge et al., 2009). In addition, at the micro level, foster parents must interact with school personnel and personnel of other local neighborhood organizations to acquire services needed to assist foster children in coping with behavioral and emotional issues that existed before or develop after placement in foster care (Burns et al., 2015; Guhn, and Goelman, 2011; Onwuegbuzie et al., 2013; Paat, 2013).

Rose, Woolley, and Bowen (2013) conducted a quasi-experimental evaluation of 11 middle schools to determine how elements of microsystems influence children's development. The findings of Rose et al. (2013) showed that social environments comprised of parents, teachers, and peers can influence positive youth development. Findings revealed that having multidimensional social capital portfolios positively affected students' behavior, engagement with others, learning, and academic performance. Multidimensional social capital portfolios include the various levels of support a child receives from home, school, peers, and neighbors. Results from the Rose et al. (2013) study is relevant for this study of parents' perceptions of services they need

to assist foster children with emotional and behavioral as findings for the study revealed the importance of the multidimensional social capital portfolios provided at the microlevel impacts youth behavior and engagement with others.

The mesosystem involves interactions between various microsystems and how those interactions impact individual development (Burns et al., 2015; Moskell & Allred, 2013; Onwuegbuzie et al., 2013; Paat, 2013; Rosa and Tudge, 2013). Paat (2013) used elements of Bronfenbrenner's ecological systems model to highlight the importance of family interactions with schools, community members, and peers within various systems in the process of integrating immigrant children into American society. Paat posited that at the meso level parents may interact with children's peer groups and school staff. Parents may interact with school based social workers to gain understanding of the school system. School social workers may also assist parents with understanding various school programs.

At the mesosystem level foster parents must interact with school staff, social workers, and Department of Social Service (DSS) case workers to develop support systems for foster children with succeeding in school (Liao, 2016; Onwuegbuzie et al., 2013; Paat, 2013; Rosa and Tudge, 2013). In addition, foster parents may also interact with their foster children's peers in the school and community to enhance the foster children's socialization needs (Bronfenbrenner, 1994; Onwuegbuzie et al., 2013; Paat, 2013; Rosa and Tudge, 2013). Another example of interaction at the mesolevel is when foster parents engage with the Department of Social Services to acquire services for

foster children (Bronfenbrenner, 1976; 1977; 1994; Guhn & Goelman, 2011; Onwuegbuzie et al., 2013; Rosa & Tudge, 2013).

The third level of the ecological systems theory is the exosystem. The exosystem involves interactions between systems that indirectly affects an individual's life (Bronfenbrenner, 1994; Burns et al., 2015; Moskell & Allred, 2013; Onwuegbuzie et al., 2013; Paat, 2013; Rosa and Tudge, 2013). The exosystem includes neighborhood organization and events, the foster parents' workplace, as well as local, regional, state, and national government organizations (Bronfenbrenner, 1994). At the exo-level, individuals may not be actively involved in the activities or events that impact their development or livelihood (Burns et al., 2015; Moskell & Allred, 2013; Onwuegbuzie et al., 2013; Paat, 2013; Rosa & Tudge, 2013). Foster parents' interaction with various social networks and neighborhood activities within the exosystem may indirectly affect a child's development (Bronfenbrenner, 1976; 1977; 1994; Guhn & Goelman, 2011; Onwuegbuzie et al., 2013; Rosa & Tudge, 2013). At the exosystem level foster parents may work with community social networks or other government and non-government organizations to obtain needed services for foster children.

The fourth level of EST is the macrosystem, which is the larger society in which individuals live (Bronfenbrenner, 1976; 1977; 1994; Burns et al., 2015; Guhn & Goelman, 2011; Moskell & Allred, 2013; Onwuegbuzie et al., 2013; Paat, 2013; Rosa & Tudge, 2013). The macrosystem encompasses the various cultural beliefs, values, ideologies, economic resources, laws, and policies that impact the lives of individuals (Bronfenbrenner, 1976; 1977; 1994; Burns et al., 2015; Moskell & Allred, 2013;

Onwuegbuzie et al., 2013; Paat, 2013; Rosa & Tudge, 2013). Bronfenbrenner (1977) posited that macrosystems encompass social class differences, ethnic differences, rural-urban differences, and family structure differences within society. Differences in social class, ethnicity, rural-urban location, and family structure may influence foster parents' perceptions of services needed to assist them with behavioral and emotional problems of foster children in their care.

Bronfenbrenner (1994) identified the fifth level of the ecological system as the chronosystem. The chronosystem considers time and historical events as significant phenomenon that can have a significant impact on a person's development (Bronfenbrenner 1994; Guhn & Goelman, 2011; Paat, 2013; Rosa & Tudge, 2013). The chronosystem encompasses both the characteristics of the individual and changes or consistency in the environment in which the individual lives (Bronfenbrenner, 1994). Foster parents' perception of services they need to help them manage the emotional and behavioral problems of their foster children may be influenced by the historical timeline of factors and events that contributed to the emotional and behavioral distress children experience (Rosa & Tudge, 2013). Historical factors and events that interrupted a child's relationship with his or her normal environment may affect the child's emotional and behavioral development (Rosa & Tudge, 2013). At the chronosystem level, foster parents must interact with case workers at the DSS and mental health agencies to obtain knowledge of specific events and the duration of events that may have been critical in the development of their foster children over their life course (Bronfenbrenner, 1994; Rosa & Tudge, 2013). Foster parents may also interact with schools, community support

agencies, and local government agencies to obtain services needed foster children (Bronfenbrenner 1994; Rosa & Tudge, 2013).

The ecological systems theory has evolved over the years, and the focus has shifted from context as the main influence of human development to the ecological system that includes consideration for process, person, context, and time (PPCT) (Bronfenbrenner & Morris, 2006; Burns et al., 2015; Guhn & Goelman, 2011; Rosa & Tudge, 2013). Bronfenbrenner posited that proximal processes are at the core of human development (Bronfenbrenner & Morris, 2006; Burns et al., 2015; Guhn & Goelman, 2011; Rosa & Tudge, 2013). Proximal processes refer to interactions between the child and other people, objects, and symbols within the immediate environment (Bronfenbrenner & Morris, 2006; Burns et al., 2015; Guhn & Goelman, 2011; Rosa & Tudge, 2013). The “person” component of PPCT takes into consideration a person’s disposition, resources, and demand characteristics. Each aspect of the person component may influence a person’s social environment and proximal processes. The “context” component reviews development from within an ecological setting. “Time” refers to the period of time an event occurs in the development of the individual. Application of the PPCT model may have a definite impact foster parents’ perception of services needed to assist children with coping emotional and behavioral problems. The PPCT model of human development may contribute significant background information about a foster child’s development within specific contexts over a period of time.

Early Foster Care in the United States

The first semblance of a formal foster care system in the United States was initiated by Reverend Charles L. Brace, who founded the Children's Aid Society in 1853 to help poor and homeless children in New York (Hacsi, 1995; Goldsmith, 2013; McGowan, 2014; The Children's Aid Society, 2015). To aide in providing homes for orphans and poor children, Reverend Brace recruited homes in the Midwest and upper New York State to provide free foster homes for those children (McGowan, 2014). Thousands of children were relocated from New York to other rural areas through the use of "orphan trains" (Hacsi, 1995; Goldsmith, 2013; McGowan, 2014; The Children's Aid Society, 2015). Brace believed that moving children from the city to rural areas would be better than placing them in orphan asylums or almshouses (Goldsmith, 2013; McGowan, 2014; The Children's Aid Society, 2015).

Though Brace's concept of relocating children to farms was intended to give the children a better chance at acquiring the American dream, the Orphan Train Movement did not always produce the desired outcome of providing better lives for the children (Goldsmith, 2013). There was no system in place to follow-up on the well-being of children after they were placed with families in other states (Goldsmith, 2013). The absence of an organizational system to follow-up on children's placement resulted in some children being treated like animals, commodities, and/or slaves when they arrived at their destination (Goldsmith, 2013). Many children were moved from farm to farm because the children could not perform the duties required by the families who initially took them in (Goldsmith, 2013). Some children eventually ran away and attempted to return to New York (Goldsmith, 2013).

In 1845 the Richmond Male Orphan Asylum for Destitute Boys was founded to provide relief and shelter for underprivileged, distressed males (Netting, O'Connor, and Fauri, 2012). In addition, the asylum also provided education for the children (Netting et al., 2012). The asylum not only took in orphans, but also parents who were destitute and unable to provide for their children could request their children be given shelter until such time that they were able to provide for them (Netting et al., 2012). In 1875 the Protestant Episcopal Church Home for Infirm Ladies began assisting poor and impoverished children in Richmond, Virginia (Netting et al., 2012). The Children's Aid Society and the Richmond Male Orphan Asylum for Destitute Boys were successful and each operated for over a decade (Netting et al., 2012).

In 1883 the Children's Home Society, which was founded by Martin Van Buren Van Arsdale, became a notable move toward the development of the child welfare and the foster system in the United States (McGowan, 2014). The Children's Home Society placed children in free foster homes where caregivers were mostly members of the Protestant religious faith (McGowan, 2014). Van Arsdale sought other ministers to assist in the ministry of finding homes for orphaned, abused, and neglected children (Hart, 2012). Van Arsdale's effort resulted in the creation of the National Children's Home Society in the early 1890s, which expanded to 36 societies in various states (Hart, 2012; McGowan, 2014).

During the mid-19th century, the issues of abuse and harsh treatment of children in alms houses, orphanages, and other childcare facilities highlighted the need for more structure and specialized services for poor and needy children (McGowan, 2014).

Consequently, numerous charitable organizations were founded to prevent mistreatment and abuse of children (McGowan, 2014). The New York Society for the Prevention of Cruelty to Children (NYSPCC) was founded in 1874 by Henry Bergh and Elbridge Gerry in response to a landmark child abuse case (McGowan, 2014; Perera, 2014; Wildeman & Waldfogel, 2014). The case involved an 8-year-old girl named Mary Ellen Wilson who was being abused and mistreated by her foster parents (McGowan, 2014; Perera, 2014; Wildeman & Waldfogel, 2014). The NYSPCC was founded to promote the protection of children (Perera, 2014).

Another organization that expanded services to poor, orphaned, and maltreated children in the 19th century was the Charity Organization Society (COS). The (COS) movement in the US was founded in 1877 by Stephen Humphreys Gurteen, an Episcopal minister (McFadden, 2014). Gurteen started the COS movement in response to the growing poverty issues invading the Buffalo New York Community (McFadden, 2014; McGowan, 2014). The COS started the “friendly visitors” initiative to visit homes and check on the needs of poor children (McFadden, 2014; McGowan, 2014). The friendly visitors were also responsible for maintaining a record of charitable assistance provided to poor people (McFadden, 2014; McGowan, 2014). According to McGowan (2014), the duties and efforts of the friendly visitors were similar to those of modern social workers. Friendly visitors engaged with families and children to provide mentorship and guidance to help the families and their children rise out of poverty (McFadden, 2014; McGowan, 2014). According to McFadden (2014), the friendly visitors reported on families’ moral and social condition, the cleanliness of their homes, and the environment around the

families (McFadden, 2014). In addition, the friendly visitors made recommendations for improvement for those families' condition (McFadden, 2014). The organized record maintenance system developed by the COS movement impacted the record maintenance of modern social welfare organizations (McFadden, 2014).

As excessive abuse and maltreatment of children were exposed, states began to realize the need for establishing guidelines and policies for positive child rearing and protection of children (McGowen, 2014; Perera, 2014). States around the country began establishing societies along the same line as the NYSPCC (McGowen, 2014). The New York State Labor Law, introduced by Gerry and the NYSPCC in 1882, was passed in 1886 (Perera, 2014). In 1879 Massachusetts abolished almshouses for children and required city overseers to ensure children were placed in appropriate private homes (McGowen, 2014). New York placed the responsibility on communities to provide for dependent children (McGowen, 2014). Michigan established a state school for dependent children in 1871 (McGowen, 2014). They also provided foster homes for children in the communities (McGowen, 2014).

As independent states developed policies to govern child welfare services, the federal government also acknowledged responsibility for caring for the welfare of children by establishing of the US Children's Bureau in 1912 (McGowan, 2014). The Children's Bureau implemented more structured services pertaining to the welfare of children (McGowan, 2014; Thomas, 2012). One duty of the Children's Bureau was to investigate all issues relating to child labor (McGowan, 2014; Thomas, 2012). The Children's bureau was also responsible for researching questionable issues relating to the

infant mortality rate (McGowan, 2014; Thomas, 2012). In addition, the Children's Bureau made significant contributions to juvenile court processes and formalization of the child welfare workforce (Thomas, 2012). As the need for foster care services grew, the Children's Bureau was actively involved in advising states regarding the shortage of caseworkers required for carrying out the needed services (Thomas, 2012).

The work of Brace and the Children's Aid Society contributed significantly to the establishment of the modern foster care system (Goldsmith, 2013; McGowan, 2014; The Children's Aid Society, 2015). Brace's Children's Aid Society influenced the founding of other child welfare societies across the country which resulted in the creation of the federal Children's Bureau (McGowan, 2014; McFadden, 2014; Thomas, 2012). Further, the contributions of Brace's Children's Aid Society, other child welfare societies, and continued exposure of child maltreatment and abuse led to the establishment of federal and state foster care legislation and policies (Goldsmith, 2013; McGowan, 2014; McFadden, 2014; Thomas, 2012; The Children's Aid Society, 2015). The Children's Bureau provided recommendations to President Roosevelt to include federal funding to support state and local child welfare organizations in the Social Security Act of 1935 (Thomas, 2012).

Foster Care Legislations and Policies

During the late 19th and early 20th century, several legislative initiatives were passed to address the needs of children in the United States (McGowan, 2014). The first major piece of legislation was the Social Security Act, which President F. D. Roosevelt signed in 1935 (Rymph, 2012; US Social Security Administration, 2016). Title IV of the

act provided funding for aid to dependent children (McGowan, 2014; Social Security Act of 1935, 2016). According to McGowan (2014), Title IV funding provided economic assistance to needy children within their homes. Title IV also provided financial assistance for substitute care out of home care in situations where children had been neglected, abused, or homeless (McGowan, 2014). Title V, Part 3, appropriated funds for child welfare services (Social Security Act of 1935, 2016). Section 521 made provisions for aid to children who were homeless, neglected, delinquent, or at risk of becoming delinquent.

Funding for foster care was included in the 1961 amendment to the Social Security Act in Title IV (US Social Security Administration, 2016). In 1996 the Social Security Act was revised to include Part E, Federal Payments for Foster Care and Adoption Assistance (Social Security Administration, 2016). The revision also established the requirement for foster care parents to receive the training and services needed to enable them to provide for the needs of foster children assigned to their care (Sec. 471, (10) & (24), Social Security Act, 2018). The Social Security Act, Section 471, (24) (2018) provided that foster parents should be prepared with the knowledge and skills necessary to properly care for foster children placed within their homes. Section 471 (24) further provided that training should continue after the placement of a child to ensure foster parents have the knowledge and skills necessary to provide for the physical, emotional, and behavioral needs of the child.

Prevalence of Emotional, Mental, and Behavioral Problems Among Foster Children

Emotional and behavioral problems are negative behaviors that may cause a child to be moved from one foster home to another, which prevents them from achieving permanency (Disability Fact Sheet 5, 2010; CDC, 2015). Those negative behaviors include actions such as loud outbursts, lying, stealing, aggressive behavior towards others, destruction of property, and repeated truancy (fs5, 2010). Nearly two-thirds of children placed in foster care exhibit characteristics of emotional and behavioral distress, which requires significant care and attention (Bîrneanu, 2014; Braxton & Krajewski-Jaime, 2011; Deutsch et al., 2015; Leve et al., 2012).

Physical abuse is a factor that has been linked to emotional and behavioral problem among foster children (Fratto, 2016). The United States Department of Health and Human Services reported that an estimated 686,000 children were victims of abuse and neglect in 2012 (Fratto, 2016). Physical abuse and neglect increase the likelihood of emotional, behavioral, and mental disorders among foster children (Bronsard et al., 2016; Leve et al., 2012; Samuels, 2011). Past research has revealed that nearly half of children placed in the child welfare system (CWS) in the United States have experienced some type of physical, emotional, mental, and/or sexual abuse prior to entering the CWS (Bronsard et al., 2016; Dorsey et al., 2014; Leve et al., 2012; Vanshoonlandt et al., 2013; Villodas et al., 2013). Vanshoonlandt et al. (2013) conducted a quantitative study to examine the prevalence of externalizing behavior among youth in foster care. Foster parents completed a Child Behavior Checklist and foster care workers completed a questionnaire regarding risk factors in certain domains. The researchers collected data on 212 foster children within the age range of 3–12 years. The results revealed that nearly

80% of foster children in the study exhibited some type of externalizing behavior. The data further revealed that 80 % of the children with externalizing behaviors were receiving mental health services. However, only 7.1 % of foster parents were receiving professional help. The findings of this study have implications for this study regarding foster parents' perceptions of services they need to assist them manage the emotional and behavioral issues of their foster children as the researchers identified the need for increased professional services for foster parents and foster children who participated in the study. Vanshoonlandt et al. (2013) also proposed a future qualitative study regarding barriers to mental health services. The study could help policy makers in making decisions relating to the provision of services for foster parents and foster children (Vanshoonlandt et al., 2013).

Bronsard et al. (2013) conducted a quantitative study to assess the prevalence of mental disorders among children in the Child Welfare System (CWS). Bronsard et al.'s study consisted of a systematic review and meta-analysis of eight epidemiological studies that consisted of 3,104 participants (Bronsard et al., 2013). Data from the studies were independently extracted by the researchers and analyzed using Comprehensive Meta-Analysis software and the STATA statistical software package. Their findings revealed that 49% of foster children in the study demonstrated evidence of a mental disorder that resulted in externalizing and internalizing behavior. The range of externalizing disorders included disruptive disorder, conduct disorder, and oppositional defiant disorder. The internalizing disorders included anxiety disorders and depressive disorders. Bronsard et al. suggested those disorders often resulted from adverse experiences. Externalizing and

internalizing disorders also increased the risk of these children developing antisocial behavior. In addition, the researchers suggested the children were at greater risk of involvement in the juvenile justice system if the emotional and behavioral disorders were not properly addressed (Bronsard et al., 2013). The findings from Bronsard et al.'s research is relevant to this study as the researchers posited there is a need for more services that address strategies for managing the children's their emotional and behavioral disorders. Bronsard et al. further suggested there is a need for additional studies regarding this population of youth whereby the results could be used to influence decisions regarding public policy. Bronsard et al. posited a limitation of the study was that most of the articles reviewed for their study were from single towns or regions which limited the generalizability of findings from the study.

Villodas et al. (2016) conducted an 8-year longitudinal study to identify the long-term placement trajectories of children who were placed in foster care during infancy or early childhood. The study consisted of 330 children who had substantiated reports of abuse or neglect. Face to face interviews were conducted with foster parents and foster children every 2 years beginning when the children were 4 years old. The interviews focused on obtaining information regarding the children's physical, behavioral, and emotional development during the 2-year period. Latent class analysis (LCA) was used to identify long term trajectories. The four stable trajectories were: adopted, kinship care, stable reunified, and stable foster care. 32% of the children were in the adopted trajectory, 15% fell in kinship care, 27% were among the stable reunified, and 9% were in the stable foster care. Villodas et al. (2016) suggested trauma experienced by children

in unstable trajectories possibly contributed to significant behavioral problems that interfered with placement stability. This study is relevant to this study as the researchers suggested additional physical and mental health services should be considered for this population.

Leve et al. (2012) conducted a quantitative study to review the elevated vulnerabilities of foster children in the areas of emotional and behavioral deficits, brain and neurobiological impairment, and poor social relationships with foster parents and peers. The researchers reviewed eight evidenced based interventions that improved the potential for resilience among foster children. Leve et al. posited that children in foster care have a higher rate emotional and behavioral problems than non-foster care children because of abuse and/or neglect. While much of the study focused on intervention strategies, findings from the study are relevant to my proposed research as the findings highlighted the significant behavioral and emotional problems that exist among foster children and the need for services and support for foster parents. Leve et al. posited many children in the foster care system have experienced maltreatment in the form of various types or abuse and/or neglect. Leve et al. noted there are nearly 1 million substantiated cases of child neglect and abuse in the United States every year. An average of 50% of those children enter the foster care system, many of which had substantial emotional and behavioral problems (Leve et al., 2012). Using data from the National Survey of Child and Adolescent Well-Being (NSCAW), Leve et al. posited of the 6,200 children and families investigated by the child welfare system, 50% demonstrated emotional and behavioral problems. The rates of emotional and behavioral problems were more elevated

for the children placed in out of home care. In addition to elevated rates of emotional and behavioral problems, a review of previous research suggests that children in foster care have higher rates of disruption in brain and neurobiological development (Leve et al., 2012). Leve et al. also suggested due to elevated rates of behavioral and emotional problems, foster children often have difficulty engaging in social relationships with parents and peers. Leve et al. posited support for foster families should be a primary focus of the child welfare system to improve the well-being and development of children placed in foster care. The researchers suggested further study is needed for further improvement of the future outcome of children placed in the foster care system.

Types of Emotional and Behavioral Problems Among Foster Children

When children with emotional and behavioral problems are placed in foster care the foster care parents become responsible for their care and protection (Braxton & Krajewski-Jaime, 2011; Jones & Morris, 2012). Children entering the foster care system often display a variety of emotional and behavioral disorders (Lehmann, Havik, Havik, & Heiervang, 2013). Children placed in foster care often exhibit symptoms of PTSD, disorganized attachment, attention deficit hyperactivity disorder (ADHD), and affective body dysregulation (Fratto, 2016; Jonkman et al., 2013; Lehmann et al., 2013).

Vanderwerker et al. (2014) conducted a quantitative study to examine the relationship between clinical diagnosis of externalizing behavior and the high rate of antipsychotic treatment for foster youths. Vanderwerker et al. suggested the prevalence of mental disorder among foster children was higher for all mental disorders including PTSD, attention-deficit/hyperactivity (ADHD), disruptive behavior, and stress related

disorders. Data for this study were extracted from Medicaid Analytic eXtract, which is a claims database maintained by the Centers for Medicare and Medicaid Services. The foster youth sample consisted of 301,894 foster children selected from all children eligible for foster care during 2009. The non-foster youth comparison group included 5,092,574 children taken from children eligible for Temporary Assistance for Needy Families. and from the State Children' Health Insurance Program during 2009.

Vanderwerker et al. (2014) posited challenging behavior of foster children may result in higher rates of medically based treatment rather than services needed to assist children with behavioral and emotional problems. The results of Vanderwerker et al.'s study are relevant to this study because the researchers suggested the need for services to assist foster children in coping with their emotional and behavioral problems and improve mental health among foster children.

Trauma and Stress Among Foster Children

Samuels (2011) suggested a significant number of children in foster care often exhibited signs of PTSD because of maltreatment prior to their entrance into foster care. The researcher further indicated that an Illinois assessment revealed nearly one-third of children in the foster care system exhibited signs of trauma. According to Samuels (2011) many children who have been abused and/or neglected exhibit social, emotional, and behavioral problems that continue into adulthood if left untreated.

According to Deutsch et al. (2015), nearly 25% of children in foster care have been diagnosed with PTSD, which is twice the rate for service members returning from combat. Deutsch et al. further posited children who experience trauma and neglect often

experience emotional dysregulation and the inability to practice self-control. Over 40% of foster children are placed in special education classes in school due to their inability to control themselves and their aggressive behaviors (Deutsch et al., 2015). In addition, trauma induced deficits in neurocognitive development also results in low IQ, poor performance in school, as well as behavioral and emotional issues. In spite of the evidence that foster children need assistance with learning to how to cope with and manage their emotional and behavioral problems, many children do not receive the services needed (Deutsch et al., 2015).

Fratto (2016) posited 2-3 million children are exposed to trauma as a result of some type of maltreatment. The researcher conducted a study to determine the effects of childhood trauma on foster youths as a result of neglect or maltreatment. Nearly 90% of children in foster care have experienced some type of traumatic event (Fratto, 2016). Fratto identified several types of emotional and behavioral problems that traumatized children exhibit. Some of the emotional and behavioral problems identified by Fratto were PTSD, dissociative disorders, and conduct disorders. Information obtained from the Adverse Childhood Experience Study (ACE) revealed traumatized children often suffer from deficiencies in cognitive, emotional, and social development. In addition, children who experienced trauma from abuse and/or neglect often experienced long term physical and mental health problems. Previous research has indicated traumatic experiences often interfere with normal brain development which increases the potential for hyper arousal to minor stressors (Fratto, 2016). Abnormal brain development as a result of early

childhood trauma might also increase the potential for anger management issues and aggressive or inappropriate behavior.

Training for Foster Care Parents

The foster care system does well in providing for foster children's basic needs of food, clothing, and shelter (Braxton & Krajewski-Jaime, 2011; Daniel, 2011). However, the foster care system often falls short in providing foster parents the training they need for supporting and managing the emotional and behavioral needs of children placed in their care (Braxton & Krajewski-Jaime, 2011; Daniel, 2011). Failing to care for emotional and behavioral needs of children in foster care presents a problem because many children leave foster care with the same emotional and behavioral problems they had upon entering the system (Fisher et al., 2013). Consequently, many children leave the foster care system lacking the ability to function as productive citizens in our society (Fisher et al., 2013; Jones & Morris, 2012). Therefore, it is essential that the foster care system provide the necessary training and support that foster parents need to assist foster children with managing their emotional and behavioral issues. Leathers et al. (2011) posited that a key aspect of foster care parent's ability to manage emotional and behavioral problems of foster children in their care is directly related to the pre-service training they receive to prepare them for this challenge.

Festinger and Baker (2103) conducted a quantitative review of evaluations from foster care training programs to assess the efficacy of foster care training in equipping foster parents with skills to work with the emotional and behavioral problems of foster children. Festinger and Baker reviewed evaluations for pre-service training, multi-

sessions in-service training, and single session in-service training. The review included seven pre-service evaluations, 29 in-service multi-sessions evaluations, and four single-session evaluations. Findings revealed that foster parent's participation in pre-service training improved their skills in assisting children with managing their emotions and behavior. The results also showed that training was related to overall increased parenting skills and a reduction in foster parent turnover. Results from the study also showed that foster parents' participation in training programs resulted in reduced stress for foster care providers. Festinger and Baker suggested more rigorous evaluations to further substantiate to the positive impact pre-service training has on foster care parent's ability to effectively parent foster children with emotional and behavioral problems.

Nash and Flynn (2016) also evaluated the effectiveness of the PRIDE pre-service training program for foster parents. Data were collected from 159 foster and adoptive parents in Ontario, Canada. Findings revealed participants were satisfied with the training they received. Participants rated the overall quality of the training program very high. Results suggest PRIDE training meets the needs of foster parents at various levels of experience (Nash & Flynn, 2016). One limitation of the study was the use of a single-group, pre-experimental research design, which indicated the results were correlational rather than causal. The researchers identified other limitations as small sample size and the self-report nature of the knowledge of the PRIDE competencies. The researchers suggested that any social service which seeks to improve the well-being of children must focus on providing in-service training as well as pre-service training for foster parents. The importance of the Nash and Flynn (2016) research is that it presented evidence of a

successful training program that may be beneficial for improving foster parents' skills of assisting their foster children with managing their emotional and behavioral problems.

Foster Parents' Experiences Obtaining Services

The Social Security Act mandated that appropriate services be provided to children in the foster care system (Social Security Act, 2016). Foster care providers are front-line service providers for foster children (Blythe, Wilkes, & Halcomb, 2014)). As front-line service providers, foster parents should be provided appropriate services and support to assist foster children with their emotional and behavioral problems (Blythe et al., 2014). Blythe et al., (2014) posited the three main support foster parents require from the foster care system are finances, respite, and training. The researchers indicated that some aspects of the training should be related to managing the complex emotional and behavioral issues of foster children (Blythe et al., 2014). The Social Security Act (2016) also mandates respite service be provided for foster children to afford temporary relief for foster parents who provide care for children in their home. Respite care involves a certified caregiver relieving foster parents of their parental duties for brief period to allow them a period of rest and leisure. Respite services are provided for parents, foster parents, and care provider (Social Security Act, 2016). In addition, the Act also mandates providing services to foster parents to improve parenting skills (Social Security Act, 2016).

York and Jones (2017) conducted a qualitative study incorporating a grounded theory approach to examine foster care parents' experiences with obtaining mental health services for their foster children. The participants included nine foster care providers and

one kinship care provider. Audio recorded, semi-structured interviews were conducted to assess the care providers' experiences and understanding of the Child and Adolescent Mental Health Services (CAMHS). Findings from the study revealed that foster care providers had considerable experiences and understanding of the mental health challenges faced by foster children in their care. The results also indicated initial referrals for mental health services were processed expeditiously. However, the processing of referrals was followed by long wait times before the actual service is provided. Foster care providers' expressed feelings of not being listened to by professional services personnel when they provide information about foster children in their care (York & Jones, 2017). York and Jones' study is closely related to this study as it addressed foster care providers' experiences in obtaining services for foster children with mental health. This study will focus on foster parents' perceptions of services needed beyond that what they currently receive to assist them with managing the behavioral and emotional problems of their foster children.

Denby and Bowmer (2012) conducted a quantitative study to determine foster care parents' experiences of obtaining services in rural areas. The participants included 61 foster parents from a large rural southwestern state. The availability of resources and services are often limited in rural settings. Findings from the study revealed foster care providers in rural settings often experienced frustration attempting to acquire the resources, services and support needed to assist foster children in their care with managing behavioral and emotional issues. The researchers identified the limitations of the study as small sample size, the use of self-reports, and the cross-sectional nature of

the design. This study is relevant to my proposed study as the participants in this study will be recruited from a rural area. Participants in this study may also face limited resources and access to services as described in Denby and Bowmer's study.

Blythe et al. (2014) conducted a qualitative study of results from peer reviewed articles that examined foster care providers' experiences in working with foster children and the foster care system. After a thorough search of available literature, the researchers selected 18 articles to include in the analysis. Six studies had been conducted in the United Kingdom/Ireland, four came from the United States of America, four were from Canada, three were from Australia, and one was from New Zealand. Ten of the articles were qualitative, four were quantitative, and four were mixed methods. Analysis of the articles revealed three major themes regarding foster care providers' experiences with the foster care system and foster children: the foster care providers' experiences with the children, the foster carer experiences working the system, and the foster carer's experiences taking care of their own well-being while caring for foster children.

The first theme which emerged from the Blythe et al., (2014) study pertained to the foster care providers' role ambiguity. According to Blythe et al. (2014) findings from their review revealed that the duties and responsibilities of the foster carer could be difficult considering the emotional and behavioral problems the foster children often bring with them when they enter foster care.

The second theme that emerged from the Blythe et al. (2014) research pertained to the nature of the interactions between foster carers and the system. The researchers found that working with the foster care system could be more stressful for the foster carer than

providing care for the children. Results from the Blythe et al. study revealed that the relationships between foster carers and child welfare workers have a significant impact on foster parents' ability to obtain services needed to assist children with emotional and behavioral problems. Effective communication between the foster carer and the child welfare worker ensures information sharing, which aids in providing necessary support and services the foster carers need to assist them in caring for their foster children's emotional and behavioral problems. Blythe et al. (2014) posited that foster parents look to child welfare workers to provide the necessary resources, training, and support that will enable them to effectively care for their foster children. The need for specialized training to assist children with behavioral and emotional problem was a priority among foster care providers.

The third theme that emerged from the Blythe et al. (2014) study addressed the negative and positive effects that being a foster care provider had on the well-being of the foster carer. The positive effects were related to reward of gaining personal satisfaction from providing for the safety and well-being of needy children. The negative effects resulted from the many emotional and behavioral difficulties that many foster children brought with them to the foster home.

Blythe et al. (2014) also found that many foster care providers expressed a sense of powerlessness when it came to working with the foster care system. Findings from Blythe et al.'s (2014) study are relevant to this proposed study because the researchers identified some of the concerns foster care providers have regarding the training that would assist them in managing their foster children's behavioral and emotional problems.

The researchers found that working with the children's emotional and behavioral difficulties could be stressful and emotionally draining for the foster care providers. The researchers emphasized the need for practical support for foster care providers in the form of training to provide the skills they need to manage the foster children's emotional and behavioral problems.

Summary and Conclusions

Chapter 2 provided a discussion of the relational developmental systems theory as the main theoretical foundation for this study. In addition, a discussion of Bronfenbrenner's ecological systems theory is presented as a secondary theory related to this study. This chapter also presented a historical account of the establishment of foster care in United States beginning with Charles L. Brace and the establishment of Children's Aids Society to the development of key legislative initiatives to address the needs of children. The chapter also considered the need for appropriate training and services to rendered to foster parents and foster children to improve the behavioral and emotional well-being of children.

In Chapter 3 I will discuss the research design and methodology engaged in this study. In addition, this chapter will describe the proposed population being considered for this study and the rationale for choosing this targeted population. This will also include a description of the instrumentation used for data collection and data analysis process. I will explain the data collection process and the data analysis procedures. Afterwards, I will discuss evidence of trustworthiness, the ethical considerations, and present a

summary of the chapter. The following section will address the results of the study. The final section will provide a summary of the information presented in the chapter.

Chapter 3: Research Method

Introduction

The purpose of this generic qualitative study was to determine foster parents' perceptions of the services they may need to assist them in managing the emotional and behavioral problems of foster children in their care. Identifying and providing these services could reduce the occurrence of additional behavioral problems or emotional distress that result from multiple placements or long-term placement in foster care. It could contribute to positive social change by reducing barriers associated with those disorders and thereby render a greater potential for the children to become productive members of society.

In this chapter, I will state the research questions and discuss research traditions that guided the study. I will also explain the role of the researcher. Further, I discuss the population from which the sample was recruited and the data collection instrument that will be used to acquire information. In this chapter, I will also explain how I will deal with issues of trustworthiness.

Research Design and Rationale

Research Question

This qualitative study was guided by the following research question: What are foster care parents' perceptions of the services they need to assist them in managing the foster children's emotional and behavioral problems?

The central concept investigated in this study was foster parents' perceptions of the services they need to help them manage the emotional and behavioral problems of

foster children in their care. Foster care providers have the arduous task providing for the well-being of children assigned to their care (Braxton & Krajewski-Jaime, 2011; Jones & Morris, 2012; Samuels, 2011). However, they often need specific training and services to help them manage their foster children's behavioral and emotional distress (Braxton & Krajewski-Jaime, 2011; Jones & Morris, 2012; Samuels, 2011).

Research Design

This research study used the generic qualitative design, which is appropriate for exploring the thoughts, attitude, and perception of the outward reality of participants (Percy, Kostere, & Kostere, 2015). This approach focuses on individuals' opinions and thoughts about external events or activities that occur around them (Percy, Kostere, & Kostere, 2015). Generic qualitative research is used for qualitative research that does not fit neatly into one of the five standard qualitative approaches: narrative inquiry, phenomenological, grounded theory, case study, or ethnography (Kahlke, 2014; Kennedy, 2016; Percy, Kostere, & Kostere, 2015).

This research was guided by the interpretive descriptive approach, which is frequently used to develop research questions that are rooted in practice and to seek solutions that can be directly applied in practice (Kahlke, 2015). Because the goal of the study was to determine foster parents' perceptions of the services they need to assist them in managing the emotional and behavioral problems of foster children in their care, the results could have direct implications for practice. Thus, the generic qualitative, interpretive descriptive approach was appropriate for guiding this study.

The phenomenological approach involves studying a small group of people to gain an understanding of their common experience as it relates to a particular phenomenon (Cooper & Endacott, 2007; Percy, Kostere, & Kostere, 2015). The researcher gathers information and focuses on the essence of the lived experience of the participants by searching for that which they express as a common thread across their individual experiences (Cooper & Endacott, 2007; Percy et al., 2015). The phenomenological approach focuses on the inward experience of the individuals being studied (Percy et al., 2015). When using the phenomenological approach, the researcher must be able to set aside his or her own experience to embrace fully and understand the participants inward experience (Percy et al., 2015). I did not select the phenomenological approach for this study because this study will not focus on the foster parents' lived experiences of providing care. Rather the focus of the study will be on the foster parents' opinions and perceptions of the training they think they need to help them manage the emotional and behavioral issues of children in their care.

The grounded theory approach affords the researcher the opportunity to derive a general theory of a process or action based on the views of the participants (Percy et al., 2015). The theory is grounded in the experiences of the participants and helps to explain the process or practice of a large group of people (Lewis, 2015). I did not select the grounded theory approach because the goal of the research is not to develop a theory.

The ethnographic approach focuses on a group of people who share the same phenomenon over a period of time (Percy et al., 2015; Rudestam, 2007). Creswell (2013) suggested the group can be small of teachers at a local school, or it could be a large group

that encompasses an entire area such as a county or a state. In an ethnographic study, the participants have shared experiences, values, behaviors, and beliefs (Bass & Milosevic, 2016; Percy et al., 2015). The main source of data collection involves the researcher interacting directly within the group and making personal observation of their actions, interactions and behavior (Bass & Milosevic, 2016). The ethnographic approach is not appropriate for this study because the study does not require observation or interaction with participants in their day-to-day lives or environment to answer the research question. (Bass & Milosevic, 2016; Percy et al., 2015).

The narrative approach is a collaboration of the stories of the participants lives retold by the researcher in combination with the researchers own life (Frank, 2008). It is a collaboration between the researcher and the participant. In narrative research, the researcher engages the participant to give as much detail of the individual's lived experiences as possible (Kennedy, 2016). The collections of stories are retold by the researcher into suitable text for analysis (Frank, 2008). The researcher listens to the stories and gathers data through observations, documentation, pictures, and other sources (Creswell, 2013). I did not select the narrative approach for this study because I will not be engaging the participants in identifying their life stories.

While my study was qualitative in nature, the major premises of this research did not align with any one of the five main approaches because this study focused on foster parents' perceptions of the external activities they need to help them manage their foster children's behavioral and emotional problems. Therefore, the generic qualitative approach was appropriate for conducting this study

I did not choose a quantitative methodology for my research as quantitative research explores phenomena using mathematical methods to review and analyze data (Yilmaz, 2013). Yilmaz (2013) posited quantitative research is empirical research that test a theory using variables and numbers to determine if the theory predicts or explains a phenomenon. Further, quantitative research focuses on developing universal laws using statistical analysis to determine the static reality of what is assumed to be true (Yilmaz, 2013). Quantitative methods would not be appropriate for this study because this study will be idiographic in nature; it will focus on the individual at the personal, in-depth level to achieve a unique understanding of their perspective experiences.

Role of the Researcher

Qualitative research requires the researcher to engage in personal, close contact with the participants being studied (Yilmaz, 2013). As the researcher, I served as an observer-participant. As observer-participant, I created a close working relationship with the participants to gain information regarding their perceptions of the topic of interest. I sought to ensure the study was conducted in a manner that enhanced the trustworthiness of information gathered from participants (Yilmaz, 2013). In qualitative research, the researcher serves as the instrument for data collection (Yilmaz, 2013). As the instrument of data collection, I must ensure personal biases do not interfere with the research process (Yilmaz, 2013). To ensure my personal biases did not interfere with the research process, I clearly identified and dealt with all potential sources of biases (Yilmaz, 2013). Throughout the data collection and analysis process I engaged in bracketing (Fischer, 2009; Yilmaz, 2013). Bracketing involves the researcher conducting a continuous self-

examination of one's feelings and opinions regarding the research topic (Fischer, 2009). I kept keen focus on my thoughts and ideas regarding the subject to ensure I did not impose my own meaning on the data being collected (Fischer, 2009).

A potential source of bias for in my research was my familiarity with several of the participants as we live in a small, rural community. To manage my biases, I remained neutral and engaged in a systematic data collection process (Maxwell, 2013). The fact that I live in the county had extremely little impact on my personal bias though I was familiar with some of the participants. To minimize personal bias, I acknowledged the potential for bias that existed as a result of my familiarity with some participants. I accomplished this by bracketing my prior knowledge, thoughts, and opinions throughout the data collection and analysis process (Fischer, 2009). Bracketing involves the researcher continuously engaging in self-examination of one's feelings and opinions regarding the research topic (Fischer, 2009). Bracketing minimizes bias as the researcher records his or her thoughts and ideas regarding the subject to ensure personal meaning is not impose on the data being collected (Fischer, 2009).

I also achieved neutrality by being reflective and keeping a reflective journal throughout the data collection and data analysis processes (Yilmaz, 2013). Reflexivity involves engaging in conversation with one's self to question what one knows and how one knows what one knows. During the data collection and analysis process, I was reflective by constantly monitoring my own thoughts and reactions to what I saw and heard from participants (Yilmaz, 2013). In addition, I also used the triangulation process to decrease researcher bias (Maxwell, 2013; Renz, Carrington, & Badger, 2018; Shenton,

2015). Renz et al. (2018) posited triangulation involves the use of multiple data sources to reduce researcher bias and increase the validity of the study. Triangulation reduces researcher's bias analyzing and corroborating information from different sources (Renz et al., 2018). Triangulation will be discussed further in Chapter 5. Further, I ensured the proper safe-guarding and confidentiality of participants' personal information (Creswell, 2009; Patton, 2002). In addition, I ensured data were properly collected and interpreted throughout the study (Yilmaz, 2013).

Methodology

Participant Selection Logic

The participants for this study consisted of foster care parents in a rural county, with low socioeconomic status. The county has been designated as 1 of 10 persistently poor counties in the state of North Carolina. The county, along with three neighboring counties, has been officially designated as persistently poor for the past 30 years (Sirota, 2012; Pears, Kim, Fisher, & Yoerger, 2013). The United States Department of Agriculture defined persistently poor counties as those where 20% or more of the population lived in poverty for the 30-year period of 1970-2000 (Sirota, 2012). I selected this population because residents in the area are typically of low socioeconomic status. The participants for this study was recruited from the general population of foster parents within the county. All participant had at least 1-year experience as a foster parent. All foster parents participating in this study had experience working with foster children who have demonstrated various levels of emotional and behavioral problems.

Sampling Procedure

I employed the purposive sampling process to recruit participants for this study. The purposive sampling strategy is commonly used for qualitative research (Tongco, 2007; Yilmaz, 2013). Purposeful sampling affords a researcher the opportunity to recruit those participants who can provide significant information that is crucial to the purpose of the study (Tongco, 2007; Yilmaz, 2013). Purposeful sampling was appropriate for this study as it assisted me in recruiting participants who can provide information related to the phenomenon being studied (Yilmaz, 2013). Participants recruited for participation in the sample had experience serving foster children with demonstrated emotional and behavioral problems in their home. The requirement for participants having experience working with children with demonstrated emotional and behavioral problems was indicated in the recruitment flyer. I determined eligibility by asking participants about their experience of providing foster care to children with emotional and behavioral problems. If the person did not have the required experience, I thanked them for their interest and restated the purpose of the study. I then informed the participant that she was not eligible to participate.

Sample Size

There are varying guidelines regarding sample size for various types of qualitative studies, however there are no specific directives regarding sample size (Marshall, Cardon, Poddar, & Fontenot, 2013; Fusch & Ness, 2015). Marshall et al. (2013) suggested a sample size of 12 is sufficient to reach saturation in qualitative research. Interviewing a sample size beyond the point of saturation could potentially decrease the quality of the study (Marshall et al. 2013). Following the guidelines of Marshall et al., (2013), I

proposed a sample size of 12-15 foster care parents. I recruited and interviewed 13 participants (Fusch & Ness, 2015; Marshall et al., 2013). I was able to achieve saturation with the 13 participants I interviewed. Fusch and Ness (2015) posited failure to achieve saturation could have a negative effect on the quality of the data and interfere with the validity of the research. Fusch and Ness (2015) suggested reaching data saturation improves the probability of ensuring validity of the research. I determined data saturation had been reached because there was enough data to replicate the study. In addition, no new information was being revealed from participants, and further coding was no longer feasible.

The most recent AFCARS report for FY 2017 revealed that there were 442,995 children in foster care in the United States during the month of September 30, 2017. According to the County's Department of Services, there are 46 registered foster care home in the county.

Instrumentation

I employed the semistructured, personal interview process to collect the data from foster parents (Carter et al., 2014; Cooper & Endacott, 2007). I used a researcher-developed interview protocol that consisted of open-ended questions (Jacob & Furgerson, 2012) (See Appendix A). Interview sessions were audio recorded (Jacob & Furgerson, 2012). Jacob and Furgerson (2012) recommend recording the session so that the researcher may focus on the interview and the participant while taking brief notes.

Recruitment Procedures

I obtained a letter of cooperation from Columbus County Department of Social (DSS) Foster Care Administrator regarding this study (see Appendix B). I asked the foster care administrator to send announcements through batch emails to potential participants. In addition, with permission from the Foster Care Administrator, I also recruited participants by posting flyers at the county DSS and by placing ads in newspapers (see Appendix C). I also posted the announcement on social media. The flyers and the announcement included my contact information for those interested in participating in the study.

I provided each potential participant a letter of invitation to participate in the study (see Appendix D). In the letter, I introduced myself and explained the nature and purpose of the study (Janesick, 2011; Maxwell 2013; Rudestam & Newton, 2015). The letter also informed prospective participants of the confidential and voluntary nature of their participation. The letter explained that participation in the study was voluntary and that there would be no coercion or reprisal for not participating. In addition, the letter informed potential participants that if they should choose to participate, they had the right to end their participation at any time without any reprisal. Potential participants were informed that I would engage them in a debriefing at the end of the study to answer any questions they may have and to thank them for their participation. I provided the participants with my contact information so that they may receive a summary of the findings at the conclusion of the study if they so desired (Rudestam & Newton, 2015). I also informed them that I would notify them when the study was completed.

Participation and Data Collection

Informed Consent. Prior to conducting interviews, I provided each participant with a copy of the informed consent form. I reviewed the form with each participant and explained the details of their rights under the informed consent guidelines. I answered any questions they had regarding their rights. Upon acknowledgement that they understood their rights, I obtained their signature on the informed consent document (see Appendix E).

Interviews. I collected data through personal interviews using open ended questions. With permission from the participant, each interview was audio recorded (Jacob & Furgerson, 2012). Turner (2010) identified three types of open-ended interviews: the informal conversational interview, the general interview guide approach, and the standardized, open-ended interview. The informal conversational interview allows for flexibility in asking questions based on the interviewee's response to each question (Turner, 2010). The researcher can go in any direction that appears appropriate for obtaining the most information to answer the research questions (Jacob & Furgerson, 2012). A general interview guide requires the researcher prepare a list of questions or areas to explored in advance to direct the interview (Jacob & Furgerson, 2012). The standardized open-ended interview approach focuses on the specific wording of the questions that will be asked during the interview (Turner, 2010). The standardized open-ended interview ensures each participant is asked the same baseline questions (Turner, 2010). I used the standardized open-ended interview. To make the interview process more efficient and effective, I developed a standardized open-ended interview protocol to ask questions and record the answers (Janesick, 2011; Turner, 2010).

The data collection instrument was designed to elicit responses from foster care parents' regarding their perceptions of services they need to assist them in managing the foster children's emotional and behavioral problems. At the beginning of each interview, I established rapport with the interviewees by informing them of why I am conducting the study (Janesick, 2011). In addition, Jacob and Furgerson (2012) suggested asking the participants some background information about themselves. I began the interview questions with easy to answer, straightforward questions that continued to build trust with the interviewee (Jacob & Furgerson, 2012; Janesick, 2011; Turner, 2010). Jacob and Furgerson (2012) suggested that interview questions should be arranged in order from easy to answer questions and migrate to the more thought-provoking questions. Jacob and Furgerson (2012) further suggested that easy to answer questions are those that are non-provocative in nature. During the conduct of the interview, I maintained a position of neutrality (Turner, 2010). Turner (2010) posited that remaining neutral involves the researcher not displaying facial expressions or gestures that demonstrate emotional reactions to participants' responses. In developing a stance of emphatic-neutrality, I demonstrated empathy for the person being interviewed and remained neutral and non-judgmental towards the information they provided. I concluded the interview with the question, "Is there anything else you would like to add at this time.?" (Janesick, 2011).

I used the questions from the interview protocol to guide the interview (Janesick, 2011). Interviews did not exceed one hour. I called each participant in advance to schedule a date and time convenient for them to conduct the interview. I used the most convenient mode of contact for them (i.e., telephone, email, Facebook messenger) to

notify them of a scheduled interview. The interviews were conducted in a location chosen by the participants over a period of 6 months.

Participants were informed when data collection was completed. At the final interview session, I asked participants if they were willing to participate in additional follow-up interviews for further clarification, should there be any. I sent a follow-up letter to each participant to thank them for their participation.

Data Analysis

An important aspect of qualitative research involves conducting an in-depth analysis of the information gathered in the field (Percy, Kostere, & Kostere, 2015). Data analysis involves the process of deriving significant meaning and understanding from large quantities of information (Stringer, 2007). The initial phase of data analysis requires the researcher to read and reread the information to gain understanding of significant elements of the phenomenon being studied (Maxwell, 2013; Vaismoradi et al., 2016). There are several emerging computer-assisted qualitative data analysis software (CAQDAS) programs that are now available for qualitative researchers to engage (Cooper and Endacott (2007; Sinkovics, Ghauri, & Ghauri (2008). While qualitative software programs may be instrumental in assisting with data analysis and speeding up the process, the software does not do the analysis for the researcher (Cooper & Endacott, 2007; Kennedy, 2016; Persson (2006)). The thematic analysis process is widely used in conducting qualitative data analysis (Percy et al., 2015).

I used the thematic analysis (TA) process to analyze data collected for the study (Braun & Clark, 2014; Percy, Kostere, & Kostere, 2015; Vaismoradi, Jones, Turunen, &

Snelgrove, 2016). Vaismoradi et al. (2016) suggested identifying themes is the primary product in data analysis that yield practical results. Themes are necessary for organizing repeating ideas into meaningful categories (Vaismoradi et al., 2016). Percy et al. (2015) identified three types of thematic analysis: inductive analysis (IA), theoretical analysis (ThA), and thematic analysis with constant comparison (CC). Percy et al. (2015) posited the IA does not involve any preexisting categories. The researcher must set aside all preconceived understanding of the data (Percy et al., 2015). The ThA analysis is predicated upon predetermined themes (Percy et al., 2015). The CC analysis involves conducting analysis of the data as the data is being collected (Percy et al., 2015). As each participant's data is collected, the researcher analyzes the data (Percy et al., 2015). I analyzed the data using the IA step-by-step analysis process outlined by Percy et al. (2015).

A key element of the IA, step-by-step analysis process addresses the process of coding the data (Percy et al., 2015). Codes are instrumental in assisting the researcher in organizing and analyzing the information (Maksic & Pavlovic, 2011; Percy et al., 2015; Vaismoradi et al., 2016). Codes are identified while reading the data and highlighting key words or themes (Maksic & Pavlovic, 2011; Maxwell, 2013). The first phase of coding is the unitizing process (Maxwell, 2013; Rudestam & Newton, 2007; Stringer, 2007). The unitizing process involves identifying portions of data that have discrete meaning from other portions of information (Stringer, 2007). The unitizing process is also called open coding (Maxwell, 2013; Ozanne, 1992; Rudestam & Newton, 2007; Williams & Reid, 2007).

The second phase in the coding process is the categorizing and selective coding process (Maxwell, 2013; Rudestam & Newton, 2007; Stringer, 2007). In the categorizing process units of data are placed into groups or categories (Rudestam & Newton, 2007; Stringer, 2007). As categories emerge large amounts of information can be placed under a small number of categories (Stringer, 2007). The categorizing process is also called axial coding (Ozanne, 1992; Rudestam & Newton, 2007; Williams & Reid, 2007). Axial coding seeks to connect relating categories to subcategories (Rudestam & Newton, 2007; Williams & Reid, 2007). Stringer (2007) posited the third phase in the coding process is identifying themes. Themes emerge as categories are placed in a system of categories associated with each participant (Maxwell, 2013; Stringer, 2007). The process of identifying themes is also related to the selective coding process (Ozanne, 1992; Rudestam & Newton, 2007; Williams & Reid, 2007). Selective coding seeks to identify one main theme that encompasses categories from open coding and axial coding (Ozanne, 1992; Rudestam & Newton, 2007; Williams & Reid, 2007).

I used the coding process to analyze the data and develop themes for the analysis (Vaismoradi et al., 2016). Percy et al. (2015) propose the following step-by-step process for coding and analyzing data:

1. Review and familiarization of data collected from each participant (interviews, journals, field notes, records and documents). Read the documents and highlight any sentences, phrases, or paragraphs that appear to be meaningful to the research questions. During this process the researcher immerses him/herself

in each participant's data individually. (This step involves the unitizing/open coding process).

2. Review the highlighted data and determine whether the highlighted data are related to the question. Some information in the transcript may be interesting, but not relate to your question. (This step is a continuation of the open coding process).
3. Eliminate all highlighted data that are not related to your question. However, start a separate file to store unrelated data. Researchers may decide later to reevaluate these data for relevance to identified themes.
4. Code each piece of data. The code used for each piece of data can be very simple. The code can be a serial number or an address. The code is simply a way to keep track of individual items of data.
5. Cluster the data that are related or connected in some way and start to develop patterns. For each distinct pattern you discern, describe it in a phrase or statement that sums it up. If feasible or useful, assign a second level code to the patterns too. (This step involves the categorizing/axial coding process).
6. Identify items of data that correspond to specific patterns identified in step 5. Direct quotes taken from these data (transcribed interviews, field notes, documents, etc.) will clarify the pattern. (The name or descriptor of your pattern thus is a more abstract phrase, whereas the data themselves are direct words from participants.)

7. Take all the patterns and look for the emergence of overarching themes.

Themes are “patterns of patterns.” This process involves combining and clustering the related patterns into themes. As you see meaningful themes across patterns, assign a yet-more-abstract descriptor to the theme. Use standard psychological language and terms. This will be a third level of abstraction, supported by the patterns, in turn illustrated by the direct data.

8. After all the data have been analyzed, arrange the themes in a kind of matrix with their corresponding supportive patterns. (The patterns are used to elucidate the themes, just as the word data are used to support and illustrate the pattern descriptors). In the matrix, include the codes or descriptors for each of the data clusters. Thus, the supporting layers of words/text can easily be accessed when discussing an individual theme in your final report.
9. For each theme, write a detailed abstract analysis describing the scope and substance of each theme.
10. Complete this process for each participants’ data
11. Then combine the analysis of data for all participants including patterns and themes that are consistent across the participants’ data.
12. Finally, the themes are synthesized together to form composite synthesis of the data collected regarding the question under inquiry. (This step relates to the selective coding process).

Issues of Trustworthiness

Ensuring the trustworthiness of data collected in qualitative research is necessary in order to enhance the quality of the findings (Sinkovics et al., 2008). Trustworthiness of the outcome of research ensures accuracy and truthfulness of the information that was gathered and analyzed by the researcher (Stringer, 2007). The four elements of trustworthiness in qualitative research are credibility, transferability, dependability, and confirmability (Sinkovics et al., 2008; Stringer, 2007).

Credibility

Credibility suggests the researcher has engaged in a process that ensure high quality information has been collected and verified by participants (Sinkovics et al., 2008; Stringer, 2007). Yilmaz (2013) posited credibility also suggest the participants of the study verify that the information is accurate. Stringer (2007) posited the following activities can be used to establish credibility in qualitative research: prolonged engagement in the field; persistent observation and note taking; triangulation of diverse sources; member checking of data, analysis, and reports; participant debriefing; diverse case analysis; and referential adequacy. I used member checking to enhance the credibility of my research.

I used member checking to afford participants the opportunity to check the accuracy of which the transcripts reflect their responses and afford them the chance to add any additional comments they would like to add. Upon completion of the data collection process, I listened to each recording and created a written transcript of each recording. I provided participants a copy of their transcript and asked them to verify the

accuracy of the transcript (Stringer, 2007). I accomplished this by sending the participants a copy by email or hand delivered a hard copy to the participants. I asked participants to acknowledge whether the transcripts accurately reflected their responses to the interview questions. (Stringer, 2007). In addition, participants were afforded the opportunity to modify their statement upon review of the notes (Stringer, 2007). There were no modifications to incorporated in the participant's comment (Stringer, 2007).

Transferability

Transferability refers to the degree to which the findings of a study may be relevant or applicable to other settings (Rudestam & Newton, 2015; Yilmaz, 2013; Stringer, 2007). To ensure transferability of the findings, I provided thick, rich, and deep text descriptions of the participants' responses (Rudestam & Newton, 2015; Yilmaz, 2013). Yilmaz (2013) posited that thick, deep descriptions are the foundation for qualitative data analysis. Thick descriptions of the participants responses enable others to determine whether results from a study are relevant to other settings (Rudestam & Newton, 2015; Yilmaz, 2013). In addition, I maintained a reflective journal (Janesick, 2011). Maintaining a reflective journal aids the researcher in getting a deeper meaning of research data by continuously identifying and recording one's own opinion and interest in the subject (Janesick, 2011; Fischer, 2009).

Dependability

Dependability is the degree to which readers are assured that all facets of the research process and strategies have been identified and followed (Stringer, 2007; Yilmaz, 2013). Dependability also suggests the coding of data has been accomplished in

a way such that other researches could replicate the themes and come to the same understanding or conclusion of the results (Rudestam & Newton, 2015; Stringer 2007, Yilmaz, 2013). To ensure dependability, I ensured all transcripts were accurate and void of mistakes made during transcription to guarantee qualitative reliability. To ensure accuracy of the transcripts, I double checked the transcript with the audio recording.

Confirmability (Objectivity)

Confirmability refers to the degree that the findings of the study are based on the actual data gathered during the research process that can be confirmed by others (Stringer, 2007; Yilmaz, 2013). I engaged in a thorough reflective self-assessment throughout the research process to ensure confirmability (Janesick, 2011; Rudestam & Newton, 2015). This reflecting back on my research process is also called reflexivity (Rudestam & Newton, 2015). In addition, I established a sufficient audit trail of my work to ensure rigor and confirmability of the data I collected. I ensured that all material related to this study was available for review by an auditor. I have also previously outlined a number of procedures that will enhance the confirmability of this study and findings from the study such as triangulation, member checking, and reflexivity.

Ethical Procedures

In conducting qualitative research, researchers must be mindful of ethical issues associated with the research process (Janesick, 2011). Most professional associations have developed codes of ethics to guide the conduct and behavior of the researcher and protect the rights of participants in a research project (Frankfurt-Nachmias & Nachmias, 2008). The mission of an Institutional Review Board (IRB) is to protect human subjects

of a research project from illegal and unethical treatment during the study (Bittar, 2009; Rudestam & Newton, 2007; Walden University, 2010). The IRB establishes ethical standards for conducting research working with human subjects (Bittar, 2009; Rudestam & Newton, 2007; Walden University, 2010). I obtained permission from Walden University's IRB, approval number 12-24-18-0333689, before I attempted to contact prospective participants. In conducting my research, I ensured every measure was taken to avoid causing any harm to the participants of this study. I further ensured my affiliation with the participants had no influence on the data collection and analysis process for this study. Before conducting my research, I acquired a signed letter of cooperation from the organization I worked with to recruit participants. I have no professional affiliation with the organization that have agreed to assist me in my research. The signed letter of cooperation was included with my IRB application for approval to conduct the research.

One of the main areas of ethical concern is that of ensuring informed consent (Bitter, 2009; Frankfurt-Nachmias & Nachmias, 2008). Informed consent is necessary to ensure the freedom of individuals to choose their own behavior and actions (Frankfurt-Nachmias & Nachmias, 2008). Frankfurt-Nachmias and Nachmias (2008) posited informed consent means an individual has decided to participate in a research project after they he or she has been informed of the facts of the study that may influence their decision to participate or not participate. In preparing to conduct my research, I ensured appropriate informed consent was obtained from each participant before proceeding with individual interview. Each participant was required to complete the appropriate consent form at the

beginning of project. The form informed them that their participation was totally voluntary, and they were not obligated to participate in the project if they did not wish to do so. Participants were also informed that if they decided not to participate no negative action would be taken against them. In addition, participants were advised that they may drop out of the project at any time if they decided to change their minds later.

The American Counseling Association (ACA, 2014) posits that confidentiality is a vital aspect of building trust in a relationship. Confidentiality suggests information shared by participants of the study will not be disseminated to others without permission from the participants (Rudestam & Newton, 2015). As a qualitative researcher in the field, I established the bounds of confidentiality at the beginning of the project (ACA, 2014; Frankfurt-Nachmias & Nachmias, 2008). The informed consent letter provided the participants with the details of the study and provided reasonable assurance of confidentiality (ACA, 2014; Frankfurt-Nachmias & Nachmias, 2008). I ensured the confidentiality and privacy of all participants by removing their personal information from their responses and assigning a code number (Frankfurt-Nachmias & Nachmias, 2008).

To maintain confidentiality of participants' personal information, I ensured all personal information were properly safeguarded in accordance with ACA (2014) standards. Documents with participants' information were placed in a locked container when not in my presence. Computerized information was password protected. I ensured only authorized individuals had access to participants' information (ACA, 2014). Data will be maintained for a period of 5 years after completion of the study (Creswell, 2009).

In addition, I will ensure safeguards are in place for transfer of personal record and information to a colleague in the event of my becoming incapacitated or death (ACA, 2014).

Summary

I used a generic qualitative approach to conduct my research. The generic approach is instrumental for research involving participants feeling and emotions regarding events or things that they have experienced. My research focused on foster parents' perceptions of services they need to assist them in managing their foster children's emotional and behavioral problems.

Participants were recruited from a rural community in North Carolina. Each participant was informed of their rights to terminate their participation at any time. I obtain information from participants by engaging in personal interviews using an interview protocol with open ended questions. I analyzed the data using the IA step-by-step analysis process outlined by Percy et al. (2015).

As a qualitative researcher, I followed all ACA (2014) guidelines regarding safeguarding participants' information. I maintained quality in my research by identifying my personal biases and ensured they did not interfere with my findings. In addition, to ensure quality, trustworthiness, and reliability I followed up with participants to get their feedback regarding the information recorded in this study. I protected the confidentiality of all participants throughout the study and after completion of the study.

Chapter 4 provide the results of this study. It includes the setting, demographics, data collection and analysis methods, and evidence of trustworthiness.

Chapter 4

Introduction

This generic qualitative study was conducted to address foster parents' perceptions of the services they need to effectively manage the emotional and behavioral problems of foster children in their care. In this chapter I will discuss the perceptions of the participants who participated in the study. I will address the setting for the research and participant demographics that are relevant to the study. The demographics section will be followed by an explanation of the data collection process applied in gathering information for this study. I will then discuss the data analysis procedure that revealed codes, categories, and themes that emerged from the data. Further, I will discuss the actions I took to enhance the trustworthiness of the results. The next section will address the results of the study. The final section will provide a summary of the information presented in this chapter.

Setting

My original letter of agreement for obtaining participants for this study was with the county's Department of Social Services (DSS). Since the signing of the letter of agreement, DSS contracted out most its foster care services through the Boys and Girls Home (B&GH). The B&GH is a private organization that provides residential care for troubled children who have been displaced from their homes. B&GH entered a contract with DSS to provide foster care parent training and services. Therefore, some participants for this study received foster care services through DSS, while others received their training, services, and support from B&GH. I made initial contact with DSS for support

in obtaining participants. After exhausting its list of foster parents, the director of the foster department for DSS referred me to the foster care representative at B&GH. Having participants from two separate agencies had minimal impact on the findings of this study. Some of the participants who had the opportunity to serve both agencies suggested that B&GH provided more services for the children than DSS.

Demographics

Participants for this study were recruited within Columbus County, North Carolina, which is a rural county that is listed among the top 10 poorest counties in the state. Over a period of 6 months, I conducted 13 interviews using an interview protocol with open ended questions. Four of the six married couples participated in the interview together as a team, which resulted in a total of 17 participants. Table 1 presents a summary of the demographic data. Thirteen females and four males participated in the study. Ten participants were married, three were single, two were widowed, and two divorced. Most participants were Black except one participant who was Native American. All participants were over 55 years old. More than half of the participants were retired. All participants had more than 1 year of experience as a foster care provider. Eight participants had prior experience dealing with children with emotional and behavioral problems before becoming licensed foster parents. Eleven participants reported not having any biological children in the home. There were eight homes that did not have any foster children assigned at the time of the interview. Seven participants reported having 10 or more years as a foster parent. Six participant reported income above \$70,000. Four of those reporting incomes above \$70,000 were retired school administrators. Nine

participant reported income above \$40,000. Eight participants reported income less than \$40,000.

Table 1

Demographic Data

Participant	Age	Gender	Race	Marital status	Employment status	Income
Participants 1 & 2	55-59 & 60+	Female & Male	Black	Married	Self-employed	80,000+
Participants 3 & 4	60+	Female & Male	Black	Married	Self-employed	Under 19,999
Participants 5 & 6	55-59	Female & Male	Black	Married	Employed & Self-employed	80,000+
Participant 7	60+	Female	Black	Widowed	Retired	80,000+
Participant 8	60+	Female	Black	Divorced	Retired	20,000-29,000
Participants 9 & 10	55-59 & 60+	Female & Male	Black	Married	Employed & Retired	40,000 - 49,000
Participant 11	55-59	Female	Black	Single	Retired	30,000 - 39,000
Participant 12	55-59	Female	American Indian	Single	Employed	20,000-29,000
Participant 13	60+	Female	Black	Single	Employed	20,000-29,000
Participant 14	55-59	Female	Black	Married	Retired	70,000-79,000
Participant 15	60+	Female	Black	Divorced	Retired	20,000-29,000
Participant 16	55-59	Female	Black	Married	Part-time	Under 19,999
Participant 17	60+	Female	Black	Single	Employed	40,000-49,000

Table 2

Background of Participants

	Number of biological children in home	Number of foster children in home	Years of experience as foster parents	Prior experience working with children with emotional problems
Participants 1 & 2	2	0	10+	No
Participants 3 & 4	0	1	6-9	No
Participants 5 & 6	0	2	3-5	Yes
Participant 7	0	0	10+	Yes
Participant 8	0	0	10+	No
Participants 9 & 10	0	1	3-5	No
Participant 11	0	1	10+	Yes
Participant 12	0	0	3-5	Yes
Participant 13	0	1	10+	No
Participant 14	0	2	6-9	Yes
Participant 15	0	0	10+	No
Participant 16	0	1	0-2	No
Participant 17	0	1	3-5	No

Data Collection

I obtained a letter of cooperation from the county's Department of Social Services (DSS) (see Appendix B). Prior to the actual start of my research, the DSS contracted most of the foster care services with B&GH. The DSS foster care administrator provided me with the contact information for the B&GH. I coordinated with the DSS foster care administrator, as well as the point of contact at the B&GH to send announcements regarding the study through batch emails to potential participants. In addition, I also posted the announcement on Face Book. The flyers and the announcement included my contact information for those interested in participating in the study.

During the first month of the recruitment process, my efforts to recruit participants moved extremely slow and produced no participants. The point of contact at

the B&GH assured me that the information went out. In addition, she said that she would hand deliver my information when she visited the foster parents. Though the information went out, foster parents may have been slow to respond because they did not fully understand the purpose of the research. Several individuals reposted my Face Book announcement to assist me with spreading the word, much to no avail. Therefore, I reached out to local faith-based organizations for assistance in advertising the study to their congregations. I believe this strategy was more effective because the pastors and preachers I reached out to had personal knowledge of me from previous faith-based activities. Pastors and church members engaged in some snowball sampling by providing information about my study to other members of their churches who were foster care providers. Other members agreed to participate due to their personal relationships with the pastors and other members who were already participating. The participants trust in the pastor and fellow congregants who they meet with on a regular basis for worship and other fellowship activities.

I conducted 13 interviews over a period of 6 months. The 13 interviews included four couples, which resulted in 17 individuals participating in the study. The data collection plan presented in Chapter 3 suggested interviews would be conducted in a private room at the public library. However, in the rural setting of this study resources are extremely limited. There are only two libraries in the area. One library does not have a private room. The other one has one. However, it was closed for renovations due to vandalism. Therefore, interviews were conducted in private offices at faith-based organizations with permission from the owners.

During each interview session I reviewed and explained the informed consent form. In addition, I obtained participants' signatures on the informed consent before conducting the interviews. I also explained the purpose of the study. I obtained permission to record the interview using the recording feature on my cell phone. The interviews varied in length depending on the talkativeness of the participants. Some participants were very talkative and eager to provide extensive details above and beyond the scope of this study; however, others were somewhat timid in their responses. Interviews varied from as brief as 11 minutes to as long as 45 minutes.

Data Analysis

After completing the interviews, I transcribed each interview and prepared each transcript for data analysis. I engaged the IA step-by-step analysis process outlined by Percy et al. (2015) to analyze the data. Upon completion of the transcription process, I reviewed each transcript with the audio recording to ensure the transcript accurately reflected the participants words on the recording. Afterwards, I began reviewing the transcripts for codes. Identifying codes is a fundamental aspect of the IA process (Maksic & Pavlovic, 2011; Percy et al., 2015; Vaismoradi et al., 2016). Codes are developed while reading the data and highlighting key words or themes (Maksic & Pavlovic, 2011; Maxwell, 2013). The three phases of the coding process are the unitizing (open coding) process (Maxwell, 2013; Rudestam & Newton, 2007; Stringer, 2007); the categorizing and selective coding (axial coding) process (Maxwell, 2013; Rudestam & Newton, 2007; Stringer, 2007); and third phase involves identifying themes. Themes emerges as categories are placed in a system of categories (Maxwell, 2013; Stringer, 2007).

In the unitizing (open-coding) process I reviewed and familiarized myself with the data collected from each participant. As I read, I highlighted any sentences, phrases, or paragraphs that appeared to be meaningful to the research questions. Next, I reviewed the highlighted data and determined whether the highlighted data were related to the question. I eliminated all highlighted data that were not related to the question. Then I applied a code to each piece of data. Afterwards, I moved to the categorizing/axial coding process by combining related data into categories. From those categories I began the process of identifying patterns and themes. Some key patterns and themes that emerged from the data were trauma; lack of full disclosure of information; over medication; biological parents' interference; foster parents rights and authority; reunification; training; socialization; teamwork; mentorship; love; suitcase.

Evidence of Trustworthiness

The trustworthiness of data collected is essential to enhance the quality of the findings while conducting qualitative research (Sinkovics et al., 2008). Evidence of trustworthiness in qualitative research promotes the assurance that the information gathered and analyzed by the researcher is accurate and truthful (Stringer, 2007). Credibility, transferability, dependability, and confirmability are the elements that were engaged during this study to enhance trustworthiness of the study (Sinkovics et al., 2008; Stringer, 2007).

Credibility

Credibility suggests the researcher has engaged in a process that ensure high quality information has been collected and verified by participants (Sinkovics et al.,

2008; Stringer, 2007). I used member checking to involve participants in checking the accuracy of the transcripts to ensure it reflected what they wanted to say. To enhance credibility of the information gathered in this study, I provided each participant a copy of his or her individual transcript from the recording. The copies were sent via email. Participants were asked to review the transcripts and verify the information on the transcript accurately reflects what they told me in the interview. (Yilmaz, 2013). Participants were offered the opportunity to add to their statement and/or make any necessary corrections they deemed appropriate. The participants were given one week to respond. None of the participants offered any corrections nor added any additional information.

Transferability

To enhance transferability of the findings, I provided thick, rich, and deep text descriptions of the participants' responses (Rudestam & Newton, 2015; Yilmaz, 2013). Thick, deep descriptions are fundamental aspects for promoting transferability in qualitative data analysis (Yilmaz, 2013). I accomplished this by reviewing the transcripts and ensuring the responses were aligned with the recorded interview. I also maintained a reflective journal to gain deeper meaning of the data collected from participants (Janesick, 2011; Fischer, 2009). I used the reflective journal to record and identify my thoughts while reflecting on participants' comments after the interview (Janesick, 2011). I recorded my thoughts after each interview. The journal included information regarding the sights, sounds, and atmosphere of the interview site. I also included my thoughts regarding the mannerism and interactions of the participants. In addition, I used the

journal to weed out any possible researcher's bias in transcribing the interviews by reflecting on my thoughts throughout the process.

Dependability

I coded the data in a manner that affords other researchers the ability to potentially replicate the themes and come to the same understanding or conclusion of the results (Rudestam & Newton, 2015; Stringer 2007, Yilmaz, 2013). I used the IA step-by-step analysis process to code the data. I organized portions of data with discrete meaning. Afterward, I grouped the information into categories. The categories were used to develop themes. I documented the emergent themes and coded key words and phrases associated with each theme in the results section. To enhance dependability, I ensured all transcripts were accurate and void of mistakes made during transcription. To ensure accuracy of the transcripts, I double checked the transcripts against the audio recordings.

Confirmability

I engaged in a thorough reflective self-assessment throughout the research process to ensure confirmability by maintaining a reflective journal (Janesick, 2011; Rudestam & Newton, 2015). This reflecting back on my research process is also called reflexivity (Rudestam & Newton, 2015). I recorded my thoughts as I reflected on the details of the surroundings during data collections. The details included the participants facial expressions and mannerism as they discussed various aspects of foster parenting. In addition, I established a sufficient audit trail of my work to ensure rigor and confirmability of the data I collected. I established and maintained the audit trail by

keeping a detailed record of the data collection and analysis process. All material related to this study was available for review by an auditor.

Results

This generic qualitative study was conducted to address the research question, “What are foster care parents’ perceptions of the services they need to assist them in managing their foster children’s emotional and behavioral problems?” In acquiring data to address the question, I conducted 13 interviews with foster parents in the rural setting of Columbus County, NC. A summary of the results is presented below.

Foster Children Emotional and Behavioral Issues

Two interview questions asked participants about the emotional and behavioral problems that foster children bring with them. Results revealed the three major or meta-themes of honeymoon phase, externalizing behaviors, and internalizing behaviors. Table 3 presents a summary of the subthemes as well as key words and phrases associated with each of the major themes.

Table 3

Summary of Themes Regarding Emotional/Behavioral Issues

Meta-themes	Subthemes	Keywords
honeymoon phase	positive behavior	nice, well mannered quiet good attitude
	temporary situation	not permanent no need to unpack
externalizing behaviors	defiant behaviors	not listening refusing to obey defiance
	socially unacceptable behaviors	aggressive acting out

		fighting
		lying
		stealing
		cursing
	other	bed wetting
		climbing on things
		talkative
		refusing to wash
		temper tantrums
		intentionally agitating others
		loud when angry
	depressed	withdrawn, shuts down
		cries
	fearful	scared
		nervous
internalizing behaviors		anger
	other	frustrated
		resentful
		low self-esteem

Honeymoon phase. Comments from several participants revealed that children often go through a “honeymoon phase” upon entering the foster care home. Participants indicated that during the honeymoon phase, there typically is very little evidence of emotional and behavioral issues. The subthemes revealed that there were two aspects of the honeymoon phase: the children either evidenced good behavior or they exhibited the attitude that they were in a temporary situation. Participants indicated that the positive behavior was due to the fact the children had not gotten to know the foster parents yet and the children may be uncertain of how to behave. Participant 9 said, “you go through the honeymoon phase, where they are just trying to be what you want them to be, and then the real issues come out.” Participant 1 stated:

Most of the time they come in and they experience what we call the honeymoon phase. They come in and they are nice and well mannered. You think this is going to be a good kid. Then after about 2 weeks, sometimes they don't even give that. But after a couple of weeks or so you start seeing little behavior coming out.

Attitude of a temporary situation. The other aspect of the honeymoon phase was that some children come into the foster homes with a mindset that their stay is only temporary. Therefore, there is no need to unpack. The participants indicated that during this time the children may believe they will be like previous foster parents with whom the children were placed. Participant 16 said, "Some of them are scared to get attached to you because they are taken from one place to the next. So, they kind of hold back sometimes. It takes a while to get them to adjust." Participant 5 stated, "They come in with the thought this is just a pass thru. This is not permanent. They come in like they don't need to unpack their clothes. Or like they have to drag this bag of clothes around with them."

Externalizing behavior. Comments from the participants revealed that as time passes on, some of the children begin to transition from the honeymoon phase to exhibiting externalizing behaviors. Externalizing behaviors are negative behavior of children that include loud outbursts, aggressive behavior towards others, destruction of property, and bullying (Disability Fact Sheet #5, Vanschoonlandt et al., 2013). Participants' comments revealed the children exhibited externalizing behaviors through defiant and socially unacceptable behaviors. Defiant behaviors were expressed by refusing to obey foster parents and refusing to follow directions. Socially unacceptable behaviors included lying, stealing, cheating. Some of the children demonstrated other

externalizing behavior such as bed wetting, climbing on top of furniture, and running water in the bathroom as if they were washing, but they did not actually wash at all. Participant 7 stated, “they’re quick to get upset. They are abrupt. They are loud and the don’t know that their language is very... they don’t know a lot of language.” Participant 17 further proposed that:

They do not want to obey foster parents. They have their own agenda and prefer to do what they want to do. They do things to irritate or try to irritate the foster parent. They will cry, throw temper tantrums, and they refuse to follow prompts in rebellion, they are rebellious.

Internalizing behaviors. Internalizing behaviors are emotional behavior that may include various types of depressive disorders (Bronsard et al., 2013). Participants further revealed that some foster children demonstrate internalizing behaviors, such as depression and fearfulness. Participants indicated some children showed signs of depression through becoming withdrawn, by shutting down, and by crying. Participant 7 said, “They are scared, they are nervous, they don’t know what to expect.” Participant 12 declared:

A lot of them, the ones that I have seen have low self-esteem. They can’t trust you. It’s like they are in a box. And you’re not welcomed into that box. And they don’t know how to express themselves to let you know what they’re feeling.

Trash bags phenomenon. One area of concern that emerged from the question regarding children’s emotional and behavioral issues upon entering foster care pertained to the notion of trash bags. Though not directly related to the children’s emotional and

behavioral problems, the trash bags phenomenon involved children being dropped off with their clothes stuffed in a trash bag. Participants expressed concerns that putting the children's clothes in a trash bag presented a negative perception that the children were just trash. Participant 13 indicated, "I would love to see a child come without a bag.... But when they come, they come with a bag. When I got this child right here, she had a grocery bag." Participant 14 further commented:

And they come in and they take these children and they pack up everything that these children have, and they put them in these bags that I really just don't like. That's one of my pet peeves, that garbage bag that children have. I know there has to be a better system.

Children's Emotional and Behavioral Issues After Being in Foster Care

One interview question asked participants to discuss the emotional and behavioral problems of the foster children after being in foster for a while. The participants indicated that after a while, there is evidence of change in behavior for some children. The two themes that emerged from this question were: improved behavior and defiant behaviors. Table 4 presents a summary of the meta-themes and subthemes, as well as key words and phrases associated with each of the major themes.

Table 4

Summary of Themes Regarding Emotional/Behavioral Problems After Being in Foster Care

Themes	Keywords
Improved Behavior	calmed down
	not as bad, not as aggressive
	grateful, more appreciative

	settled in
	more positive
	become attached
Unchanged/defiant behaviors	do not want to get up
	do not want to go to school
	do not want attachment

Improved Behavior. Participants indicated some children demonstrated improvement in their emotions and behaviors after being in foster care for a while. One participant indicated the children were not as bad or as aggressive as they were at the beginning. According to the participants, children begin to calm down significantly as they get to know you. Some of the participants proclaimed that some foster children have displayed grateful attitudes after being in foster care for a while. Participant 7 proclaimed:

I would say 6 months to a year the average child you should start seeing changes....They will kind of settle in when they find out they don't have to ask you can I go to my room. Or they don't have to ask you can I watch TV. When they get in their comfort zones things get better.

Unchanged Defiant Behavior. Participants indicated that there were some instances of children who continued to engage in negative and defiant behaviors. Those behaviors included stealing, attachment avoidance, and other unproductive behaviors. Participant 3 stated, they "Don't want to get up. Don't want to go to school." Participant 14 indicated:

Some of the children work hard on you giving up on them. They work really, really hard because to them they work on it like, if I just go ahead and sabotage

this and get it out the way, I can go on to the next place. This is over and I'm of age and I can do this, and I can do that.

Foster Parents' Challenges in Providing Care

One interview question asked participants to identify the challenges they have experienced while serving as a foster parent. Comments from participants revealed the following subthemes: lack of full disclosure, overuse of medication, Foster parents; lack of voice, foster parents' disciplinary authority, and learning effective parenting for foster children. Table 5 presents a summary of the themes as well as key words and phrases associated with each theme.

Table 5

Summary of Themes Regarding Foster Parents Challenges

themes	Key words
Lack of Full Disclosure	do not tell foster parents about behaviors not knowing this child and what they are capable of doing
Overuse of Medication	treating them with medicine do not need all those meds
Foster Parents' lack of Voice	do not give the foster parent enough say should be able to help actually make decisions they go against what we think is best Guidelines for disciplining children
Foster parents' disciplinary authority	You cannot touch them Make them own what they've done Social workers listen then go on their way
Learning Effective Parenting for Foster Children	Keeping my cool Figuring what you can do that is effective Figuring out a way to break through

Finding a way to deal with their behavior

Lack of full disclosure. One area of concern identified by participants was that foster parents received inadequate information about the children's demonstrated emotional and behavioral issues. The participants perceived that in some cases the agency or the social worker intentionally withheld information about the children in order to expedite placement in a home. Participant 16 suggested that the system sometimes fails to conduct an adequate assessment of children's need which results in placement in a foster home when the children may really need a higher level of care. Participant 10 stated:

Sometimes we don't even know what their issues are. They will share with us what they want to us to know because they are trying to make a placement to meet their quota. And when we get the foster children in our home, we find out that there are other behaviors that haven't been addressed. And they say, "Oh I forgot to tell you!" Or, "I just got the document in the office. We didn't know that before now!"

Participant 10 revealed there seemed to be an intentional cover up of the children's emotional and behavioral issues. It is not until after the children show signs or problems that the social workers would reveal prior knowledge of the behaviors. According to the Participant 2:

When a child is placed in a foster home you should tell those foster parents about those behaviors instead of just letting them discover them as they go. A lot of time they will cover over the problem until you get the experience and they say oh yeah, he was doing that before.

Overuse of medication. Another emergent theme regarding the challenges that foster parents faced pertained to the use of medication to alleviate children's emotional and behavioral problems. While most of the participants acknowledged the need for medication, many indicated in some situations the medicine could be counterproductive to the needs of the child. Participants perceived that medication does not produce long term change in the children. Participant 4 indicated, "These kids right now need somebody to love them. That's all they need. As far as all this medicine they give, these kids don't need all of those medicine." In some cases, participants indicated that it appears as though the medication had little effect on the actual behavior of the child.

Participant 1 suggested:

They are treating them with medicine and just giving them these medicines.

Child continues to act out and they up the medicine, when the therapist, psychologist, or somebody needs to be getting to what's causing this behavior in this child. And let's fix this behavior. Because if you can fix the behavior you can fix the child. But they are trying to fix the behavior with medication.

Several participants suggested that the use of medication sometimes hindered the progress of foster children and impeded foster parents' ability to assist them with their emotional and behavioral problems. Participant's perceptions of the medication were that the medication slowed a child down but does not address the root cause of their behavior. Participants indicated in some occasions the medication interfered with the children's ability to learn. Participant 12 stated:

And we went on and on and got her detoxed after I found out that the meds she was on was not going to do her any harm if she came off of them. Those meds were just to shut her down. When we got here, I went and got...well I had a lot of learning stuff here. We started doing timetables, math, reading she got it in her brain, "I can learn!"

Foster parents' lack of voice. An overarching theme that evolving from the data analysis regarding the challenges faced by the foster parents was the issue of foster parents' lack of voice and authority to make decisions regarding the children assigned to their care. Several participants indicated they must get permission from the social worker for simple decisions. Participant 15 revealed:

Sometimes they don't give the foster parent enough say. When a girl come into your house or a boy, you have to ask that social worker if you can take the boy to the barber shop to get a haircut. You have to ask if you can get the girls hair trimmed/cut. And the social worker takes it to the parents. If the parents say no, you can't do nothing.

Comments from participants revealed foster parents thought their voices should be considered as they are advocates for the children as well. Foster parents must report to the social workers and consultants. However, the social workers and consultants decide what information reported to them will be forwarded up the chain. Participants indicated they are truly concerned about the well-being of the children assigned to their care and would like to have impact in their lives while they are with them.

Comments from participants further indicated foster parents often feel they are getting mixed messages regarding their authority to make decisions about their foster children. On the one hand they are told that they are in charge of the child. However, when they make decisions they are often overruled by the social worker or the social worker's supervisor. One participant shared she was released from one agency because she was told by a supervisor that she could not deny an 18-year-old foster child in her care from dating a 38-year-old man. When she refused to permit the child to go out with the man, she was let go from that agency. Participant 16 stated:

Sometimes the social worker, or supervisor might go against what we think is best for them. But yet they tell us that you are in charge. But then sometimes when we do take that initiative, they try change what we are doing up. Only in that situation that can be a conflict. Because one minute they're telling me well you ought to handle it, you're the parent. But if I handle it as a parent and you change it that's when it becomes a conflict.

Of the 13 interviews that were conducted, only one foster family informed me of a change in North Carolina foster care policies that allows foster parents the authority to make some decisions without consulting the social worker or foster care agency.

Participant 6 explained that he discovered the change while taking an online class to get his required hours for the year. Participant 6 stated:

NC changed their laws. It's to where the foster parents have more rights over the child that they have in their custody, in their care. It used to be if they went somewhere, you had to get permission for them to go anywhere. Now, I can let

him go stay with you for three days. The B&GH, what they ask is, just let us know so we'll know where he is at.

Foster parents' lack of disciplinary authority. Participants indicated another challenge was their inability to exercise discipline over the foster children assigned to their care. Some of them are frustrated over being told "how to run" their own home, as one foster parent declared. Participants comments suggest the agency wants them to handle everything by the book. The feeling among some of the participants was that not everything is in the book. Participant 9 declared:

We have guidelines as foster parents as to what you can and can't do as far as disciplining a child. When there are issues you can call 911. Try to talk to them but call 911 it really gets out of hand. It's a big challenge. But yet when you talk to the foster agency and tell them the issue they say, "Well you can talk to him! You go according to the book!" But that in the book is not getting what needs to be done. They want to go by this book.

Learning to effectively parent foster children. Another theme related to challenges faced by foster parents pertained to learning how to effectively parent foster children. Comments from participants indicated a desire to make a difference in the lives of the children assigned to their care. Comments from the participants suggested that it can be very challenging figuring out how to effectively promote change and inspire a child to be and do better. Participant 6 said:

Figuring what you can do that is effective. I tell them all when they first come, I'm trying to give you an environment to where you are going to hate to leave.

The only thing I really know is that taking away their phone, the computer, the game, x-box, and the T.V.

Participant 16 declared:

It takes a lot of patience. Everyone is different. I have one that was really challenging because would always speak negative of herself. I would constantly have to encourage her to speak positive of herself. So, she was a challenge because I had to change her whole way of thinking.

Services Received for Foster Children

One interview question asked participants about the services they have received while serving as foster parents. Three themes emerged from the data. The themes were health services, agency/team support, and training/classes. Table 6 presents a summary of the subthemes as well as key words and phrases associated with each of the major themes.

Table 6

Summary of Themes Regarding Services

Themes	Key words
	Therapeutic
Health Services	Doctor visits medical and dental
Team Support	evaluations coordinator who comes in guardian ad litem case manager visits
Training/Classes	facing the challenges medication

managing our home

safety in the home

new laws

On-line classes

Health Services. Comments from participants revealed that their foster children receive(d) various types of health care services which included physicals, medical checkups, dental services, and psychological therapy. All participants indicated that their foster children received/are receiving therapy while assigned to their care. Some therapy is provided in the foster home and some are required to go to an office. Participant 14 proclaimed:

My children are receiving a service from the Secondary support agency. They have a new program there that deals with the therapeutic child and giving them therapy.... With this program it gives them the opportunity to do a lot of play therapy.

Agency/team support. The team concept is another service that contributes to foster parents' ability to assist foster children with managing their emotional and behavioral problems. The team concept involves representatives from various organizations working together within the foster care system to provide a full spectrum of services for foster care children. The team consists of social workers, psychologists, therapists, guardian ad litem, the child, and sometimes the parent or legal guardian, if they are still involved with the child. In addition, the team works together to determine the feasibility of reunification with the biological parent. Participant 7 stated:

They have team meetings. The team meetings consist of the child; they don't have a meeting without the child present. The child is there to hear what they talk about. It consists of the child, the case manager, the parent. That's another good thing.

While the team concept is an important aspect of foster care service to assist foster parents in managing their foster children's emotional and behavioral problems, participants revealed that sometimes the team does not always function as it is designed to function. Participant 2 stated, "Many times the process is often broken down because the team does not meet like they are supposed to meet and put a good timeline in place." The disconnect regarding the team meetings as it is supposed to meet could be due to the limited resources available in rural communities. Comments from participants suggest resources, to include personnel, are scarce in the rural areas. Participant 9 stated:

At one point in time it was hard to find therapists to come to this rural area. They had to come from Fayetteville. So, in this rural area it is up to the foster parents. Being in a rural area has an effect on the services that are available.

Training/Classes. Participants indicated training and classes are significant resources they have received to prepare for and maintain their position as foster parents. Participants revealed there are various training and classes available for them to participate in. In addition to the required training to become a foster parent, participants indicated they are required to obtain a certain number of hours of training each year to maintain their certification. Further, there are on-line classes that participants can take on their own to acquire the required credits or just to improve their knowledge and

efficiency as a foster parent. Participant 7 commented: “They give us classes on facing the challenges, medication, and managing our home, and safety in the home, and on the new laws. I think we have to have 24 hours of training per year.” Participant 17 further proclaimed:

They are very supportive. And there is an issue that I need to address they immediately addresses it. The training that I get through the secondary agency also helps me to address any emotional and behavioral problems. There is also the Department of Social Services that visits with the child and talks with me to see how things are going with the children and to see if I am having any problems that they could help me with. The guardian ad litem is also inspiration. Every month she checks on the children. She sends them cards every month. She talks with me and I just have all around support.

Effectiveness of the Services

Foster parents were asked about the effectiveness of the services they receive to assist them in helping foster children manage their emotional and behavioral problems. Review of participants comments revealed that some of the services were effective and some were ineffective. Table 7 presents a summary of the subthemes as well as key words and phrases associated with each of the major themes. Participants comments varied regarding the effectiveness of the various services they are receiving from the agency. The degree of effectiveness varied among participant from very effective, somewhat effective, and ineffective. One participant indicated that the effectiveness of the services depended on the worker’s work ethics.

Table 7

Summary of Themes Regarding Effectiveness of Services

Themes	Key words
	It is effective for most of them
Effective	Support is great
	Sometimes it's effective and sometimes it's not.
	not as effective as they could be
Ineffective	depends on the work ethics of the workers.
	giving too much regard to what the child is saying

Effective services. Comments from participants revealed that most of them were satisfied with the services they received. Participants 5 and 6 were somewhat satisfied with the services. However, they felt some of the services were too far away because sometimes they had to travel to a different county to get the service. Participant 11 suggested the services are very effective. Participant 17 declared:

The services have been very effective. They attend therapy. And when I talk with the therapist before she talks with them, she talks with them about their emotions and behaviors. And having someone else to address these things with them helps them to realize it's not the thing that they are to do. And it helps them to get along with me and helps them to go home quicker.

Most participants expressed satisfaction with the training they have received.

Participants revealed that the classes are helpful in assisting them with managing foster children's emotional and behavioral problems. A variety of classes are offered throughout

the year. Foster parents may elect to go to additional classes that are being offered at various times to obtain extra credit hours. Participant 17 said:

The services and resources that I get is very effective because when I go to the classes and training, we have to have; of course, we have to have training to be relicensed even after we've been licensed. And then there is training that is elective, it's not mandatory that we can attend that helps also.

Ineffective services. While most participants considered the services to be effective, a few did not. Participant 8 said, "Sometimes it's effective and sometimes it's not." She felt foster children needed more one on one time with a therapist at least once a week. One participant mentioned that therapy was not as effective as it could be. His comments were based on his perception that the therapists were not focusing on the root cause of children's behavior. In addition, the therapy was not effective because the therapist only listened to the child without an input from the foster parents. Participant 2 stated:

Another problem is that of the therapist giving too much regard to what the child is saying. A lot of them will lie. And if the therapist is going strictly by what the child is saying, they are over there in left field. Yes, the therapist needs to talk with the child. But they should always follow-up with a discussion with the foster parents.

Needed services and/or resources

One interview question asked participants about the services and resources they felt they needed to assist foster children with their emotional and behavioral problems.

Results revealed the two themes of interaction with siblings and opportunities for socialization. Table 8 presents a summary of the subthemes as well as key words and phrases associated with each of the subthemes.

Table 8

Summary of Themes Regarding Desired Services/Resources

Subthemes	Keywords
Foster Children's Interaction with Siblings	Easier to get in contact with siblings
	Involved in social activities
	Time with kids their age
	Big picnic for the children
Opportunities for Socialization with other children	Field trips
	4-h club
	Bowling/swimming lessons

Foster Children's Interaction with Siblings. Comments from participants suggested arranging more sibling visits would be helpful in assisting children with their emotional and behavioral problems. Participant 5 stated:

I wish they had some way to make it easier for them to get in contact with their siblings. Some of these siblings are so spread out. They don't get to see each other except maybe once every 6 months or once every 3 months because they are so spread out.

Opportunities for Socialization. The need for socialization was another key service that foster parents perceived as being needed to assist them with managing their foster children's emotional and behavioral problems. The participants suggested that

many of the foster children lacked the social skills needed to engage with other people in a positive way. Approximately one half of the participants suggested there is a need for more socialization activities for foster children to get involved in. Participant 2 stated:

They are deficient in social skills. Need to get them involved in social activities.

Now, playing basketball helped one of our foster children out a whole lot. It gave him something to work towards and as long as he was on the team he did well.

But when the season closed out it was another whole ball game.

Participant 7 stated:

Having the children together with parties, or some kind of social events. Having the children when they give gifts out for their success or whatever. Every so often they do a nice big picnic for the children and they do certain things with them like that. When children have emotional and behavioral problems, they need to be in social environment a lot of times.

Participants suggested children coming together in social settings outside of regular school time is helpful in building foster children's self-esteem. Activities such as school dances, church social outings, and other community events in which children can interact with children their own age. Some participants suggested the foster agency should sponsor events to allow foster children an opportunity to socialize with peers who are facing some of the same challenges. Participants 9 and 10 said they spoke with the agency regarding the availability of social activities and were provided a website to visit to search on their own. However, there were no social activities being sponsored in the rural area.

Additional Comments

The final question asked participants to provide any additional comments they would like to make regarding services provided as well as their overall experiences with the foster care system. Review of participants' comments identified nine notable subthemes. The themes for additional comments were: plan for reunification, interaction with biological parents, foster parents' voice, services or resources necessary, training, foster parent/foster child relationship, faith, suggested improvements, and foster care rewarding. Table 9 presents a summary of the themes as well as key words and phrases associated with each of the theme.

Table 9

Summary of Themes Regarding Foster Parents Additional Comments

Codes/Subthemes	Keywords
Plan for Reunification	Work on that piece called reunification
	Give them two years for reunification.
	Place these children back with the parents.
Foster Children's Interaction with Biological Parents	Sometimes visiting the parents every week could affect them.
	Send the kids back home and the parent do not be ready.
Foster parents' Voice	Foster parents can Help make decisions
	Do not give the foster parent enough say
Programs and services or necessary	Churches can reach out more
	Keep them in different types of programs
Training	Notification of upcoming training trained for no more than a level two
Faith	get it back to the word of God
	Christian love
	Let the child know the benefits of the foster care program.

Suggested Improvements	see a child come without a bag
	let the kid know you were created for a purpose
Foster Care Rewarding	Foster care is a ministry one of the most rewarding experience

Plan for Reunification. A plan for reunification or adoption was a major theme that emerged from the question regarding additional comments. Participant 12 said, “I am all about family reunification. I love it.” However, the concern of some participants is that the foster system is often slow in the planning process. As a result of the lack of planning, children often get caught in moving from placement to placement without obtaining a permanent placement prior to aging out of the system. Participant 2 stated, “The first goal, number one is reunification.”

Comments from participants suggested that foster parents are truly concerned about the problem of children being moved back and forth between the foster home and the biological parent in the effort towards reunification. Bouncing from place to place affects the emotional and behavioral attitude of the children and makes it harder for foster parents to reach them. Participant 16 stated:

The bad part about it is, sometimes, even though they let their parents go to therapy and counseling they are not ready. Then they send the kids back there and the parent don't be ready. And the kids wind up having to be taken back out of the home and sent back to foster care. That's the hard part. Sending them back and forth.

Foster children's interactions with biological parents. Participants proposed allowing foster children to visit their biological parents on a weekly basis can be harmful

to the relationship between the foster child and foster parent. When children go to visit their parents, depending on the actions of the parents, the children return to the foster care home upset. Their negative feelings and emotions result in more frustration and resentment towards the foster parent. Participant 15 said:

Some of them go to visit their parents every week. I don't think that's too good. I think a lot of them need to visit the parents like every two weeks. Because sometimes visiting the parents every week could affect them. And sometimes it gives the foster parent a worst time.

Foster parents also discussed the issue of biological parents not being ready to receive their children when they return home. Participants expressed concerns that returning children to their parents before parents are ready to care for them makes it hard on the children and the foster parents. This is not good for the emotional and behavioral problems these children are already dealing with. Participant 13 stated:

I think once you put a child in the foster system I don't the parent should have nothing to do with it until they do what the court rules. And once they straighten up and do right then they get their child back. I think that's where they should take a part at. Because they are really hurting the child. But not only the child, they are hurting the foster parent too.

Foster parents' Voice. Participants expressed the thought that as direct guardians of foster children in their care, they should have a stronger voice in what happens with those children. Participant 15 said, "Sometimes they don't give the foster parent enough say." They have gotten to know the children and would love to have more input

regarding the welfare of the children. Participant 8 indicated foster parents should be involved in the decision-making process regarding the child's/parent's readiness for the child to return to his/her biological parent's home.

Programs and services for the children. Comments from participants suggested the system could do more to assist foster parents with finances to keep the children involved in various programs that are not already funded. Programs include dancing, sports, other special youth activities in the area that requires finances. Participant 11 recommended churches can reach out to foster parents to provide assistance also.

Participant 16 said:

The system can help us keep them in different programs. Like the children that I get, I try to get them into programs like dancing and doing something like activities. They need to get involved. And a lot of time we come out of pocket more than they are giving us to help them.

Training: There were different thoughts among participants regarding the training provided by the foster care system. Some participants acknowledged the system provides or makes available a variety of training programs. Participant 15 suggested:

I think they do good training. We are always called to go to this training or that training, and therapeutic and non-therapeutic training. You have to get so many hours per year. Sometimes you can, if you want to, get some additional training. Like when they are talking about behavior, sometimes child molestation you want to see what they are doing in those two fields more so than some of the other fields.

However, other comments from participants indicated a need for specific training in certain areas of foster care. Foster children are classified by levels and foster parents receive training for specific levels. Participant 8 stated:

What I've been trained for is no more than a level two. But we get level three, four, and five. We have had them in our home, and they shouldn't have been in our home because on paper they say these kids should be institutionalized but they end up in our homes. And we're not equipped to deal with that. And it's not good for us, and it's not good for the children.

Foster parent/foster child relationship. Comments from participants indicated the necessity of building relationships with foster children upon their assignment to the foster parent. Participants posited they treat the foster children as their own children.

Participant 14 said:

What you have to do initially is build a relationship with them. And there has to be a trust that they know that you are going to what you say you are going to do. That you are going to be there for them. That you are going to protect them. That you are going to love them. That you are going to shelter them. That you are going to fight for them. That you are going to advocate for them. That they have somebody that's there. And when that relationship is built, that child gets that trust that they got someone that they can really lean on.

When relationships are built between the foster parent and the foster child, some foster children begin calling the foster parent mom or? pops. Participant 5 discussed the transition at which her children began to reference her as a parent:

I have to say that it's been wonderful seeing them change their emotions especially towards you. Because now, I call them my boys. They love to hug me and say I love you momma. They didn't use to do that.

Participant 16 also discussed how building a relationship resulted in her foster children referencing her as a parent:

They become attached to me. They call me mother, momma J..., or momma H.... They build a relationship with me. I get them involved in church and I get them involved in doing stuff as a family. And with my grandkids, they kind of adjust with them. And once they adjust with them, they kind of like it.

Faith. The majority of participants acknowledged their Christian faith and involvement in their local church. Comments from participants highlighted the importance of faith in the lives of foster children. Some of them attributed their work as foster parents to their relationship with God. Participants spoke of the significance of returning to a Biblical standard of family. Participant 12 said:

If we can get it back to what the word of God says what families should be. You will go through stuff. If you can't help these kids heal, don't damage them in other ways. I would love to see something started up that let the kid know you were created for a purpose.

Participant 10 stated:

I think the basic need of foster care children would be love. Everything, everybody wants to be loved and accepted as individuals. And that brotherly love

that we are supposed to have in the church among brothers and sisters. I think that is an important component – love.

Suggested Improvements. Participants proposed that counselors/social workers should inform the children of all the benefits available to them as a part of the foster care system if the child remains in the system until the child reaches 18 years of age.

Comments from participants suggested it is important to focus on the many benefits that are available to them if they remain in the system. Participant 7 suggested:

A lot of children don't know that they can finish school, go to college, and receive a lot of benefits from the program. They have programs that can help them with cars and this and that. They have things in place to help them if they stay in the system.

Another thing that foster parents would like to see improved is the issue of social workers packing children's clothing and other items in a trash bag. Participant 13 said:

I don't think they should take them out with a grocery bag or trash bag. I think they should take the time to at least provide a suitcase. Or an overnight bag. But they come with a trash bag. So, when they get ready to leave the first thing they grab is a trash bag and they are ready to go. I don't think it's fair.

Foster care rewarding/ministry. Participants comments identified foster care as a ministry and very rewarding. Participant 2 said, "Foster care is a ministry. When we were contemplating foster care, I prayed about it first." Most participants expressed their love of serving the children. Participants asserted that children coming into foster care really need someone to show them love and kindness. Participants indicated when you

become a foster care for the right reason, for the benefit of children rather than money, you will experience the joy having a positive impact in the lives of the children.

Participant 14 declared:

Well, I can just say that the program of being or going into a foster parent, if you are a true foster parent, is probably one of the most rewarding experiences that you will encounter because you come to love them just like they are yours. And it's just rewarding. The love that they can bring to you. And it's even more rewarding when you can stand back and say to yourself, I made a difference in the life of that child.

Summary of Themes

Data from interviews were used to address the research question, "What are foster care parents' perceptions of the services they need to assist them in managing their foster children's emotional and behavioral problems?" Participants were asked to respond to eight interview questions that produced the themes related to the interview question. Data analysis revealed that participants of the study were keenly aware of the complexity of serving as a foster care parent.

Foster Children Emotional and Behavioral Issues

Two questions asked participants about the emotional and behavioral problems that foster children bring with them. Three themes of honeymoon phase, externalizing behaviors, and internalizing behaviors emerged from this question. All participants acknowledged that children entering foster care bring with them a lot of emotional baggage and trauma, which results in emotional and behavioral problems in the children.

According to the participants, children whom they have had in their care have experienced various levels of trauma at an early age. Some had been molested, raped, burned, abused in other ways, and neglected by parents strung out on drugs and unable to care for them. Therefore, the children entered the foster care system with emotional and behavioral problems.

Participants describe the initial period following children's in their care foster care home as sort of a honeymoon phase. Participants indicated the children are often quiet and observant as they get to know their foster parent and new environment. During the honeymoon phase some children demonstrate an attitude of the foster care assignment is a temporary situation. Some have experienced many placement disruptions and expect that this is going to be same. Comments from foster parents suggest that some exhibit significant externalizing behavior in an attempt to sabotage the current placement so that they can go ahead and move on to the next. Participants suggest that during this early phase of the assignment, some children exhibit internalizing behaviors also. Internalizing behaviors may include being quiet, shy, and withdrawn.

Three foster parents mentioned the issue of the trash bag phenomenon. These foster parents abhor the idea of foster children being brought to their home with their clothes in a trash bag rather than a suitcase. They felt the system should provide the children with an inexpensive suitcase in which to pack their things. According to those foster parents, this simple gesture could potentially have a positive affect the child's self-esteem.

Children's Emotional and Behavioral Issues After Being in Foster Care

Regarding the question of emotional and behavioral problems that foster children express after being in foster care for a while, the following two themes emerged: improved behavior and defiant behaviors. Participants suggested some children demonstrated improved behavior after being foster care for a while. These children displayed a calm demeanor and often followed instructions and directives of the foster parents. However, some foster children remained unchanged and they continued to exhibit externalizing, and defiant behavior towards the foster parent.

Foster Parents' Challenges in Providing Care

Participants identified five subthemes related to challenges addressing emotional and behavioral problems. Subthemes included lack of full disclosure, overuse of medication, foster parents' lack of voice, foster parents' disciplinary authority, and learning effective parenting for foster children. Participants stated that foster children entered their homes with lots of emotional and behavioral problems. However, the system often failed to provide full disclosure of the trauma the children had experienced or of past demonstrated behavior in other homes.

Foster parents suggested there is an overuse of medication as an attempt to fix the child's behavior. However, participants suggested that medicine does not fix the emotional and behavioral problems that foster children demonstrates. Participants suggested medicine cannot fix the behaviors because it does not address the situation that provoked the behavior.

Comments from participants indicated that foster parents' often feel they do not have a voice in the decision-making process regarding the care and treatment of foster

children assigned to their home. As first line caregivers who are with the children on a daily basis, they would like to be more involved with the decision making as it pertains to the children in their care. In addition, they would like to have more authority in making decisions regarding the children in their care without having to consult social workers for simple day to day decisions.

Foster parents in this study proposed they lack disciplinary authority to make decisions regarding the type of corrective action they can administer to foster children for negative behavior. Foster parents are told by case workers that they are in charge, yet they most consult the case worker regarding disciplinary actions they deem necessary. Another challenge expressed by participants is that of learning to effectively parent foster children. Comments from participants suggested they desire to make a difference in the lives of foster children assigned to their care. However, the task of parenting foster children is difficult due to the trauma many foster children have experienced. In addition, foster parents indicated each child is different in their own way.

Services Received for Foster Children

Regarding services received to assist foster children, three subthemes resulted: health services, agency/team support, and training/classes. Overall, most of the participants in this study were satisfied with the services they received while having foster children in their care.

Participants specified a key service provided by the foster care system is the therapeutic services. Most of the participants were satisfied with the therapeutic services. However, some felt there was need for improvement and more consistency in the way the

service was provided. Participants like the team concept that exists within the foster care system. However, they often feel as though they have been left out of team. Most foster parent participants in this study were happy with the training they received to prepare for being a foster parent. However, some felt that there is a need for more specialized training for the various levels/categories of foster children admitted to their care.

Effectiveness of the Services

Regarding the question of effectiveness of the services they received, participants comments revealed two basic subthemes: effective and ineffective services. The majority of participants were satisfied with the services and considered them to be effective services. However, a couple of participants felt the services were ineffective in meeting the needs of the children.

Needed Services and/or Resources

Participants also responded to the question regarding other services and resources they feel they need to assist foster children in their care. Two subthemes of interaction with siblings and opportunities for socialization emerged. Participants comments indicated many foster children are separated from their siblings. Participants suggested there should be something in place to allow foster children more opportunity to interact with their siblings. Participants felt making way for children to have more interaction with their siblings will contribute to assisting foster parents in helping children with emotional and behavioral issues. Participants identified the need for more opportunities for foster children to socialize with children their age beyond school and church.

Participants suggested the system should provide more socialization opportunities for the children.

Foster Parents' Additional Comments

The final question asked participants to provide any additional comments they regarding their experience with the foster care system. The subthemes for additional comments were plan for reunification, interaction with biological parents, foster parents' voice, services or resources necessary, training, foster parent/foster child relationship, faith, suggested improvements, and foster care is rewarding.

Participants suggested there needs to be a specific plan for reunification and/or adoption when a child is placed in foster care. Comments from participants proposed it is not good for the emotional and behavioral well-being of foster children to allow to continue in foster care for an extended period. They further suggested that biological parents' involvement, to include visitation, should be restricted until parents have clearly demonstrated that they are following the judge's order. Participants revealed that when children return to the foster home after visiting their parents, it almost like starting over again for the foster parent.

Foster parents in this study indicated they would like to have more voice in deciding the welfare of foster children in their care. As first line caregiver for children in their care, foster parents feel they are adequately prepared to assist in the decision-making process regarding their foster children's care. In addition, some foster parents suggested the system can do more to help them with getting the children involved in

more programs and services such as: dance academy, bowling, and other community programs that may be available at a cost.

Foster parents in this study indicated that they often form close relationship with foster children in their care. The majority of the participants in this study are affiliated with a church and have identified their faith as a key reason for participating in the foster care program. Several of them indicated that being a foster care provider is rewarding. A few of them suggested they see it as a ministry.

Summary

In this chapter I presented the results of the data analysis of 13 interviews, which were conducted to answer the research question, “What are foster care parents’ perceptions of the services they need to assist them in managing their foster children’s emotional and behavioral problems?” Findings revealed participants are overall satisfied with the training they received. However, a few of them felt a need for additional specialized training. Foster parents would like to have more information regarding children’s previous behavior. Participants suggested foster children needs more interaction with siblings and more opportunities for socialization with children their age. Participants suggested less biological parent interference until they have complied with all the court’s directives. Finally, foster parents would like to have more voice in the decision-making process and more disciplinary authority.

The participants reside in a rural county that is listed among the top ten poorest counties in NC.

Chapter 5 provides a discussion of these findings and evaluate the study as it relates to the theoretical framework and existing literature presented in Chapter 2. A synthesis of the key findings of my research is also provided. Further, I will discuss the implications to policies and practices. Finally, Chapter 5 include limitations, recommendations of future research, and the conclusions of this study.

Chapter 5

Introduction

I conducted this generic qualitative study to answer the research question, “What are foster care parents’ perceptions of the services they need to assist them in managing the foster children’s emotional and behavioral problems?” Participants were selected from among foster parents located in rural county in North Carolina. Participants responded to eight interview questions that produced the 7 themes.

According to the data, participants strongly perceived that children entering the foster care system bring a lot of baggage with them. Participants acknowledged that many experienced significant traumatic events in their brief lifetimes, as demonstrated by unacceptable emotional and behavioral problems. Participants suggested that some foster children come into foster care with the idea that the placement is only temporary. Therefore, they act out, with the intent of sabotaging the placement early so that they can move on to the next placement. According to participants, after being in their home for a while, most foster children begin to settle down and reduce the level of emotional and behavioral issues.

Overall, most of the participants were satisfied with the services they have received. A few suggested a need for improvement in the quality of the services. Some suggested that foster children need more opportunities for socialization with children their own age improve their emotional and behavioral issues. Some said that serving as a foster parent was very rewarding.

Interpretation of the Findings

The study findings are addressed according to the participants' responses to the eight interview questions.

Foster Children Emotional and Behavioral Issues Upon Entering Foster Care

Approximately two-thirds of children entering the foster care system demonstrate characteristics of emotional and behavioral disorders (Bîrneanu, 2014; Braxton & Krajewski-Jaime, 2011; Deutsch et al., 2015; Leve et al., 2012). Participants confirmed these findings. According to Bîrneanu (2014), the problems were due to trauma caused by disturbed attachment relationships. A qualitative study conducted by Madden et al. (2012) suggested that nearly half of children entering Child Protective Services demonstrated emotional or behavioral problems.

One subtheme that emerged from the findings was the honeymoon phase. Madden et al. (2012) suggested the honeymoon phase is when foster children adjust to their new homes and get to know the rules of the home. Statements from participants in this study also stated that the honeymoon phase is the initial period of foster children attempting to get to their new environment. During the honeymoon phase, most children demonstrate good behavior. Comments from participants aligned with the findings of Madden et al. (2012). Participants stated that some enter the home with an attitude of "This is only temporary." Therefore, they immediately begin to demonstrate externalizing behavior in an attempt to disrupt the placement. This behavior was consistent with Bîrneanu's (2014) report regarding children placed in foster care, which suggested that children in foster care demonstrate emotional and behavioral problems because of previous disruptions in relationships, trauma, neglect, or abandonment.

Externalizing behavior. Findings from this current study regarding externalizing behaviors are consistent with findings from previous research conducted by Vanshoonlandt et al. (2013). Vanshoonlandt et al. focused on the prevalence of externalizing behavior among youth in foster care. Findings from that research revealed nearly 80% of foster children in the study presented some type of externalizing behavior. Comments from participants in the current study revealed most children entering foster care demonstrated signs of externalizing behavior.

According to the Disability Fact Sheet 5 (2010) and the CDC (2015), emotional and behavioral problems are often exhibited typified by negative behaviors such as loud outbursts, lying, stealing, aggressive behavior towards others, destruction of property, and repeated truancy. Comments from participants in the current study are consistent with Disability Fact Sheet 5 and the CDC. Participants in the current study revealed that some of the children in their care exhibited externalizing defiant behaviors such as refusing to obey foster parents and refusing to follow directions. The participants reported other socially unacceptable behaviors such as lying, stealing, and cheating. The foster parents described other externalizing behaviors that included bed wetting, climbing on top of furniture, and running water in the bathroom but not actually washing at all.

Internalizing behaviors. Participants of the current study proposed that some foster children show signs of internalizing behaviors such as depression and fearfulness. Participants further suggested that some children manifested signs of depression by becoming withdrawn, shutting down, and crying.

These findings are consistent with findings from a quantitative study conducted by Bronsard et al. (2013), which revealed that 49% of foster children exhibited signs of a mental disorder that manifested in externalizing and internalizing behavior. Findings of the current study are also consistent with a recent study conducted by Leve et al. (2012), which found that children in foster care have a higher rate of emotional and behavioral problems than non-foster care children because of abuse and/or neglect.

Trash bags phenomenon. Participants expressed concerns regarding social workers dropping children off at their home with their clothes in trash bags. Participants in this study proposed the issue of abruptly taking children from their homes and placing their clothes in trash bags have a direct impact on the emotional and behavioral issues of foster children. Regarding children's emotional and behavioral issues, participants suggested putting the children's clothes in a trash bag presented a negative perception that the children were just trash. Participants suggested when children are abruptly removed from their home environment, often under the cover of darkness, throwing their clothes in a trash bag exacerbates the trauma associated with removal from the home.

Children's Emotional and Behavioral Issues After Being in Foster Care

Participants discussed the emotional and behavioral problems of the foster children after being in foster for a while. Two themes were identified from this question: improved behavior and defiant behaviors. Participants posited that after being in the foster home for a while, some children demonstrate signs of change.

Improved behavior. Foster parents in this study suggested that after being in foster care for a while some children exhibited improvement in their emotions and behaviors. Participants identified a decrease in the level of aggressions from some foster children after they've been in the home for a while. Participants also suggested that some foster children expressed attitudes of gratefulness towards them after a while. One participant suggested the change does not happen quickly. Seeing a change in emotions and behavior usually takes a little while. Jones and Morris (2011) conducted a study that focused on foster children adjustment to life changes in the foster care system. The study sought understanding to improve foster children's adjustment to foster care, achieve permanency, and age appropriate stable placements. Jones and Morris (2011) posited children entering the foster care system often experience adjustment difficulties which impact their behavior. Jones and Morris (2011) also indicated foster children's behavior often improve as they form attachment relationships with their foster parents. Comments from participants in my study aligned with the findings of Jones and Morris (2011). Participants in my study proposed that that they sought to develop positive relationships with their foster children and make them feel at home. Jones and Morris (2011) indicated effective parenting contributed to decrease in foster children's emotional and behavioral problems.

Unchanged defiant behavior. Participants indicated some children continued to demonstrate patterns of emotional and behavioral issues. Those behaviors included stealing, attachment avoidance, and other unproductive behaviors. Participants comments are aligned with the findings of Jones of Morris (2012) which suggested multiple

placements and attachment disorders often leads to heightened behavioral and emotional problems. Some participants suggested some foster children appear to do everything they could to sabotage the placement so that they could move on to the next placement. Participants' comments are aligned with the findings of Jonkman et al. (2013). Jonkman et al. (2013) suggested most foster children enter the foster care system after abuse, neglect, and other traumatic experiences. According Jonkman et al. (2012), after entering the foster care system, the problems tend to get worse and may lead to placement disruptions. Jonkman et al. (2013) posited the breakdown in placement increases the likelihood of a cycle of continuous behavioral problems and disruption.

Foster Parents' Challenges in Providing Care

Respondents comments regarding foster parents' challenges in providing care revealed the following subthemes: lack of full disclosure, overuse of medication, foster parents lack of voice, foster parents' disciplinary authority, and learning effective parenting for foster children. Blythe et al. (2014) conducted a qualitative study of results from peer reviewed articles that examined foster care providers' experiences in working with foster children and the foster care system. The findings of the current study were closely related to the findings from Blythe et al. (2014). Blythe et al. (2014) proposed foster care providers often experience difficulties fulfilling their duties and responsibilities as foster parents as a result of the emotional and behavioral problems foster children often bring with them when they enter foster care. Cooley and Petren (2011) conducted a mixed method study to examine foster parents' perceptions of their competencies as foster parent after completing training. Cooley and Petren's study

asserted appropriate training is necessary to assist foster parents the many challenges faced by foster parents in providing care for foster children.

Lack of Full Disclosure. Participants of this study indicated the foster care system often fail to provide adequate information regarding foster children's previous behavior. Participants' comments aligned with the findings of Brown, Anderson, and Rodgers (2014). Brown et al. (2014) posited clear communication is essential for foster parents and foster care workers in order to provide effective care for foster children. Participants in my study perceived an apparent intentional neglect on the part of social service workers to provide all necessary information regarding foster children's emotional and behavioral disposition from previous assignments or from the children's home if this is a first assignment. The findings of this study aligned with the study conducted by Geiger, Hayes, and Lietz (2013). Geiger et al. (2013) suggested foster parents struggle with feelings that department workers do not trust their ability to manage the children in their care. Geiger et al. (2013) further indicated foster parents suggested department workers do not provide adequate information regarding the background of foster children being assigned to their care. Geiger et al. (2013) found that the apparent department workers lack of trust and failure to provide adequate information are key factors in foster parents' attrition.

Overuse of medication. Another significant theme pertaining to the challenges that foster parents faced pertained to the use of medication to alleviate children's emotional and behavioral problems. While foster parents in this study acknowledged that there may be a need for medication in some cases, they expressed concern that the

medication is not addressing the root cause of foster children's emotional and behavioral issues. A quantitative study conducted by Vanderwerker et al. (2014) revealed there is an elevated use of antipsychotic medication among foster children as compared to non-foster care children. Vanderwerker et al. attributed the high rate of antipsychotic medication to increased level of mental disorder diagnoses and externalizing behavior of foster children. Consistent with the findings of this study, Vanderwerker et al. suggested medication alone does not assist children in learning how to cope with traumatic experiences and managing their externalizing behaviors.

Foster parents' lack of voice. Participants indicated that a major challenge that they faced was foster parents' lack of voice and authority to make decisions regarding the children assigned to their care. York and Jones' (2017) conducted a study regarding foster care parents' experiences while obtaining mental health services for their foster children. Participants in the study expressed feelings of not being listened to by professional services personnel when they provided information about foster children in their care. Findings from my study are consistent with the findings of York and Jones as participants reported that they often felt that their voices were not heard by those in the social service agency.

The findings of my study are also consistent with the findings from a mixed methods study conducted by Geiger, Hayes, and Lietz (2013). Participants in the Geiger et al. (2013) study reported that they often feel Child Protective Service workers do listen to their input regarding the welfare of children in their care. Participants in Geiger et al.'s

study proposed that that their concerns and thoughts about foster children in their care were often dismissed by case workers.

Foster parents' lack of disciplinary authority. Participants indicated another challenge was their inability to exercise discipline over the foster children assigned to their care. Participants in the current study expressed frustration over social service workers attempting to dictate to them how to run their own home. According to one participant, foster parents are told that they are in charge when a foster child is assigned to their home. However, when they attempt to make decisions regarding the child's behavior, they are questioned by agency worker. The need for foster parents to exercise positive parenting authority aligned with the study conducted by Vanschoonlandt et al. (2013). Vanschoonlandt et al. (2013) conducted a study that focused on parenting stress and parenting behavior. Vanschoonlandt et al. (2013) asserted there is a reciprocal relationship between foster children's behavior and foster parent's parenting reaction. Foster children's behavior affects foster parents' reactions and foster parents' parenting practices influences foster children's behavior. Vanschoonlandt et al. (2013) suggested there is a need for authoritative parenting that involves the appropriate level of parenting warmth and affection, coupled with behavioral control and supervision. Vanschoonlandt et al. (2013) proposed there is a need for more support for foster parents in establishing rules and engaging positive parenting skills.

Learning to effectively parent foster children. Foster parents in this study expressed a desire to make a difference in the lives of the children assigned to their care. However, comments indicated making a difference can be challenging as foster parents

expressed difficulty in learning how to effectively parent foster children. Some participants suggested that it can be very challenging determining what method to employ to promote change and inspire foster children to be and do better. Comments from participants in this study are aligned with the findings of the quantitative study conducted by Vanschoonlandt et al. (2013). Vanschoonlandt et al. (2013) conducted a quantitative study to focus on the relationship between foster parents' parenting stress and parenting behavior. Findings revealed that increases in foster children's externalizing behaviors decreases the effectiveness of foster parent's parenting strategies.

Services Received for Foster Children

One interview question asked participants about the services they have received while serving as foster parents. Three themes emerged from the data. The themes were health services, agency/team support, and training/classes. The findings in this current study correlates with a qualitative study conducted by York and Jones (2017). York and Jones' study reviewed foster care parents' experiences with obtaining mental health services for their foster children. The study revealed foster care providers are keenly aware of the mental health challenges faced by foster children in their care.

The study conducted by Blythe et al. (2014) indicated foster care providers are front-line service providers for foster children. Therefore, foster care providers should receive appropriate services and support to assist foster children with their emotional and behavioral problems (Blythe et al., 2014). Blythe et al., (2014) posited the three main support foster parents require from the foster care system are finances, respite, and training.

Health services. Participants revealed that all foster children in their care received some type of therapy. In addition, foster children also received other types of health care services also, to include dental and medical. Some foster parents suggested the health services agencies that they were required to use were often a distance away and they did not receive reimbursement for their travel. Corresponding with comments from participants in this study, Deutsch et al. (2015) suggested foster care youth receives a significant amount of health services. In addition, Deutsch et al. (2015) further suggested health care needs for foster care youth are often not met.

Agency/team support. The team concept is another service that contributes to foster parents' ability to assist foster children with managing their emotional and behavioral problems. The team concept is consistent with the study conducted by Blythe et al. (2014). Blythe et al. conducted research regarding interactions between foster carers and the system. The results of Blythe et al. study suggest foster care providers experience significant stress working with social service workers. Blythe et al. further suggest that communication and information sharing between the foster care provider and social workers is very important towards providing for the well-being of foster children with emotional and behavioral issues. In addition, the study by Blythe et al. suggests the relationship between the foster care provider and the social worker often determines the services and support received by the foster care provider.

Comments from participants in this study suggest that the team does not always meet as they should. In addition, foster parents in this study indicated the team concept is often broken. Further, most foster parents felt left out of the team. Consistent with

participants comments in this study, Geiger et al. (2013) posited foster parents feeling of being left out of the team results in foster parents' frustration and discontinuation.

Requirement for training/classes. Leathers et al. (2011) discussed the importance of pre-service training to prepare foster parents for the challenge of providing care for children with emotional and behavioral problems. Participants in this current study confirmed that they were required to participate in training in order to serve as a foster parent. In addition, they are required to participate in continuing education and obtain a certain number of hours of training each year to remain current. Festinger and Baker (2103) conducted a quantitative review of evaluations from foster care training programs to determine the effectiveness of foster care training in preparing foster parents to work with the emotional and behavioral problems of foster children. Festinger and Baker's study revealed that foster parent's participation in pre-service training improved their skills in assisting children with managing their emotions and behavior. In addition, the results showed that participating in training increased parenting skills, reduced foster parent turnover, and reduced stress for foster care providers.

Effectiveness of the Services

Foster parents were asked about the effectiveness of the services they receive to assist them in helping foster children manage their emotional and behavioral problems. Review of participants comments revealed that some services were effective, and some were ineffective.

Effective services. Participants in the study identified several effective services such as therapeutic counseling in home and at a providers' office, medical and dental

visits, and an assigned coordinator to visit the home. Participants considered the services effective because they expressed seeing some changes in the behavior of their foster children as result of participating in the services. Most participants in this study were satisfied with the services and training they received. Some of them indicated they were somewhat satisfied. Some participants complained that sometimes, due to limited resources and services in rural areas, they had to travel long distance to obtain necessary services. Participants indicated traveling long distance is problematic because in many cases they do not receive reimbursed for their travel expenses. In addition, traveling to other cities to receive services meant that participants had to leave their jobs early enough to avoid traffic congestions at peak travel times in larger cities. Participants suggested distance traveled to obtain some services interferes with their perception of the effectiveness of the service. Specifically, it would simply be much better for them if the services were local. Comments by participants in this study aligned with the findings of a quantitative study conducted by Denby and Bowmer (2012), which confirmed that foster care providers in rural areas are often frustrated with the ability to acquire needed services in their local area. Various training and classes were provided on topics such as: facing the challenges, medication, managing their homes, safety in the home, and updates on the new laws.

Ineffective services. Some participants expressed discontentment with the services and training they received. Participants suggested there needs to be more training for the different levels of emotional and behavioral issues foster children exhibits. According to participants in this study, foster children are classified by levels of trauma

and emotional and behavioral problems exhibited by the children. The levels range from one thru five. One participant indicated that she only received training for level two. However, she has received children with level three and level four behavioral problems. The participant indicated that she did not have any problems with the more severe behavioral problems in her home. However, she stated that when the children went to school they misbehaved and tore up things. She stated that the more severe behaviors occurred outside of her home. The participant thought that with additional training she might have been able to work with the child to better address and manage the severe behaviors that occurred at school.

Participants comments regarding ineffective services are aligned with findings a previous study by Cooley and Petren (2011). Cooley and Petren (2011) conducted a mixed method study to examine foster parents' perceptions of their competencies as foster parent after completing training. Many of the respondents in Cooley and Peterson's study indicated they needed more specific training on various aspects of foster parenting. Respondents suggested there was a need for more comprehensive training to better prepare foster parents for working with children with different levels of trauma.

Needed Services and/or Resources

Participants responded to the question regarding services and resources they felt they needed to assist foster children with their emotional and behavioral problems. The following two themes emerged from participants comments: interaction with siblings and opportunities for socialization.

Foster children's interaction with siblings. Comments from participants suggested that providing more opportunities for the children to interact with their siblings could be an important element in assisting them with managing foster children's emotional and behavioral problems. Participants expressed their belief that keeping in touch with siblings helps to promote a sense of identity. Participants' comments aligned with the findings of Jones and Morris (2012) which suggested positive sibling relationships promotes fewer behavioral problems. However, Jones and Morris (2012) also noted that negative sibling relationships can increase behavioral problems. Therefore, Jones and Morris (2012) suggested programs that promote positive siblings' relationships should be encouraged and supported.

The findings from this study regarding participants' comments of allowing foster children to interact with their siblings also aligned with the findings presented by Waid et al. (2016), which revealed that sibling relationships and interactions are powerful components of socialization. Waid et al. (2016) also proposed that that co-placement of siblings could be a great tool to decrease foster children's emotional and behavioral issues and increase the likelihood of placement stability. Participants comments indicated they felt allowing foster children to interact with their siblings could be a way of decreasing some of the emotional and behavioral issues manifested by the foster children.

Opportunities for socialization. Leve et al. (2012) proposed that elevated rates of behavioral and emotional problems among foster children negatively affects their ability to engage in social relationships with parents and peers. Participants in the current study suggested foster children need more opportunities for socialization. This theme

addresses the issue of foster children's deficiency in the area of social skills needed to engage with other people in a positive way. This theme addressed the need for foster children to come together in social settings outside of regular school time to help build their self-esteem.

Participants suggested there are limited opportunities for foster children in rural areas to engage in social settings due to limited availability of resources and activities. Comments from participants in this study were consistent with Denby and Bowmer's (2012) quantitative study regarding foster care parents' ability to obtain services in rural areas. Denby and Bowmer's study revealed foster care providers in rural settings often experienced difficulties attempting to acquire the resources, services and support needed to assist foster children in their care with managing behavioral and emotional issues. Comments from participants in the current study confirmed that resources and services are limited in rural settings.

Additional Comments

Participants were asked to provide any additional comments they deemed necessary regarding their perception of services needed to assist foster children. The following nine notable subthemes emerged from participants comments: plan for reunification, interaction with biological parents, foster parents' voice, services or necessary resources, training, foster parent/foster child relationship, faith, suggested improvements, and foster care rewarding

Plan for reunification. Respondents in this study suggested there needs to be a specific plan in place for reunification. Some participants expressed concerns that the

foster system is often moves slow planning for reunification or adoption. Participants suggested the lack of a specific plan for reunification or adoption often results in foster children moving from placement to placement without ever acquiring a permanent placement prior to aging out of the system.

Foster parents' voice. Participants expressed their desire to be a part of the decision-making process regarding the children assigned to their care. Comments suggest that participants in this study often feel overlooked and not listened to by social service workers. Some participants suggested they would like to have a voice in deciding when to return children to their biological parents.

Training: Some participants suggested the system provides adequate training to meet their needs. Participants acknowledged various training are available to them in classroom settings as well as online. However, some suggest there needs to be more specialized training to prepare for higher levels of foster children than they are currently trained for.

Foster parent/foster child relationship. A quantitative study conducted by Leve et al. (2012) proposed foster children often have trouble forming relationships with foster parents due to elevated vulnerabilities in the areas of emotional and behavioral deficits, as well as brain and neurobiological impairment. Comments from participants in this study suggested they see these children as their own children while they are with them. Sometimes, after the children have settled in, some of them accept the foster parent and home as their own. However, participants further suggested that some children struggle with forming close relationships due to emotional and behavioral difficulties.

Faith. A common theme that emerged from participants comments related to faith. Most respondents indicated they believed in God. Some participant posited it is their faith in God that led them to want to become foster parents. All participants in this study were referred by someone with a faith-based connection. Several foster parents proposed keeping their foster children involved in the church has helped the children with their emotional and behavioral problems. The findings of my study aligned with a previous study by Howell-Moroney (2014). In his study regarding ties between religious motivation and altruism in foster parents' decision to foster, Howell-Moroney (2014) found that many foster parents declared their religious faith as the foundation for desiring to serve as a foster parent. Howell-Moroney (2014) posited religiously motivated foster parents expressed the desire to provide a home for children who would otherwise end up in an institution as the number one reason for fostering. The second highest religiously motivated reason for fostering was to help the community. Comments from participants in my study aligned with Howell-Moroney (2014) in regard to their expressed desire to provide a home for children who have been displaced from the biological home. Several participants proposed that that they wanted to be a blessing to a child as God had blessed them throughout their lifetime.

Suggested improvements. A recurring area of concern expressed by foster parents concerned the “trash bag phenomenon” whereby children were being dropped off at the foster care home with their clothes in a trash bag, plastic grocery bag, or cardboard box. One participant specifically stated that she did not think that social workers should engage in the practice of placing children’s things in a garbage or trash bags. Participants

recommended social workers should do more to ensure children have a decent suitcase when they are removed from their homes. Participants stated that putting the children's clothing in trash bags had a negative connotation that may have a lasting, negative impact on the children's self-esteem.

Foster care rewarding/ministry. Comments from participants in this study which identified foster care as a ministry and very rewarding confirms the previous study by Blythe et al. (2014). The study conducted by Blythe et al. (2014) revealed a theme regarding the negative and positive effects that being a foster care provider had on the well-being of the foster care provider. The positive effects extended from the personal satisfaction gained from providing for the safety and well-being of needy children. Several participants in the current study proposed that foster care is a rewarding ministry. Participants posited they love serving children. Comments from participants in this study suggest foster children just need someone to love them. In addition, participants suggest foster care providers should be certain they are doing for the right reasons.

Findings Related to Conceptual Framework

The findings from this study supported the conceptual framework of the relational developmental systems theory and the ecological systems theory. The relational developmental systems theory focuses on the importance of the environmental context in individual development (Overton, 2013; Lerner et al., 2013; Lerner et al., 2015). The ecological systems theory focuses on the impact of various social systems on individual behavior (Bronfenbrenner, 1977).

Relational Developmental Systems Theory

The findings from this study were consistent with the principles of RDST, which posits that culture and environment influence human development (Overton, 2013). Overton (2013) suggested RDST considers biological, mental, psychological, and socio-cultural processes as necessary elements of character development. Principles of RDST proposes a bidirectional relationship exists between parents and children (Lerner et al., 2015). When the bidirectional relationship is broken between children and their biological parents, foster parents must fulfil that relationship. Blythe et al. (2014) suggested as a result of the broken relationship children may enter the foster home with significant emotional and behavioral problems. Findings from this study confirmed the premise that children enter the foster care home with significant emotional and behavioral problems. The two questions that asked about the emotional and behavioral problems of foster children upon entering the foster care home supports this principle. The three major or meta-themes that resulted from those questions are honeymoon phase, externalizing behaviors, and internalizing behaviors. In addition, comments from participants regarding the question of foster parents' challenges in providing care supports the concept that foster parents seeks to fulfil the bidirectional relationship with foster children in their care. Some of the participants proposed that that foster children often begin to call them mom and pop. One theme, foster parents' lack of voice, proposed that that foster parents desire to have more voice in the decision-making aspect of the well-being of the children.

Ecological Systems Theory

The findings from this study aligned with premises from Bronfenbrenner's ecological systems theory. Bronfenbrenner introduced the ecological systems theory in

the 1970s with the focus on the life span development of an individual. In addition, Bronfenbrenner proclaimed the importance of considering the various ecological contexts that influence human development (Bronfenbrenner, 1977).

Findings from this study confirmed that foster parents must engage various elements of the microsystem to meet the needs of foster children assigned to their care. Those elements included family, schools, and neighborhoods (Burns et al., 2015; Onwuegbuzie et al., 2013; Paat, 2013). Under the theme of needed services participants in this study proposed that foster children need to be provided additional socialization opportunities to enhance their ability to interact with others.

The findings from this study are consistent with relations described in the mesosystem. Comments from participants acknowledged their involvement with schools, community members, and peers within various systems within the mesosystem (Paat, 2013). Paat suggested, foster parents often interact with school staff and school based social workers to acquire knowledge and understanding of the school system. In addition, foster parents often coordinated with Department of Social Service case workers to develop social support systems and acquire required services to address the children's emotional and behavioral issues (Liao, 2016; Onwuegbuzie et al., 2013; Paat, 2013; Rosa and Tudge, 2013).

Findings from this study are consistent with the type of interactions between groups within the exosystem. The exosystem is third level of the EST which involves interactions between systems that indirectly affects an individual's life (Bronfenbrenner, 1994). Comments from participants in this current study revealed foster parents often

interact with community organizations and other entities that indirectly contribute to the social, emotional, and behavioral development of their foster children (Burns et al., 2015; Moskell & Allred, 2013; Onwuegbuzie et al., 2013; Paat, 2013; Rosa & Tudge, 2013).

The findings from the current study are related to the concepts of the macrosystem, which is the fourth level of EST. This level focuses on the impact of the multitude of cultural beliefs, values, ideologies, economic resources, laws, and policies on the lives of individuals (Bronfenbrenner, 1976; 1977; 1994.) The theme of “opportunities for socialization” in this current study relates to Bronfenbrenner’s (1977) description of macrosystems. The findings of this study revealed there are limited resources and opportunities for foster children to engage in socialization events. Comments from participants revealed significant differences in the availability of economic resources and services in rural areas verses urban areas. Sirota (2012) proposed there are limited availability of resources in rural areas. Sirota posited Columbus is among the top ten poorest counties in North Carolina. As such, there are limited opportunities for economic development and improvement. Lauver (2010) posited foster parents in rural areas often travel up to an hour to obtain foster children medical care. One participant in the current study indicated he traveled over an hour weekly to obtained specialized therapeutic counseling for his foster children.

Bronfenbrenner’s description of the chronosystem suggests time and historical events are significant phenomenon that influences human development (Bronfenbrenner 1994; Guhn & Goelman, 2011; Paat, 2013; Rosa & Tudge, 2013). Rosa and Tudge (2013) suggested children’s emotional and behavioral problems are influenced by the

historical timeline of factors and events that interrupted their relationship with their parents. The findings of this study revealed foster parents would like to know more about traumatic historical events that occurred in the life of foster children in their care. Participants revealed that social workers often fail to provide full disclosure of historical events of the child's life that may have an impact on the child's behavior. Participants comments are consistent with previous research that suggested foster parents often interact with case workers at the DSS and mental health agencies to obtain knowledge of specific events and duration of events that may have been critical in the development of their foster children over their life course (Rosa & Tudge, 2013).

Limitations of the Study

The purpose of this study was to determine foster parents' perceptions of services they need to assist them in managing the emotional and behavioral problems of children in their care. The first limitation of the study is that the opinions of participants obtained through semi-structured interviews will contain individual participant's experiences and preferences. Focusing on individual's personal preferences may limit the transferability of the results to others.

The second limitation of this study is that the study was conducted in a rural area with limited resources. The geographical location presents a limitation because the participants have limited access to many program and services that may be available in larger, more financially proliferate communities. The results may or may not be transferable to other rural areas in other geographic areas in the United States with limited resources.

Another limitation to this study is ethnic background of the participants. All participants of this study were Black with the exception of one Native American. As the experiences and perceptions of individuals of various ethnicities may differ, the concentration of participants in one racial/ethnic background may limit transferability of the results to other racial /ethnic groups.

An additional limitation is that the participants were assigned to different agencies for services. DSS contracted out a significant portion of foster parents to the B&GH organization for foster care training and services. This separation of organizational affiliation and services may have influenced foster care providers' perception of the services they received to assist them with managing foster children's behavior. Participants who had the opportunity to serve under both organizations proclaimed the B&GH provided better service than DSS. Having participants receiving basic services from two different organizations may limit transferability of the results to a larger group of participants who receive all of their service and support from one organization.

The final limitation is that due to the slow recruitment problems at the start of the study I changed my recruitment strategy. This resulted in all of my participants being associated with a faith-based organization. Consequently, my sample is representative of foster parents that identify with a faith-based organization. Having all participants from a faith-based, religious perspective presents a possible bias toward an altruistic perspective. This may not be representative of the aggregate population of foster parents.

Recommendations

The limitation of the ethnic makeup of participants in this study potentially reduced the transferability of the findings of this study. Therefore, I recommend expanding this research to include surrounding counties that have more racially diverse population. Expanding the research may attract participants from other racial/ethnic backgrounds and potentially enhance the transferability of the research.

This current study, in concurrence with previous research confirm the limited availability of necessary resources, services, and trained mental health professionals to provide needed assistance to foster parents living in a rural community (Denby & Bowmer, 2013; Sirota, 2012). Participants expressed frustration in attempting to obtain needed services within the confines of limited availability in this rural area. Previous researchers suggested these limitations not only produce frustrations for foster parents, it affects the children as well and often results in placement disruption that further exacerbate the children's emotional and behavioral issues (Fisher et al., 2013; Jones & Morris, 2012). Given the wealth of issues associated with limited availability of services and resources in the rural area, I recommend future research be conducted to determine how to increase the availability of services and resources for foster parents and children in this community.

Positive Social Change

This study focused on foster care parents' perceptions of the services they need to assist them in managing their foster children's emotional and behavioral problems. Identifying needed services to assist foster parents in helping their foster children with managing their emotional and behavioral problems could reduce the occurrence of

additional behavioral problems and emotional distress. In my study participants indicated a need for more opportunities for foster children to interact with their siblings.

Participants suggested that many of these children were removed from their homes at an early age and many of them did not have a sense of who they are. The implication for social change is that affording foster children more opportunities to interact with their siblings may influence children's emotional and behavioral issues in a positive way. One participant indicated she assisted her foster child with establishing relationships with siblings. She observed that that the socialization with siblings had a positive influence on the child's behavior. Another participant stated she observed a change in her foster child's behavior immediately after the child heard she was going to meet her sibling whom she had not seen in several years.

Participants in this study also indicated a need to provide more opportunities for foster children to socialize with other children their age. The participants indicated that foster children in their care often presented deficits in the social skills that are needed to effectively interact with other people. Participants further indicated that their foster children spend most of their time, outside of the normal school day, under the direct supervision of foster parents. Participants stated the foster children had few opportunities to socialize with other children their age. Participants also suggested that the foster care system should provide additional financial assistance specifically related to affording foster children opportunities to engage in activities such as dancing, bowling, and other community gathering that promotes socialization. The implication for social change is that the foster care system could provide more opportunities for foster children to engage

in parties and other types of social events that would afford the children opportunities to learn and apply social skills that are necessary in life. This increased opportunities for socialization in a supervised setting could provide foster children the opportunity to establish relationships and connections with peers, which in turn could result in a decrease in the emotional and behavioral issues of the foster children.

Another implication for social change suggested by participants in my study is the desire for full disclosure of foster children's previous behavior prior to being assigned to their homes. Participants indicated that social workers often fail to provide adequate details regarding children's emotional and behavioral issues in their efforts to make expeditious placements. Participants suggested that social workers providing full disclosure of children's previous behavior may assist in determining if their home is a good fit for the child/children being placed within their home. The implication for social change is that providing full disclosure may result in fewer placement disruptions.

Comments from participants in my study indicated the system operates on a team concept. Participants asserted they would like to be a part of the team. Coupled with being a part of the team, participants suggested they would also like to have more voice in decision making regarding the foster children assigned to their care. In addition, foster parents in this study indicated they would like to have more authority regarding disciplining children in their care. Participants indicated they are told that they are in charge of the children when children are placed in their care. However, they must contact the social worker prior engaging any disciplinary action when the child misbehaves.

Participants in this study indicated they receive significant training from their organization. However, some participants suggested there is a need for more training to prepare for receiving foster children with higher level of behavioral and emotional problems. Some participants expressed a need for more training on how to manage the various levels of emotional and behavioral issues that children exhibit. One participant indicated she was only trained for children with level two behavior. However, she has received children with up to level five emotional and behavioral issues. Another participant indicated she did not feel adequately trained for the types of emotional problems that some children bring with them. Providing foster parents with the training to develop the skills necessary to assist foster children with managing their emotional and behavioral problems could contribute to social change as the training could better equip foster parents with the skills needed to manage those behaviors. Providing foster parents with the skills needed to manage the emotional and behavioral issues of children in their care could increase the likelihood of placement stability, which could promote a sense of permanency in the foster children. This increase feelings of permanency may result in decreasing the emotional and behavioral issues of children in foster care.

Conclusion

The influx of children into the foster care system continues to be a problem in U.S. society. This research coupled with previous research revealed children entering the foster care brings with them an abundance of emotional and behavioral issues. As children continues to flow in and out of the system, foster parents are needed to provide for the nurture and care of foster children when they are removed from their home

environment. Most foster parent considers serving as a foster parent is a rewarding ministry. However, many are frustrated due to limited availability of the needed services and resources to assist them with their duties in the rural community. Some are also frustrated with the social service system, the flow of adequate information, and their ability to make decisions regarding the care of the children assigned to them. Therefore, it is necessary that the social service system implement strategies to provide for the needs of foster parents as they care for children placed in the foster care system.

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Appendix A: Foster Parent Interview Protocol

Interview Plan

Introduction of the Interviewer

Hello, my name is. I am a student in the PhD program at Walden University. I am conducting this interview as a part of my research to gain understanding of foster parents' perceptions of services they need to assist them with managing their foster children's emotional and behavioral problems. Thank you for taking time to participate in this interview. Please know that your participation is truly important and totally voluntary. I would like for you to answer all questions to the best of your ability. However, if you feel uncomfortable answering any of the questions please feel free to skip it and we will move to the next question.

Questions:

1. Please introduce yourself.
2. What are some emotional and behavioral problems you have observed with foster children?
3. How would you describe the children's emotional and behavioral issues upon entering foster care?
4. How would you describe the children's emotional and behavioral problems after being in foster care?
5. What challenges are you facing in terms of addressing the emotional and behavioral problems of your foster child/children?
6. What services are you currently receiving to help address the emotional and behavioral problems of your foster child/children?
7. How would you describe the effectiveness of the services you are currently receiving that addresses the emotional and behavioral problems of your foster child/children?
8. What are some services or resources you feel are necessary to assist foster you with managing the emotional and behavioral problems of foster children in your care?
9. Is there anything else you would like to add?

Appendix B: Letter of Cooperation

Department of Social Service
Foster Care Supervisor III

January 19, 2018

SUBJECT: Research Partner Letter of Cooperation

Dear Mr.,

Based on my review of your research proposal, I give permission for you to conduct the study entitled, "Foster Parents' Perception of Services needed to help manage foster children's emotional and behavioral problems," within the Department of Social Service (DSS). As part of this study, I authorize you to engage in recruitment of participants, data collection, follow-up interviews, and member checking activities within the DSS. Individuals' participation will be voluntary and at their own discretion.

We understand that our organization's responsibilities include: assisting with recruiting participants by distributing flyers announcing the research project. We reserve the right to withdraw from the study at any time if our circumstances change.

I confirm that I am authorized to approve research in this setting and that this plan complies with the organization's policies.

I understand that the data collected will remain entirely confidential and may not be provided to anyone outside of the student's supervising faculty/staff without permission from the Walden University IRB.

Sincerely,

Foster Care Supervisor III

Appendix C: Recruitment Flyer

VOLUNTEERS NEEDED FOR A RESEARCH STUDY**Foster Parents' Perception of Services Needed to Help Manage Foster Children's Behavioral and Emotional Problems**

I am seeking foster parents to participate in a research study regarding services needed to assist foster children with emotional and behavioral problems! This study will examine foster parents' perceptions of services they need to help them manage their foster children's emotional and behavioral problems.

You will be invited to participate in a face-to-face interview at a location convenient to you. The interview will consist of questions focused on your experiences as a foster parent who have dealt with children with emotional and behavioral problems.

Your participation is likely to help us identify services that foster parents' may need to assist children in coping with emotional and behavioral problems.

If you are interested in participating this study, please contact

Appendix D: Letter of Invitation to Participants

Dear _____

I am a student in the PhD program at Walden University. I am conducting research regarding my dissertation topic, "Foster Parents' Perception of Additional Services They Need to Assist Foster Children with Emotional and Behavioral Problems." The purpose of the study is to gain information about foster parents' perceptions of the services and support they feel they need to assist them with managing their foster children's emotional and behavioral problems. I am extending this invitation to you to participate in this study because of your past and current work as a foster care parent.

If you agree to participate in the study, you will be asked to conduct an in-depth interview. The interview will, with your permission, be taped and transcribed. To maintain confidentiality, you will not be identified by name on the tape. I will be transcribing the tapes and the tapes will be kept in a safe in my home. Each participant will be offered a copy of their tape as well as a copy of the transcription. The participants and I will be the only ones with access to the tapes after transcription. Once the tapes are transcribed, a master tape will be made from the originals, and they will be erased. The master tape will remain in my possession and will be destroyed three years after publication of the dissertation.

Your name and any other information gathered in this study will remain confidential and will only be used for educational purposes.

I appreciate your thoughtful consideration of my request. I look forward to your participation in the study.

Sincerely,

Appendix E: Demographic Questionnaire for Participants

1. Please select your age range.

<input type="checkbox"/> 18-24	<input type="checkbox"/> 45-49
<input type="checkbox"/> 25-29	<input type="checkbox"/> 50-54
<input type="checkbox"/> 30-34	<input type="checkbox"/> 55-59
<input type="checkbox"/> 35-39	<input type="checkbox"/> 60+
<input type="checkbox"/> 40-44	

2. Please indicate your gender.

Male
 Female
 Prefer not to answer

3. Please specify your race or ethnicity.

Hispanic or Latino
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Other, _____

4. Please identify your marital status.

<input type="checkbox"/> Single	<input type="checkbox"/> Divorced
<input type="checkbox"/> Married	<input type="checkbox"/> Widowed
<input type="checkbox"/> Separated	

5. What best describe your employment status?

<input type="checkbox"/> Employed fulltime	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Employed part-time	<input type="checkbox"/> Retired
<input type="checkbox"/> Self employed	

6. What is your household income range?

<input type="checkbox"/> Under \$19,999	<input type="checkbox"/> \$50,000 - \$59,999
<input type="checkbox"/> \$20,000 - \$29,999	<input type="checkbox"/> \$60,000 - \$69,999
<input type="checkbox"/> \$30,000 - \$39,999	<input type="checkbox"/> \$70,000 - \$79,999
<input type="checkbox"/> \$40,000 - \$49,999	<input type="checkbox"/> \$80,000 - \$89,999
<input type="checkbox"/> Prefer not to answer	

7. Do you have children of your own living in your home?

Yes
 No

8. If yes, how many?

Under 18
 18+

9. What best describes your residential community?

Rural
 Urban

10. How long have you served as a licensed foster care provider?

0 to 2 years
 3 to 5 years
 6 to 9 years
 10 or more

11. Have you had prior experience with children with emotional and behavioral disorders before becoming foster parents? If so, please describe your experience.

12. Number of foster children currently in your home?